Insulator - Asbestos survey

6/23/69
Dr. Felson

UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE

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ENCLOSURE 6

June 23, 1969

PLAINTIFF'S EXHIBIT
ETCO-613

George Roush, Jr., M.D.
Medical Director
Ethyl Corporation
Laboratory of Environmental Medicine
1700 Perdido St.
New Orleans, La. 70112

Dear George:

The films on insulators have arrived and I just finished going over them. Here are my conclusions:

Subject No. 1: In 1956 there is a subapical lesion on the right. The markings to the upper lungs are a little prominent. In 1967 the chest appears essentially the same.

IMPRESSION: Inactive tuberculosis; no evidence of asbestosis.

No. 2: In 1958 there is apical involvement on the right and multiple tiny scattered calcifications in the left upper lung field. There is a suggestion of honeycombing at the right base. In 1963, the apical lesion on the right has disappeared. Otherwise the chest shows little change. In May 1968, the honeycombing is more striking and it is evident at both bases which are less radiolucent than earlier.

IMPRESSION: Inactive tuberculosis; definite evidence of progressive asbestosis in the lower halves of the lung fields.

No. 3: The chest is normal.

No. 4: The film is made in expiration. There is pleural thickening obliterating the left costophrenic angle and the markings at the bases are prominent. Whether the latter is due to mild involvement by asbestosis or merely represents the changes of an expiratory phase of respiration cannot be determined. I suggest a new film with deep inspiration.

Films No. 5 thru No. 12 are all normal.

I am returning the films to you under separate cover. My bill is enclosed. With best regards,

Sincerely,

Benjamin Felson, M.D.

BF/cpb

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