6/[illegible]/57 - Present: Drs. K. Smith, D. T. DuBow, D. Merrill, and C. L. Sheckl
H. Hahn, and R. Getter.

Merrill P-1 5/22/79 SMW

Rumlee, John - #1020 - Dept. 957 (continuation of follow-through)

Getter - Report from Dr. Douglass as follows: "Although the lesion we are curr watching is basal, I feel the safe procedure is to accept the report that has come in of a positive sputum as diagnostic of an active bas tuberculosis. I would recommend complete rest and institution of specific drug therapy. Considering all the complicating factors it would appear to me that the sanatorium would prove the preferable location for his treatment. If he is to remain at home, I will be glad to advise in regard to the drugs, but if he is to be admitted t the sanatorium, it should be safe to postpone and leave the choice o drugs to the sanatorium staff."

M-J 3-7-80 P

Hahn - Our usual procedure is to notify the man he is not to work and to go on a LOA.

DuBow - What about contacts?

Sheckler - He is a patrolman - fire watch - I wouldn't think you would consider he has contacts.

Smith - Call the man in and explain that this is a contagious disease and right then tell him he cannot work and then notify his manager or supervisc

Sheckler - How would I know what is being done?

Hahn - We make out the regular forms and then recommend a 6 month LOA due to medical reasons.

Sheckler - I have notified Pat - management - that he has this condition and put him on notice that there is a man who is a possible non-occupation case and we have tabbed his folder.

Smith - The plant manager has to initiate the LOA and this is non-occupational and the Medical Dept. just has to notify management that this individ should be on a LOA.

Hahn - We do not notify the plant manager, and we have not in the past. The triplicate form goes to the supervisor and he is the one to initiate the LOA.

Sheckler - We have initiated a new system. I think you should execute proceeding same as before but I will notify O'Brien that the man is going on a LO

Smith - If Dave found an active TB case, we would not bother you with that.

DuBow - This is a medical problem, I do not think it is an acute matter for management.

Sheckler - I thought we would handle all TB in one way. I do not agree that we should write a note to Merrill or Slack. O'Brien should not hear from the supervisor. You do your usual routine but it may not get back to O'Brien for 3 or 4 weeks. O'Brien should know what is going on as soon as the supervisor.

EXHIBIT P-794

M-794 7-21

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Sheckler - How will I know what is going on?

Kahn - Slip does not say what is wrong, just that it is illness.

DuBow - We have not been sending a diagnosis on paper when it is a purely medical matter. Dr. Smith, is it your feeling that a diagnosis should be on the slips.

Smith - No, I do not think so.

Kahn - We will continue the same routine then.

DuBow - You do what you want to Cliff, we will follow the regular routine.

MARY KOSTAS - #343 - Dept. 126

Sheckler - About a year ago, we had quite a session. She had been counseled by the Medical Departmentand then she and Ben Stanton got into quite a hassle and after her health counseling she claimed that she had a nervous breakdown and had to be hospitalized by her family doctor and then she and Stanton got into a terrific fight over the bill and she felt that JM should pay. The counseling had upset her so she felt it was our responsibility. She came in to see me the other day and wanted to speak to me but I was out. She is coming in to see me again this week and I want to know what I was talking about. She is very nervous and high-strung.

Smith - Did we pay the bill?

Sheckler - I do not know, I kept out of it.

DuBow - This case was prepared as an S-54 on the basis that this woman submitted an M&A form with the doctor's diagnosis of Asbestosis and the bill was submitted by Dr. Klompus. After reviewing the X-rays and examining this woman, I expressed the opinion that she had no evidence - X-ray or clinical - she had no evidence of an occupationally derived illness and this was confirmed by studies of her family doctor at Somerset Hospital. I studied her on the basis that there were some slight changes on the upper right lung. Gastric studies were negative. However, he did submit the M&A on Asbestosis and the Insurance Co. refused to pay it. He called me up and asked me if we would pay. I told him we would not and I told Mr. Naylor not to pay. She was out about 6 weeks. Bristol studied her and agreed that it was not occupational. She was transferred to another place that was less dusty.

Smith - Where was she working?

DuBow - In Textiles. She has been transferred and I understand that she is now happy.

Sheckler - What was she told when she was counseled?

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DuBow – Dr. Merrill told her of changes in the upper right lung field but never inferred that it was occupational. She asked could she take these films to her family doctor and we let her.

Sheckler – This was prior to her hospitalization?

DuBow – Yes. Her doctor's report was not judicious. I am not sure whether Blue Cross honored the hospital bill or not.

Smith – Why is she being brought up?

Sheckler – She is coming in to talk to me about her medical condition, I want to know what to say. This is definitely a potential case, I am sure of it. Adam Chase is involved in it.

Smith – She was in Textiles?

Sheckler – She has been a winder and weaver from 1929 to 1955, at which time we transferred her to M.P. and then to the Packing Dept. so she is out of dust at the present time. I think the thing that is confusing the issue is a difference of opinion here, Dave, as to what brought the S-54 on. Chase sent me a letter about her and what we intend doing about her. The thing that is confusing to me – in your correspondence to Naylor on 11/1/55, you have your X-ray readings but in your very last paragraph there was a reading of possible early Asbestosis. Following letter shows regression and not of any known Pneumoconiosis. Now my question is – what do you see as of today?

Smith – Minimal TB at right apex which is apparently unchanged. No Pneumoconios whatever. The dust that she might have inhaled would have no effect on TB. Impression was that she might have some asbestos changes but the changes are of TB origin. Reading is of TB – inactive. I would advise to keep her out of dust and on days only, but minimize the asbestosis phase. Minimal TB, arrested, no occupational disease.

Sheckler – 1. Tab
2. No AES
3. Not to work in dusty area
4. Day work only (2nd shift is all right)
5. Advise plant manager.
6. S-54 (Getter – has been done)

One shift or first and second shift would do. 3rd is no problem but alternating is a problem. It becomes a union problem.

DuBow – Our policy has been not to make any issues about 1st and 2nd shift but we have made issues about a 3rd shift.

Smith – With that amount of TB, I would not worry about 2 shifts. Whenever we have started a new plant, we are starting a 3 week rotation, but it is hard to do in an old plant.

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Koblis, Joseph - #0515 - Dept. 920 49 years old.

Getter - Placed on N.D. in 1954, and has been counseled by us and by Dr. Douglass Dr. Douglass was the treating doctor while he was on LOA.

Sheckler - Was employed 5/17/29. He has had possibly 6 months of exposure in Pi Covering as a packer. 1929 - Roofing and working there until 7/30/30. On 2/23/31, he went into Power House as night oiler. 8/27/33 he was a fireman. 11/36 as foreman in Power House. 9/43 watch engineer to dat in Power House. He may have had bituminous coal.

Getter - There was one positive sputum. He was out ~~from~~ for 7 months

DIAGNOSIS: Inactive TB.

X-ray reading - Area of infiltration right upper lung, subclavicular area in the region of the 2nd interspace anterior. Re-X-ray in 6 mos.

Sheckler - 1. Tab
2. No AHS
3. Do not notify plant manager. He works in a clean job but it is a rotating shift.

DuBow - He is on a no 3rd shift basis. That can make a good case.

Smith - You could not get a doctor in the whole world to say it would do him any good.

DuBow - You aggravate a medical condition with that 3rd shift.

Sheckler - The man is a specialist and that is the only thing he can do.

Smith - That is a management decision.

DuBow - Management is taking a calculated risk.

Smith - There should not be any 3rd shift. I do not think it is our position to say 3 or 4 or 5 day week. We cannot control workings of other people. We want to make sure that he does not have more than a certain amount of work per day.

Sheckler - When I speak to O'Brien, should I say no more than an 8 hour day? Sometimes there is a double shift.

DuBow - No, no, he should not do this. Men like this, with his background, have been drilled - they must get a full night's sleep. When a man has worked 6 hours and he is put on 8 more hours, you are doing him harm.

Sheckler - Then no double shift. Very often they work the damndest shifts and very often they work 16 and 18 hours. They work long hours and then take several days off.

Smith - This man should have regular hours of work and rest and eating.

Sheckler - I will tell O'Brien.

[illegible] hours a day. These follows are being followed by SCC [illegible]

CRMC-Motley1000-Subj-004207

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Takacs, Andrew - #539 - Dept. 996 25 years old.

Getter - Hungarian refugee - Had TB in Hungary but was treated by medication and optimal health conditions, was a student at the time. Came to this country and put in Glen Gardner for one month, he said he received no treatment of any kind, just rest.

Sheckler - Hired in 3/4/57 as an electrical designer.

Getter - He was put on a No Dust restriction, preventive basis. G.E. was notified of this and he was hired with this information.

Smith - I would not employ anyone like this. They knewof the restriction?

Getter - They were notified this man did not meet company requirements and had a No Dust restriction, and they hired him.

DIAGNOSIS: Moderately advanced arrested TB.

X-ray reading - Area of infiltration in right apex and below right clavicle. X-ray in 6 mos.

Sheckler - 1. Tab
2. No AWS
3. Advise manager
4. Has been H.C.

They hire himand then if they send him to Lompoc, and it has happened and he works there for 2 or 3 months, and then you have a claim.

DuBey - They hired him even with our restriction.

Kahn - They say they need engineers, and they do, so they have to hire him.

Merrill - They even hired a man with dementia praecox and theyknew all the facts.

Sheckler - The calculated risk is a legal risk. (On Takacs)

Smith - It is also a medical risk. This man has TB and can break-down at any time.

Sheckler - I have a suggestion to make. They understand money. In cases like this, if he is spreading disease, that is a legal risk, it could very well be, they should know my opinion on this and they should know the risks. I will call Smith and lay it on the line, and tell this information to them.

Smith - To get back to the dementia praecox - where did he go, what department?

Merrill - To the Patent Dept.

Smith - Do not recommend employment, that is all you can advise and it is the best you can do. But if they go on from there like this, I will enter the picture.

Merrill - Do we not recommend and then give no explanation?

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Smith - Do not tell them.

Merrill - We never tell diagnosis.

DuBow - In new employees, we have a right to tell what we find, because his employment depends on our findings.

Smith - Preemployment is not considered the same as privileged information. I would like to see it in writing.

DuBow - How about qualifying?

Smith - The main thing is to have it in writing, that you do not recommend hiring this man.

DuBow - Sometimes they bring in reports from other doctors saying they can do regular work.

LESLIE, FRANK - #14233 - Dept. 740 42 years old.

Sheckler - Hired in 7/30/46. Presently is a painter in divisional maintenance. From 1946 to 1947 - worked as unloader in Shipping and Receiving. 1947 - 1951, Receiving checkroom and truck driver in I Bldg. In 1951 transferred to EMR as laborer for 1 month and then went to Divisional Maintenance - ever since, as a painter. 5 years potential exposure to silica, portland cement, and asbestos.

Getter - Had TB, was in Glen Gardner. Out from 11/19/56 to 3/25/57 with bed rest and medication, incipient TB - lesion. Is under the care of Dr. Stol Stolow said there was nothing wrong. Employee was angry with us for what we did.

DuBow - He is doing all right.

Smith - Get another X-ray with full inspiration.

DIAGNOSIS: Arrested TB, minimal, right upper lung. No evidence of occupational disease.

X-ray reading - Area of infiltration markedly diminished, right apex. Re-X-ray with full inspiration.

Sheckler - 1. Re-X-ray and medical dept. to notify CLS
2. Tab
3. No AHS

This man will get into dusty areas with his job. He goes up and dusts off beams before he paints.

4. Notify plant manager not to work in dusty area. Work steady ...

CRMC-Motley1000-Subj-004209

BRADY, JOSEPH - #947 - Dept. 992 50 yrs.

Sheckler - Hired in 1932. From 1932 to 1944 he was a millwright and welder in E&R. 1944 to date in R.C. as section man and millwright. Minimal exposure to silica, asbestos fibre, portland cement - 12 years - E&R. Little or no exposure in R.C. I have a note - permanent Light Work for 2 years, to be evaluated by Dr. Fitch for radiculitis condition.

DuBow - Thought he might have right apical infiltrate. Blunting of left costophrenic angle.

DIAGNOSIS: Equivocal area of increased density right apex. Irregularly shaped right hemidiaphragm, present in previous X-rays up to 1947. There is indefinite infiltration right middle lung field opposite 4th rib anteriorly which has changed from 1951 to 1957. In present film, this area has several shadows resembling blebs. Yearly.
X-RAY

DIAGNOSIS: Might be infection or tumor. No occupational disease or TB. X-ray changes of unknown origin.

Sheckler - 1. No tab
2. No ABS
3. Do not notify plant manager
4. No R.C.

SEMICHKO, JOHN - #1517 - Dept. 413 58 yrs.

Getter - N.D. in 1955 and has been H.C.

Sheckler - Hired in 1929. Present job is machine tender, in Roofing, saturator, wrapper in Roofing, utility, Merrill operator to 1956. Then went to machine tender. Slate dust and free silica.

Getter - He has had 14 years in the coal mines.

Sheckler - Do you know Ken, what year silica was removed? Can we have a guess as to possible exposure?

Smith - I would guess none. We had one case - 1946 or 1947 - beautiful case of silicosis. Was in Roofing and never had any other exposure but talc we used. That time they came with 35% silica.

Sheckler - I do not know too much about previous usage. Talc they use now is safe. In saturation room, he would be away from granule operation, on Merrill slitters, it is slit before granules are put on.

Smith - Whether or not he had any exposure, he had coal mining before he came to JM and there is no change to any pattern.

DuBow - Early film would show something of previous employment.

CRMC-Motley1000-Subj-004210

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Kahn - There was no pre-employment film. First film is 1932.

Getter - He says he had pleurisy and his son and father-in-law died of TB.

DuBow - [redacted] - Is this one of the type that had no exposure but developed later on?

Smith - Were P&S done on him?

Getter - P&S were neg. in 1/57.

DIAGNOSIS: Bilateral moderately advanced apical TB, unstable. No occupational disease - but we cannot rule it out.

X-ray reading - Bilteral apical infiltration both apices. 6 month X-ray.

Sheckler - 1. Tab
2. Notify plant manager
3. AUS
4. Should work in non-dusty area.

BLANEY, ANNA - #6351 - Dept. 116 49 yrs.

Sheckler - Hired in 1941. Presently a weaver. 16 yrs. of potential exposure to asbestos in Textiles. Has been a weaver and speeler during JM employment.

Getter - N.D. in 1952. Worked for 15 years in Raritan Wool Mills. Has been X.C. about Pneumoconiosis.

DIAGNOSIS: MODERATELY ADVANCED ASBESTOSIS, precipitated by earlier infection.

Kahn - She became upset when she was advised.

DuBow - If we can give her reassurance, she would feel better.

Smith - She should not work in dust. She is moving fast. She should have no dust exposure.

Sheckler - Should we do an S-54?

DuBow - For one reason I do not believe it should be done. Psychologically, it might be bad.

Sheckler - It would just mean setting up an accrual and sending films to Bristol etc., - no doctors outside would be involved.

Smith - The minute you start talking transfer, she will be upset. It does not make any difference, she will be upset anyhow. We had better set up an S4.

Sheckler - Then we do do S-54.

DuBow - To prepare an S-54 without a physical examination?

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Smith - When was her last examination done?

Getter - July, 1956.

Smith - We need a better and more up-to-date physical, you had better do one.

Sheckler - 1. Transfer to non-dusty area
2. Tab
3. No AHS
4. Do S-54.

Smith - When doing her examination, try to find out whether or not she has had her menopause. Transfer may upset her and may make her decide to leave the company. She might be too disturbed and refuse to take any other job, she may become totally disabled. If she has passed her menopause we do not have to worry too much about her being emotionally upset.

X-ray reading - Areas of increased densities with placque formation and discrete areas of more pronounced densities in the left lower lobe and to a minor degree in the right lower lobe. The domes of the diaphragm are slightly irregular. The left leaf shows some areas of increased densit The border of the left heart shows straightening and is not too well defined.

BOWMAN, JAMES - #6971 - Dept. 542 - 48 yrs.

Sheckler - Hired in 1941. From 1941 to 1952 - Has had potential exposure to silica, asbestos, and portland cement in Transite Pipe. 1952 went to E&E - Divisional Maintenance. In 1942 to 1952 - Crane operator.

Getter - Worked in coal mines for 10 years. Is N.D. and has been H.C.

DIAGNOSIS: Mixed Pneumoconiosis, moderate.

X-ray reading - Scattered areas of fine circumscribed densities bilaterally, with some linear densities in the right middle lobe. Some hilar adenopathy Yearly X-ray

Sheckler - 1. Tab
2. Advise plant manager to work in a non-dusty area, not to work in Textiles.
3. No AHS

Do we prepare S-54.

Smith - No need if he is out of a dusty area.

CRMC-Motley1000-Subj-004212

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SMITH, MARSHALL - #19913 - Dept. 113 26 years old.

Getter - He was studied for asthma and shortness of breath. H&C. in 1956 and N.D. in 1956.

Sheckler - Hired in 1950. Section man in Carding in Textiles. 7 years potential exposure to asbestos fibre.

Getter - Dr. Douglass' report of 5/15/56 - Serial X-rays show a normal chest until May 1956, when a fairly uniform density with a sharp border of demarcation was noted in the right second interspace. In view of the history This will certainly bear watching, although its appearance is that of pleural thickening, I would advise Re-X-ray in 2 months.

Merrill - In 5/56 - He was said to be a contact at work of two known cases of TB Reported hemoptysis several times during summer of 1955. Attacks of shortness of breath, usually while in bed, since 12/55. Reported to be receiving treatment for asthma. Sonorous and sibilant rhonchii in expiration in both lungs.

DuBow - If he is asthmatic, you may have a situation like Tile McGill, any dust might aggravate this condition.

Merrill - P was 2 plus. In 8/55 he came to the Medical Dept. and said he raised and spit blood this morning and also during past summer. He said he is a contact of Ivy Johnson and Ivy Patterson. Told to report to his family doctor - Dr. Keahe.

Kahn - Ivy JOhnson went to Bonnie Burns.

Merrill - Sputum in 1956 was neg. Culture reports were also neg. He was H.C. in 6/57.

Sheckler - He has studied Textiles - I believe he is being groomed and education, I presume for a foreman's job. He is being taught.

DIAGNOSIS: Residual pleurisy right base. No occupational disease. Arrested TB.

X-ray reading - Some thickening at right costophrenic angle.

Merrill - Dr. Douglass said he will bear watching because of blood, etc.

Smith - Pulmonary TB.

X-ray reading - There is an area of infiltration in right 2nd intercostal space anteriorly, prominent in 5/56 and not so prominent in 6/57 X-ray. X-ray in 3 mos.

Sheckler - I cannot recommend taking this man out of Textiles.

Smith - This is an exceptional case in terms of what he is being trained for. We do not believe that he is doing will reactive his condition -

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Sheckler - We can tab his file, he will not get into silica.

Sheckler - 1. Tab
2. Advise plant manager, allowed to continue in Textiles. Do not transfer into silica exposure.
3. AES
4. Bring-up by medical dept. in 1 year.

MASTROBUONO, DOMENICO - #6432 - Dept. 646 44 yrs.

Getter - 6 years in the coal mines. N.D. in 1957, H.C. in 1957.

Sheckler - Hired in 1941 and is a millwright, oiler - Ind. Products - E Maint. Started in 1941 as a general laborer. Worked on mixer and then went to rock handler and then signal man - crane - general wet end operator, moulder repair man. In 1951 went as millwright and oiler to date. 16 years potential exposure to asbestos fibre, diatomaceous earth (calcined and natural).

Getter - He says he worked in dust bin in E Bldg.

Sheckler - When H.C. what was he told.

Getter - X-ray evidence of Pneumoconiosis.

DIAGNOSIS: Mixed early Pneumoconiosis.

X-ray reading - Scattered area of discrete fine densities bilaterally. Heart not enlarged. Good excursion of diaphragms. Early.

Sheckler - 1. Tab, to work in non-dusty area
2. Check work area
3. Notify plant manager
4. Transfer out of Thermobestos if necessary.

SMITH, JOHN - #20153 - Dept. 072 43 years.

Getter - Has been H.C. P&S neg. in 1/57.

Sheckler - Hired in 1941, is machine gauger in Transite Pipe. Crush and dump cement bag, scrap pipe covering. Left JM to work on farm 7/18/52. Was re-employed in 9/9/53, on dry form process in brake lining and clutch facing and then in 1954 went to M.P. In 1954 went to Transite Pipe as moulder. Has had 1 year potential exposure to asbestos fibre 3 yrs. potential exposure to silica, portland cement, and asbestos fibre in Transite Pipe.

Getter - Dr. Douglass reported minimal TB, inactive.

CRMC-Motley1000-Subj-004214

DIAGNOSIS: Minimal TB, right apex, presumably arrested, should be under continued check-up and testing. No occupational disease.

X-ray reading - Area of infiltration right infraclavicular area and right apex. X-ray and sputums every 6 mos.

Sheckler - 1. Tab
2. AHS
3. Notify plant manager

DuBow - Is he on shift work?

Sheckler - Probably.

BIGGS, STEPHEN - #1515 - Dept. 413 58 years.

Cotter - N.D. 1952, Pneumonia in 1952. Old X-rays showed Pneumoconiosis. Worked for Oilles Bearing Co. 5 yrs.

Sheckler - Hired in 1926. Is machine tender in Roofing. Laborer in Roofing and Pitch man and runner. In 1942 went into U.S.C. and returned in 1946. Also crane operator plus above jobs. Roofing 1932 - 1957. I do not know what he did in previous period. 27 years. With minimal potential exposure to silica, talc, and slate dust.

Smith - Can you find out where he was between 1926 and 1930.

Sheckler - No. In 1929 - coating rolls with asphalt - saturated. He says he work in Oilles Bearing (core maker - foundry).

Smith - Core maker about 1945 - was most hazardous job in [redacted] foundry - silica

DIAGNOSIS - EARLY-MODERATE PNEUMOCONIOSIS.

X-ray reading - Scattered areas of miliary nodulation bilaterally with hilar adenopathy. Prominent left border of heart. Yearly.

Smith - He will not get into any trouble in Roofing.

Sheckler - 1. Tab
2. Notify plant manager
3. AHS

CRAIG, HENRY - #2283 - E.C. 41 yrs.

Sheckler - Hired in 1949. Instrument technician in E.C.

Cotter - Scar right posterior thorax. Sputums in 1955 were negative. Dr. [redacted] reported - 5/24/55 - Is there a scar over the right posterior mid[illegible] Fused ribs, underlying fibrosis, flattened diaphragm and obliteration

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Addendum: Our records give a history of empyema at the age of 2 years. A comparison with outside films taken in 1935 showed the same condition essentially unchanged for 20 years.

Sheckler – 1935 – 1938 – Calco Chemical Co. 1938 to 1947 – Service Utilities. 1947-1949 [illegible] self-employed. 1949 Instrument mechanic. Interesting for what it is worth. Is supposed vacation and then go to Colorado to pick-up his son who is there for reasons of health. Apparently his son died in 1956.

Merrill – Positive patch reaction. Is on N.D. restriction. No familial TB history. S were neg.

DuBow – Scar? Surgery?

Merrill – Empyema right side. Dr. Pauly recommended N.D. when [illegible] hired in 1949

DuBow – Has segmental area of atelectasis right lung field.

DIAGNOSIS: X-ray changes of undetermined origin. No occupational disease.

X-ray reading – Segmental area of increased densities in right mid lung field. Area of atelectasis with some fine linear densities in right lower lobe. Heart is not enlarged. Left diaphragm is higher than the right on expiration. Yearly.

Sheckler – 1. Tab
2. Notify plant manager.

KRISTOW, JOHN – #1306 – Dept. 255 46 years.

Getter – M.D. in 1954, H.C. in 1956. S – Neg. Patch 4 plus.

Sheckler – Hired in 8/12/29. 28 years potential exposure to asbestos fibre, diatomaceous earth (calcined and natural) in Magnesia.

Getter – Advised of X-ray changes.

Merrill – When records say X-ray changes due to Pneumoconiosis, we would not use the term Pneumoconiosis to patient.

DuBow – I spoke to this man and told him of the changes in his lungs. He said he is in a clean area.

Sheckler – Started as canvass cover and went entire Magnesia. He says it is a clean area, I disagree with him – it is dusty.

DIAGNOSIS: Early mixed Pneumoconiosis, plus old arrested TB in the right mid lung field.

X-ray reading – Scattered fine miliary nodulation bilaterally, and small area of deposits in left mid lung field. Heart not enlarged.

Sheckler – 1. Tab
2. Notify Plant manager.

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PAULIK, STEVEN - #5989 - Dept. 991 37 years.

Getter - N.D. in 1955. H.C. of X-ray findings suggestive of TB.

Sheckler - Hired in 1940. Is a carpenter presently. 1940 to 1947 in B Bldg. 1947 went to R.C. as gardener until 1951. From 1951 to date, he is a carpenter. Potential exposure for 7 years to graphite.

Merrill - Dr. Douglass reported - 6/21/55 - Serial X-rays since 1940 first definitely visualize fibrotic changes in the right apex in 1949. These have increased very slightly but progressively. I believe they should be classified as minimal tuberculosis and X-rays should be taken every 6 months. Patient would be well advised to maintain optimum health conditions.

DIAGNOSIS: Minimal arrested right apical TB. No occupational disease.

X-ray reading - Infiltration in right apex, unchanged for the past 6 years. X-ray

Sheckler - 1. Tab
2. Do not notify plant manager
3. No ABS

LUKACS, STEVE - #3665 - Dept. 210 37 years

Getter - Worked in coal yards for 10 months.

Sheckler - Hired in 1936 in H Bldg. Stripper in 1936, punch press in 1937 in R.S. Stocker in Textiles in 1939 to 1942. Separated in 1943 and rehired in 1945. Shipping and loader in Paper Mill and Magnesia 1945. In 1949 - handler in Magnesia - clean tanks and pipes until end of 1949. Sheet slitter and section man on bands until 1954. Went to Thermoflex as Jr. operator until 1954, and then pipe cutter in Fire Felt. Potential exposure of 19 years to silica, diatomaceous earth, asbestos fibre. N.D. in 1952 and H.C. 1956.

DIAGNOSIS: Mixed Pneumoconiosis, moderate.

X-ray reading - Diffuse parenchymal changes, bilateral, consisting of very fine miliary nodulation with some calcification along the right mediastinal pleura. No cardiac enlargement. Yearly.

Sheckler - 1. Tab
2. Notify manager
3. ABS

MITCHELL, GEORGE - #20604 - Dept. 072 41 years

Getter - 11 years in hard coal mines.

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Sheckler - Hired in 1951 in Roofing. Presently is a pipe-machine curer in Transite Pipe. 1951 slate man and loader. Separated in 1951. Rehired in 1954, R.S. as unloader in 1954. Total about 3 years exposure to silica, portland cement and asbestos fibre.

DIAGNOSIS: Early mixed Pneumoconiosis. Unchanged for 6 years. Appears to be anthracosis.

X-ray reading - ~~xxxxxx~~ Bilateral diffuse fine miliary nodulation, unchanged for the past 6 years. No hilar adenopathy. Yearly.

Sheckler - 1. Tab
2. Notify plant manager
3. AHS

- We do not have many non-dusty areas. It has to be worked on.

Getter - Would you clarify - does the AHS report come to the Medical Department.

Sheckler - I trust you do not put anything about the AHS in the medical folders.

Zahn - Do you recall at the first meeting, we decided to use initials to denote what has been done. We need something to show we did something about changes when they were noted.

Sheckler - Say referred to the Safety Department.

Zahn - This is a change from what we decided at the first conference.

Smith - If we put in AHS, it means we have advised you to have a survey done but no reasons are recorded in the files. An attorney might say what did you do. They can answer we requested studies and they then can say they do not know the results of these studies.

DuBow - But if it is requested and you do not get satisfaction.

Smith - That is not your responsibility. I think it good for your two doctors to know what the dust counts are but I do not think we should give any advice on that. Dust counts are not current. And with our present engineering changes, you would not have the latest changes. If anyone is worried about their work area, Cliff will handle the whole thing.

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