ROOM 535 HUMBLE BUILDING

REPORT:- Name [redacted] Address Baytown, Texas.

Place of accident Baytown Refinery Date

To

Nov. 5th, 1930.

The above was employed July 1922 and worked on tug Anita, for six years. Then he was transferred to the wharf at Baytown where his duties were to run lines to the ships and to mix Ethyl Gasoline. The Company has an Ethyl mixing plant on the wharf and he, so he states, does all the mixing. He never has gotten any Ethyl on him. Works in rubber uniform, gloves and wears a mask.

In July 1930, he was hit on right side of head by a hawser which knocked him down and stunned him.

In August 1929, he had rolled a partially filled barrel of pure "Tetra-ethyl" and when he attempted to remove the bung, it blew out and he thinks he got some of the fumes in his throat as it immediately burned"about his tonsils." Aside from this, there is no history of trauma of any description.

Present Ilness:- He worked on Sept. 22nd, and that night after going to bed and asleep and was awakened with a severe pain in front of his right shoulder. The pain was severe enough to cause him to sweat severely. He was diagnosed "Rheumatic Arthritis" by his attending Physician. This pain continued for five days and he made no attempt to move his shoulder. When the pain disappeared he discovered that he couldn't move his shoulder. He thinks the condition has improved. During the first part of October he had an Xray of his teeth made and three were pulled.

He is a well nourished man about 50 years of age. Blood pressure 124/90, states it has been 150. Pulse regular. Blood not examined. Two wasserman tests were made and reported negative. Teeth of such a condition that further Xray study necessary. Few teeth decayed, gums are retracted. Gums have a questionable blue line, not typical of that usually found in chronic lead poisoning. Heart and lungs okay. Reflexes present and apparently normal. Muscular action of muscles about right shoulder extremely weak and there is an apparent complete paralysis of this deltoid. He has a poor extention (backward) and flexion (forward) motion at shoulder. For instance he can place forearm on desk and remove it immediately but if he leaves it there for a short period, it is necessary for him to remove it with other hand. Grip in both hands is practically equal although right would be expected to be greater but he has not used this hand for about six weeks.

In the left hand there is an area involving little and ring fingers and extending up that surface of hand to wrist where there is marked loss of sensation with the paraesthesia of pin-pricking sensation.

N8191

ROOM 535 HUMBLE BUILDING

REPORT:- Name [redacted] continued:- Address.....

Place of accident..... Date.....

To.....

This man apparently has a neuritis involving the suppply of the muscles about right shoulder and arm to elbow. Also sensory neuritis to portion of left hand. This came about ten days after pain in right shoulder started and at the same time his "tongue became stiff".

He states that he is "weak all over body", has trouble going up and down staris and sweats easily and profusely. He fainted when dentist injuected his gums for extraction which is exceedingly disgusting to him as he had always had them pulled before without anything.

I have referred him to Dr. McDeed for Xray of right shoulder and his teeth as I believe he still has teeth in his mouth that should be removed.

This man evidently has a general mild neuritis more marked about the shoulder. Cause undetermined. Onset sudden in shoulder and it is extremely hard to determine whether there has been any improvement except the disappearance of pain. If the mild general type is slowly progressing and his weakness becomes more makred his condition will be severe. He is disabled beyond doing any work.

The cause of such a condition must be considered. The fact that this man is the mixer (so he states) of practically all Ethyl fluid at Baytown, leads one to first assume that his is a lead poisoning neuritis. And I believe he should be treated as such until proven otherwise. It will be necessary to exclude all possible focal infections as a toxic cause. He will be futher studied and in the meantime should be placed on treatment.

C. M. AVES

CMA-c