FORM A-201

Compliments

HUMBLE OIL & REFINING COMPANY

HOUSTON, TEXAS,

C. M. AVES, M. D.
MEDICAL DIRECTOR

PLEASE ADDRESS YOUR REPLY TO
POST-OFFICE DRAWER "D" HOUSTON, TEXAS

May 7, 1951.

Dr. Robt. A. Kehoe,
University of Cincinnati,
Cincinnati, Ohio.

Dear Doctor:

I am attaching a copy of an examination of our latest claimant, from contact with tetraethyl lead. The examination was made by Dr. F. R. Lummis of Houston, who is a prominent Internest, and has made a diagnosis of infected tonsils and adenoids with an old tuberculosis, possibly newly active.

Dr. Lummis makes a considerable number of examinations for us of this nature and I believe it would be advantageous to us if you could give both Dr. Lummis and myself reprints or references to such work on this subject that might be of help to us in handling these cases.

Yours very sincerely,

C. M. Aves

C. M. AVES, M. D.

CMA-c

[redacted]

Copy of reports to Dr.
Leake — 4-19-32

FREDERICK R. LUMMIS, M. D.
Medical Arts Building
HOUSTON TEXAS

April 28, 1931.

Petroleum Casualty Co.,
Humble Building,
Houston, Texas.

Gentlemen:

[redacted]-Laboratory Worker
25 yrs of age; married.

Patient's Account of Present Condition:

About three months ago patient began to feel ill and this has gradually increased in severity until at this time he has had to stop work. Previously well, he began to have headaches, to notice he was nervous and weak and that he did not care to eat. The temperature was about 98.6 in the morning, 100.2 in the afternoon. In the last two weeks he has not been able to sleep well, he felt worse and could hardly make the day although his work is not heavy. He attributes this condition to the fact that he works in a laboratory and that part of his duties is to test tetraethyl lead gasoline. He states that up to two months ago, hoods were used but since then he has been unprotected and tests have been run in the open. There are perhaps seven other workers in the same room.

PAST HISTORY:

Born in North Texas, lived there until 14 yrs old and had measles only. Since has lived in Goose Creek. Had influenze in 1928 and was ill two weeks. He states that he has not had the following: scarlet, diphtheria, rheumatic fever, typhoid, malaria, pneumonia, urticaria, arthrosis. He denies venereal disease. He has been married 4 years, has one child living and well and his wife has had not miscarriages.

Present Illness:

The appetite is not good and about two hours after eating feels weak in the stomack and every three or four days he vomits, perhaps now six times in all. Bowels are slightly constipated and two weeks ago he had some piles with blood for one day. There is a slight cough with considerable thick expectoration in the mornings, with a bad taste, without blood. This in spite of the fact that he has very few colds. About noon each day has a headache: lunch relieves this but about 3:PM it returns, in the middle of the forehead, it increases in intensity until he goes to bed but it does not keep him from going to sleep. In the morning it is gone. Sleep is distrubed; wakes up feel

ing nervous (in the night) feels hungry and hot. No nocturia. There is no trouble with sight or hearing. Smokes 15 cigarettes daily, one to two cups of coffee, very little alcohol.

Family History:

Not remarkable except that his mother, whom he does not remember, dies of pellagra.

Physical Examination:

130 lbs (usual 142 to 144* 5 ft. 9½ in. Temperature 97.4, 98, 98.3 pulse 72, 84. Respiration 16. Bloddpressure 120-78.

Pupils dilated: react slightly to light: react to convergence. No icterus, no lid lag, nonystagmus, no palsy of the external ocular, facial or pharyngeal muscles. No ptosis.

Nares open. Antra do not transmit light well (see later)

Pharynx reddened slightly. Tonsils large, cryptic, infected.

Teeth: excellent. Slight pyorrhoea of lower incisors. No lead line. Tongue coated lightly, protruded in the midline without tremor.

Heart: Point of maximum intensity 5th interspace, 7½ cm. Left border 9½ cm. Right border substernal. No dullness above the third rib. No thrill. Thythm regular. No murmurs.

Trachea in midline. Thyroid not enlarged. Cervical glands not increased in size or number. No mastoid tenderness. Neck movements free.

The muscles above and below the clavicles are atrophied or undeveloped. Right anterior chest lags a little. Whispered and spoken voice negative. No rales heard. Percussion negative.

No operative scars on abdomen. Spleen, liver and kidneys not enlarged. Abdominal reflex present. No adenopathy. No tenderness, no rigidity, no masses.

No edema. No Oppenheim, no Gordon, No Craddock, No Babinski. Patellars present and active. Coordination and station good.

Rectal: Prostate negative. There is slight hypertrophy of the papillae and some irritation.

Laboratory and Consultations

Urine: 1024, acid, no albumin, no sugar. Occasional pus cell, some mucus, one granular cast seen. No red blood cells seen.

Blood:		
	Hemoglobin	80 (Sahli)
	Red Blood cells	4 150 000
	White blood cells	7 650
	Polynuclears	71
	S. lymphs	25
	L. "	1
	mEosinophiles	3

No stippling, no polychromasia. No alteration in size or shape of the red cells

Basal Metabolism: minus 1. Tracing very satisfactory.

Sputum for tubercle bacilli:
Apr.23 negative
25 "

Wassermann: Very weakly positive. (Positive 1) Meinicke reaction negative

Dr. J. M. Robison: "My examination of Mr. [redacted] reveals a normal condition of the ars, nose and throat with the exception of hypertrophied tonsils and an hypertrophied adenoid. Transillumination of the sinuses is negative and since there is no secretion found in his nose I do not believe an x-ray of his paranasal sinus is necessary at this time. I would suggest removal of tonsils and adenoids. I feel this would reflect favorably on his ear, nose and throat condition. His nose and throat show a chronic congestion which is probably due to the excessive smoking of cigarettes".

Dr. W. G. McDeed: "Chest: The bony framework of thorax is normal in appearance. The heart shadow is normal in shape and size. The domes of diaphragm are regular in outline. Lungs: There is a slight mottling in the left apex. Both hiluses are slightly accentuated. The parenchymae of lungs are clear. Conclusion: The mottling in left apex is probably the result of an old arrested tuberculosis."

Diagnosis:

1. Infected tonsils and adenoids
2. Tuberculosis, old. New activity likely.

Discussion:

The picture of this patient is that of a chronic infection. There can be no doubt as to the condition of the tonsils and he was advised to have these removed. Although the X-ray speaks of healed tuberculosis and although two sputum tests were negative, with the fever and the amount of expectoration, which was considerable, it is likely that there is a relighting up to some degree of the old process. He should be treated from this point of view until he improves.

As to the possibility of lead poisoning from the tetraethyl source: From the history as given me he seems to have been definitely exposed (Boiling the tetra gas in the open room over a considerable time). He very definitely is not suffering from the acute form of poisoning. The nervous symptoms have been slight, only restlessness, anorexia, etc. There is not evident fall in bloodpressure, temperature, pulse etc. The chronic form often resembles a chronic infection. There was no change in the blood no lead line on the gums. So it can be stated that no evidence of lead was discovered by examination. Lead in the urine and feces was not looked for. It is likely, in any event, that, were he poisoned by tetraethyl lead, after removal from contact, he would recover in six to ten weeks.

Sincerely yours