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FOLDER NAME	[REDACTED]	
NOTES	Beryllium	
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January 24, 1950

Dr. Lowry R. Dobson
Radiation Laboratory
University of California
Berkeley 4, California

Dear Dr. Dobson:

For the past several months I have had under observation [REDACTED], concerning whom you have had some inquiries from his former associates there.

The history is that of mild but progressive asthenia and slight cough for the past six months. There is some head-ache and dyspnea on exertion. No weight loss recently as he has been on a modified rest program. Physical examination is essentially normal, blood pressure is 120/80 and pulse is 80.

The laboratory examination: The urine was entirely normal. The red blood count 5,550,000, white blood count 5,300, hemoglobin 94 per cent, polys 61, lymphocytes 26, monocytes 22, eosinophiles 11. The Wasserman was negative, the Kahn negative. The N.P.H. 31.5, creatine 1.2, urea 1.0, total protein was 6.4, globulin 1.6, albumin 4.8. The spinal fluid test was negative. Histoplasmin test was negative. Iodine test was negative. Blood volume was 78 cc. as compared with a normal of 77. The total plasma volume was 43 cc. as compared with a normal of 43. The total red blood cell mass was 40 cc. as compared with a normal of 34 cc. The sedimentation rate was 7 mms. in one hour. A complete blood count revealed no anemia. It was the conclusion of [REDACTED] that the level of the red blood cells and hemoglobin presented a high normal for a male individual. He further stated that the reticulocytes were essentially normal, and there were no abnormal leucocytes observed. The blood platelets were slightly decreased in number. The blood picture was not considered classical of polycythemia. The electrocardiograph tracing was made in the orthodox manner as well as utilizing the unipolar limb leads and V leads. There was no evidence what-so-ever of any abnormality. There was no evidence of right ventricular strain. The vital capacity was 90 per cent of normal.

Dr Tice reported the chest plates, which were submitted by the patient, and the chest plate made here in this manner. There is a diffuse nodular pattern made up of minute deposits distributed throughout both lungs from apex to base. Hilar shadows are a little heavy. The inter-

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lobar septum on the right is thickened. A lateral film shows all interlobar septal shadows thickened. The density of the nodular shadows described is that of a fibrotic process. Conclusion; we are familiar with the history of Beryllium exposure. Certainly this is a characteristic picture of that pathological process, and must be given a number one place in a differential diagnosis. It would be difficult to differentiate this diagnosis from sarcoid disease, fungus infection, or in some cases generalized fibrosis. A logical diagnosis, in this case is Beryllium fibrosis." Dr. Tice, further stated that the films submitted to us taken last summer show a definite progression of the pathological process as compared to earlier films.

Sputum specimens were taken. The patient was seen by Dr. Furculow. Cultures of the sputum are in the process of being studied; however, they were so scanty as to be unlikely of showing anything.

There is a small chronic granuloma or fibroma in the tip of one finger of about 18 months duration, the cause of which is not apparent. There is no foreign body opaque to X-ray in it.

Any information you may have regarding this condition or suggestions as to management will be greatly appreciated. If we can supply any additional data we will be pleased to do so.

Yours very truly,

James W. Campbell
James W. Campbell, M. D.

JWC/vb

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