R. D. DUCKWORTH, M. D.
MEDICAL CENTRE BUILDING
170 MAPLE AVENUE

OFFICE HOURS
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PHONE
WHITE PLAINS 22

WHITE PLAINS, N. Y., April 6, 1936

Dr. Robert A. Kehoe, Director
Kettering Laboratory of Applied Physiology
College of Medicine
Eden Avenue
Cincinnati, Ohio

Dear Doctor Kehoe:

In the series of twenty-three cases which I am forwarding to you I have not attempted to make a specific diagnosis in each case except where the lesions have been, in my opinion, definite. Case No. 21660 (Mr. [redacted] and Case No. 21672 ([redacted]) I believe show evidence of old healed tubercular lesions. Case No. 21674 (Mr. [redacted]) shows similar though less marked pathology in the right apex.

In reviewing this series none of these cases show any evidence of pleural adhesions and only a few show thickening of the interlobar pleural septum between upper and middle right lobes. This change I feel is of no great significance.

There is one striking factor which is seen in practically every case. This is indicated by an increased density of the hilus shadows and a prominence of the linear markings in the central lung fields, the latter evidently due to peribronchial thickening. Case No. 21673 (Mr. [redacted]) and Case No. 21681 (Mr. [redacted]) show the latter more prominently. In these cases there appears to be a discrete mottling in the central lung fields.

From the Roentgen standpoint I do not believe that the changes are sufficient to warrant a definite diagnosis. The following conditions could produce the changes noted above:

1. acute bronchitis
2. chronic bronchitis
3. dust inhalation (containing a minimum of mineral)
4. gas inhalation
5. first stage silicosis

Naturally occupational history, physical examination, etc., play an important part in differential diagnosis.

Respectfully submitted,

RDD/HA

R. D. Duckworth

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Case No. 21670--Mr. [redacted]

Radiographic examination of the chest shows a narrowing of the rib interspaces due to a kyphosis. The detail of the bodies of the dorsal vertebrae is naturally obscured by cardiac shadow, but no evidence of bony pathology is noted. The hilus shadows and linear markings show moderate accentuation.

RDD/HA

KE 0000358

N9605.01

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Case No. 21671--Mr. [redacted]

Radiographic examination of the chest shows several calcifications in both central lung fields as a result of previous inflammatory reaction. There is a slight accentuation of the linear markings in both central lung fields. The examination is otherwise negative.

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KE 0000059

N9605.02

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Case No. 21669--Mr. [redacted]

Radiographic examination of the chest shows accentuation of the linear markings in both central lung fields with some questionable areas of bronchiectasis in these regions. An area of increased illumination is seen on level with the right third costochondral junction which, in my opinion, is not due to cavitation.

RDD/HA

KE 0000000

N9605.03

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Case No. 21682--Mr. [redacted]

Radiographic examination of the chest shows increased density of the hilus shadows and a prominence of the bronchi in the central lung fields.

RDD/HA

KE 0000001

N9605.04

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Case No. 21679--[redacted]

Radiographic examination of the chest shows moderate accentuation of the linear markings and a slight prominence of the hilus shadows.

RDD/HA

KE 0000062

N9605.05

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Case No. 21681--[redacted]

Radiographic examination of the chest shows a few calcifications in the region of the hilus shadows as a result of previous inflammatory reaction. The linear markings in both central lung fields are fairly prominent, causing a somewhat mottled appearance of these areas.

RDD/HA

KE 0003063

N9605.06

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Case No. 21666--Mr. [redacted]

Radiographic examination of the chest shows a slight increase in density of the hilus shadows and a prominence of the linear markings in the central dependent lung fields. There is a slight thickening of the interlobar pleural septum between the upper and middle right lobes. The heart shows a straightening of the left auriculo-pulmonic area. A small calcification is seen on level with the left third costochondral junction.

RDD/HA

KE 0008064

N9605.07

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Case No. 21664--Mr. [redacted]

Radiographic examination of the chest shows a moderate increase in density of the hilus shadows. The linear markings in the central lung fields are prominent. There is some evidence of emphysema in these areas.

RDD/HA

KE 0003065

N9605.08

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Case No. 21665--Mr [redacted]

Radiographic examination of the chest shows an increased density of the hilus shadows and a prominence of the linear markings in the central lung fields, especially the dependent portions. An occasional calcification is seen in the hilus regions due to previous inflammatory reaction. The heart is mitral in type although the measurements are within normal limits.

RDD/HA

KE 0003066

N9605.09

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Case No. 21661--Mr. [redacted]

Radiographic examination of the chest shows a prominence of the hilus shadows and accentuation of the linear markings in the central lung fields pointing to a bronchial irritation.

RDD/HA

KE 0000067

N9605.1

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Case No. 21662--Mr. [redacted]

Radiographic examination of the chest shows moderate accentuation of the linear markings in the central lung fields, and thickening of the interlobar pleural septum on level with the right fourth anterior rib.

RDD/HA

KE 0008068

N9605.11

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Case No. 21676--Mr. [redacted]

Radiographic examination of the chest shows a slight increase in density of the hilus shadows and an accentuation of the linear markings in both central lung fields. The interlobar pleural septum between upper and middle right lobes is somewhat prominent.

RDD/HA

KE 0000000

N9605.12

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Case No. 21675--Mr. [redacted]

Radiographic examination of the chest shows a moderate accentuation of the linear markings in the central dependent lung fields.

RDD/HA

KE 0000070

N9605.13

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Case No. 21677--Mr. [redacted]

Radiographic examination of the chest shows a calcification near the upper portion of the right hilus shadow due to a previous inflammatory reaction. The hilus shadows and linear markings in the central dependent lung fields are somewhat prominent.

RDD/HA

KE 0066071

N9605.14

[redacted] [redacted]

[redacted]

[redacted]

[redacted]

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Case No. 21663--Mr [redacted]

Radiographic examination of the chest shows a moderate accentuation of the linear markings in the central lung fields, especially the dependent portions, and a slight prominence of the hilus shadows.

RDD/HA

KE 0066072

N9605.15

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Case No. 21660--Mr. [redacted]

Radiographic examination of the chest shows several small circumscribed areas of density together with some evidence of fibrosis in both right and left first anterior interspaces. The hilus shadows, especially the right, show some increase in density. The linear markings in the central lung fields, especially the dependent portions, are prominent. The heart is mitral in type, although the measurements are within normal limits. The pathology in the region of the first anterior interspaces, in my opinion, is the result of a healed, inactive tuberculosis. The prominence of the hilus shadows and the evidence of peri-bronchial thickening would indicate bronchial irritation, the cause undetermined.

RDD/HA

KE 0366373

N9605.16

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Case No. 21668--Mr. [redacted]

Radiographic examination of the chest shows some accentuation of the linear markings in the central dependent lung fields. The heart is aortic in type, but the measurements are within normal limits. The left border of the aortic arch is somewhat knuckled.

RDD/HA

KE 0366374

N9605.17

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Case No. 21667--Mr. [redacted]

Radiographic examination of chest shows an increased density of the hilus shadows and a moderate accentuation of the linear markings in the central lung fields. A small calcification is seen in the outer third of left pulmonic field on a level with the fifth anterior rib, this possibly the result of a healed tubercular lesion.

RDD/HA

KE 0003075

N9605.18

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Case No. 21672--Mr. [redacted]

Radiographic examination of the chest shows several small areas of calcification at the base of the left apex on level with the first and second anterior interspaces; these indicate an old healed tubercular lesion. No evidence of activity is noted. The linear markings in both central lung fields are quite prominent. The heart shows a slight knuckling of the left border of the aortic arch.

RDD/HA

KE 0003076

N9605.19

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Case No. 21673--Mr. [redacted]

Radiographic examination of the chest shows accentuation of the hilus shadows, slight prominence of the linear markings in the central lung fields, and a tendency toward mottled illumination of the right central lung field.

RDD/HA

KE 0000077

N9605.2

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Case No. 21678--Mr. [redacted]

Radiographic examination of the chest shows calcifications in the region of the hilus shadows as a result of previous inflammatory reaction. There is a prominence of the linear markings which is fairly extensive and is seen in both central lung fields, especially the dependent portions.

RDD/HA

KE 0003078

N9605.21

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Case No. 21680--Mr [redacted]

Radiographic examination of the chest shows a slight accentuation of the linear markings in the dependent central lung fields.

RDD/HA

KE 0003079

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Case No. 21674--Mr. [redacted]

Radiographic examination of the chest shows eventration of the left dome of the diaphragm due to gas in the splenic flexure. There are several small questionable densities in the right apex which may be due to a previous tuberculosis. No evidence of activity is noted. The linear markings in the central dependent lung fields are prominent. Questionable areas of bronchiectasis are seen in the right lower lobe. The costal cartilages are beginning to calcify.

RDD/HA

KE 0000080

N9605.23