



A F F I D A V I T

WASHINGTON)
DISTRICT OF COLUMBIA) ss.
)

BEFORE ME, the undersigned Notary Public, personally came and appeared MICHAEL RHODE, a person of the full age of majority, being of sound mind and body, who, after being first duly sworn by me, did depose and say:

I, MICHAEL RHODE, am an employee of the Armed Forces Institute of Pathology, Washington, D.C. I am custodian of the original archives of Dr. Arthur J. Vorwald.

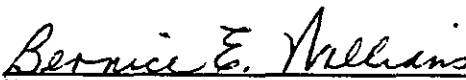
Pages 1 through 3 attached hereto are true, correct and authentic copies of documents from Dr. Arthur Vorwald's archives. The pages attached are FILE P-129

Dr. Vorwald was the Director of the Saranac Laboratory of the Trudeau Institute. Upon his death, Dr. Vorwald's archives were donated to the Armed Forces Institute of Pathology by his widow.

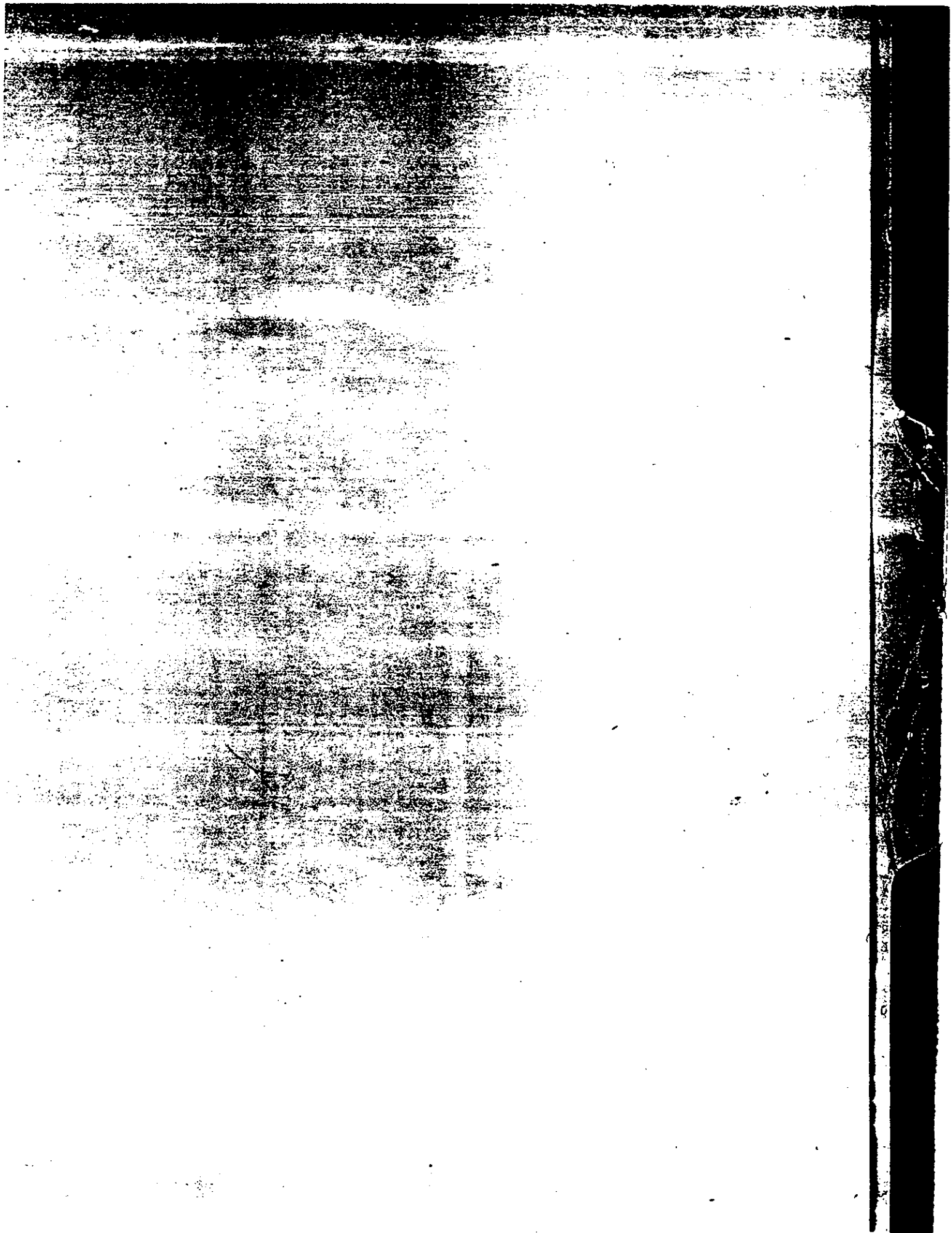
Dr. Vorwald's archives are in such condition as to raise no suspicion concerning their authenticity; they were received by the Armed Forces Institute of Pathology from Dr. Vorwald's widow after Dr. Vorwald's death; they are presently on file as authorized by law in the National Museum of Health & Medicine, Armed Forces Institute of Pathology, Building 54, Walter Reed Army Medical Center, Washington, D.C. 20306-6000; and the archives have been in existence for 20 (twenty) or more years.


MICHAEL RHODE, AFFIANT

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public, on this the 16th day of March, 1995.


NOTARY PUBLIC

My Commission Expires: 2-14-2000



Case 129
S-35-86

Harry Robertson

Dr. Leary
Age: 42

W. W. 5 yrs; Fix in 7 yrs. - Asbestos Plant - Chicago. Dr. J. C. Connelley 6.7 million per cubic ft.

The right and the left lungs show chronic fibrous adhesions on the pleura of the upper lobe. Through the generally thickened and opaque pleura can be seen small clusters of grey to yellowish ill-defined nodular areas.

Section discloses a linear fibrosis of the peripheral 5 cm below the sub-pleural tissue involving generally the whole circumference of the lung. This is composed of strands of fibrous tissue containing small foci of pigmentation. There is no evidence of active infection. In the fibrous tissue immediately beneath the pleura, but not elsewhere, are numerous small round cavities not over 2 mm. in diameter. These have smooth, glistening internal walls and contain no fluid. They may be dilated air spaces. Elsewhere the lungs show some dilatation of the air spaces and some general thickening of the alveolar septa. There is early fibrous pleurisy of the left base.

TRACHEOBRONCHIAL LYMPH NODES - are large, generally firm, yellow in color but streaked with black. No focal tubercles are disclosed. At one point the node presents a series of thin-walled holes all less than 1 mm. in diameter. In the mediastinal fat and connective tissue there are large thin-walled spaces apparently of emphysematous origin.

Anatomical Diagnosis

Simple asbestosis without evidence of infection.

Microscopic Examination

LUNGS - show uncomplicated asbestosis with lesions in an unusual distribution. There is extensive fibrosis largely involving the subpleural region of the lung and the interlobular septa. Some of the finer interalveolar septa are fibrous but the strands are very thin. The vascular and bronchial trunks are not much thickened. The fibrous tissue is generally coarse and wirey, obliterating most of the normal structures where it has developed. In places there are ill-defined focal collections of black particulate matter that probably gave rise to the nodule-like foci noted in gross. Asbestosis bodies are not particularly numerous in these areas but they are thickly scattered throughout all fibrous areas. The fibres generally run in an extremely irregular network. Sometimes they are thick and swollen, but more often they are thin and clear cut.

Beneath the pleura the fibrosis is well supplied with large thin-walled blood vessels. The minute cavities described in gross are due to emphysematous dilatations of small bronchioles lined by columnar non-ciliated epithelium. These structures have been pulled outward by contraction of the subpleural scar tissue. Gland-like cross sections are found throughout the scar. The contraction has also caused the development of marked distortion of the smaller underlying air spaces.

The interlobular septa are very heavy due to the deposition of dense, non-cellular, connective tissue about them. They also contain asbestosis bodies. The air spaces are empty, often dilated and

separated by thin but fibrous septa. There is little or no involvement of the air spaces in the centre of the lung and the usual peribronchiolar collars of fibrosis are lacking, unless it occurred only in the subpleural portions of the lung and was subsequently obliterated. The lymphoid tissues on the trunks are not involved. There is no evidence of infection.

TRACHEOBRONCHIAL LYMPH NODES - contain rather large deposits of brown-black granular pigment but no asbestosis bodies. There is no reaction about this pigment and evidence of infection is wanting.

Chemistry

	Ash in dried lung	3.36%
	Silica in " "	0.15
<u>Ash</u>	SiO ₂	4.64
	Fe ₂ O ₃	
	Al ₂ O ₃	
	CaO	
	MgO	1.47

Qty of Dry Tissue 0.226 g.
Ash 0.79