Judges Paul Kilty and Gordon Mesq, October 14, 1989, in Jamison v. A. P. Green, et al. 87-L1230

PLAINTIFF'S EXHIBIT 4519.0



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DISEASES OF THE CHEST

TELEPHONE 235-1241

16 December 1971

PLAINTIFF'S EXHIBIT WV-01198



Irwin L. Schroeder
2845 Nimitz Boulevard, Suite B
San Diego, California 92106

Re: Harold V. Green

Dear Mr. Schroeder:

Mr. Green was first seen in my office on 10/22/71. Complaints when first seen were regarding intermittent chest pain particularly on the right side, for several months cough which had been chronic but worse during the last year. This cough was productive of some yellow and some black tinged sputum. He states that he spit blood twice in the last two months but thinks this may have come from his nose rather than his lungs. He also complains of shortness of breath which has been bothering him for a long time but has gotten worse during the last two years. He has no dyspnea at rest but it is produced by exertion and after about one block of walking he notes shortness of breath. He also notes shortness of breath during his work which frequently requires climbing and finds that by the time he climbs one to two flights of stairs or on the ladder he has to stop and gasp for breath. Wheezing has also been noted for approximately one year and he feels some weakness in his legs.

He was prompted to have an examination particularly of his lungs by recent newspaper publicity regarding the hazards of working with asbestos.

His past history indicates that removal of a fatty tumor from the back of his neck was done. He denies any serious injuries, had no major operations and admits to no serious illnesses.

Family History: His grandmother had asthma. His mother had hay fever. No blood relatives had tuberculosis or diabetes. His wife is living and in fairly good health. His mother is deceased. His father is living and well. His children are well. He denies having brothers and sisters.

Review of Systems: Essentially negative except for the symptoms listed in the present illness.

Chest x-rays: He believes some were made in La Mesa 6 to 8 years ago.

Habits: Has smoked off and on for 30 years approximately 20 cigarettes per day. He has never used oily nose drops or taken mineral oil.

02 209 0960

Judges Paul Riley and Gordon Haag, October 14, 1969, in Jamison v. A. P. Green, et al. 87-L1230

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Current Medicines: None

Industrial Exposure: Has worked for 27 years in dusty atmospheres on board ships and tower houses and new building. He states during most of these years that he has worked with asbestos principally as it was being installed or applied for purposes of installation. He feels certain that during these years he has inhaled asbestos for a good bit of the time and expressed concern that asbestos may have lodged in his lungs and that it might be producing the symptoms noted the past several months.

This history was obtained directly from the patient who was rational, alert, oriented. His memory was good. It was my opinion that his history was reliable and accurate.

Physical Examination: His height 70 inches, weight 162½ pounds as usual. Blood pressure 138/98. Temperature 98. Pulse was 86 and regular. He is a well developed, well nourished white male who did not appear acutely ill. The head was atraumatic. Eyes - the sclerae were clear. The pupils were equal. ENT - his hearing seemed to be normal. The right tympanic membrane was normal and the left was obscured by wax. The nasomucus membranes were normal, secretions normal, teeth negative. The buccomucus membranes, tongue and pharanx were normal. The neck was supple. No lymphadenopathy. The thyroid was negative. There was no venous distention. Heart - the position was normal. The heart tones were decreased in volume. No murmur was heard. Rhythm was regular. Rate normal. Point of maximum impulse normal. Chest - symmetrical. Shape was normal. Breath sounds fairly good. Expansion fair. Resonance normal. Coarse rales were heard over the right lower lobe posteriorly inferiorly. There was slight expiratory wheezing scattered in both lung fields. Abdomen - no tenderness, masses, scars or hernia. Genito-urinary - There was slight firmness at the right border of the prostate. Otherwise negative. Skin - no cyanosis, rash, edema. Hair - graying, normal male distribution, normal texture. Extremities - there was one plus clubbing of the fingers. The joints were normal. Muscular development normal. Neurologic - deep reflexes and vibratory sense was normal. The leg veins were negative. The dorsalis pedis pulse was absent bilaterally. The posterior tibial artery pulses were good bilaterally. The lymphatic system was negative.

Chest X-rays: PA and Right Lateral - review of these chest x-rays revealed them to be distinctly abnormal and it was my opinion that the abnormalities visualized were compatible with pulmonary asbestosis. A copy of the x-ray report is enclosed.

02 209 0961

Judges Paul Riley and Gordon Haag, October 14, 1989, in Damiano v. A. P. Green, et al. 87-11230

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Attempts were made to borrow the previous chest x-rays. It was learned that these chest x-rays were made by Dr. Robley and had since been destroyed; however, a copy of the report made from the chest x-ray of 6/25/66 was forwarded to this office, a copy of which is also enclosed. This report indicates that his chest was normal in 1966.

It was explained to Mr. Green that although his occupational history, his medical history, his physical findings and chest x-rays were compatible with and probably indicated the presence of pulmonary asbestosis, that other disease entities could produce similar symptoms and findings and that because of these, tests should be made to exclude diseases such as tuberculosis and fungus infections of the lungs.

Skin tests were done with the following results: 5 mm. reaction to the mumps antigen; 10 mm. to 1:100 histoplasmin; 1:100 coccidioidin skin test was negative; PPD intermediate and a Monovac tuberculin test simultaneously applied was also negative.

An automated blood survey was done. SMA-12 - this was found to be normal except for slight elevation of the glucose but this was not a fasting specimen. The glucose levels will be rechecked. Sedimentation rate was 15 mm. considered normal. Complete blood count was done revealing a moderate increase of the hematocrit and hemoglobin and segmented neutrophils. A viral serology was reported by the San Diego County Department of Public Health Laboratory as showing no evidence of currently active viral infection. Serologic studies were done through the California Department of Public Health and were negative for coccidioidal infection and histoplasmosis. Four sputum samples were studied by the San Diego County Department of Health Laboratory. All were negative by culture for fungi. All were negative by microscopic examination for tubercle bacilli. Cultures will be reported in late December.

A spirogram was done on 10/22/71 showing a normal vital capacity but a distinct decrease in expiratory flow rates significant of slight obstructive ventilatory impairment. On 10/22/71 arterial blood gases were studied and were found to be within normal limits except for slight hyperventilation. Arterial blood studies were repeated on 10/28/71 and were again found to be normal at rest except for slight hyperventilation. However, with exercise consisting of 50 steps climbing, arterial oxygen decreased from 85 mm. mercury to 45 mm. mercury with a significant decrease in arterial oxygen saturation. These were repeated 10 minutes later at rest and had resumed normal. Static lung volume studies were also done, a copy of which will be enclosed.

02 209 0962

Judges Paul Riley and Gordon Hoag, October 14, 1989, in Jenison v. A. P. Green, et al. 87-11330

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Diagnoses: 1) Pulmonary infiltrates due to pulmonary asbestosis.
2) Chronic bronchitis probably related to cigarette smoking.

Discussion: Review of the medical history, occupational history, physical findings, chest x-rays gives clear cut evidence that there is significant bronchopulmonary disease. The pattern and distribution of the disease as visualized by chest x-rays is typical of that seen in asbestosis. Although measurements of ventilatory capacity show only slight impairment of an obstructive nature, a distinct significant and disabling fall in arterial oxygen was noted with a step-up exercise. This rather marked fall in arterial oxygen levels with exercise is sufficient to preclude activity such as walking, running, climbing or carrying weights. Measurements of static lung volume reveals a significant reduction in residual volume and a slight reduction in total lung capacity. There was also a reduction in the ratio of residual volume to total lung capacity. It was also noted that compliance was decreased as measured by the static elastic recoil pressure of the lung, all of these factors indicating stiffening of the lung such as that which occurs with any process producing fibrous changes within the lung parenchyma.

With [illegible] for evidence of active infection due to histoplasmosis, [illegible] and viral infections, the probability [illegible] due to asbestosis is greatly increased. [illegible] the possibility of sarcoidosis but the liklihood of [illegible] decreased because of the reaction to the mumps antigen and also [illegible] histoplasmin antigen. Furthermore, the distribution of the disease is typical of that seen in asbestosis and would be somewhat atypical for that seen in sarcoidosis.

In summary the evidence is so strong for the presence of asbestosis as to be almost corroborative. I believe that diagnostic studies could not be extended further except by lung biopsy which I believe is not necessary to prove the diagnosis and would create a certain degree of morbidity, a slight increase in pleural and pulmonary damage and considerable cost.

The findings clearly indicate that he is incapacitated insofar as any strenuous type of occupation is concerned and that he should have no further exposure to asbestos products or any atmosphere containing noxious fumes or dust. It was explained to him also that he should complete abstain from cigarette smoking. If further exposure to asbestos and other noxious fumes and dusts is prevented and cigarette smoking is prohibited, there still may be slight progression of the respiratory disease. His present condition as indicated by measurements made in my office is such as to be compatible with continued life although inflammatory conditions of the lungs

Judges Paul Filey and Gordon Haag.
October 18, 1989, in Jamison v. A. F. Green,
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such as bronchitis and pneumonia and pleural infections would be a much greater hazard to him than they are to a person with normal lungs. He himself is aware and somewhat anxious about another aspect which has become commonly known in medical circles; namely, that the presence of asbestos in the lungs results in a greatly increased hazard of carcinoma of the pleura and bronchogenic carcinoma. There is no evidence at the present time that he has developed either a mesothelioma type of malignancy or a bronchogenic carcinoma.

Continued frequent observations by clinical examination, chest x-rays and sputum examinations should be made with this possibility in mind. Aside from the fact that his liklihood of having bronchogenic carcinoma is much greater than in people who do not have asbestosis, I believe if further exposure to asbestos is prevented, cigarette smoking is stopped, that his condition is permanent and stationary and that he is totally disabled insofar as his usual occupation is concerned; however, he would be able to engage in sedentary types of activity.

I am enclosing a copy of an article on asbestosis from the December 2, 1970 issue of the New England Journal of Medicine and an editorial regarding asbestosis from the same Journal. Considerable bibliographic material is cited in the article on asbestosis and I believe this study is directly pertinent to the case of Mr. Green. I might also call your attention to an article regarding proposed banning of certain asbestos materials by the Environmental Protection Agency quoted in the Wall Street Journal of December 6, 1971.

Very truly yours,

V. J. Wyborney, M. D.

VJW:ma
Enclosures

02 209 0964