

FILE NAME: Garlock (GAR)

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Clemons

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MORRIS J. MOSKOWITZ, E. D.
Rochester 7, N. Y.



January 16, 1945

(American) Lumbermen's Mutual Casualty Co. of Illinois
918 Reynolds Arcade Building
Rochester, N. Y.

Re: Vera Clemons, Deceased, Palmyra, N. Y.
vs: Garlock Packing Company, Palmyra, N. Y.

Gentlemen:

This 42 year-old, married woman entered the employ of the Garlock Company on May 20, 1918 and worked there steadily until July 3, 1928 in the textile room, operating a loom and a creel. She then returned to the same kind of work on September 17, 1928 and worked through June 29, 1929. She was then married and left the company's employ. She had three children. During her married life she is said to have gained weight and to have had some shortness of breath. On December 3, 1942 she again went to work for the Garlock Company, in the same department, and worked steadily until November 26, 1943. On this last date, she resigned "without any explanation".

On April 8, 1943, she was seen by Dr. Marsh of Palmyra, N. Y.; at this time she complained of pain in the chest, shortness of breath and cough. On May 15, 1943, her chest was x-rayed by the State Department of Health Clinic at Newark, N. Y. These films were examined by Drs. J. H. Green, E. G. Whipple, John MacMillan and me. Dr. Green reports on them as follows: There is infiltration involving the larger part of the right lung. The shadows are much denser near the hilum. There is a dense shadow in the left lung near the hilum. The two dense shadows largely obscure the heart shadow. No accurate measurements of the heart can be given. The leaves of the diaphragm are quite high. The right leaf of the diaphragm lies above the 8th posterior rib and the left leaf lies just below the 8th posterior rib. There are some areas of decreased density in the lungs, suggesting emphysema".

On June 5, 1943, she was again x-rayed by the State Department of Health, this time at Palmyra, N. Y. This film shows "changes similar to those described in the film of May 15, 1943. The dense shadows extending out near each hilum obscure the heart shadow. There is infiltration involving the larger part of the right lung. The leaves of the diaphragm are high".

The diagnosis, made by the State Department of Health on the above two films, was "pulmonary fibrosis".

On or about September 26, 1944, the patient was sent into the Genesee Hospital of Rochester, by Dr. Marsh; here, she was attended by Dr.

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Martin B. Lehman. On September 27, 1944, another chest film was taken at the hospital. This showed "infiltration of the lungs, as described in the two previous films. In addition, there is a pneumothorax pocket in the right pleural space, extending along the axillary border and over the apex, causing approximately 25% or 30% compression of the lung. The heart is apparently shifted slightly toward the left side. In addition to the infiltration described in both lungs in the previous films, there is a slight increase in the linear markings in the left lung, from the clavicle to the base". The patient died at the hospital on September 29, 1944.

Autopsy was done by Dr. E. W. Popoff, the hospital pathologist. He will forward a complete report of his findings, both gross and microscopic. The autopsy material was reviewed by Drs. Whipple, MacMillan and me. It establishes the conclusion that the patient died "as a result of pneumothorax. This pneumothorax was associated with extensive pulmonary fibrosis, with emphysematous blebs and emphysema. Sections of the lungs confirm the diagnosis of pulmonary fibrosis, resulting from prolonged contact with asbestos". It is Dr. Popoff's opinion that the asbestosis was "of long duration".

The advisability of making a chemical examination of the ashed lung was taken up with Dr. Leroy U. Gardner of the Edward L. Trudeau Foundation at Saranac Lake, N. Y. He wrote me: "I would much rather rely on a histological examination of large blocks of lung tissue made by a competent pathologist than I would expect results from chemical data. At best, the latter is only supporting evidence of any morphological changes that may be present. We have done it on a good many lungs that have proved to have asbestosis, but all one can do is to demonstrate that there may be abnormal quantities of magnesium. The silicates that are detected might readily be due to other inhaled materials". On the basis of the above, it was not thought necessary to have the lung ashed.

Conclusion: It is my opinion, in which Drs. Popoff, MacMillan and Whipple tell me they concur, that this woman died of a pneumothorax, associated with pulmonary fibrosis and asbestosis; that this process began at some time after she first went to work for the Garlock Packing Company and steadily progressed; that she was, clinically, an advanced case of asbestosis when she returned to work for the Garlock Company in December 1942, and that the process would undoubtedly have gone on to a fatal termination even if she had not worked during the period from December 1942 to November 1943.

Very truly yours,

/s/ E. J. Moskowitz, M. D.

/t/ E. J. MOSKOWITZ, M. D.

MR:IG
Enc.