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PLAINTIFF'S EXHIBIT

SH-2291

Shell Oil Company
Interoffice Memorandum

MARCH 12, 1992

FROM: L. C. WADDELL, JR., M.D., MEDICAL DIRECTOR
CLINICAL MEDICINE, CORPORATE MEDICAL DEPARTMENT

TO: A. THOMANN, M.D., MEDICAL DIRECTOR
DEER PARK MANUFACTURING COMPLEX

SUBJECT: EMPLOYEE NUMBER

A personal occupational history was prepared by B. J. Bessette-Henderson. At the time of that interview, the work history indicated that since 1974 worked as a pipe fitter. There was a history of knocking out asbestos-containing insulation while doing pipe fitting work. Until the early 80s according to this history, work practices did not require the use of water to wet down the fibers and decrease their dispersion into the air nor were employees provided with respiratory protection. It was the opinion of this consulting industrial hygienist that this employee's job activities at Shell prior to 1980 indicated that there was a potential for exposure to asbestos.

I am enclosing a copy for your files and information of a memorandum dated June 25, 1980 by P. F. Deisler, Jr. who at that time was Vice President of Shell HS&E. It was the intent of that memo in part to place persons in the asbestos surveillance program whose work exposure, regardless of job title, in the past as well as in the present, involved in rip out or removal of asbestos-containing insulation.

It is clear from this job history that in order to conform with Mr. Deisler's policy this person should be placed in the asbestos surveillance program.

The second issue to consider then is the type of pleural shadow that is described on the right mid lateral chest.

We have X-rays and X-ray reports at least as early as 1978. Regular films throughout the years do not mention a pleural plaque or related shadows until the film of 9/16/91 interpreted by Dr. M. A. Mullican. On that film, there is the comment, "I question the possibility of a pleural plaque along the right lateral chest wall." Subsequently, PA lateral and both oblique

views were read. Dr. Mullican's interpretation is as follows, "There is a little widening of the pleural stripe along the right lateral chest wall. I am not convinced that this is a plaque on the basis of these views." "Conclusion, some widening of the pleural stripe along the right lateral chest wall, a plaque is not clearly delineated."

I have also had the opportunity to review the chest X-rays and essentially agree with the B-reader radiologist's comments. On the right anterior oblique view dated 9/26/91, the pleural stripe or pleural shadow is seen essentially throughout the superior inferior axis of the chest, and I am unable to discern any focal widening or irregular contour. On the PA view dated 9/16/91, there is certainly a shadow that could reasonably be considered a pleural plaque. The fact that the right anterior oblique view does not clearly show a plaque does not exclude the presence of a plaque. The degree of obliquity is critical in showing plaques and certainly possible the standard 45 degree oblique would not show a plaque that might show up with some other angle of the film.

Basically, we have an employee who has a history of having worked around asbestos who has a chest X-ray that is consistent with an asbestos pleural plaque. A more definitive diagnosis could be made probably by having a CT scan done, but in terms of the clinical management decisions at issue, one cannot make a very strong argument for having to have that examination carried out.

It is my professional opinion that this should be considered a probable asbestos exposure related pleural plaque and that it be handled accordingly. That is, it should be recorded on the OSHA 200 Log, the employee should be counseled about the implications of its presence, as well as the comment that is a somewhat equivocal finding. He is not currently a cigarette smoker. He should be advised, of course, about the synergistic effects of asbestos exposure and cigarette use. As mentioned early, he should be placed on the asbestos surveillance program.

We are returning the films and the Pulmonary Registry Form with our portion completed.

Once again, thank you for your help and your conscientious efforts to make this program work.

Louis C. Waddell, Jr., M.D.