Civil Action No. 6449

DEPOSITION SUMMARY OF DR. P. O. JONES
TAKEN OCTOBER 9, 1970.

FILED
U. S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
MAY 14 1971
JAMES R. COONEY, CLERK
BY DEPUTY Margaret Lowe

DIRECT-EXAMINATION

Pages 1-9

Dr. P. O. Jones examined and treated Clarence Borel from February 28, 1969, until the time of his death. Dr. Jones is a doctor of internal medicine, specializing in pulmonary diseases and lung diseases. He took his undergraduate degree at Louisiana State University, completing that study in 1938. He received his B.S. Degree from LSU in 1942. Thereafter, he obtained his M.D. Degree from the same school, New Orleans branch, in 1945.

After graduating from Med School, Dr. Jones had a variety of experience by way of Internship and Residency. He interned at the Cumberland Hospital in Brooklyn, New York, from April of 1945 through May of 1946. Thereafter, he served for two years in the armed services as Chief of the Women's Medical Section of the Brooks General Hospital.

Dr. Jones' residency was performed at St. Louis, Missouri, in the Barnes Hospital, from January of 1959, through May of 1960. Thereafter, he returned to LSU and took further training in internal medicine. Finally, he moved to Houston in November of 1959 (inconsistent with the completion with his residency in St. Louis).

Since being in Houston, Dr. Jones has been the Assistant Medical Director of the Houston Tuberculosis Hospital, on the full-time staff of the Baylor Medical School, Clinical Professor of Medicine at the Baylor Medical School, and Chief of Medicine at Memorial Baptist Hospital.

Dr. Jones is a member of the American Board of Internal Medicine and is a board member of the American College of Chest Physicians.

Pages 9-10

Clarence Borel was referred to Dr. Jones by a female patient of his. Borel was hospitalized by Dr. Jones from February 28, 1969 through March 16, 1969. At the time of Dr. Jones' first visit with Borel, he took a complete history from him. This history included Borel's having been hospitalized in Port Arthur, Texas, for treatment of a right lower lobe pneumonia.

Borel's history further revealed that in January of 1969, he had a severe upper respiratory infection with resulting difficulty in breathing and pain in his right chest. Borel described a progressive shortness of breath upon exertion and a weight loss of some ten pounds over a three-week period.

Borel further advised Dr. Jones that during his hospitalization at Port Arthur, after being diagnosed as having pneumonia, fluid was

1369

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/1

removed from his right lung and a "scaly node" procedure was performed, with no evidence of cancer or tuberculosis.

Borel said that the fluid which was removed from his chest revealed no cancer and no tuberculosis. Borel described to Dr. Jones two unsuccessful attempts at performing a bronchoscope.

The remainder of the history given by Borel to Dr. Jones consisted primarily of his occupational history as an insulation worker, continually exposed to fiberglas and many asbestos containing products, for a period of some thirty-three (33) years. The only prior history of any surgery was an unrelated gall bladder removal in 1965.

Pages 13-15 — After obtaining a history of Clarence Borel, Dr. Jones performed a physical examination. This examination revealed that Borel was not too acutely ill, nor chronically ill. Borel's blood pressure was normal, as was his temperature. The primary physical finding at that time was a "lag," which Dr. Jones described as a difficulty in moving air in and out of the right lung. Together with this "lag" there was some observable obstruction to the moving of air in the right thorax, accompanied by wheezing and asthmatic sounds of auscultation.

Dr. Jones testified that his physical examination indicated that the left lung was completely clear.

Dr. Jones says that x-rays were ordered and taken of Clarence Borel. In this connection, it is interesting to note that he states on page 15 that Dr. W. S. Harwell actually made the x-rays of Borel and that the film was located at the hospital. Dr. Jones testified that he could make arrangements to get the x-rays for attachment to the deposition. Dr. Jones states that he was not relying upon the interpretation of the x-rays made by Dr. Harwell but that he, personally, looked at the x-rays and determined for himself what his opinion was.

Pages 16-17 — Dr. Jones states that in his opinion from the x-rays, he first believed that Borel had a right lower lobe pneumonia with associated pleural effusion, or presence of fluid in the right chest cavity.

Fluid was removed from the right lung, sent to the pathologist, and found to be negative for cancer cells as well as negative for tuberculosis organisms, or any other possible cause for the collection of fluid in the lung.

Page 17 — Dr. Jones testified that during this hospitalization, Borel was treated symptomatically for his pain, including the administration of oxygen for shortness of breath.

Page 18 — This hospitalization was at the Memorial Baptist Hospital in Houston, Texas. On March 5th, Dr. Jones called in a chest surgeon, Dr. Kenneth Ricks, to assist him in further diagnosis and in pulmonary function studies. Together with Dr. Ricks, Dr. Jones discovered that Borel was taking in and blowing out approximately 52 percent of what was considered normal for a man of his age (maximum of one deep breath). Borel's ability to move air in and out of his lungs per unit of time was approximately 37 percent of normal. Other air moving studies revealed generally a marked percentage decrease in Borel's capacity compared to normal.

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/2

Pages 19-20 The final interpretation of the pulmonary function studies was "severe restrictive defect and mild obstructive defect." Dr. Jones found no evidence of emphysema.

Page 21 Dr. Jones concluded that although something had totally and completely knocked out Borel's ability to utilize his right lung, that he had no "etiological cause" of pneumonia, nor of fluid formation.

Page 23 At this point in Borel's hospitalization after consulting with Dr. Kenneth Ricks, a decision was reached to conduct a biopsy of the right lung. This procedure was carried out. Dr. Jones described in some detail the procedure for conducting a biopsy.

Page 23 Although Dr. Jones did not assist in the biopsy procedure, nor did he observe the first steps of surgery, he did observe the actual "freeing up of the lung."

Page 24 Dr. Jones described the appearance of the lung at the time of biopsy as "a shaggy, scarred-down, bound-down lung." He indicated that the lung was hemorrhagic, or easy bleeding, and appeared as a piece of beef that had been stomped on. Dr. Jones was rather graphic in describing the right lung as having no resemblance to a normal lung.

After the right lung was freed up, Dr. Jones said that a biopsy was performed. A piece of the right lung was taken for the purpose of sending the same to the pathologist for histological and pathological examination.

Pages 26-27 Dr. Jones says that Dr. Mateo performed the pathological studies of the tissue removed from the lung biopsy procedure. He says that five separate specimens of tissue were submitted, with the following diagnoses: Specimen No. 1--Anthracosis; Specimen 2, 3, and 4--Fibrosis; and Specimen No. 5--Asbestosis.

Page 27 It is important to note that Dr. Jones summarized the pathological studies of the biopsied tissue as extensive fibrosis resulting from numerous asbestos bodies having invaded the lung tissue.

Dr. Jones stated that Borel's breathing of asbestos had, in his opinion, caused this lung condition.

Page 28 Dr. Jones described Borel's post-biopsy course as uneventful, with subsequent dismissal on March 16th, 1969.

Pages 28-29 Dr. Jones testified that during the course of Borel's first hospitalization, he was constantly experiencing pain, for which he was given narcotics. Additionally, the doctor testified as to various other medications, drugs and the like, all indicated by the condition previously described by the doctor.

Page 30 Dr. Jones stated that at the time Borel was released from the hospital his condition was "irreversible."

Page 31 Dr. Jones saw Borel again some nine days after his initial release from the hospital. This visit was in connection with a routine

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/3

follow-up examination by the chest surgeon. Dr. Jones' notes indicated that on March 25th, 1969, Borel was still having pain in the right chest, as well as soreness and stiffness, with difficulty of breathing. He states that all of these findings were consistent with the disease of asbestosis.

Pages 31-32 — Dr. Jones then was questioned about the method of contracting asbestosis, including the inhalation of the fibers, the imbedding of the fibers in the lung tissue, and the resulting fibrosis.

Page 32 — Dr. Jones testified that the disease of asbestosis had been known generally for many years, even as early as 1866.

Page 33 — Dr. Jones stated that there was no way that he knew of to contract the disease of asbestosis other than through the inhalation of asbestos fibers.

Pages 32-33 and 34 — The next time Dr. Jones saw Clarence Borel was approximately a month later, when he returned to the doctor's office for a routine check-up. At that time Borel was experiencing the same complaints that he described on the previous visit, and generally looked like a "very sick man." Dr. Jones said that this was not normal for a four-weeks postoperative biopsy patient. Significantly, the doctor noticed that the left lung was beginning to show changes at this time. He says that medication was continued unchanged for Borel's general condition. The doctor was questioned in some detail so as to give a descriptive picture of Borel's pain and the treatment for such pain.

A physical examination conducted upon this third visit revealed findings identical with those previously made, and the treatment again was symptomatic.

Page 35 — After receiving a telephone call from Borel's wife, Dr. Jones readmitted Borel to the hospital on January 26, 1970, for re-evaluation.

Pages 35-36 and 37 — Dr. Jones testified at the time of this admission Borel was suffering considerable pain. He related that Borel had been spitting up blood and that his pain was worse. At this time Borel was x-rayed once again and laboratory studies were repeated. Pain drugs, sleeping drugs, and anti-nausea medications were administered. Another attempt to aspirate fluid from the lungs was made without success. Borel remained in the hospital for three days and returned to his home.

Eleven days later, on February 10, 1970, Borel was admitted once again to the hospital in a more debilitated condition. At that time Dr. Jones said that he was of the opinion that Borel was suffering from a "malignancy complicating the asbestosis."

Page 37 — At that time surgery was performed upon Borel. This consisted of a right thoracotomy, a decortication and a right pneumonectomy. These terms are descriptive of the manner of opening up the chest in order to remove the left lung--which was done in this case.

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/4

Page 38 — After the pneumonectomy, Borel was retained in the Memorial Hospital in Houston and observed. His postsurgical course was good and he was dismissed in approximately two weeks.

Page 39 — Parts of the removed lung were submitted to the Pathologist on February 11th, 1970. This Pathologist was Dr. Paul S. Cullen, who submitted a diagnosis of diffuse mesothelioma of the right pleura space with metastasis of the hilar lymph nodes with fibrosis and chronic conjestion.

Pages 39-40 — Although Dr. Jones does not say in so many words that asbestos fibers in the lungs produced the mesothelioma, he did state that such a condition pre-disposes one to mesothelioma and that a high percentage of people with asbestosis develop mesothelioma. Dr. Jones further stated that upon discovery of the mesothelioma, that there was no treatment known which might have effected a cure. Once again he stated that the physical condition of Borel at that time was irreversible.

Borel was allowed to return to his home two weeks after the right lung was removed. Dr. Jones did not see Borel again prior to his death.

Pages 40-41 — Dr. Jones testifies that for the approximately one year period that he saw and treated Borel, he was never free of pain, and that no treatment known to him could have been given Borel to save his life.

Page 41 — Dr. Jones states in answer to leading questions that characteristically, the inhalation of asbestos fibers produces fibrous growth in the various lung tissues.

Page 42 — He stated that in his opinion this was the case with Mr. Borel. Then Dr. Jones goes into some detail describing the manner in which asbestos tissue in the lung produces scar tissue of fibrotic changes. This testimony is summarized by Dr. Jones' statement that there is no normal tissue remaining in the lung which has been infected with asbestos for a considerable period of time.

The charges made by Dr. Jones for his observations and treatment of Mr. Borel were identified and attached to the deposition. The copy of the deposition furnished to the writer did not contain a legible copy of this exhibit.

CROSS-EXAMINATION

Page 45 — Dr. Jones states that he never did obtain any medical history of any kind or character regarding Mr. Borel from Borel's doctor in Port Arthur.

Page 45 — Dr. Jones states that in the last twenty years he has seen about half a dozen patients with asbestosis. In addition to this, he states that he has not made any special study of the disease of asbestosis.

Pages 45-46. — Dr. Jones admitted that there were other causes of mesothelioma besides asbestosis. In this connection, he admitted that a moderate

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/5

smoker of cigarettes for thirty to thirty-three years could experience harm to the chest cavity.

Page 46 — Dr. Jones was very careful to avoid admitting that Borel's smoking was medically connected with the existence of mesothelioma in his lung. He stated that he found upon his examination no indication of any problem in the lungs that he could relate to a chronic smoking habit.

Pages 46-47 — Speaking from his own experience, Dr. Jones states that he could not say that cigarette smoking could produce mesothelioma. Supportive of this, Dr. Jones testified that in his twenty-five years of observing cancers, he had never seen a case of mesothelioma in a heavy smoker.

Pages 47-48 — Although Dr. Jones admitted that when he first saw Borel, roughly year before his death, that there was no diagnosis of cancer, and that his death was due to cancer, yet he maintains that the cancer did not develop between the time he first saw Borel and the time of Borel's death. He stated that the cancer had not metastasized at the time of the diagnosis of cancer in February of 1970. Jones also testified that in his opinion, if Borel would have had a cancer at the time of the biopsy, that it would have been discovered then.

Page 48 — From this hypothesis, Dr. Jones concludes that in his opinion the cancer developed subsequent to the biopsy.

Page 48 — Although his reasoning is somewhat difficult to follow, Dr. Jones testifies that the cancer developed subsequent to the biopsy, yet Borel had the cancer prior to the biopsy. Since this testimony is confusing, it will be quoted:

"A--I think that if this man had had cancer when we initially did the biopsy, we would have found cancer then.

Q--So the cancer developed after the biopsy?

A--That is right.

Q--But you feel that he had the cancer prior to that time.

A--I think he probably did."

Pages 48-49 — Although his testimony is somewhat unclear, it is easy to see that Dr. Jones was of the opinion that Borel's mesothelioma started and developed in the lung. In this connection, Dr. Jones did admit that in many instances cancer starts in one part of the

Page 49 — body and spreads to other parts. However, he did state that in spite of medical opinion generally, he was of the opinion that asbestosis produced the cancer in Clarence Borel. After stating that the incidence of cancer in persons with asbestosis is so much higher than in those who do not have asbestosis, he concluded that there was a connection between the asbestosis and the cancer.

Page 49 — Dr. Jones did state that he just did not know whether or not the cancer was caused by the asbestosis.

Page 50 — Dr. Jones knew about Dr. Selikoff's studies indicating that in asbestos workers, the incidence of cancer was greater in those who smoked than in those who did not smoke.

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/6

Page 50 — Dr. Jones states that the x-ray reports and tests indicated that the left lung was clear at all times, although he was not aware of any physiological reason why the inhalation of asbestos dust would affect the right lung any more than the left lung. However, he would not admit that there was no asbestosis in the left lung, since he had not seen the final autopsy.

Page 51 — Dr. Jones went on to describe Selikoff's studies as indicating that although x-ray findings would reveal that one lung was more involved with asbestos fibers than the other, that biopsies would indicate that both lungs contained approximately equal numbers of asbestos particles.

Page 52 — Dr. Jones testified that pneumonia can leave a scar on the lung tissue, and that if Borel's medical records indicated bouts with pneumonia over the past ten years, that scar tissue on the lungs possibly could have resulted from such pneumonia. He testified that his first examination on February 28, 1969, indicated a clear left lung, and the diagnosis at that time was right lower lobe pneumonia. No biopsy was done at that time, just a thoracentesis - the aspiration of pleural fluid.

Page 53 — Dr. Jones repeats that the lung biopsy report of March 7, 1969, revealed no malignant cells, that specimen number 1 indicated hilar anthrocosis, and specimens 2, 3, and 4 indicated fibrosis.

Page 54 — He next saw Borel on August 29th in his office, and then again in October of 1969. At neither of these times was Borel hospitalized.

Page 55 — Borel was hospitalized on November 24, 1969, because of pain and difficulty of breathing. He was discharged from this hospitalization with a diagnosis of no malignancy. X-rays taken during the November, 1969, hospitalization were compared to the x-rays taken in February and March of 1969, once again revealing no cancer cells.

Page 56 — Dr. Jones saw Borel again on January 8, 1970. No tests were done at that time, and Dr. Jones' sole recommendation was that Borel see the surgeon, Dr. Ricks, once again. Eleven days later Borel was re-admitted, and the right lung was removed.

Pages 56-57 — Dr. Jones includes in his list of causes of fibrosis, inhalation of silica dust, asbestos, tuberculosis, bronchiectasis, granulomatous, disease of the lungs, and improperly treated bacterial pneumonia. He goes on to say that in order to render a complete medical opinion, a complete medical history is necessary, including any history of bouts of bronchitis and pneumonia.

Page 58 — Dr. Jones indicates that in his opinion one cannot state statistically how many months it takes a cancer to develop. Quite significantly, Dr. Jones states that from his studies of the authorities and literature, he believes that it takes a minimum of fifteen years to develop the disease of asbestosis, and that a period of twenty to twenty-five years is the average length of time for such development. He states there is no way of telling, without actually observing field conditions and subsequently following the development of the disease, which exposure may have resulted in asbestosis.

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/7

Page 59 — Dr. Jones does state that not every exposure to asbestos dust results in asbestosis, and that many astestos workers never develop the disease.

Pages 59-60 — Dr. Jones discusses the tissue report resulting from the operation of February 11, 1970, as indicating "diffuse mesothelioma," indicating cancer of the pleura which had spread to other points within the right lung.

Page 61 — Dr. Jones recognized that Borel's history, contained in certain hospital records, indicated that Borel was a moderately heavy smoker for many years, but that he saw no reason for advising Borel to stop smoking.

Page 63 — Dr. Jones states that he could think of nothing but asbestosis which would give Borel's lung the appearance that it had, which was "shaggy, beat-up, and had to be ripped off." Jones states this was the characteristic pathological picture with which he was familiar since medical school, although he had only seen one previous case in his own personal experience.

Page 64 — Dr. Jones states that Dr. Mateo reached the conclusion that asbestos fibers were indicated on the pathological studies of the biopsied tissue in 1969, and that Dr. Cullen made the pathological report in 1970.

Pages 64-64 — Dr. Jones explains that when he advised Borel to return to work in April of 1969, that he did not mean that he wanted Borel to return to his regular occupation as an asbestos insulator. He says that he was hoping that Borel would do something sedentary to keep his mind occupied and to keep him from dwelling upon his medical problems.

Pages 65-66 — When queried about a blackened appearance of a lung, Dr. Jones admitted that such a condition was called "anthracosis" and continued to be present in anyone after reaching twenty years of age, and depended upon the nature of the air breathed by such individual.

RE-DIRECT EXAMINATION

Pages 66-67 — Upon being re-examined by Plaintiff's counsel, Dr. Jones stated that his medical opinion, based upon medical history, was that Borel died primarily of asbestosis. Dr. Jones again stated that it takes a person twenty-five to thirty years to get the disease of asbestosis to the point where it can be diagnosed.

Page 68 — Dr. Jones states that one reason for the difficulty in early diagnosis of the disease of asbestosis is that the first indications resulting in such diagnosis consist of a hazy type of interstitial disease being indicated on x-rays in the lower lobe of either or both lungs.

Pages 68-69 — In being questioned concerning his study of literature, Dr. Jones states that by reading Dr. Selikoff, he had become aware that Selikoff believed that over ninety percent of the asbestos workers exposed to asbestos dust for a period of thirty years or longer had abnormal lung findings.

1376

Pages 69-70 Dr. Jones amplified his meaning of "clear left lung" as indicative of normal breath sounds, no signs of asthma, no signs of emphysema, no air obstructions, and normal diaphragm movement. This all indicated to Jones a left lung which was normal from an anatomical and a physiological standpoint.

Page 70 Dr. Jones stated that the findings in the left lung were compatible with the asbestosis findings developed by him later.

RE-CROSS EXAMINATION

Pages 72-73 Dr. Jones, upon being asked to assume that Borel had an x-ray ten years earlier indicating that he had spots on his lungs, concluded that Borel should have known at that time that he was having trouble with his lungs due to the inhalation of asbestos dust and that he probably had asbestosis.

RE-DIRECT EXAMINATION

Pages 73-74 Upon re-direct examination, Dr. Jones stated that he really could not tell whether the left lung was normal or not, since no biopsy of this lung was made. He went on to conclude that he could not rule out asbestosis, mesothelioma, nor lung disease in the left lung.

Page 74 Jones states that silicosis is a distinct and different disease from asbestosis. He stated that, in his opinion, assuming the hypothetical situation presented to him indicating spots on the lungs some years earlier, that an irreversible condition of asbestosis existed at that time.

RE-CROSS EXAMINATION

Page 76 Dr. Jones states that asbestosis cannot be diagnosed by physical examination alone, since the only way to make such a diagnosis is to identify asbestos fiber in the lung tissue, which can be done only by biopsy.

Pages 77-78 Dr. Jones says that he recognizes the governmental hygienists' conclusions that more than five million particles of asbestosis per cubic foot of air is necessary in order to result in contraction of asbestosis, and that unless a man is exposed to such a concentration or greater concentration of asbestos particles in the air, he would not expect him to contract the disease of asbestosis. Dr. Jones says that the governmental hygienist test for particles of asbestosis in millions per cubic foot per air has not been known for many years.

Published by AsbestosClaims.Law
asbestosclaims.law/library/10231/9

