

FILE NAME: National Gypsum (NG)

DATE: 1950-1972

DOC#: NG024

DOCUMENT DESCRIPTION: Medical Records of Employee 'M'

SEA LIST

Name Plant: Millington, N.J.
No. 27530 Reading Date 2/29/72
Interpretation of Single roentgenogram of chest
taken on 2/16/72

The bilateral thickened pleura, large heart and small irregular densities that obscure the vascular markings are again noted. These findings suggest the presence of a pneumoconiosis. More medical data is required in order to establish the meaning of these shadows.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

Employer
"M"

KK12637

Name

Plant: Millington, N.J.

No. 27530

Reading Date 11-23-70

Interpretation of single

roentgenogram of chest

taken on 10-28-70

Comparison of the current to that of 1968 and earlier shows further evidence of thickening of the pleura on both sides plus intrapulmonary fibrosis, on the left especially. The heart has not increased further in size. The appearance of the film series would be consistent with asbestosis.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK 12638

Name

Plant: Millington, N.J.

No. 27530

Reading Date 10/21/68

Interpretation of single

roentgenogram of chest

taken on 10/4/68

*Rev. N.
furn. Composite
O. N.*

Direct comparison of this film to previous ones shows that the haziness at the left base extending out from the cardiac shadow is larger and more prominent. At the extreme right base is a similar shadow. The heart shadow, which in previous films is abnormally large, is still larger now as compared to the last film in 1966.

It is most likely that he has some sort of intrinsic heart disease and the lung shadows may be secondary to this. Nevertheless, the lung shadows may be caused by disease of the pleura and related to his occupation.

A complete occupational history and medical information regarding his cardiac status are needed for adequate evaluation of these films.

GEORGE W. WRIGHT, M. D.

Saint Luke's Hospital

11311 Shaker Boulevard

Cleveland, Ohio 44104

FURNISH COMPLETE OCCUPATIONAL HISTORY
TO DR. WRIGHT, COPY TO THIS OFFICE.

F. H. ZIMMERMAN 10/23/68

KK 12639

Name

Plant: Millington, N.J.

No. 27530

Reading Date 10-12-66

Interpretation of single

roentgenogram of chest

taken on 9-22-66

No change seen when compared to the film of 1964. Previous comments regarding the heart, etc., are still germane and pertinent.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK 12640

Name _____

Plant:

Millington, N.J.

No.

2 7530

Reading Date 6/8/64

Interpretation of

single

roentgenogram of chest

taken on

5/13/64

*Check
Main Rep*

This film again shows an abnormally large heart with haziness at left base. The previous comments apply -- see previous report.

GEORGE W. WRIGHT, M. D.

Saint Luke's Hospital

11311 Shaker Boulevard

Cleveland 4, Ohio

KK 12611

Name

Plant:

Millington, W.J.

No. 5762

Reading Date: 6/20/62

Interpretation of single

roentgenogram of chest

taken on 5/23/62

compared with

taken on

A comparison to films of '53, '55, '57, and '60 show the cardiac silhouette has become slightly larger and now is definitely pathologically large. There is a haziness at the base of the left lung and the right cardiophrenic angle, the nature of which is not clear. He is a large and probably obese person which may explain in part these findings. A thorough medical study is needed to evaluate his current cardio-pulmonary status.

Advise him to have medical study made

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 12612

NGC

Name

Plant: Millington, New Jersey

No. 56-60

Reading Date: 4/15/60

Interpretation of single

roentgenogram of chest

taken on 4/1/60

compared with

taken on

No abnormality seen in the lung proper. Attention is again called to the enlarged heart shadow.

*Impression [redacted] to check line
Enlarged heart shadow*

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK12643

Name:

Plant: Millington, N. J. (NGC)

No. 1-57-B

Reading Date: 10-1-57

Interpretation of Single roentgenogram of chest

taken on 9-11-57 compared with taken on

Compared to film of 12-8-55, no change. See
previous report regarding heart.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 2644

GEORGE W. WRIGHT, M. D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

January 16, 1956

ST. LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 55-83-B
Name

National Gypsum Co. Interpretation of single roentgenogram
Millington, N. J. of chest taken on 12-8-55
compared with taken on 9-15-53

No change. The cardiac shadow still appears
to be enlarged.

KK-2615

GEORGE W. WRIGHT, M.D. B

DEPARTMENT OF
EXPERIMENTAL MEDICINE

SAINT LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 58 _____
Name

Natl. Gypsum Co.
Millington, N.J.

Interpretation of single roentgenogram
of chest taken on 9-15-53
compared with taken on

The cardiac silhouette is unusually wide in relationship to the
thorax. ? cardiac enlargement.

No abnormality of an occupational nature is seen.

KK 12646

NATIONAL GYPSUM COMPANY

Sales District

Name

Address

Office

Plant Millington, N.J.

Date 4/5/61

Dept.

Check No. 8

Age 47

Color

W

S

M

W

D*

Children

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis -

Epilepsy

Hernia -

Operations

List on reverse side any hospital admissions in past 5 years.

Venereal Diseases

Tuberculosis

Liquor

Tobacco

Drugs

Other Illnesses

Injuries - description, location, % disability

Compensation Received

Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease?

Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant

Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Height

5'8 1/2"

Weight

215

Over Weight
Normal Weight
Under Weight

Eyes: Right 20/100

Left 20/100

Corrected: Right 20/25

Left 20/25

Binocular Vision

Pupils

Cornea

Lungs

Shortness of Breath

Chest X-Ray

Heart

Blood Pressure 134/74

Pulse 76

Ears

Nose

Teeth

Throat and Tonsils

Hearing: Right 20/20

Left 20/20

Abdomen

Hernia

Spine

Hemorrhoids

Extremities

Scars

(Note % of defects if any exist)

Musculature

Skin

Glands

(Head and neck only - give location)

Genitals

Reflexes

Mentality

Blood Test

Urinalysis

General Condition: Good

Fair

Poor

Nutrition: Good

Fair

Poor

Do you recommend applicant for work? H

Type of Work? L

Remarks

KK 12647

APPROVED

FOREMAN

SAFETY

Date

4-19-61

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT Millington-Hourly

PHYSICAL EXAMINATION RECORD

DATE 9-24-65☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____ ADDRESS _____

DATE OF BIRTH 7/16/13 (AGE 52) ☐ SINGLE ☒ MARRIED OTHER _____

LAST EMPLOYMENT _____

HEIGHT <u>5'8 1/2"</u>	DISFIGUREMENT - FACE, HEAD OR NECK <u>neg</u>	VISION-DISTANT <u>Glasses</u> C.R.E. 20/80 U.L.E. 20/60	VISION-NEAR 20/ 20/	WASSERMAN <u>To lab.</u> URINALYSIS <u>Trace</u> SUGAR <u>neg</u> ALBUMIN <u>neg</u> ABDOMEN <u>L.M.P.</u>
WEIGHT <u>200</u>	CHEST <u>well developed</u>	HERNIA <u>neg</u>	INGUINAL RINGS <u>R norm. L norm.</u>	<u>NORMAL</u> ENLARGED RELAXED
HEART <u>Grade 2 systolic</u> <u>rumor apex & aorta</u>	BLOOD PRESSURE <u>196/70</u>	OPERATIVE SCARS		
CONFIGURATION CHEST EXPANSION <u>Good</u>	LUNGS <u>Clear</u>			

BACK AND EXTREMITIES - EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

Grossly Normal

SPECIFIC FINDINGS - NEUROLOGICAL

neg

SKIN ERUPTION

neg.

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS; EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS

Diabetic - under treatment,
Systolic hypertension.☒ YES
☐ NO

EMOTIONAL STABILITY <u>Good</u>	INTELLIGENCE <u>Good</u>
APPLICANT'S SIGNATURE _____	PHYSICIAN'S SIGNATURE <u>A. M. Shkoma</u>
JOB ASSIGNMENT _____	PREVIOUS MEDICAL _____

COMPANY APPROVALS	DATE _____	PART EXAMINED _____	FILM NO. _____
PERSONNEL MANAGER BUFFALO	X-RAY REPORT - RADIOGRAPHIC FINDINGS		
DISTRICT SALES MANAGER			
PLANT MANAGER			
SAFETY OFFICER	KK 12648		

M.D.

NATIONAL GYPSUM COMPANY

Sales District

Office

Name

Address

Plant Millington, N.J.

Date

Dept.

Check No. 8Age 49

Color

S M W D*

Children

PHYSICAL RECORD

(TO BE COMPLETED BY PLANT OR OFFICE)

Arthritis

Epilepsy

Hernia-

Operations

List on reverse side any hospital admissions in past 5 years.

Venereal Diseases

Tuberculosis

Liquor

Tobacco

Drugs

Other Illnesses

Injuries - description, location, % disability

Compensation Received

Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease?

Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant

Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)Over Weight ☒
Normal Weight ☐
Under Weight ☐Height 5'8 1/2"Weight 209Eyes: Right 20/50Left 20/70Corrected: Right 20/20Left 20/20Binocular Vision 20/20Pupils ☒Cornea ☒Lungs ☒Shortness of Breath ☒Chest X-Ray ☒Heart ☒Blood Pressure 138/72Pulse 76Ears ☒Nose ☒

Teeth

Throat and Tonsils ☒Hearing: Right 20/20Left 20/20Abdomen ☒Hernia ☒Spine ☒Hemorrhoids ☒Extremities ☒Scars ☒

(Note % of defect if any exist)

Musculature ☒Skin ☒Glands (Head and neck only - give location) ☒Genitals ☒Reflexes ☒Mentality ☒

Blood Test

Urinalysis ☒General Condition: Good ☒

Fair

Poor

Nutrition: Good ☒

Fair

Poor

Do you recommend applicant for work? ☒

Type of Work?

KK 12619

Remarks

APPROVED

FOREMAN

SAFETY
SUPERVISOR

Examined by

Date 6/12/63D. H. Bauman

M

NATIONAL GYPSUM COMPANY
PHYSICAL EXAMINATION RECORD

☐ SALARIED PLANT, OFFICE, SALES DISTRICT Millington
☒ HOURLY
☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____

ADDRESS _____

DATE _____

DATE OF BIRTH 7/16/13 (AGE 57)

☐ SINGLE ☒ MARRIED ☐ OTHER _____

LAST EMPLOYMENT _____

HEIGHT <u>5'8 1/2</u>	DISFIGUREMENT - FACE, HEAD OR NECK <u>neg</u>	VISION-DISTANT with w/out glasses R.E. 20/ L.E. 20/ COLOR VISION:	VISION-NEAR with w/out glasses R.E. 20/ L.E. 20/	WASSERMAN Hb: <u>2+ Lat</u>
WEIGHT <u>194</u>	CONFIGURATION <u>neg</u>	EXPANSION <u>well developed</u>	HERNIA <u>neg</u>	URINALYSIS <u>neg</u>
CHEST <u>neg</u>	BLOOD PRESSURE <u>160/80</u>	INGUINAL RINGS R <u>7</u> L <u>7</u>	OPERATIVE SCARS <u>neg</u>	SUGAR <u>neg</u>
HEART <u>1st degree AV block</u>	LUNGS <u>clear</u>	NEURAL <u>normal</u>	OPERATIVE SCARS <u>neg</u>	URINALYSIS <u>neg</u>

FEMALE APPLICANTS - DATE OF LAST MENSTRUAL PERIOD _____

BACK AND EXTREMITIES - EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES
neg

HEARING Good

SPECIFIC FINDINGS - ADDITIONAL

Under Dr's care for murmur.

NEUROLOGICAL

neg

SKIN ERUPTION

neg

GENERAL CONDITION: ☒ GOOD ☐ FAIR ☐ POOR: EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☐ YES ☐ NO
SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS:

APPLICANT'S SIGNATURE (HERE AND ON REVERSE SIDE) _____

EMOTIONAL STABILITY Good

INTELLIGENCE Good

JOB ASSIGNMENT

Accept. ☒ Conditional Acceptance ☐ Reasons ☐ Reject ☐

PHYSICIAN'S SIGNATURE _____

FILM NO.

COMPANY APPROVALS

DATE

PART EXAMINED

PERSONNEL
MANAGER
BUFFALO

DISTRICT
SALES
MANAGER

PLANT
MANAGER

SAFETY

X-RAY REPORT - RADIOGRAPHIC FINDINGS

KK-2650

NATIONAL GYPSUM COMPANY

Sales District 12

Office _____

Name _____ Address _____ Plant Mil.Date April 17, 1959 Dept. _____ Check No. _____Age 45 Color W S M W D* _____ Children _____

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis _____ Epilepsy _____ Hernia _____

Operations _____ List on reverse side any hospital admissions in past 5 years.

Venereal Diseases _____ Tuberculosis _____

Liquor _____ Tobacco _____ Drugs _____

Other Illnesses _____

Injuries - description, location, % disability _____

Compensation Received _____ Do you have a workmen's compensation case pending for either injury or illness? _____

Have you a history of silicosis or any other dust disease? _____ Have you ever been in military service? _____

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity? _____

Last previous employment _____

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history) _____

Signature of Applicant _____ Witness _____

* If divorced, give date and place _____

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)Height _____ Weight 206 Over Weight _____ Normal Weight _____ Under Weight _____Eyes: Right _____ Left _____ Corrected: Right 22 Left 22 Binocular Vision _____Pupils ✓ Cornea _____Lungs ✓ Shortness of Breath _____ Chest X-Ray _____Heart ✓ Blood Pressure 138/70 Pulse 96Ears ✓ Nose ✓ Teeth 6Throat and Tonsils ✓ Hearing: Right 20/20 Left 20/20Abdomen ✓ Hernia _____Spine ✓ Hemorrhoids ✓Extremities ✓Scars ✓ (Note % of defects if any exist) _____ Musculature ✓Skin ✓ Glands ✓ (Head and neck only - give location) _____ Genitals ✓Reflexes ✓ Mentality ✓Blood Test ✓ Urinalysis Sugar 1+General Condition: Good ✓ Fair _____ Poor _____ Nutrition: Good ✓ Fair _____ Poor _____Do you recommend applicant for work? ✓ Type of Work? _____Remarks KK 12651

APPROVED _____

FOREMAN _____

SAFETY
SUPERVISOR _____Examined by Ch. BarinaDate 4-17-59

M.I.

PHYSICAL EXAMINATION

CLOCK NUMBER

DATE June 8, 1951

NAME

ADDRESS

CITY

BLOOD TEST

EYES with Glasses L- 20/20 R 20/20

EARS

NOSE

THROAT

HEART

BLOOD PRESSURE 150/72

URINE ANALYSIS

X-RAY

REMARKS

[Signature]

PHYSICAL EXAMINATION

CLOCK NUMBER

DATE

NAME

ADDRESS

CITY & STATE

BLOOD TEST

EYES

EARS

NOSE

THROAT

HEART

BACK

BLOOD PRESSURE

SKIN

URINE ANALYSIS

X-RAY

PREVIOUS INJURIES

PHYSICAL EXAMINATION

CLOCK NUMBER

DATE 1-13-50

NAME

ADDRESS

CITY

BLOOD TEST

EYES

EARS

NOSE

THROAT

HEART

BLOOD PRESSURE

URINE ANALYSIS

X-RAY

REMARKS

AREA CODE 201
TELEPHONE 561-2122

REG. NO. 24015

M. SHAFI, M.D., P.A.

1550 PARK AVENUE

SOUTH PLAINFIELD, N. J. 07080

NAME

ADDRESS

DATE

R

31CM18437N

Pl advised to

exam. board

entry 8/19/74.

M. Shafi

KK 12657

Connecticut General Life Insurance Company

SUPPLEMENTARY CLAIM

GROUP ACCIDENT AND SICKNESS OR HOSPITAL EXPENSE BENEFITS

This part to be completed by the Employer

Name of Employee 1 J Sex M Date of Birth 1914
Date of Accident or Beginning of Sickness 4-1-72
Period of additional disability covered by this statement. From 8-26-72 Thru we are unable to state when he will return
If the employee has returned to work, on what date did he return? - HAS NOT RETURNED A.M.
NATIONAL Gypsum Co. GOLD BOND Division
Name of Employer
Date 9-21-72 By Timothy J. Carroll Pers. Super.

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

(To be furnished without expense to the insurance company)

Patient's name 1 Age 58
Nature of sickness or injury (Describe complications, if any) Diabetes mellitus Doso bilat. Gangrene 3rd foot
Date of first treatment 6-4 19 72
Date of most recent treatment 9-18 19 72
Frequency of treatments 2 weeks
The patient has been continuously disabled (unable to work) from 6-4 19 72 through 9-18 19 72
If still disabled, when should patient be able to return to work? unable to state a present time
Remarks

Date 9-18 19 72

Signed

Timothy J. Carroll M.D., P.A.
Attending Physician Degree

Address

1314 Park Ave
Plainfield N.J.

Phone 254-4776

RK 12059

9.21-72



Nelson, Daniel A.

647-
1268

STATEMENT

THE ORTHOPEDIC GROUP, P.A.

60 MAPLE AVE
MORRISTOWN, N J 07960

Telephone 538-0029

THEODOR L EVINE, M.D.

BARRY S LEVIN, M.D.

DATE	DESCRIPTION	CHARGE	PAYMENT	CURRENT BALANCE
1969 2/13	OPD CONS	15 00		15 00
D/A: 2/7/69 Attending Physician: Dr. Chrobak Diag: Avulsion fx. distal phalanx digit #5/rt. hand. Mallet finger deformity.				
<i>Theodor Levine, M.D.</i> <i>Barry S. Levin, M.D.</i>				
712- 69-001				
KK 12659				

PLEASE PAY LAST AMOUNT IN THIS COLUMN

A-Admit
CONS-Consultation
COP-Change of plaster
CR-Closed reduction

EC-Emergency Care
HV-Hospital Visit
IMB-Immobilization
INJ-Injection

M&CFP-Manipulation and
club foot plaster
NC-No Charge
OPD-Out patient department

PT-Physiotherapy
ROA-Received on Account
S-Surgery
SAP-Short arm plaster

Surgeon's Report

Complete and send immediately

File:

Employer:

Carrier:

To

The Patient

1. Name of Injured Person: Age: 50 Sex: Male
2. Address: No. and St. City or Town: State:
3. Name and Address of Employer: National Gypsum Company, Millington, N. J.

The Accident

4. Date of accident or onset of disease: 10-25-62 Hour: M Date disability began: No time lost.
5. State in patient's own words where and how accident occurred or occupational disease was caused: While working on new building and moving 4" pipes from the ground to another location, he felt a pain in his right side.

The Injury

6. Give accurate description of nature and extent of injury or disease and state your objective findings: Sacro iliac strain.
7. Will the injury result in (a) Permanent defect? No If so, what?
(b) Facial or head disfigurement? No
(Permanent disability such as loss of whole or parts of fingers, facial or head disfigurement, etc., must be accurately marked on chart on reverse side of this report).
8. Is injury above referred to the only cause of patient's condition? Yes If not, state contributing causes:
9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? No Give particulars:
10. Is there any history or evidence present of previous accident or disease? No Give particulars:
11. Has normal recovery been delayed for any reason? No Give particulars:

Treatment

12. Date of your first treatment: 10-27-62 Who engaged your services? assured
13. Describe treatment given by you: Bed rest, apply pad, low heat. 6" bandage applied and symptomatic treatment.
14. Were X-Rays taken? No By whom? When?
(Name and Address)
15. X-Ray diagnosis:
16. Was patient treated by anyone else? No By whom? When?
(Name and Address)
17. Was patient hospitalized? No Name and address of hospital:
18. Date of admission to hospital: Date of discharge:
19. Is further treatment needed? No For how long?

Disability

20. Patient ^{was} will be able to resume regular work on: No time lost.
21. Patient ^{was} will be able to resume light work on:
22. If death ensued give date:

REMARKS: (Give any information of value not included above)

I am a duly licensed physician in the State of New Jersey

I was graduated from Tufts Medical School in Boston Year 1924

Date of this report: 12-13-62 (Signed) Dr. Paul Allen

This report must be signed personally by physician. Address: Stirling, N. J. Telephone: 41-7-04

KK 12660

NAME
ADDRESS

DATE

AGE DR.

February 13, 1969

Jan M. Shrodek, M.D.
1390 Valley Road
Stirling, New Jersey

Re: [REDACTED]

Dear Dr. Shrodek:

RIGHT FIFTH FINGER

Antero-posterior, oblique and lateral views were obtained.

A fracture through the dorsal aspect of the base of the distal phalanx of the right fifth finger is demonstrated; slight separation of the fractured fragment is noted.

Thank you for referring [REDACTED] to us.

Sincerely yours,

Ernest G. Panaro, M.D.

EGP:alg
X-ray No. 27530

KK 12661

SAINT LUKE'S HOSPITAL

11311 SHAKER BOULEVARD

CLEVELAND, OHIO 44104

DIVISION OF MEDICINE

Timothy D. Tolin
Personnel & Safety Supervisor
National Gypsum Company
Millington, N. J. 07946

Re: .

Film No. 27530

Taken on: 10/4/68

Dear Mr. Tolin:

I am sorry to be late in answering your letter but I have been out of the country and am only now getting around to my correspondence. From the information that you have supplied to me I strongly suspect that has 'mitral stenosis and this accounts for the abnormal contour of his heart shadow. The fact that his heart shadow was getting larger is difficult to evaluate other than by a direct history and physical and knowledge of his past in greater detail than you can obtain. This, of course, can only be done by his personal Physician or a Consultant chosen by his personal Physician. I suspect that has more of a problem with his heart than he either knows about or is willing to talk about.

In all probability the abnormalities in the basal portions of his lung are related to the heart disease but the possibility that he may have inflammation and changes in the pleura of the lung which might be related to asbestos exposure should be kept in mind. I don't believe that at this point it should be pointed out to him.

It is my impression that you have done as much as management needs to do since you have called to his attention the fact that he has an abnormal film. From my own past experiences I would not advise making a stronger approach to either or his Physician.

With best wishes,

Sincerely yours,

George W. Wright, M.D.
Head, Medical Research

cc: Mr. Frank Zimmerman

GGW:IM

KK 12662