JOHNS-MANVILLE

[illegible]

DATE 3-6-50

TO DR. [illegible]

PLEASE EXAMINE PATIENT John Bengivenga

DEPARTMENT A (SHIFT) (PAY PERIOD) CLOCK NO. 182

CAUSE OF INJURY OR SICKNESS [illegible]

[illegible]

[illegible]

DATE EXAMINED [illegible] HOUR [illegible] A. M. P. M.

SIGNED [illegible]

(PLEASE RETURN THIS PORTION OF THE FORM TO THE J-M IND. REL. DEPT.)

REASON OF INITIAL ☐ SUBSEQUENT ☐ VISIT

EMPLOYEE'S NAME John Bengivenga

DATE ARRIVED [illegible] HOUR [illegible] A. M. P. M.

DIAGNOSIS Absent because of asbestosis. Has club fingers with many rhonci in chest.

TREATMENT Series of chest films indicate asbestosis.

REMARKS Job in A. Plde. as male spinner. Could not be exhausted and has been discontinued.

ESTIMATED LENGTH OF DISABILITY This individual is permanently and totally disabled.

SIGNED A. M. Bayliss M.D.

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January 30, 1950

Benjamin F. Stanton

- #782 John Bengivenga - 126 -

At the present time John Bengivenga is absent from work and unable to perform any work at Johns-Manville because of shortness of breath on the slightest exertion. He has clubbing of the fingers with generalized rales throughout the chest and peculiar X-ray findings which I have never been able to satisfactorily explain. His family physician Dr. Lewis Fritts feels that this man undoubtedly has asbestosis and that he is totally disabled.

We are in the peculiar position of being unable to make a diagnosis in this case. Since the man has notified the company that he has asbestos on his lungs, that he is totally disabled and requested retirement, and that compensation which is due him, I feel it would be worthwhile to extensively study this individual rather than merely accept liability immediately and pay the compensation which may be due him.

I suggest that this individual have the following done at company expense:

1) special fluoroscopic studies of the lungs following the ingestion of barium by Dr. Boyes of Plainfield.

2) a complete history and physical examination by an internist with any appropriate laboratory tests which could possibly be taken.

3) performing the recommended tests if any.

4) referral of the patient personally with his X-rays and all previous data to Dr. Lanza, asking him to admit the patient to Bellevue on his service for any additional special studies.

Arthur N. Pauly M.D.

Arthur N. Pauly, M. D.

[illegible] 1

JOHN BENGIVENGA
SUMMARY OF EMPLOYMENT AND MEDICAL RECORDS

Born April 21, 1891.

Previous employment: Somerville Stove Works, assembling stoves, 4 years; Raritan Woolen Mills, spinning, 4 years; grocery business, 14 years.

Apparently began work at Johns-Manville 11/7/[illegible] as a spinner in A Building which continued for many years.

A conditional special rate card was issued 2/7/47 requesting employee be taken out of dust. Has continued to work as a spinner with brief interludes as a weaver up until 6/6/49, at which time his job was changed to stencil tie and tag brake lining, at job #19, Dept. 132.

6/13/49 job changed to job #53, Dept. 126, maintaining liners.

Ceased work because of illness on 1/13/50.

Summary of Accidents and Illnesses

Contusion of thumb, shin, toes, fingers during employment as well as occasional absence for grippe and one absence because of an abscessed tooth in 1944.

2/14/49 absent since 12/23/48, acute chest infection; under own doctor's care. Brings note dated 2/11/49 from Dr. Lewis Fritts, Somerville, which reads as follows: "John Bengivenga has been ill with an acute chest infection superimposed on an old pneumoconiosis. He is now O.K. for work although naturally his pneumoconiosis remains. Sputum examinations have been negative. In my opinion, he should not work in any dusty atmosphere." My notes indicate I agreed with this.

2/15/49 report was written by Dr. McConnell, Metropolitan Life Insurance Company, after reviewing all the Johns-Manville films in which he states that there is no evidence of silicosis, tuberculosis, or asbestosis. Man went to work on 2/17/49. No new job assignment had been found.

4/11/49 came in describing arthritis of the shoulder and neck and arm. Going out on one month's leave of absence.

5/31/49 had been out 36 days with arthritis of left shoulder. I made a note that he had had all his upper teeth removed and that the pain in the neck and shoulder had gone away.

1/30/50 out 2 weeks ill. Stereo chest films taken. Man says he is unable to work because he gets short of breath. There has been no recurrence of the arthritis since his teeth were removed.

Summary of Physical Examinations and X-rays:

4/5/32: WT. 157; blood pressure 150/90. Has bilateral inguinal hernia and no symptoms. Denies cough, hemoptysis, expectoration, night sweats, loss weight, dyspnea.

4/5/32: X-ray read by Dr. Sabatello as Moderately increased infiltration on both bases.

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7/17/39: WT. 162; vision poor without glasses; has well-fitting truss.

7/17/39: Stereo read by Dr. Fritts: "Generalized fibrosis and dense hilar shadows.

4/8/43: WT. 155, vision poor. Not seen by doctor.

4/9/43: "Dense generalized fibrosis with no increase." Read by Dr. Fritts.

3/29/44: WT. 157; vision poor. Not seen by doctor.

3/30/44: Dr. Fritts: "Linear exaggeration."

2/5/47: Man is thin and stooped, weighing 156 pounds. Vision poor; blood pressure 170/85, wearing a truss for bilateral inguinal hernia. I made a diagnosis of hypertension with bilateral inguinal hernia. The job placement as far as the hernia was concerned was O.K.

2/6/47: Chest film by Dr. Pauly shows no change except for spotty infiltration both apices. Impression: possible tuberculosis and linear exaggeration. Should not work in dust.

A letter requesting a green card was sent to the Employment Department on 2/6/47, giving the above information. This letter was repeated on April 21, 1947.

On 11/28/47 employee recalled in order to obtain a history of his entire employment which was previously given. He weighed 153.

11/28/47 stereo chest films show minimal bilateral apical tuberculosis, shallow right costo-phrenic angle with marked linear exaggeration in the right lung. In the left lung linear exaggeration is less marked and does not reach periphery. The base is clear.

6/13/49: WT. 146, vision 20/20 bilateral with glasses. Blood pressure 140/90. Denies cough, hemoptysis or night sweats. Urine shows trace of albumin.

6/13/49 marked infiltration both lung fields along mediastinal border with slight linear extension which on the left side reached the periphery but not on the right. Apices and lung bases essentially clear.

9/26/49: Stereo films show no change.

1/30/50: Some extension of the lesion in both lung fields.

A. N. Pauly, M. D.

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