SIDNEY J SHIPMAN M D
ROBERT W CLARKE M D
ELIZABETH M GALBRAITH, M D
[illegible]

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[illegible]

Pillsbury, Madison & Sutro
Standard Oil Building
San Francisco 4, California

Re: Robert Fitzmaurice v. Johns-Manville
[illegible]

Gentlemen:

The following is my report on Mr. Robert Fitzmaurice who reported for examination on March 2, 1956, at your request:

Personal History: Age 47. Born September 20, 1908 in Prescott, Arizona. He has lived in California 25 years. He is married, has [illegible] children. Occupation - clerk, at the present time. Address - [illegible] Road, Sunnyvale View, California.

The Problem: The nature and degree of pulmonary impairment and its relation to occupation.

Family History: Father died at 77 of [illegible]. Mother died at 69 [illegible]. [illegible] brothers [illegible] One brother died of heart disease in 1953.

No tuberculosis, cancer or diabetes in the family.

Marital History: Wife, age 38, living and well. 2 children, ages 21 and 7, both in good health. Former wife, divorced, in good health.

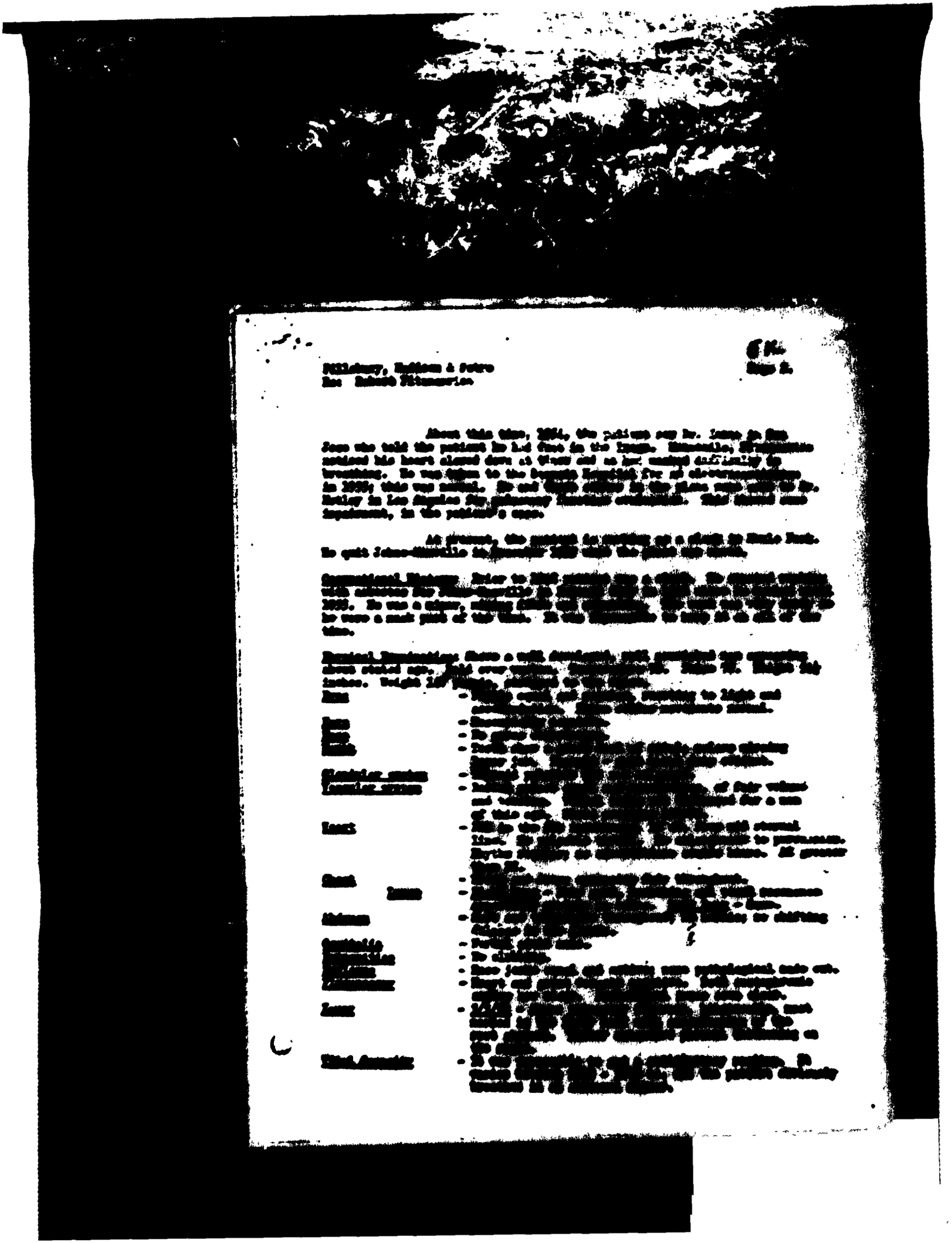
Past History: [illegible] - Mumps.
[illegible] - Measles.
[illegible] - Pneumonia - Pneumococcus Type I - Treated with good recovery.
[illegible] - Chickenpox.
[illegible] - Tonsils.
[illegible] - Influenza, [illegible] - Mild attack of grippe with cough.
Does not smoke - Will use [illegible] - Drinks [illegible] of coffee daily; no tea. Appetite fair. Digestion O.K. Bowels regular. Sleeps fairly well. No dyspnea.

Weight - Does [illegible] in 1953; average, [illegible].

Present History: Patient was last seen by me in 1950. In 1951 he entered [illegible] of Hawaii and had [illegible] there. He returned and I saw him this January. At that time he complained of [illegible] and [illegible] cough. He had been [illegible] a chiropractor and was told he had [illegible] and was given an ointment to use, with some relief of the [illegible].

[illegible]

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Laboratory work - 3/3/54 - Complete blood count - Hgb. 91%. 13.3 gm. RBC 4,630,000. Color index .99. WBC 12,300. Neutrophils 68% of which 9% were metas and 6% stab cells. Lymphs. 30%. Mono. 0%. Eosin. 1%. Baso 1%.
- Urinalysis - Clear, light amber color. Sp. gr. 1.010. Albumin negative. Negative for glucose and sugar. Rare squamous and large round epithelial cells. Few cells per h.p.f. No gut blood cells.
- Sputum - Smear and tube examination.
(London B. Harbert Laboratory)

Findings: Mr. Fitzmaurice's x-ray of March 3, 1954, shows pulmonary fibrosis consistent with asbestosis. The complaint of shortness of breath can be adequately explained by this fibrosis.

Objective findings are the relatively low vital capacity and the abnormal findings by x-ray.

The patient's history of exposure to asbestos dust is certainly sufficient to account for his present physical condition.

Since Mr. Fitzmaurice told me that he was working comfortably as a clerk, it would probably be fair to estimate his disability at about 50% at the present time. As far as working with asbestos is concerned, or any other dusty trade, this is completely contraindicated. In all probability Mr. Fitzmaurice should have been considered disabled to about this extent from approximately 1951 onward.

It is very difficult to say at the present time whether the disability is stationary or progressive; it is definitely possible that the latter will be the case. I do not believe that medical treatment at the present time will be of value. If the fibrosis progresses further, however, steroid or later drugs will be needed. I believe that this condition is attributable to the patient's work from May 28, 1941 through December 31, 1946.

Very truly yours,

Sidney J. Shipman, M.D.

SJSshp

Pillsbury, Madison & Sutro
Re: Robert Fitzmaurice

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Previous Notes - 4/29/48 - Minute area of infiltration in right 2nd interspace.
[redacted] - Same.
[redacted] - Probable minute area of infiltration behind the 5th rib on the right.
2/23/48 - No change.
[redacted] - The area of fibrosis in the 2nd interspace and behind the 5th rib on the right is a little greater. There are now questionable areas of increased density in both lower lung fields.
1/21/49 - Little more in the left lower lung field.
[redacted] - Small amount of pleural thickening on the right, probably the result of past fluid or of present small effusion.
4/4/49 - About the same.
[redacted] - Same.
[redacted] - Fibrosis seems to be slowly increasing.
[redacted] - Still more increase in fibrosis, especially on the right side.
6/6/51 - About the same.
[redacted] - Have noted fibrosis in both lungs, especially in each lower half. Possibly a little cardiomegaly behind the heart on the left.

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