

THE SARANAC LABORATORY
FOR THE STUDY OF TUBERCULOSIS
OF THE EDWARD L. TRUDEAU FOUNDATION
SARANAC LAKE, N.Y.

March 13, 1943

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Mr. Edward C. Ames
Owens-Corning Fibreglas Corporation
Toledo, Ohio

Dear Mr. Ames:

In the last group of X-ray films which we received from your Company, there were several cases that require comment. Possible, these are all preemployment examinations. I imagine that such is the case in view of the variety of pathological conditions detected.

R. Smock shows a reaction strongly suggestive of asbestosis although of course, I know nothing about the possibility of his previous exposure. I do not think he should be accepted for employment.

C. Dodson has what is probably a cardiac condition although there might be a tumor. He undoubtedly would be eliminated.

J. Kaylor shows a very large heart shadow which may be due to disease of this organ in the pericardial section or about it. I imagine he must have symptoms which might prevent him doing much work.

Z. Davis has a large calcified mass in the pleura which may have been due to an old empyema. As far as the film is concerned, I see no reason why he could not be put to work at most any job.

C. Donahue shows a well marked exaggeration of the vascular pattern, chronic pleurisy over the left lung and calcified tubercles. He could probably work in places not exposed to dust.

Charles Hare shows enough evidence of cardiac involvement to make his working doubtful.



Mr. Edward C. Ames

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Holbert Zella has a miliary calcification with extensive involvement of the lymph nodes at the root of his lung. There is nothing in this condition which would prevent his employment, but I would not put him in any place where there is too much dust. However, someone might try to make capital out of his film in case of future litigation.

I am not sure whether you want us to comment on these cases but in times when labor is so scarce, I realize one is undountedly anxious to employ anyone you can safely accept.

I was pleased to know of the disposition of the two previous cases with active pulmonary tuberculosis.

Very truly yours,



Leroy U. Gardner, M. D.
Director

LUG:RBH

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