Benjamin Szymanski vs J-M
#8177

Filed: 4/9/46

Type Worker: factory worker

Alleged disease: Asbestosis

Exposure: 1928 to April 4, 1948, to silicate dioxide, silicate trioxide, and asbestos dusts as well as any other dust incurred in manufacturing J-M products.

Disposition: Stipulation of Discontinuance

PRIVILEGED
J-M 83

Szymanski, Benjamin 355-1290

MANVILLE FACTORY

Case Number 1290 Date Prepared 4-5-46

SERVICE RECORD

Date Hired	Job Title	Dept.	Duration Yrs.	Mos.
1923	RUBBERING CLOTH	PACKING	5	
Status Changes				
2/24/28	" "	"		5
8/7/29	SAWS - PLANER	MAGNESIA	12	1
9-24-41	HANDLING	"	2	7

OUT ILL SINCE 4-5-44

PRIOR EMPL: 1 YR COAL MINES PA. Total Service 20 - 1
8 " BUTCHER BAYONNE N.J.

PHYSICAL EXAMINATION RECORD

1937 - Moderate increase in filtration w/t. base
1940 - NEG.
SEP 1941 - INTER LOBAR LINE PRESENT ON RT. Generalized fibrotic changes with appar
ently an acol T.B. LESION IN RT. APEX. BRONCHIAL SHADOWS INCREASED DENSITY
MAY 1943 - Generalized fibrotic changes -
JAN 1944 Advanced T.B. BI-LATERAL
MAR 1944 T.B. IN BOTH UPPER LOBES - SECONDARY TO ANTHRACOSIS -

Diagnosis

Bilateral Tuberculosis - fibrotic - LCT

Age 58 YR 2 MOS Sex M Married Wife's Age

Ages Dependent Minor Children

Retirement Participant? YES Eligible For Benefits? YES

Group Life Insurance (Amount) 2000 Eligible for Disability Benefits? YES

RECOMMENDATIONS

Signatures

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NOTED

Manville Factory
April 9, 1946

A. B. Hall - Manville

BENJAMIN SZYMANSKI

According to your request, I am writing you concerning Mr. Benjamin Szymanski.

This man has been followed by x-ray since March 11, 1932. Following that, he was x-rayed in 1940, which we felt was negative. Approximately two years later, in 9/23/41, it was felt that he had slight general fibotic changes with tubercular lesion at the right apex.

In 1943, my opinion was about the same.

In 1944, I felt that he had tuberculosis in both apacies; however, he was examined by the Somerset County Tuberculosis and Health Association, and it was felt that the changes found in his lungs, or fibrosis, was probably due to some other cause, presumably the inhalation of dust. Repeated sputum examination of this man have not brought any evidence of tuberculosis organisms.

Recently, this man was a patient at the Somerset Hospital, where his physician made a diagnosis of asbestosis. This, I do not feel, was concurred in by the x-ray department.

In my experience with asbestosis, I have never seen a case progress as rapidly as this. In my opinion the cause of this disability is a fibrus type of tuberculosis.

Leers C. Fritts

L. C. Fritts, M. D.

LCF:amg

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TRUDEAU SANATORIUM
DEPARTMENT OF ROENTGENOLOGY

AGRIPPA G. ROBERT, M.D.
DIRECTOR
LUCIEN MICHELE PASCUCCI, M.D.
ASSOCIATE

TRUDEAU, N.Y.

May 20, 1946.

Interpretation of series of chest roentgenograms of one BENJAMIN SZYMANSKI.

DR. E. H. GARDNER

NOTED V. B.

Film of 6/21/44, compared with those of 3/15/44 (on previous report), reveals:

R. & L. No definite changes in peritruncal exaggeration or in the tuberculous process in the upper thirds.

Film of 12/14/44, compared with that of 6/21/44, reveals:

R. & L. Linear markings now sufficiently definite to warrant re-classification as "Marked peritruncal exaggeration". No apparent change in the infection in the upper thirds.

Film of 6/30/45, compared with the above, reveals:

R. & L. Increase of infiltration in bothupper halves.

Film of 2/14/46, compared with the above, reveals:

R. & L. Definite evidence of conglomerate fibrosis in both upper halves.

COMMENT: The findings in these later films would point to a progression of both processes, and of the interaction of the tuberculosis with the dust-effected changes, so that now definite conglomerate fibrosis is present. However, as yet there is no evidence of nodulation such as is seen in silicosis, or of stippling and fibrosis as seen in asbestosis. It may be noted that the heart shadow appears to become larger over the series, the trans-verse diameter having increased 1.5 cm., between 12/13/44 and 6/30/45. This is evidence of definite enlargement, but it is believed that the heart is still within the limits of normal cardio-thoracic ratio. This would indicate an added strain on the heart as the result of the disease present in the lungs.

ROENTGEN LABORATORY
L. M. PASCUCCI, M.D.

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COPY

TRUDEAU SANATORIUM
Department of Roentgenology

A.G.Robert, M.D.
Director
Lucien Michele Pascucci,M.D.
Associate

Trudeau, N.Y.

April 23, 1946

$1290 - MR. BENJAMIN SZYMANSKI

Interpretation of chest film, single, taken on March 11,1932.

JOHNS-MANVILLE CORP.

R. No definite abnormal changes.
L. No definite abnormal changes.

Stereos., taken on January 26,1940, compared with single film taken on March 11,1932, show:-

R. Development of peritruncal exaggeration more or less throughout together with a small amount of infiltration to 2 R. and 4 V.S.
L. Development of peritruncal exaggeration more or less throughout together with infiltration to 3 R. and 5 V.S.

Stereos., taken on September 22,1941, compared with stereos. taken on January 26,1940, show:-

R. No definite changes in the process previously mentioned.
L. No definite changes in the process previously mentioned.
Films are of poor quality.

Stereos., taken on May 11,1943, compared with stereos. taken on September 22, 1941, show:-

R. Increase of infiltration in the upper third, to 3 R. and 7 V.S.
L. Possibly a slight increase of infiltration in the upper third.

Single film taken on January 20, 1944, compared with stereos. taken on May 11, 1943, shows:-

R. Possibly a slight increase of collateral re-action in the upper third.
L. Possibly some increase of collateral re-action in the upper third.
Film is of poor quality and not entirely satisfactory for interpretatic

Stereos. taken on March 15,1944, compared with single taken on January 20, 1944, show:-
R. Less collateral re-action in the upper third.
L. Less collateral re-action in the upper third.

COMMENT:- In the presence of an adequate history, the findings are indicative of inhalation of dust. However, they do not appear definite enough to warrant a diagnosis of silicosis or asbestosis. However, it is noted that several of the films are of poor quality. The finding

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of infiltration in the upper halves of both lung fields is strongly suggestive of the presence of an inflammatory process which, because of its location and behavior, is of tuberculous etiology. This is not a stable lesion as is evidenced by some progression in the series. However, it is not a very active lesion either since it has not shown too significant a change nor has it shown any evidence of increased mottling or cavity formation.

ROENTGEN LABORATORY

s/ Lucien M. Pascucci,

LUCIEN M. PASCUCCI, MD.

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MEDICAL SUMMARY

#1290 SZYMANSKI, BENJAMIN

Birth Date - 2/10/88

Hired - 1923 No physical examination.
Xray - 1932 Moderate increased infiltration in the right base.
Weight 123 lbs.
Physical examination 1/26/40 Wt. 114½ lbs. Infected gums, blood pressure 120/70, general appearance, thin and small.
Xray - Negative.
Xray - 9/23/41 Inter lobar line present on right. Generalized fibrotic changes with apparently an old tuberculosis lesion in the right apex.
Xray - 5/15/43 Generalized fibrotic changes. No dust.
Xray - 3/21/44 Advanced bilateral tuberculosis.
Xray - 3/17/44 Tuberculosis in both upper lobes secondary to anthracosis.
Referred to Somerset County Tuberculosis & Health Association.
(See attached record.)
The above readings are by L.C. Fritts, M.D.

In 1941 the patient was out four weeks with chronic bronchitis and at this time it was advised that he be removed from dust exposure which was not done*(See employment record). He worked at this job until 4/5/44, reported out due to illness.

After leaving work he was checked periodically at the S.C.T. & H. Assoc. Sputums were done, all were reported negative. The diagnosis of Dr. Douglass of the above association was " diffuse fibrosis in both lungs with moderate linear fibrosis in both lungs, upper portion. The lesions do not suggest tuberculosis". The last xray taken 2/14/46 shows " considerable extension of the lesions".

We know that Mr. Szymanski was a patient in Somerset Hospital for a few days. The x-rays taken at this time, 3/12/46, were " scattered infiltration throughout both lungs with more increase in markings in the upper lobes". No diagnosis was made in the written x-ray report. (See attached report).

The x-rays of Johns Manville were sent 4/23/46, to Trudeau Sanatorium and seen by Drs. Gardner and Pascucci. Report submitted by Dr. Pascucci states that in the presence of adequate history findings are indicative of dust inhalation, however, they do not warrant a diagnosis of silicosis or asbestosis. The infiltration in the upper halves of both lungs was thought by them to be due to tuberculosis. (See attached report).

The x-rays were next sent to Dr. Lanza, Metropolitan Life Insurance Co. and were read by Dr. W.J. Mc Connell 5/2/46. He felt that the entire picture in the lungs was due to tuberculosis and he found no indication of a dust fibrosis.

The x-rays from the S.C.T.&.H. Assoc. with the last two stereograms of Johns Manville are being sent to Dr. Gardner who will view them with the Roentgenologist at Trudeau Sanatorium.

A.N. Pauly, M.D.

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MEDICAL SUMMARY

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A.N. Pauly M.D.
A.N. Pauly, M.D.

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THE SARANAC LABORATORY
FOR THE STUDY OF TUBERCULOSIS
OF THE EDWARD L. TRUDEAU FOUNDATION
SARANAC LAKE, N.Y.

May 22, 1946

Arthur N. Pauly, M.D.
Johns-Manville Corporation
Manville, New Jersey

Dear Dr. Pauly:

Dr. Pascucci and I have reviewed the films on Benjamin Szymanski and we can see nothing in them to warrant a diagnosis of asbestosis. They initially showed a peritruncal exaggeration apparently associated with evidence of tuberculous infection. The former change increased to a 'marked peritruncal exaggeration' by December, 1944. During August, 1945, the infection began to spread and ultimately resulted in a conglomerate fibrosis involving both upper halves of the lungs by February, 1946.

It would definitely appear that the combination of dust reaction and infection had acted upon each other to produce this conglomeration. Such effects are common in silicosis, but we can find no evidence of the latter condition as manifested by nodulation. One does not expect such conglomerate lesions in asbestosis, nor is there evidence of the fine haziness in the lower lung fields which forms a basis for a diagnosis of asbestosis.

The man apparently does have an abnormal heart, but I would not expect this to be responsible in any way for the unusual behavior of the infection. Frankly, I do not know how to catalog this case, and I would feel that a thorough clinical study would be essential. We would then still have to decide upon the nature of the dust reaction which we apparently see in his lungs. I cannot believe it is asbestosis, nor do I think we have any reason to call it silicosis. Perhaps some other type of dust inhaled during his occupational life may account for it but, if this is the case, it is extremely unusual.

If you have opportunity to learn anything more about this man, I would deeply appreciate the information.

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(10)

May 22, 1946

Arthur N. Pauly, M.D.
Johns-Manville Corporation
Manville, New Jersey

Dear Dr. Pauly:

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If you have opportunity to learn anything more about this man, I would deeply appreciate the information.

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Arthur N. Pauly, M.D.
Johns-Manville Corporation
Manville, New Jersey

May 22, 1946

In the case of Joseph Slovak, Dr. Pascucci is chiefly concerned with the development of an infection, but he finds no evidence of asbestosis. There is an exaggeration of the linear markings, which first appears in the fifth film of the series under date of March 7, 1944.. This so-called peritruncal exaggeration is nonspecific and is in no way characteristic of asbestosis.

I see nothing in the films to indicate that Mr. Slovak has a significant dust reaction which would account for the symptoms of which he complains. It is much more probable that the cardiac condition may be the cause of his trouble.

As requested, we are returning all enclosures together with Dr. Pascucci's interpretations. The films are being mailed by Railway Express today.

Sincerely yours,

LUG

Leroy U. Gardner
Director

LUG:LB
ENCS. (7)

CC: Mr. Vandiver Brown

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JM - 83

May 14, 1946
Medical Department

Director Saranac Laboratory,
Saranac Lake,
New York

Dear Dr. Gardner:

I am sending you the xray films of Benjamin Szymanski taken by the Somerset County Tuberculosis and Health Association. Both you and Dr. Pasquoci saw Mr. Szymanski's Manville films when I visited Sarano Lake. A reading of them was made them. I am enclosing a copy of the Somerset County Association's reading which I am sure you will find interesting ~~comment~~ on the use of the expression "ground glass appearance" mentioned in the first reading, Jan. 20, 1944. You did not see these particular films. In the xray folder are our 1943 and 1944 stereoscopics which "might" be of assistance in reading the series. A brief mimeographed sheet giving as much of his history as possible is also enclosed in this letter.

Our last physical examination was entirely negative in 1940. I have not examined this man (our ill since 4/5/44) but I understand he has a chronic cough with moderated expectoration, shortness of breath and an unknown weight loss. Though his sputum was tested for acid fast organisms on the dates shown in the enclosed Somerset County report I believe no gastric washings or guinea pig injections were done.

In addition xrays of Joseph Slovak a retired Manville employee are also enclosed. We would like both our films and the Somerset County association's films read. On June 21, 1945 he was examined by Dr. Flint who found "the heart hypertrophic with occasional extrasystoles and extreme hypotension (80/70). He had scattered rales on both sides and was poorly nourished (104½ lbs.). He was considered totally disabled and was subsequently retired, 8/1/45. He handled asbestos for 22 years.

I would appreciate it if you would send the reports, all the enclosures and the xrays back to me unless Mr. Vandiver Brown has directed otherwise.

Sincerely yours,

Arthur W. Fauly, M.D.

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TRUDEAU SANATORIUM
DEPARTMENT OF ROENTGENOLOGY

AGRIPPA G. ROBERT, M.D.
DIRECTOR
LUCIEN MICHELE PASCUCCI, M.D.
ASSOCIATE

TRUDEAU, N.Y.

May 20, 1946.

Interpretation of series of chest roentgenograms of one BENJAMIN SZYMANSKI.

DR. L. U. GARDNER

Film of 6/21/44, compared with those of 3/15/44 (on previous report), reveal:

R. & L. No definite changes in peritruncal exaggeration or in the tuberculous process in the upper thirds.

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R. & L. Linear markings now sufficiently definite to warrant re-classification as 'Marked peritruncal exaggefation'. No apparent change in the infection in the upper thirds.

Film of 8/30/45, compared with the above, reveals:

R. & L. Increase of infiltration in bothupper halves.

Film of 2/14/46, compared with the above, reveals:

R. & L. Definite evidence of conglomrate fibrosis in both upper halves.

COMMENT: The findings in these later films would point to a progression of both processes, and of the interaction of the tuberculosis with the dust-effected changes, so that now definite conglomerate fibrosis is present. However, as yet there is no evidence of nodulation such as is seen in silicosis, or of stippling and fibrosis as seen in asbestosis. It may be noted that the heart shadow appears to become larger over the series, the trans-verse diameter having increased 1.5 cm., between 12/13/44 and 8/30/45. This is evidence of definite enlargement, but it is believed that the heart is still within the limits of normal cardio-thoracic ratio. This would indicate an added strain on the heart as the result of the disease present in the lungs.

ROENTGEN LABORATORY
L. M. PASCUCCI, M.D.

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TRUDEAU SANATORIUM

Department of Roentgenology

Trudeau, N.Y.

May 20, 1946.

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ROENTGEN LABORATORY
L. M. PASCUCCI, MD.

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JM - 83

(4)

COPY

Manville Factory
April 9, 1946

A. B. Hall - Manville

Benjamin Szymanski

According to your request, I am writing you concerning Mr. Benjamin Szymanski.

This man has been followed by x-ray since March 11, 1932. Following that, he was x-rayed in 1940, which we felt was negative. Approximately two years later, in 9/23/41, it was felt that he had slight general fibrotic changes with tubercular lesion at the right apex.

In 1943, my opinion was about the same.

In 1944, I felt that he had tuberculosis in both apacies; however, he was examined by the Somerset County Tuberculosis and Health Association, and it was felt that the changes found in his lungs, or fibrosis, was probably due to some other cause, presumably the inhalation of dust. Repeated sputum examination of this man have not brought any evidence of tuberculosis organisms.

Recently, this man was a patient at the Somerset Hospital, where his physician made a diagnosis of asbestosis. This, I do not feel, was concurred in by the x-ray department. ✓

In my experience with asbestosis, I have never seen a case progress as rapidly as this. In my opinion the cause of this disability is a fibrous type of tuberculosis.

s/ Lewis C. Fritts

L. C. Fritts, M.D.

LCF:amg

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of infiltration in the upper halves of both lung fields is strongly suggestive of the presence of an inflammatory process which, because of its location and behavior, is of tuberculous etiology. This is not a stable lesion as is evidenced by some progression in the series. However, it is not a very active lesion either since it has not shown too significant a change nor has it shown any evidence of increased mottling or cavity formation.

ROENTGEN LABORATORY

s/ Lucien M. Pasqucci,

LUCIEN M. PASCUCCI, MD.

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(15)

TRUDEAU SANATORIUM
Department of Roentgenology

A.G.Robert, M.D.
Director
Lucien Michele Pascucci,M.D.
Associate

Trudeau, N.Y.

April 23, 1946

$1290 - MR. BENJAMIN SZYMANSKI

Interpretation of chest film, single, taken on March 11,1932.

JOHNS-MANVILLE CORP.

R. No definite abnormal changes.
L. No definite abnormal changes.

Stereos., taken on January 26,1940, compared with single film taken on March 11,1932, shows:-

R. Development of peritruncal exaggeration more or less throughout together with a small amount of infiltration to 2 R. and 4 V.S.
L. Development of peritruncal exaggeration more or less throughout together with infiltration to 3 R. and 5 V.S.

Stereos., taken on September 22,1941, compared with stereos. taken on January 26,1940, shows:-

R. No definite changes in the process previously mentioned.
L. No definite changes in the process previously mentioned.
Films are of poor quality.

Stereos., taken on May 11,1943, compared with stereos. taken on September 22, 1941, shows:-

R. Increase of infiltration in the upper third, to 3 R. and 7 V.S.
L. Possibly a slight increase of infiltration in the upper third.

Single film taken on January 20, 1944, compared with stereos. taken on May 11, 1943, shows:-

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COMMENT:- In the presence of an adequate history, the findings are indicative of inhalation of dust. However, they do not appear definite enough to warrant a diagnosis of silicosis or asbestosis. However, it is noted that several of the films are of poor quality. The finding

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COPY

TRUDEAU SANATORIUM
Department of Roentgenology

A.G.Robert, M.D.
Director
Lucien Michele Pascucci,M.D.
Associate

Trudeau, N.Y.

April 23, 1946

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ROENTGEN LABORATORY

s/ Lucien M. Pascucci,

LUCIEN M. PASCUCCI, MD.

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SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

32 NORTH BRIDGE STREET

SOMERVILLE, NEW JERSEY

April 5, 1946

Johns Manville Corporation
Manville
New Jersey

NOTED
V. B.

Dear Dr. Fritts:

Benjamin Szynanski, 339 So. Main Street, Manville, was x-rayed in this office on the dates indicated and the reports read as follows:

6/22/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months." W. C. Douglass, M. D.
Negative sputum-6/26/44

12/14/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months." W. C. Douglass, M. D.
Negative sputum-12/18/44; 12/26/44; 12/29/44

8/30/45 "The fibrosis in the upper lung fields appears to be slowly progressing. Advise re-x-raying in 6 months."
Negative sputum W. C. Douglass, M. D.

2/14/46 "There has been considerable extension of the lesions in the last 6 months. Advise re-x-raying and sputum testing in 2 months if sputum is negative."
W. C. Douglass, M. D.

Very truly yours,

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION

Mildred Everett R. N.
Mrs. Marvin S. Everett
Nursing Supervisor

MSE:jsa

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Affiliated with National and State Tuberculosis Associations

TRUDEAU SANATORIUM

DEPARTMENT OF ROENTGENOLOGY

A. G. ROBERT, M.D.
DIRECTOR
LUCIEN MICHELE PASCUCCI, M.D.
ASSOCIATE

TRUDEAU, N.Y.

April 23, 1946.

#1290- MR. BENJAMIN SZYMANSKY Sheet #2

Single film taken on January 20, 1944, compared with stereos. taken on May 11, 1945, shows:-

R. Possibly a slight increase of collateral re-action in the upper third.
L. Possibly some increase of collateral re-action in the upper third.
Film is of poor quality and not entirely satisfactory for interpretation.

Stereos. taken on March 15, 1944, compared with single taken on January 20, 1944, show:-

R. Less collateral re-action in the upper third.
L. Less collateral re-action in the upper third.

COMMENT:- In the presence of an adequate history, the findings are indicative of inhalation of dust. However, they do not appear definite enough to warrant a diagnosis of silicosis or asbestosis. However, it is noted that several of the films are of poor quality. The finding of infiltration in the upper halves of both lung fields is strongly suggestive of the presence of an inflammatory process which, because of its location and behavior, is of tuberculous etiology. This is not a stable lesion as is evidenced by some progression in the series. However, it is not a very active lesion either since it has not shown too significant a change nor has it shown any evidence of increased mottling or cavity formation.

ROENTGEN LABORATORY

Lucien M. Pascucci

LUCIEN M. PASCUCCI, MD.

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TRUDEAU SANATORIUM

DEPARTMENT OF ROENTGENOLOGY

A. G. ROBERT, M.D.
DIRECTOR
LUCIEN MICHELE PASCUCCI, M.D.
ASSOCIATE

NOTED V.E.

TRUDEAU, N.Y.

April 23, 1946.

#1290 - MR. BENJAMIN SZYMANSKI Sheet #1

Interpretation of chest film, single, taken on March 11, 1932.

JOHNS MANVILLE COMP.

R. No definite abnormal changes.
L. No definite abnormal changes.

Stereos., taken on January 26, 1940, compared with single film taken on March 11, 1932, show:-

R. Development of peritruncal exaggeration more or less throughout together with a small amount of infiltration to 2 R. and 4 V. S.
L. Development of peritruncal exaggeration more or less throughout together with infiltration to 3 R. and 5 V. S.

Stereos., taken on September 22, 1941, compared with stereos. taken on January 26, 1940, show:-

R. No definite changes in the process previously mentioned.
L. No definite changes in the process previously mentioned.
Films are of poor quality.

Stereos., taken on May 11, 1943, compared with stereos. taken on September 22, 1941, show:-

R. Increase of infiltration in the upper third, to 3 R. and 7 V. S.
L. Possibly a slight increase of infiltration in the upper third.

Continued on Sheet #2

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SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

32 NORTH BRIDGE STREET
SOMERVILLE, NEW JERSEY

May 7, 1946

Johns Manville Company
Manville
New Jersey

Dear Dr. Fritts:

Benjamin Szymanski, 339 So. Main St., Manville, was first x-rayed in this office on January 20, 1944. His x-ray report then read as follows:

"Diffuse fibrosis in both lung fields presenting a ground glass appearance with moderate linear fibrosis in the upper chest. The lesions do not suggest tuberculosis, but would advise sputum examination and routine x-raying every six months." W. C. Douglass, M. D.
Sputum: Negative 9/6/40

Mr. Szymanski was re-x-rayed in this office on the dates indicated and the x-ray reports read as follows:

6/22/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months."
W. C. Douglass, M. D.
Sputum: Negative 6/26/44

12/14/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months."
W. C. Douglass, M. D.
Sputum: Negative 12/18/44; 12/26/44; 12/24/44

8/30/45 "The fibrosis in the upper lung fields appears to be slowly progressing. Advise re-x-raying in 6 months."
W. C. Douglass, M. D.
Sputum: Negative

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SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

32 NORTH BRIDGE STREET

SOMERVILLE, NEW JERSEY

2/14/46 "There has been considerable extension of the lesions in the last 6 months. Advise re-x-raying and sputum testing in 2 months if sputum is negative."

W. C. Douglass, M. D.

Very truly yours,

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION

Mildred Everett R. N.

Mrs. Marvin S. Everett
Nursing Supervisor

MSE:jsa

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C O P Y

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION INC.

92 West Main Street

Somerville, New Jersey

January 27, 1944

Dr. Lewis C. Fritts,
Medical Director,
Johns-Manville Corporation,
Manville, New Jersey

Dear Dr. Fritts:

Benjamin Sznanski, 339 S. Main Street, Manville, was x-rayed on January 20, 1944, in our office. His x-ray report reads as follows:

"Diffuse fibrosis in both lung fields presenting a ground glass appearance with moderate linear fibrosis in the upper chest. The lesions do not suggest tuberculosis but would advise sputum examinations and routine x-raying every six months."

Sputum examinations are being made and as soon as the report is received it will be sent to you. This man has been with Johns-Manville for the past 16 years, but previous to that time he was an anthracite miner.

Yours very truly,

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION

s/ Mildred Everett, R.N.
Mrs. Marvin S. Everett
Nursing Supervisor

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(2)

Roentgenegraphic Report

SOMERSET HOSPITAL
SOMERVILLE, NEW JERSEY

Name SZYMANSKI, BENJAMIN Date 3-12-46

Examined CHEST & FLAT PLATE OF ABDOMEN Service of Dr. GREENBERG

Film No. H-1274

C O P Y

Examination of the chest shows scattered infiltration throughout both lungs, with more increase in markings in the upper lobes toward the outer zone of the lung fields, which would make the lesion questionable. The cario thoracic ratio is not increased.

Examination of the abdomen shows apparent enlargement of the liver and splenic shadows. No areas of calcification are observed in the abdomen.

J. G. BOYES M. D.
Roentgenologist

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Roentgenegraphic Report

SOMERSET HOSPITAL
SOMERVILLE, NEW JERSEY

Name SZYMANSKI, BENJAMIN Date 3-12-46

Examined CHEST & FLAT PLATE OF ABDOMEN Service of Dr. GREENBERG

Film No. H-1274

C O P Y

Examination of the chest shows scattered infiltration throughout both lungs, with more increase in markings in the upper lobes toward the outer zone of the lung fields, which would make the lesion questionable. The cardio thoracic ratio is not increased.

Examination of the abdomen shows apparent enlargement of the liver and splenic shadows. No areas of calcification are observed in the abdomen.

J. G. BOYES M.D.
Roentgenologist

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C O P Y

(3)

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

32 North Bridge Street

Somerville, New Jersey

April 5, 1946

Johns-Manville Corporation
Manville
New Jersey

Dear Dr. Fritts:

Benjamin Szynanski, 339 So.Main Street, Manville, was x-rayed in this office on the dates indicated and the reports read as follows:

6/22/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months." W.C.Douglass, M.D.
Negative sputum-6/26/44

12/14/44 "No significant change from previous x-ray. Advise re-x-raying in 6 months." W.C.Douglass,M.D.
Negative sputum-12/18/44; 12/26/44;12/29/44

8/30/45 "The fibrosis in the upper lung fields appears to be slowly progressing. Advise re-x-raying in 6 months."
Negative sputum W.C.Douglass,M.D.

2/14/46 "There has been considerable extension of the lesions in the last 6 months. Advise re-x-raying and sputum testing in 2 months if sputum is negative."
W.C.Douglass,M.D.

Very truly yours,

SOMERSET COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION

s/ Mildred Everett R.N.
Mrs. Marvin S. Everett
Nursing Supervisor

MSE:jsa

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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

BENJAMIN SZYMANSKI	:	
Plaintiff	:	
vs.	:	Civil Action No. 8177
JOHNS-MANVILLE CORPORATION, a corporation of New York authorized to do business in New Jersey,	:	STIPULATION OF DISCONTINUANCE
Defendant.	:	

It is hereby stipulated that the above entitled matter be and the same is hereby discontinued, without costs to either party.

Myron L. Levy
Attorney for Plaintiff

HOBART, NEWARD & COOPER
Attorneys for Defendant

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1946

SOMERSET COUNTY COURT OF COMMON PLEAS

BENJAMIN SZYMANSKI, Plaintiff, -vs- JOHNS-MANVILLE CORPORATION, a corporation of New York authorized to do business in New Jersey, Defendant.	:	ACTION AT LAW. COMPLAINT.

Benjamin Szymanski, residing in Manville, New Jersey, complaining of the defendant, Johns-Manville Corporation, a corporation of New York authorized to do business in New Jersey, states that:

1. At all times hereinafter mentioned, the plaintiff was employed by defendant corporation.

2. During such time plaintiff was employed by defendant corporation in the manufacture of articles in which asbestos and other substances were used.

3. Plaintiff was employed by defendant corporation in such work for about 16 years prior to May, 1944.

4. During the above time and due to the negligence of the defendant corporation, its agents and servants, the plaintiff was exposed to asbestos dust, silicate tri-oxide dust, and various other dusts and particles of matter which permeated the defendant's plant and the places where plaintiff worked and during all of said time, the plaintiff inhaled said various dusts and small particles of matter, as a result of which plaintiff's lungs have been injured as well as other parts of plaintiff's body, and plaintiff's health has become and will have become impaired, and plaintiff has become sick and incapacitated and unable to work, and plaintiff is suffering from asbestosis, all of which injuries are permanent in quality and in extent, and all of which injuries

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are due to the negligence of the defendant corporation, its agents and servants. As a result of said negligence of the defendant corporation, its agents and servants, the plaintiff has become sick, nervous and disabled and has suffered and will suffer physical pain and mental anguish.

5. The negligence of the defendant corporation, its agents and servants, consisted of not providing plaintiff with asafe place to work in; providing poorly ventilated places for plaintiff to work in; not taking proper precautio for the safety of plaintiff; not advising or warning plaintiff of the dangers of his work in the places assigned to him by defendant; and under the circumstances under which defendant required him to work; not using proper safety measures or precautions for the safety of plaintiff and for the preservation of the health of plaintiff; requiring plaintiff to work in poorly ventilated places for excessive periods of time; not rotating plaintiff and not having plaintiff do work under conditions which were not detrimental to his health; not using the proper safety devices and meansures for the protection of the plaintiff and preservation of his health; compelling plaintiff to work under adverse conditions as described above for undue length of time; not taking proper safety and health measures; not taking the proper precautions for plaintiff's health; not maintaining proper equipment to remove the dust and particles of matter from the air; not furnishing the plaintiff with safety devices and not furnish plaintiff with sufficient safety devices; not providing the proper supervision and precautions for the plaintiff and for the preservation of his health; not providing the proper blowers and ventilator systems and respirators which were necessary for the proper protection of plaintiff's health; not

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providing proper periodical medical examinations of plaintiff and taking the necessary precautions to preserve his health; not providing proper periodical medical examinations for plaintiff and not advising plaintiff that his health was in danger by reason of the conditions under which he was working; and defendant, its agents and servants, were also guilty of other and further negligence which resulted in plaintiff's injuries as aforesaid.

6. As a result of the aforesaid negligence of the defendant corporation, its agents and servants, the plaintiff has been obliged and will be obliged to incur expenses for medical treatment and attention in an effort to cure himself of his said injuries.

7. As a result of the negligence of the defendant corporation, its agents and servants as aforesaid, the plaintiff has lost salary and earnings and will in the future lose salary and earnings.

8. This action has been commenced within two years from the time of last exposure by plaintiff to the dusts and particles of matter stated aforesaid, and the plaintiff's cause of action has not accrued more than two years prior to the commencement of this suit.

9. The nature of the dusts with which plaintiff worked, stated aforesaid, are such that plaintiff has no remedy for his resulting injuries under the Workmen's Compensation Act, being Revised Statutes of New Jersey 34:15-1 etc.

WHEREFORE plaintiff, Benjamin Szymanski, demands judgment against the defendant, Johns-Manville Corporation, a corporation, in the amount of Fifty Thousand ($50,000.00) Dollars, besides costs of suit.

MYRON L. LEVY
Attorney for Plaintiff

c o p y

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