General Headquarters
August 4, 1955

W. A. Young - Toronto Plant

Health Program - X-Ray Services

I would like to confirm certain observations and discussions which resulted from my review of the X-ray films taken on our employees recently. Dr. Riddell and his associates have agreed to review all pre-placement and periodic X-ray films and to classify them in the same manner whether or not the employee has a dust exposure at his job. A classification of "No Dust Exposure" will be recommended where necessary because of incipient or established occupational pulmonary disease. In addition there are the following broad types of X-ray reports:

1. Healed primary complex
2. Early reticulation
3. Early reticulation and fine nodulation
4. Minimal tuberculosis
5. Miscellaneous shadows such as basal pleurisy with obliterated sulcus, ring shadows, or unexplained infiltrations

Each of these types of X-ray reports should carry with it a no dust recommendation. If Dr. Corsen has any doubt concerning the X-ray interpretation and recommendation, Drs. Riddell and Fowle would like very much to have him phone them to discuss the case. I am certain that they are very willing to help us and can act as true X-ray consultants for the plant.

A no dust recommendation does not necessarily mean that an employee must leave his job and be transfered elsewhere. Such a recommendation may be given to someone in the Rock Wool Department, in the office, or a watchman at the gate for instance as a preventive measure so that no future transfer to a dusty occupation will be considered.

Some employees may be working in the yard gang or the Transite Pipe Department and be given a no dust classification. In such cases I believe that a very careful evaluation of the job should be made to see if there is any dust exposure. If as a result of this evaluation it is found that there is no dust to which the employee is exposed, I believe that the classification should remain but the recommendation should be explained with the help of Dr. Corsen to the employee so that they will understand our preventive measures.

Inevitably some men will have to be transfered. This should be done carefully with adequate forethought and planning so that there will be no apprehension created among the employees concerning the dust. In other plants the transfer problem has been solved very well when a new job has been found at the same wage rate for a man even before he is told about his X-ray results. I believe that Dr. Corsen should be the one to explain the X-ray results to the man, give him reassurance that he is in good health and the transfer is only a preventive measure. If the man continues to have some doubt about his health, Dr. Corsen might offer to discuss the case with the man's family physician. Once having been told about the

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recommended no dust exposure, the man could be offered the new job which has been found for him in the meantime.

I do not believe that there is any urgency about transfering some of your men immediately. I would suggest that it would be best to start with those who have had a definite recommendation in writing from Dr. Riddell to have no dust exposure. I believe there are about 7 men in this group. These could be followed by those with minimal tuberculosis scars. The remainder could follow at some future date.

I feel that I should re-emphasize the necessity for proceeding cautiously with this transfer program. We should be able to carry out our preventive health measures without creating labor problems or loss in production. If you feel that I can be of any help in this program, please do not hesitate to let me know. I shall be glad to assist in any way possible.

KENNETH W. SMITH, M.D.

KWS:FB
cc J. D. Lowry - Toronto Plant
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