Old Hickory, Tennessee
January 25, 1967

PULMONARY STATUS OF PIPE COVERERS

There are seven Du Ponters at Old Hickory who have had a pipe covering assignment for 20 or more years, four have had intermediate exposure of 10-20 years, and there are twenty-five others with less than 10 years' exposure. In general the long term exposure cases do show pulmonary changes and are discussed in detail individually.

[redacted] - Disability pension at age 63. X-ray report as follows: Vital capacity reduced to 64% normal. Maximum expiratory flow rate reduced to 140 liters per minute. This man has been a pipe coverer for 24 years and during the early part of this assignment he worked with asbestos without adequate protection. X-ray shows considerable pulmonary fibrosis especially on the right and comparison with previous films suggests that this was present to some extent at least as far back as 1959. Left leaf of the diaphragm has flattened during the last few years. There are a number of linear shadows compatible with asbestosis in both lungs and I feel that the diagnosis is an asbestos pneumoconiosis with secondary emphysema.

[redacted] Pipe coverer 1944-1966. X-ray shows minimal accentuation of finer lung markings on a chronic basis. A vital capacity done 1-23-67, at which time he was of age 54, showed a 96% normal vital capacity with maximum expiratory flow rate approximately 400 liters per minute. There is a history of smoking one pack of cigarettes a day for 30 years and he is asymptomatic. On interview it was revealed that he used the mask provided conscientiously and even in the old days before masks were available he tried to avoid dust of all types. He feared dust and apparently had a hyperactive cough reflex. He stated that even when he was given dusty cloths to shake out he washed them instead with a hose. Of interest is his statement that his attitude contrasted with Herman Hickman's (above) in that Herman habitually ignored dust and disdained protection therefrom.

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[redacted] --Pensioned effective 11-1-64 at the age of 56 primarily because of nervousness and dizziness but also because of shortness of breath. His x-ray report is as follows: In 1936 the diameter of his lower chest measured 12-3/8". In 1963 at the same level, the measurement shows 12-5/8". Trunk markings a little heavy but no great change over the years. There is a questionable area in the periphery of the right middle lung which shows slightly increased streaking. The left base is the only area that suggests a possible early emphysematous change. This man has been a pipe coverer working with asbestos dust for 30 years. His vital capacity remains 88% normal but his maximum expiratory flow rate is reduced to 107 liters per minute. Smokes three-fourths of a pack a day but states that he does not inhale.

[redacted] - Has been an insulator since 1941. Lung markings are accentuated and there are some fine horizontal lines above the right costophrenic sulcus which could be considered compatible with asbestosis. Vital capacity done 1-12-67 82% normal. Maximum expiratory flow rate reduced to 250 liters per minute. Once smoked 1/2 pack cigarettes per day for about 20 years but stopped because of cough.

[redacted] - Pipe coverer 30 years. Vital capacity 1-22-64 68% normal. Maximum expiratory flow rate markedly reduced. Smokes pack of cigarettes daily. X-ray report 1-22-64: Right costophrenic sulcus is obliterated and right leaf of the diaphragm flattened to the level of the first lumbar vertebra. Left ventricular border is 2-3/4" away from the rib cage but no great change has occurred in this respect over the years. This man is a pipe coverer and is short of breath with diminution of vital capacity and maximum expiratory flow rate. I do not make out definite evidence of pneumoconiosis although lung markings in the area of the right middle lobe appear to be accentuated. Lowered diaphragm with midline cardiac silhouette shows negligible change over the years and is equivocal evidence of emphysema.

[redacted] - Pipe coverer 30 years. January 21, 1964 x-ray report: Diameter of lower chest in 1935 measures 9-3/4". In 1945 the diameter at the same level measured 10-1/4". In 1963 it measured 11-3/4". All plates show fine calcific nodules scattered throughout both lungs and compatible with old healed histoplasmosis. Diaphragmatic leaves remain smooth until 1945 when some muscular segmentation becomes discernible in the right leaf and this has become much more marked by 1963. The 1963 film shows a cardiac silhouette shifting towards the horizontal. There is mottling in the peripheral lung fields more marked in the right upper and middle. The right base especially appears to be emphysematous. This man has been exposed to asbestos dust for more than two decades, and I feel that there is evidence of a pneumoconiosis. A vital capacity is moderately reduced to 80% normal at the age of 52. His maximum expiratory flow rate is more drastically reduced to 185 liters per minute in contrast to the expected 400-500 liters per minute. He stopped smoking about seven years ago and formerly smoked a pack a day.

[redacted] - Vital capacity done 1-22-64. Total vital capacity reduced to 74% normal. Maximum expiratory flow rate reduced to 235 liters per minute. He smoked a pack of cigarettes a day for 35 years and was exposed to dust that sometimes included asbestos as a pipe coverer for 23 years. Chest x-ray shows a pulmonary infiltrate with linear shadows compatible with such a pneumoconiosis.

[redacted] - Pipe coverer 1953-1966. Chest OK.

[redacted] - Pipefitter 1952-1966. 100% normal vital capacity. Wore protection if dusty. Chest x-ray OK.

[redacted] - Has been a pipe coverer since 1954. Lung markings have been regarded as normal and a vital capacity showed no abnormality. Total vital capacity recorded as 102% normal and maximum expiratory flow rate a normal 500 liters per minute. This man has always been a non-smoker.

[redacted] - Has been a pipefitter for about twelve years. Lungs within limits of normal but is short of breath on a cardiac basis.

[redacted] - Pensioned 1-1-66. Chest OK. Was a pipe coverer only in last five years of work.

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[redacted] - Pensioned after heart attack. Chest OK but exposure as pipe coverer limited to his last year of work.

[redacted] - Negative chest x-ray. Only a few years' exposure (no more than 5).

[redacted] - Insulator only since 1962. Questionable increase of lung markings. Nothing specific.

[redacted] - Exposure as insulator no more than two years. Chest within limits of normal.

[redacted] - Exposure as insulator 6-7 years. Lung markings within limits of normal.

[redacted] - Pipe coverer 1961-1966. Chest OK.

[redacted] - Pipe coverer 1954-1966. Chest OK.

[redacted] - Pipe coverer 1965-1966. Chest OK.

[redacted] - Pipe coverer 1965-1966. Chest OK.

[redacted] - Pipe coverer 1960-1966. Chest OK.

[redacted] - Pipe coverer 1954-1960, 1965-1966. Chest OK.

[redacted] - Pipe coverer 1957-1959, 1965-1966. Chest OK.

[redacted] - Pipe coverer 1966. Chest OK.

[redacted] - Pipe coverer 1965-1966. Chest OK.

[redacted] - Pipe coverer 1961-1966. Chest OK.

[redacted] - Vital capacity was done on 1-23-64 when he was 53½ years of age. Recorded as 75% normal with a reduced maximum expiratory flow rate of 220 liters per minute. He was a habitual pipe smoker with a history of frequent respiratory infections. He was exposed to asbestos insulation for approximately 6-7 years. Chest x-ray was reported as within limits of normal. Obesity was a factor in his reduced pulmonary ventilation.

[redacted] - Insulator only last six years. Chest OK.

[redacted] - Up until 1961 was a carpenter and has been a pipefitter or insulator only since then. Chest markings considered normal and no check of vital capacity has been done.

[redacted] - Chest normal and was only employed 12-8-64.

[redacted] - Has been an insulator only since 1960. Slight questionable increase in lung markings in bases. Nothing specific. Has a history of repeated episodes of sino-bronchitis.

[redacted] - Has been an insulator only since 1960. Lung markings are heavy but not necessarily indicative of a pneumoconiosis. Shortness of breath on exertion has been a recent complaint but is on the basis of arteriosclerotic heart disease rather than pulmonary.

[redacted] - This is a hypertensive individual (220/130) and has cardiomegaly. Lung fields do not indicate pneumoconiosis. Became a pipefitter only about 1963.

[redacted] - Was only hired 7-1-64. Chest normal.

[redacted] - Exposure as insulator one year. Chest normal.

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