



Gillis B. White

Birth Date: 2-21-14

Date of Employment: 11-27-52

Job Classification: Potman

No chest problems noted on I & I card prior to 5-9-66.

412384 0061

NAME White, Gillis BUSTEREMPLOYEE NO. 5-1130# 2

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification		
					1	2	3
5-22-63	12:15am	Burns cleansed and sprayed with anti-derm.		GES	C	R	X
9-25-63	1:15pm	States strained left arm. Exam by Dr. Richards. Possible muscle strain. Diathermy and heat at home. To return.		CAS	P	G	X
9-18-64	1:00pm	Placed on redcard 9-16-64 per self to department.		CAS	P	G	X
10-8-64	12:20am	Minor laceration left hand cleansed, sprayed and dressed.		LH	C	O	X
1-22-65	4:05pm	Placed on red card per self 1-21-65. Back pains. (Hospitalized for this).		CAS	P	O	X
1-29-65	1:pm	Returning from red card - states had back ache. Alleges no injury.					
		Ok for work for 1-30-65 @ 12:01 am. per Dr. Richards. Dept notified		CAS	P	R	X
5-7-65	8:00am	Place on redcard per Mr. Keeble. In hospital for tests as of 5-6-65.		GP	P	O	X
5-11-65	12:00pm	XXXXXXXXXXXXXXXXXXXX		LH	C	O	X
3-4-66	5:30am	States right hand started swelling & becoming sore about 2; am					
		Thanks hand may be sprung or strained since was jacking pots. X-rayed					
		Hot soaks. To return @ 8; am. alleges. No specific injury.		FR	C	O	X
" "	8:15am	Right hand somewhat swollen - To soak. return to medical.		CAS	P	R	X
5-9-66	2:20pm	Placed on red card 5-9-66. Hospitalized in Rosebud hospital with					
		bronchitis, per employment.		CAS	P	O	X
5-24-66	12:05pm	Returning from red card acute bronchitis. Checked by Dr. Richards					
		& Ok'd for work for 5-25-66 12:01 am. Dept notified.		CAS	P	R	X
7-18-66	1:00pm	Placed on redcard 7-14-66. Note sent from within Pland with I.D.					
		Card.		CAS	P	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.
WHITE, GILLIS BUSTER	2/21/14	451-22-2535	11/27/52	5-1130

412384 0062

NAME WHITE, GILLIS BUSTEREMPLOYEE NO. 5-1130

INJURY AND ILLNESS RECORD

#3

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
8-29-66	1:00pm	Returning from redcard. Hemorrhoidectomy. OK'd for work for 9-1-66 per Dr. Richards. Department notified.		CAS	P R X
6-9-67	7:20pm	States he got a crick in his back while he was knocking bath off with crowbar. Put hot packs on back for 15 min.		BS	P O X
8-6-67	4:20pm	Law called & said place White on red card as of 8-5-67. States he was hospitalized Friday.		GP	P O X
10-2-67	12:30pm	Returning from redcard. States is on an anti-coagulant for a 2 weeks period. OK'd for work for 10-3-67 at 4:00 PM per Dr. Selden. Dept. notified.		CAS	P R X
5-24-68	8:20am	Burns right arm dressed wet. Given medication to use at home.		GP	C C X
5-30-68	4:15pm	Sprayed burn.		CB	C R X
6-8-68	12:20am	Sprayed burn on right arm.		EM	C R X
6-9-68	12:10am	Sprayed burn on right arm.		EM	C R X
6-11-68	12:10am	Right arm burn sprayed with meti-derm.		GP	C R X
6-12-68	12:15am	Burn on arm sprayed.		GP	C R X
6-14-68	12:30pm	Right arm burn checked by Dr. Richards. progress satisfactory. To dress with furacin today. To return daily.		CAS	C R X
6-14-68	12:25am	Sprayed right arm.		GP	C R X
6-16-68	8:10am	Burn on arm sprayed.		GP	C R X
6-17-68	8:15am	Sprayed arm.		CB	C R X
6-18-68	8:10am	Sprayed arm.		CB	C R X

NAME

WHITE, GILLIS BUSTER

BIRTH DATE

SOC. SEC. NO.

SERIAL NO.

EMPLOYEE NO.

5-1130

412384 0063

NAME WHITE, GILLIS BUSTEREMPLOYEE NO. 5-1130

INJURY AND ILLNESS RECORD

#3

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
6-19-68	8:25am	Sprayed arm		CB	C R X
6-21-68	8:20am	Burn sprayed with Meti-Derm. Given dressedg for home use.		CAS	C R X
6-26-68	4:15pm	Sprayed arm.		CB	C R X
6-27-68	4:10pm	Sprayed burn.		CB	C R X
6-28-68	4:15pm	Sprayed;		CB	C R X
8-29-68	5:55pm	Placed on red card as of 8-29-68 per M. Law foreman, hospitalized at Rosebud.		CB	P O Z
10-9-68	12:45pm	Returning from red card with Diagnosis of asthmatic bronchitit which his private physician attributes to his employment. In as much he feels it is job related, we feel he should be seen by an Allergist before returning to work in the ret rooms. This Per Dr. Richards.		CAS	P R X
10-18-68	1:00pm	Returning from redcard. (Bronchitis) OK'd for work for 10-19-68 per Dr. Richards. Dept. notified.		CAS	P R X
1-7-71	8:30am	Phone call per M. Law. States employee hospitalized in Rosebud hosp. with asthma and bronchitis. Red card per above information.		SAK	P O Z
3-1-71	12:30pm	Returning from red card -Exam per Dr. R. ok. for work reg. 3-2-71 at 8: am. Dept notified.		SAK	P R X
7-20-71	10:am	Red card per Holleman as of 7-19-71. Hospitalized in Rosebud.		SAK	P O Z
8-23-71	12:30pm	Returning from red card (Bronchitis) Release from Dr. Richards. ok for regular work 8-24-71 at 8:am. Dept. not.		SAK	P R X
NAME <u>WHITE, GILLIS BUSTER</u> BIRTH DATE <u></u> SOC. SEC. NO. <u></u> SERIAL NO. <u></u> EMPLOYEE NO. <u>5-1130</u>					

412384 0064

Denson Clinic

Cameron, Texas

5/21/53.

To Thom & May Concern:-

Mr. Ellis B. White is in the Hospital - bronchopneumonia & will probably be in the Hosp. until Sunday 5/24/53 = If he is as well as we expect he will be able to return to work on Monday 5/26/53. If he isn't doing as expected we will keep him longer in Hospital.

Respectfully,

J. Denson M.D.

Did not return to work today. Please Recd Card

C/Os. Kuhl

DEPARTMENT OF MEDICINE

M. B. ANDERSON, M. D.
A. FORD WOLF, M. D.
O. S. GOBER, M. D.
J. G. RODARTE, M. D.
J. H. GREENWOOD, M. D.
F. M. HAMMOND, JR., M. D.
R. D. HAINES, M. D.
A. C. BRODERS, JR., M. D.
J. D. IBARRA, JR., M. D.
G. P. SAIN, M. D.
J. J. CHRISTIAN, M. D.
J. Q. THOMPSON, M. D.
DON J. LYNCH, M. D.
HENRY LAURENS, M. D.

Scott and White Clinic.

AN ASSOCIATION
AFFILIATED WITH

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS

October 17, 1968

S. S. LINDSEY, M. D.
R. J. CARABASI, M. D.
J. D. BONNET, M. D.
S. A. SANCHEZ, M. D.
PER H. LANGSJOEN, M. D.
V. D. HOLLEMAN, M. D.
H. S. FALCONER, M. D.
ROBERT L. PALMER, M. D.
W. CONE JOHNSON, M. D.
THOMAS W. INKON, M. D.
J. S. CHANDLER, JR., M. D.
T. F. HARTLEY, M. D.
R. W. HUGHES, JR., M. D.
R. L. EDDY, M. D.
L. M. BREWER, M. D.

Doctor J. T. Richards
Aluminum Company of America
P. O. Box 472
Rockdale, Texas 76567

Re: Gillis B. White
Rt. 3
Rosebud, Texas

Dear Doctor Richards:

Mr. White reported for examination, indicating he had been having some cough, at times associated with shortness of breath and hoarseness. Apparently, so far as I can get from the history, he developed an episode of acute bronchitis the latter part of August and was hospitalized for treatment and studies. His symptoms subsided, he was dismissed. He continued to have some cough. The history regarding his shortness of breath is a little unclear. He apparently did wheeze some times. According to Dr. H. C. Halbert, Jr., he did have some asthmatic symptoms during his August episode.

At the time we saw him, his lungs were clear and there were no asthmatic signs or symptoms. We ran an allergy survey on him that was essentially negative. There were a few small questionable reactions to several inhalants, but we attached no significance to them. His electrocardiogram was normal; pulmonary function tests were close to normal, but were interpreted as probably indicating a mild obstructive ventilatory defect. There was no response to bronchodilators.

His serum cholesterol, sedimentation rate, urinalysis, and blood count were all normal. Chest x-ray was negative except for left mid lung Ghon complex, and a small metallic foreign body in the anterior thoracic wall on the right. His fasting blood sugar was 104, and we have asked Dr. Halbert to check on that with a 2 hr. p.c. blood sugar or a sugar tolerance test. We were unable to get any sputum for examination.

It would be my impression that Mr. White would be able to resume his work. Should he have recurrent difficulty, we would very much like to see him again and get any additional information we can.

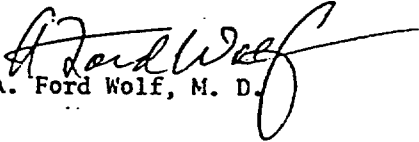
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412384 0066

10-17-68
Re: Gillis B. White

We gave Mr. White Rx for a Medihaler Iso to use, 2 inhalations, up to every four hours if he is having any hoarseness, cough, or asthmatic symptoms.

Sincerely yours,


A. Ford Wolf, M. D.

AFW:mg
cc: Dr. H. B. Halbert, Jr.
Box 495
Rosebud, Texas 76570

412384 0067

ROSEBUD MEDICAL SERVICES, INC.

H. B. HALBERT, M. D.

P. O. DRAWER 618

JOHN S. YARDMAN, M. D.

ROSEBUD, TEXAS 76570

February 11, 1971

Personnel Department
Aluminum Company of America
Rockdale, Texas

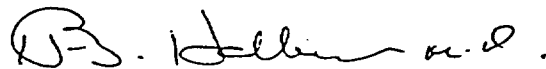
Re: Mr. Gillis White
Progress Report

Gentlemen:

This patient was seen 2-9-71 still complaining of tightness in his chest, cough, and dyspnea on exertion. As you know he was hospitalized for acute asthmatic bronchitis approximately 1 month ago.

His progress has been much slower than expected. He is to come in again Monday or Tuesday to see when it will be possible for him to return to work.

Respectfully yours,



H. B. Halbert, M. D.

HBH/mam

412384 0068

HALBERT CLINIC & HOSPITAL

ROSEBUD, TEXAS

Clinic 583-7985

Hosp. 583-7986

Patient's Name

Gillis White

Address

R

Mr. White has had some trouble with asthmatic bronchitis and some circulatory problems in left leg.

I want him to try regular work starting 8-23-71

J. S. Vardiman M.D. 8/21/71

H. B. Halbert, M. D.

John S. Vardiman, M. D.

Reg. No. AH0882414

Reg. No. AV0897631

REPETATUR 0 0 1 0 2 0 3 0 4 0 AD LIB. 0

412384 0069

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
EMPLOYEE No. _____
EMPLOYEE No. _____
SERIAL No. _____
SOC. SEC. No. _____

NAME WHITE, GILLIS BUSTER

X-RAY No.

Chest ^A-Ray, November 19, 1952--negative.

Lumbo-Sacral X-Ray, November 19, 1952--negative.

6-21-54 Dr. Anspach's report ---- Chest - Ess. neg.

2695

11-21-56

Dr. Anspach's report of chest x-ray--Negative.

10-19-57

3844

Dr. Anspach's report of x-rays--

Chest x-ray--Moderate sclerotic aortitis.

Lat. lumbar spine--Moderate hypertrophic lipping L-4 & 5.

10-21-58

4808

Dr. Anspach's report of chest x-ray--Prominent aortic knob.

10-17-59

5729

Dr. Anspach's report of chest x-ray--Negative.

10-15-60

Dr. Anspach's report of chest x-rays-- Negative.

10-19-61

7514

Dr. Anspach's report of chest X-ray: Small opacity of right lower chest probably M.F.B. M.F.B. present also in 1954 without change.

10-16-62

8351

Dr. Anspach's report of chest x-ray: Negative. There is a small metal F.B. in or superimposed on right 9th rib posteriorly.

10-15-63

7345

Dr. Anspach's report of chest X-ray: Chest essentially negative. The small M.F.B. is again seen.

10-13-64

7243

Dr. Anspach's report of chest x-ray: Heavy markings both bases. Small M.F.B. right lower chest.

10-11-65

11,753

Dr. Anspach's report of chest x-ray: M.F.B. below right hilum. There is no change.

10-10-66

12,904

Dr. Anspach's report of chest x-ray. M.F B. below right hilum. No change.

412384 0070

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
EMPLOYEE No. _____
EMPLOYEE No. _____
SERIAL No. _____
SOC. SEC. No. _____

NAME

Willis White

X-RAY No.

10-3-67

14,225

Dr. Anspach's report of chest x-ray: Small M.F.B. below right hilum. No change.

11-4-68

15,706

Dr. Anspach's report of chest x-ray MFB right mid chest. No change.

11-3-69

17295

Dr. Anspach's report of chest x-ray: Unfolding of the aortic arch. Small MFB below right hilum. No change.

11-3-70

19,167

Dr. Anspach's report of chest x-ray: Unfolding fo the aortic arch, small mfb below the right hilum. No change.

(CONTINUE ON REVERSE SIDE)

412384 0071

Orange Holloway

Birth Date: 5-11-28

Date of Employment: 10-1-53

Job Classification: Bag changer (since 10-5-70; prior to this worked primarily
in Ingot Department)

Prior to 5-3-71, one visit regarding a chest problem is recorded on I & I card.
This was on 11-30-54 when he stated that he had had pneumonia and did not feel
too well. However, he has had numerous other visits to Medical, totaling 14
full I & I cards.

412384 0072

NAME H olloway. Orange.

EMPLOYEE NO. ~~6-255~~

INJURY AND ILLNESS RECORD

22-232

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
6-13-69	1:17am	States his back hurt gave him 2 empirin for pain advised him to go by First aid at 8; am in he still hurts at that time.		TM	P O X
" "	8:20am	States back some better Darvon for rest.		CB	P R X
10-23-69	10:am	Minor burn left hand, sprayed and dressed.		CAS	C O X
11-11-69	4:30am	Red card as of 11-5-69 per Kunkie. Sick.		GP	P O Z
12-12-69	12:16pm	Checked by Dr. Richards. Employee patient alleges pain in left rib cage. Various joints with numerous aches and pains. OK'd to work			
		12-15-69 at 12:01am. States his doctor told him he has neuritis.		CAS	P R X
7-15-70	7:16pm	Pain in left leg, started stinging & burning back of knee after lifting a piece metal - states dont think injured him self, darvon			
		1. for pain.		GP	P O X
9-18-70	3:am	Placed on red card as of 9-9-70 per Charlie Kunkel. cause unknown			
		wife stated sick.		LH	P O Z
10-9-70	12:10pm	Returning from red card checked by Dr. Young and ok for work			
		10-12-70 8:am Dept notified.		CB	P R X
10-20-70	8:30am	States has rash over body and forehead. There is a slight rash on forehead for which Kerdex cream was given for use before going into plant.		CAS	P O X
5-3-71	8:20am	States breathed in some dust one day last week and has been hoarse since (Bag changer) T. 98.6 ret. 12:30 to see Dr.		SAK	P O X
5-3-71	1:pm	Returned to see drr. Exam per Dr. R. T/ 98.2 Dx. pharyngitis cause undetermined. Ref. to p/p		SAK	P R X

NAME

BIRTH DATE

SOC. SEC. NO.

SERIAL NO.

EMPLOYEE NO.

412384 0073

D. L. Holloway

Journal of Management Studies, 20(6), 791-806.

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.
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C. M. Burns, M. D.

164 E. RICHMOND
GIDDINGS, TEXAS 78942

TELEPHONE 542-8184

5-17-71

To Whom it may concern:

It is necessary for Orange Holloway to stay out of a
dusty environment. He is developing chronic bronchitis.

C. M. Burns, M. D.
C. M. Burns, M. D.

*Letter reviewed
by Dr. R. 5-20-71.
(This becomes a
management problem.)
SAK*

412384 0075

C. M. Burns, M. D.

164 E. RICHMOND
GIDDINGS, TEXAS 78942

TELEPHONE 542-8184

May (25) 1971

Dear Sirs:

Orange Holloway has sub-acute
bronchitis caused by bacterial
infection. He has been advised
to stay out of dusty environment
permanently.

He should be off work for three
or four weeks.

C M Burns M D

C. M. Burns, M. D.

412384 0076

Scott and White Clinic,

AN ASSOCIATION
AFFILIATED WITH

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION

TEMPLE, TEXAS 76501

July 19, 1971

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE

ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER M. BREWER, M.D.
GTMAN C. OKESON, M.D.

Dr. J. T. Richards
P.O. Box # 472
Rockdale, Texas

RE: Holloway, Orange Lee Jr.
Reg. No. 322194

Dear Dr. Richards:

Mr. Orange Lee Holloway Jr. of Giddings, Texas, an employee of Alcoa, reported to us for examination on July 7. This patient complained primarily of trouble and coughing a lot. He gave the history that for a period of over 2 months, he has been having difficulty of breathing. He associates this with the fact that he has been working in what he termed "the relay room", which according to him is a quite dusty environment. He stated while working in this environment "I could not get my breath", he further stated that he coughed a great deal, often having paroxysms of coughing that would cause him to vomit. He gave the further history that several years ago he had some fractured ribs on the left and had apparently recently reinjured this in some fashion. He had the feeling that his left chest was "stopped up". He stated that in June he was hospitalized for a period of 7 days for treatment of his pulmonary problem and that after leaving the hospital he was on some form of treatment at home but he did not know the details of this or know the medication that he was taking. He states that although he has been off work for some weeks he has continued to cough but bringing up only small amounts of white sputum. He also complained of some shortness of breath on exertion.

Physical examination revealed a generally well developed and nourished somewhat obese negro male. Skin was negative, Eye, ears, nose and throat negative. Neck: there was no adenopathy and the thyroid was not enlarged. Cardiac exam revealed a regular rate and rhythm with no murmurs, blood pressure is 130/80. Chest examination revealed no dullness or percussion. The breath sounds were clear with no rales, bronchi or wheezing heard even with forced inspiration. Abdominal examination was negative and there was no hernia. Femoral pulsations were normal. Rectal and prostate were negative. Joints and extremities were normal.

412384 0077

Orange Holloway

Page 2.

A complete blood count, urinalysis and VDRL were all negative or normal. The initial chest x-ray revealed an inadequate inspiratory film but on the repeat chest films were reported as negative. Pulmonary function tests were within normal limits despite an extremely erratic breathing pattern. The initial electrocardiogram Masters 2 step was equivocal and therefore a Treadmill study was done which reported borderline junctional type S-T changes that were not typical for coronary insufficiency but suspicious. The conclusion after treadmill study was "borderline response; significance unknown." The SMA 12 chemistry profile reported all normal values.

This patient was advised that I felt he should make every effort to reduce his weight and I suggested that he report back to you at regular intervals for observation. I think he probably has a chronic bronchitis that is being aggravated by the work situation and that dusty environment and if moving him to a different area of work is possible or feasible that I think this should be done. It might be well to place this man on some type of coronary vaso-dilator of your choice and to observe him periodically.

Thank you very kindly for the reference of this patient and I hope that this report will prove helpful to you.

Sincerely yours,

J. J. Christian
J. J. Christian, M.D.

JJC:hfr

412384 0078

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
EMPLOYEE No. _____
EMPLOYEE No. _____
SERIAL No. _____
SOC. SEC. No. _____

NAME HOLLOWAY, ORANGE LEE JR.

X-RAY No. 9-29-53

Chest X-ray--Ghon complex left. Increased markings both bases and both hilar regions.

Lumbo-sacral X-ray--Mild scoliosis lumbar spine with convexity to left.

8-24-55

Dr. Wybourn's report of x-ray:

Chest x-ray--Ghon complex left. Increased markings both bases and both hilar regions.

5-26-57

3449

Dr. Anspach's report of x-ray:

Chest x-ray--Calcifications left base. Otherwise negative.

Lat. lumbar spine--Negative.

6-19-58

4636

Dr. Anspach's report of chest x-ray--Heavy markings right base.

6-9-59

5478

Dr. Anspach's report of chest x-ray--Calcifications left base.

6-13-60

6422

Dr. Anspach's report of chest x-ray--Negative.

8-4-61

7307

Dr. Harris's report of chest X-ray: Negative.

10-5-62

5331

Dr. Anspach report of chest x-ray. Heavy marking both bases & calcification left base

10-3-63

9320

Dr. Anspach's report of chest X-ray: Heavy markings both bases.

10-1-64

10522

Dr. Anspach's report of chest x-ray: Negative.

10-1-65

11,738

Dr. Anspach's report of chest x-ray: Negative.

11-22-66

13050

Dr. Anspach's report of chest x-ray. Negative.

(CONTINUE ON REVERSE SIDE)

412384 0079

X-RAY AND LABORATORY REPORT

EMPLOYEE NO. _____
EMPLOYEE NO. _____
EMPLOYEE NO. _____
SERIAL NO. _____
SOC. SEC. NO. _____

NAME Orange Hallway

X-RAY No.

11-14-67

14,356

Dr. Anspach's report of chest x-ray: Negative.

11-20-68

15,812

Dr. Anspach's report of chest x-ray: Essentially negative.

2-6-70

17,785

Dr. Anspach's report of chest x-ray: Quite prominent hilar shadows with rather ^{marked} density in each one and seems to be vascular. They have not changed to indicate tumor growth.

2-8-71

19485

Dr. Zigler report of chest x-ray. Unchanged.

412384 0080

1-20-1967

W. L. Hallaway
ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 5-17-71, 19 to 8-24-71, 19 .

DIAGNOSIS: Bronchitis

MEDICATION:

He may safely resume his REGULAR work on 8-24-71, 19 .

DATE: 8-23-71 SIGNED: W. L. Hallaway, M.D.

Doctor Please Note: If you feel there are any work restrictions, please note them below so we can determine if suitable work is available.

8-23-71 Not released by D.O.P.

412384 0081

Charles Shuffield

Birth Date: 7-12-34

Date of Employment: 9-4-53

Job Classification: Craneman (Potroom)

No chest complaints recorded on I & I card prior to 10-19-69

412384 0082

EMPLOYEE NO. 5-2264

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
10-19-69	9:05am	States has a pain in left lower chest upon breathing, and believes this is caused from the gas that is coming off the pots in room 18 Darvon 1 for pain. Employee does not want to go home. States has had a cough for a week.		CB	P O X
10-20-69	12:45pm	States has had bothered for three weeks. Checked by Dr. Richards reveals coarse rales chest especially on the right. Referred to private physician.		CAS	P R X
11-3-69	5-1264	States has stomach cramps Temp. 98. Given al-caroid states wants to continue working.		LH	P O X
12-31-69	8:40am	Placed on red card as of 12-31-69 per Wife. (hospitalized).		LH	P O Z
1-15-70	12:40pm	Returning from red card. Diag. asthma breathing, and now has pleurisy right chest. T. 99. Dr. Richards consulted. Not ok'd for work until chest clear. Referred to back to private phys.		CAS	P R Z
2-3-70	1:pm	T. 98.6 returning from red card pleurisy. Ok'd to work 2-3-70 8:am.		CAS	P R Z
4-26-70	7:30am	Co-Pyronil for allergy. Rash feet and hands.		GP	P O X
6-8-70	12:15am	Rash under neck sprayed with Meti-Derm.		GP	P O X
7-16-70	8:45am	States caught left foot on crane steps has slight soreness happened 2: am. Met packs at home & return if nec.		CB	C O X
8-11-70	3:15pm	Bufferin for headache.		GP	P O X
NAME		BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.

412384 0083

Charles Sheffield

EMPLOYEE NO.

INJURY AND ILLNESS RECORD

[illegible]

412384 0084

NAME ~~XXXXXXXXXX~~ SHUFFIELD, CHARLES C.

EMPLOYEE NO. 5-1264

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
3-19-71	12:30pm	Exam per Dr. Richards. Referred to Dr. Murray. Continue heat, Darvon for pain. Discussed with A. Menke. Appointment with Dr. Murray for 3-31-71 at 1:pm. Off work till then unless feels better. To return after appointment with Dr. Murray.		SAK	C R Z
" " "	2:30pm	Red card as of 3-15-71. D.N.		SAK	C R Z
4-2-71	8:50am	Telephone call per employee. States saw Dr. Murray 3-31-81 and 4-1-71 and was told he has a ruptured lumbar disc. Is taking P.T. daily and is to see Dr. Murray again 4-14. May possible have to have surgery.		SAK	C R Z
4-21-71	8:45am	T. C. from Mr. Shuffield, states he saw Dr. Murray 4-14-71 and he told him if he progressed ok he could return to work in 2 weeks. Is not to see him again unless he has more trouble with back. Instructed to report to medical 4-27-71 at 12:30pm.		SAK	
4-27-71	12:30pm	Reports to see dr. Exam per Dr. Richards. Rx: Stay off one more week. If not well enough to return to work then, refer to Dr. Murray again. Return 5-4-71 to see dr.		SAK	C R Z
5-4-71	12:30pm	Exam per Dr. R. ok. for reg. work 5-6-71 at 4:pm Dept notified.		SAK	C R X
7-13-71	1:50am	Darvon for pains in legs.		GP	P O K
8-22-71	1:35pm	States had a pot burn out and got too much gas from pot while operating a crane. Chest is hurting in left shoulder area. Oxygen given for 10 min. To return at 12:30pm 8-23-71 to see Dr. R.		CB	C O X

NAME

BIRTH DATE

SOC. SEC. NO.

SERIAL NO.

EMPLOYEE NO.

412384-0085

EMPLOYEE NO

INJURY AND ILLNESS RECORD

[illegible]

412384 0086

CERTIFICATE
FOR RETURN TO ~~SERVICE~~ WORK

Charles Sheffield has been under
my care from 9/18/70 to present
and is able to return to ~~service~~ work on 10/13/70

Remarks: Discharge

S. H. RICHARDSON, M.D.
114 N. FANNIN
CAMERON, TEXAS

Dr. S. H. Richardson MD
Address _____
Phone _____ Date 10/12/70

412384 0087

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
EMPLOYEE No. _____
EMPLOYEE No. _____
SERIAL No. _____
SOC. SEC. No. _____

NAME SHUFFIELD, CHARLES

X-RAY No.

9-3-53 Chest x-ray- Calcified glands both hilar regions.
Lumbo sacral x-ray - Neg.

9-7-53 Dr. Anspach's report ^{LP} Partial sacralization of the last segment on the left with evidence of arthritis.

3-13-55 Dr. Wybourn's report of chest x-ray--Calcified glands both hilar regions.

2-3-57

3142

Dr. Anspach's report of x-rays:

Chest x-ray--Negative.

Lat. lumbar x-ray--Wedging D-12 & L-1, anteriorly with Schmorl's nodes L-1 & 2 apparently old injury. Partial lumbarization S-1.

2-4-58

4258

Dr. Anspach's report of chest x-ray--Negative.

2-3-59

5109

Dr. Anspach's report of chest x-ray--Negative.

1-30-60

6018

Dr. Anspach's report of chest x-ray--Negative.

1-2-61

6856

Dr. Anspach's report of chest x-ray--Negative.

1-19-62

7742

Dr. Anspach's report of chest X-ray: Negative.

1-7-63

8637

Dr. Anspach's report of chest X-ray: Heavy markings both bases.

1-15-64

9627

Dr. Anspach's report of chest x-ray: Negative.

1-13-65

10301

Dr. Anspach's report of chest x-ray: Negative.

1-10-66

12013

Dr. Anspach's report of chest x-ray: Negative.

412384 0088

X-RAY AND LABORATORY REPORT

NAME

Shuppield, Charles

EMPLOYEE No. _____

EMPLOYEE No. _____

EMPLOYEE No. _____

SERIAL No. _____

SOC. SEC. No. _____

X-RAY No.

2-9-67

13,340

Dr. Anspach's report of chest x-ray: Negative.

2-6-68

14,640

Dr. Anspach's report of chest x-ray: Negative.

2-24-69

16,164

Dr. Anspach's report of chest x-ray, Negative.

2-24-69

16,164

Dr. Anspach's report of chest x-ray: Negative.

2-15-71

19,519

Dr. Ziegler's report of chest x-ray: Negative.

(CONTINUE ON REVERSE SIDE)

412384 0089

Stewart Colton

Birth Date: 8-27-42

Date of Employment: July, 1969

Job Classification: Process Engineer

412384 0090

ALCOA PRE-EMPLOYMENT MEDICAL RECORD

Location Stewart Colton

NOTE: THE FOLLOWING INFORMATION WILL HELP US IN YOUR PROPER JOB PLACEMENT. PLEASE PRINT ALL ENTRIES.

1. NAME (LAST, FIRST, INITIAL) <u>COLTON STEWART L</u>		2. MALE ☒ FEMALE ☐	3. DATE <u>JULY 14, 1969</u>
4. ADDRESS (NO., STREET, CITY, STATE, ZIP) <u>409 CALHOUN DR. ROCKDALE, TEX. 76567</u>		5. HOME PHONE <u>HI 65164</u>	6. PLANT OR DIVISION <u>ROCKDALE</u>
7. SOC. SEC. NO. <u>364-44-7385</u>	8. EMPLOYEE'S NO.	9. DATE OF BIRTH <u>8-27-42</u>	
10a. PERSONAL NAME <u>MERYL M. FENTON</u> ADDRESS <u>DENOT</u> PHONE		10b. IN CASE OF EMERGENCY NAME <u>JOS. B. COLTON</u> ADDRESS <u>5067 VAN NESS DR. MICH</u> PHONE <u>UA 684732 UL 12664 or UL 10364</u>	
11. CIRCLE THE HIGHEST GRADE YOU COMPLETED IN SCHOOL ELEMENTARY 1 2 3 4 5 6 7 8 HIGH 1 2 3 4 COLLEGE 1 2 3 4 <u>(8)</u> YOUR AGE ON LEAVING SCHOOL <u>26</u>			

12. HAVE YOU EVER WORKED IN DUSTY TRADE, SUCH AS MINING, A FOUNDRY, SAND BLASTING, CHIPPING, GRINDING, CHEMICAL OR OTHER? YES ☒ NO ☐	16. HAVE YOU EVER WORKED IN A NOISY ENVIRONMENT? YES ☒ NO ☐	19. HAVE YOU EVER REQUIRED A SPECIAL JOB ASSIGNMENT BECAUSE OF THE EFFECTS OF ILLNESS, INJURY, OR PHYSICAL IMPAIRMENT? YES ☐ NO ☒	20. HAVE YOU EVER FILED A CLAIM OR HAVE YOU ANY CLAIM PENDING FOR INJURIES OR ILLNESSES RELATED TO YOUR WORK? YES ☐ NO ☒
13. HAVE YOU EVER WORKED WITH X-RAY OR RADIO-ACTIVE SUBSTANCES? YES ☒ NO ☐	17. HAVE YOU EVER BEEN REJECTED FOR A JOB OR HAVE YOU LOST A JOB OR QUIT BECAUSE OF YOUR HEALTH? YES ☐ NO ☒	18. HAVE YOU EVER RECEIVED COMPENSATION OR A CASH SETTLEMENT FOR INJURY?	21. HAVE YOU LOST TIME FROM WORK DUE TO ILLNESS OR INJURY IN THE PAST 5 YEARS? YES ☒ NO ☐
14. HAVE YOU SHOWN SENSITIVITY TO SUNLIGHT, CHEMICALS, DUSTS OR OTHER MATERIALS? YES ☒ NO ☐	15. HAVE YOU EVER WORKED WITH POISONOUS MATERIALS? YES ☒ NO ☐	22. HAVE YOU BEEN REFUSED INSURANCE BECAUSE OF YOUR HEALTH? YES ☐ NO ☒	

LIST NUMBER AND EXPLAIN BRIEFLY ANY YES ANSWERS:

12. Coal etc. handling 14. Some allergies to dusts & chemicals 15. Me Br, Froons 19. Minor accidents off job. 21. Flu

23. HAVE YOU EVER SERVED IN THE ARMED FORCES? YES ☐ NO ☒ IF YES, GIVE REASONS:	24. DID YOU RECEIVE A MEDICAL DISCHARGE? YES ☐ NO ☒ IF YES, GIVE REASONS:
25. HAVE YOU EVER FILED A CLAIM OR RECEIVED PAYMENT FOR A DISABILITY FROM THE GOVERNMENT? YES ☐ NO ☒	26. HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? <u>2</u> WHAT IS THE LONGEST PERIOD YOU HAVE HELD ANY JOB? <u>24</u> MONTHS
WHAT IS YOUR USUAL OCCUPATION? <u>Chem. Eng.</u>	

27. ARE YOU SINGLE ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐

28a.	PARENT	AGE	STATE OF HEALTH	IF DEAD, GIVE CAUSE AND AGE AT DEATH
	FATHER	<u>54</u>	<u>Very good</u>	
	MOTHER	<u>52</u>	<u>Satisfactory</u>	

28b. HAVE YOUR PARENTS, GRANDPARENTS, UNCLES, AUNTS, BROTHERS, SISTERS, WIFE OR CHILDREN EVER HAD:						
	YES	NO	RELATION	YES	NO	RELATION
TUBERCULOSIS		☒		HIGH BLOOD PRESSURE	☒	
DIABETES		☒		HEART TROUBLE	☒	
CANCER	☒		<u>Asst. Gr. (I think)</u>	ASTHMA, HAY FEVER, OR OTHER	☒	<u>Pat. Gr.</u>
MENTAL ILLNESS	☒		<u>Mother</u>	TYPE ALLERGIC REACTION	☒	<u>Most</u>

29. IS YOUR WIFE (HUSBAND) IN GOOD HEALTH? YES ☐ NO ☐ IF NOT, EXPLAIN:	30. HOW MANY CHILDREN DO YOU HAVE? <u>none</u> OLDEST ☐ YOUNGEST ☐
31. ARE YOUR CHILDREN IN GOOD HEALTH? YES ☐ NO ☐ IF NOT, EXPLAIN:	

412384 0091

32. IF YOU EVER HAD OR HAVE YOU NOW: (Check every item or write "Don't Know")								
	YES	NO		YES	NO		YES	NO
HEADACHES (FREQUENT OR SEVERE)		☒	BLINDNESS		☒	CONTACT LENSES		☒
INJURY OR CONCUSSION		☒	BLURRED VISION		☒	INJURIES, DEFECTS, OPERATION ON EYES		☒
BLACKOUT, DIZZINESS,		☒	GLASSES		☒	PUNCTURED EAR DRUM		☒
FAINTING SPELLS		☒	GLAUCOMA		☒	INFECTION OF EARS		☒
DOUBLE VISION		☒	CATARACT		☒			

30. HAVE YOU EVER HAD OR HAVE YOU NOW: (Check every item or write "Don't Know") (Cont'd.)											
		YES	NO			YES	NO			YES	NO
RINGING OF EARS		☒	☐	LOSS OF APPETITE		☒	☐	FOOT TROUBLE		☒	☐
DISCHARGE OR DRAINAGE OF EARS		☒	☐	WEIGHT CHANGE		☒	☐	FRACTURED OR BROKEN BONES		☒	☐
LOSS OF HEARING		☒	☐	NAUSEA OR VOMITING		☒	☐	DEFORMITIES OF LEGS, FEET, ARMS, HANDS, BACK		☒	☐
FREQUENT COLDS		☒	☐	VOMITING OF BLOOD		☒	☐	AMPUTATIONS		☒	☐
SINUS TROUBLE		☒	☐	INDIGESTION OR HEARTBURN		☒	☐	BACK PAIN OR INJURY		☒	☐
HOARSENESS		☒	☐	ULCER		☒	☐	RUPTURED OR SLIPPED DISC		☒	☐
GOITER		☒	☐	FREQUENT OR SEVERE PAIN IN ABDOMEN		☒	☐	NEURITIS OR RHEUMATISM		☒	☐
ENLARGED GLANDS OF NECK		☒	☐	DIARRHEA		☒	☐	NUMBNESS OR WEAKNESS		☒	☐
STIFFNESS OR NEURITIS OF NECK		☒	☐	CONSTIPATION		☒	☐	INDUSTRIAL DERMATITIS		☒	☐
PAIN OR PRESSURE OF CHEST		☒	☐	COLITIS		☒	☐	ECZEMA, HIVES, FUNGUS, RASHES		☒	☐
SHORTNESS OF BREATH		☒	☐	BLOOD IN BOWEL MOVEMENT		☒	☐	PILONIDAL OR OTHER CYSTS		☒	☐
HAVE YOU COUGHED BLOOD		☒	☐	GALL BLADDER TROUBLE		☒	☐	GROWTH OR TUMORS		☒	☐
HAVE YOU HAD FREQUENT BRONCHITIS		☒	☐	YELLOW JAUNDICE		☒	☐	ULCERS OF SKIN		☒	☐
OTHER CHRONIC COUGH		☒	☐	PILES OR HEMORRHOIDS		☒	☐	DISCOLORATIONS, TATTOOS, BIRTHMARKS, SCARS		☒	☐
WHEEZING		☒	☐	INFECTION OF KIDNEY OR BLADDER		☒	☐	Following for women only:			
PNEUMONIA		☒	☐	INFECTION OF PROSTATE OR TESTICLES		☒	☐	BEEN PREGNANT			
TUBERCULOSIS		☒	☐	KIDNEY STONES		☒	☐	HAD VAGINAL DISCHARGE			
PALPITATION OR POUNDING HEART		☒	☐	BLOODY URINE		☒	☐	TREATED FOR FEMALE DISORDERS			
HEART ATTACK		☒	☐	URINATION DURING NIGHT		☒	☐	HAD PAINFUL PERIODS			
HIGH BLOOD PRESSURE		☒	☐	LOSS OF BLADDER CONTROL		☒	☐	NUMBER OF PREGNANCIES			
SWELLING OF FEET AND ANKLES		☒	☐	TROUBLE PASSING URINE		☒	☐	NUMBER OF MISCARRIAGES			
DO YOU USE MORE THAN 1 PILL		☒	☐	VENEREAL DISEASE		☒	☐	INTERVAL BETWEEN PERIODS			
ENLARGED OR VARICOSE VEINS		☒	☐	SWOLLEN, STIFF OR PAINFUL JOINTS		☒	☐	DURATION OF PERIODS			
INFLAMMATION OR CLOTS OF VEINS (PHLEBITIS)		☒	☐	PAINFUL ELBOW		☒	☐	DATE OF LAST PERIOD			
LEG CRAMPS AT REST OR EXERCISE		☒	☐	PAINFUL OR TRICK SHOULDER		☒	☐				
				LOCK OR TRICK KNEE		☒	☐				

31. HAVE YOU EVER HAD OR HAVE YOU NOW: (Check every item "Yes" or "No")											
		YES	NO			YES	NO			YES	NO
A. DIABETES		☒	☐	F. SCARLET FEVER		☒	☐	J. HERNIA OR RUPTURE		☒	☐
B. GOUT		☒	☐	G. MALARIA		☒	☐	K. ALLERGIES (MEDICATION, HAY FEVER, ASTHMA, FOOD, CONTACT, OTHER)		☒	☐
C. STROKE		☒	☐	H. NERVOUS BREAKDOWN		☒	☐	L. ILLNESS OR INJURIES NOT LISTED ABOVE		☒	☐
D. EPILEPSY		☒	☐	I. FEAR OF HEIGHTS OR CONFINED AREAS		☒	☐				
E. RHEUMATIC FEVER		☒	☐								

IF YES, LIST LETTER AND GIVE DETAILS.

K. Hay fever. Intense may bring asthma

L. Trench mouth, caries

M. Acne

		YES	NO			YES	NO
32. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANATORIUM?		☒	☐	38. DO YOU OR HAVE YOU EVER SMOKED?		☒	☐
33. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE AN OPERATION?		☒	☐	IF YES, INDICATE THE TYPE OF SMOKING:			
34. HAVE YOU ANY PHYSICAL COMPLAINTS OR DISABILITIES AT THE PRESENT?		☒	☐	☒ CIGARETTES <u>0</u> NO. PER DAY <u>1</u> NO. YEARS SMOKED		☒	☐
35. ARE YOU TAKING ANY MEDICINE NOW?		☒	☐	☐ CIGARS <u>0</u> NO. PER DAY <u>0</u> NO. YEARS SMOKED			
36. HAVE YOU ANY CONDITION REQUIRING A SPECIAL WORK ASSIGNMENT IF YOU ARE HIRED?		☒	☐	☐ PIPE <u>0</u> NO. PER DAY <u>0</u> NO. YEARS SMOKED			
37. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS OTHER THAN AS NOTED ABOVE?		☒	☐	DO YOU SMOKE NOW? <u>occasionally, socially</u>			
				39. DO YOU DRINK ALCOHOLIC BEVERAGES?		☒	☐
				IF YES, HOW MUCH IN A DAY: <u>0</u> GLASSES OF BEER			
				<u>0</u> OUNCES OF LIQUOR <u>0</u> OUNCES OF WINE			
				40. DO YOU HAVE ANY ADDITIONS TO MAKE TO HEALTH HISTORY, OR ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?		☒	☐

41. WOULD YOU SAY YOUR PRESENT HEALTH IS:		EXCELLENT	GOOD	FAIR	OTHER
		☐	☒	☐	☐

IF YES, LIST NUMBER AND GIVE DETAILS.

32. Tonsillectomy

33. Removal of "Heel Spurs", correction of nose injuries

35. Antihistamines as needed

38. See above

39. Same comment as with cigarettes

40. Would like Rx for antihistamines

16741

A + Stewart Colton³

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME, AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS MEDICAL HISTORY AND DO HEREBY RELEASE ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES AND MY PRESENT AND FORMER EMPLOYERS, PERSONAL REFERENCES NAMED, OR ANY OTHER PERSONS OR ORGANIZATIONS TO WHOM ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES MAY REFER, FROM ANY CLAIMS OR LIABILITY OF WHATSOEVER KIND AS A RESULT OF PROVIDING OR ACTING UPON INFORMATION REGARDING ME. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS FORM IS CAUSE FOR SUBSEQUENT DISMISSAL.

JULY 14, 1969

DATE

Stewart J. Colton
(SIGNATURE OF EXAMINEE)

42. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL POSITIVE AND PERTINENT DATA: COMMENTS ON PERSONAL AND OCCUPATIONAL HISTORY: USE BACK OF SHEET (LAST PAGE) IF NECESSARY.

Reaction To Dust & Chem (same) - Severe Hay Fever To Asthma
Blackouts & Dizzy "under stress"
Contact lens

P.E. ok.

P.S. Sickness -

Report of Allergies given to D. Nyström on 7-14-69

Colton State to wear hard "hat block" before Physical

(Employee's Feet & Body are very dirty) -

M.D.

PHYSICAL EXAMINATION

HEIGHT 5' 6"	WEIGHT 142	TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE (LEFT) 110/	(RIGHT)
CHEST EXPANSION	ABDOMINAL GIRTH	APPEARANCE				
DISTANT VISION WITHOUT GLASSES: R L	WITH GLASSES: R L	NEAR VISION WITHOUT GLASSES: R L	WITH GLASSES: R L			
DEPTH PERCEPTION: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐	MUSCLE BALANCE: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐	
COLOR VISION: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐				
HEARING VOICE: WHISPERED: R L	SPOKEN: R L	AUDIOMETRY: NORMAL ☐	SEE REPORT ☐	WEARS HEARING AID ☐		

IF NO ABNORMALITY, MARK " ". IF ABNORMAL, MARK "YES" AND AMPLIFY BELOW. IF NOT EXAMINED, MARK "NE".					
SKIN	NOSE	PERIPHERAL ARTERIES	HANDS		
HAIR	MOUTH	PERIPHERAL VEINS	LEGS		
LYMPH NODES	DENTAL HYGIENE	LUNGS	FEET		
HEAD	THROAT	ABDOMEN	SPINE		
EYES	NECK	HERNIA	CRANIAL NERVES		
REACTION	THYROID	GENITALIA	PERIPHERAL NERVES		
MOVEMENTS	TRACHEA	RECTAL	REFLEXES		
FUNDI	THORAX	PELVIC	INTELLIGENCE		
TENSION	BREASTS	ARMS	EMOTIONAL STATUS		
EARS	HEART				

BLOOD COUNT, RBC OR HEMATOCRIT:	Hb 9%	WBC	POLY	LYM	MON	EOS	BAS
URINALYSIS: ALB	SUG	MICRO					
SEROLOGY:							
CHEST X-RAY: NORMAL ☐	SEE REPORT ☐	BACK X-RAY: NORMAL ☐	SEE REPORT ☐				
ELECTROCARDIOGRAM: NORMAL ☐	SEE REPORT ☐	PULMONARY FUNCTION TEST: NORMAL ☐	SEE REPORT ☐				
OTHER X-RAY OR LABORATORY FINDINGS:							

412384 0093

IMMUNIZATIONS (RECORD YEAR):	SMALLPOX	TETANUS	TYPHOID	PARATYPHOID
	POLIOMYELITIS	DIPHTHERIA	YELLOW FEVER	OTHER

NOTICE OF INJURY FROM OCCUPATIONAL DISEASE
AND
CLAIM FOR COMPENSATION FOR INJURY FROM
OCCUPATIONAL DISEASE
Industrial Accident Board
Austin, Texas

BOARD NUMBER

IMPORTANT: The law requires that you notify your employer or your employer's insurance company within 30 days following first distinct manifestation of said disease, and file claim within six months with the Board.

My full name is Stewart Lawrence Collier Social Security No. 364-44-7385 Age 25
First Middle Last

Date of first distinct manifestation of disease occurred on Apr 7 1970 in Rockdale Milton Texas
Month Day Year City County State

My employer on this date was Alcoa Address Box 472 Enid Okla
Name Address

Date last injuriously exposed to hazards of disease Apr 11 1970 in Rockdale Milton Texas
Month Day Year City County State

My employer on this date was Same as above Address
Name Address

Were you hired in Texas? Yes If last injuriously exposed outside Texas, on what date were you transferred? Month Day Year

Did you work in Texas for this employer? Yes Length of time regularly employed in same employment for this employer previous to date incapacity began 8 Months 27 Days
Years Months Days

Have you worked for said employer or for any other person, firm or corporation since your incapacity began? Yes If yes, state how long and for whom you worked.

(1) Worked for Alcoa from Aug 11, 1970

(2) from Oct 12, 1970 - present worked for P.L. McElroy Co. Inc.

Work time and average wages: Hours worked 40-45 Wages earned \$2.25
Day Week Hourly Daily Weekly

I started losing time on Apr 17 1970 Have you returned to work? Yes If so, on what date? Dec 1970
Month Day Year Month Day Year

Have you been paid any compensation? Yes Are you now receiving compensation? Yes If so, how much per week?

Describe nature of occupational disease and cause of disease Bronchitis and asthma caused by
severely irritating and unsterile dust

"Bronchitis and asthma caused by

severely irritating and unsterile dust"

Were you sent to a doctor or hospital by your employer or his insurance company? Yes

PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE

Name and address of doctor John Richards, Rockdale, Robert Cummings, Taylor

Name and address of hospital

I was hospitalized from to

Name of employer's insurance company not known

Name and address of nearest relatives Mr. P. Collier, Enid, Oklahoma

I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas.

I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD ☐ Not take further action until requested by me. ☐ Act on my claim as soon as possible.

Date signed Signature of injured employee

Witness to Signature

412384 0094

Keep me
in record.
I am
very
sincerely
yours
J. H. [unclear]

Note: Lateness of filing was due to failure of the two doctors named on reverse to identify the disease as occupational. I allege that this conduct was wilful and malicious, and stems from conflicts of interest, which I can prove.

However, I notified the employer & the Company physician immediately.

2-12-71

Stewart L. Colton

Pre-trial Hearing - Austin Texas

Present: L. Dick, C. H. H. Jones
S. Colton

Mr. H. B. Harvey, new Board member
present.

Mr. Jerry Belcher - hearing officer

Colton described his physical condition & stated Alcon knew of all these when he was hired - he is not having any trouble now - his trouble, which he alleged, was specifically caused by dust in Bludge Recovery, cleared up during the first week of November, 1970.

Stated he had been to several doctors - presented bill & report from Dr. Cameron Taylor Jones - no other. Will give the Board & TETH bills & reports from other doctors later.

L. Dick - as I understand the law as it is now written, Mr. Colton, you do not ^{owe} a compensable claim and therefore it is denied.

412384 0096

Mr. Belcher - I will set this claim for a formal hearing July 30, 1971

Mr. Cutton - Does this have to be the date.

Mr. Belcher - Not necessarily so - why do you ask.

Mr. Cutton - I have already consulted an attorney and we can't get all my evidence documented by them.

Mr. Belcher - We will send you the necessary forms and you advise the Board when you are ready for a hearing

Larry Pelzel

Birth Date: 9-14-44

Date of Employment: 6-23-64

Job Classification: Worked in Potroom until 2-12-68 at which time he was transferred to Atomizer under limitation agreement with Union.

Has been on Red Card for asthma since 3-21-68; is now on personal leave.

Mr. Pelzel has not filed any claims under Workman's Compensation, or with the Industrial Accident Board regarding his asthma.

412384 0098

NAME PELZEL, LARRY ROYEMPLOYEE NO. 7-238

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification		
					1	2	3
10-24-64	11:15pm	States he got left wrist against hot pot. Treated with burn solution and dressed.		MI	C	O	X
10-27-64	8:45pm	Burn left forearm cleansed, sprayed with meta-derm and dressed.		FR	C	R	X
12-22-64	10:30pm	Cleansed, sprayed and dressed wet bath burn right hand.		LH	C	O	X
12-23-64	12:20am	Burn right hand sprayed with meta-derm.		GP	C	R	X
" " "	3:30pm	Redress burns left hand.		CAS	C	R	X
2-17-65	11:35pm	Bath burns right arm dressed wet.		GP	C	R	X
2-18-65	12:30am	Burns right arm redressed wet.		FR	C	R	X
11-5-65	5:45am	Abrasion right thumb cleansed and dressed.		GP	C	O	X
12-22-65	9:00pm	Burn sole of right foot cleansed and dressed wet.		FR	C	O	X
12-23-65	12:15am	Cleansed, sprayed burn on right foot with meta-derm.		HES	C	R	X
12-24-65	2:20pm	Reported to medical, states foot got to hurting, swollen & streak up foot. Went to doctor & he opened blister & removed burned skin from foot & started him on penicillin & T. T. Walter Martin consulted about this, He said let him go on to this doctor. & place him on red card. Employee instructed what to do. Red card as of 12-25-65		GP	C	R	Z
2-18-66	1:pm	Returning from red card. Burned to right foot. Examined by Dr. Richards and ok'd for work for 2-19-66. Dept. notified.		CAS	C	R	X
2-19-66	2:00am	Burn on right foot. States getting sore. Cleansed and put pad on foot. Report to First Aid 2-19-66 at 8:00 AM.		EM	C	O	X
2-19-66	8:20am	Burn right foot sprayed and dressed.		FR	C	R	X

NAME

PELZEL, LARRY ROY

BIRTH DATE

9/14/44

SOC. SEC. NO.

455-74-2894

SERIAL NO.

6/23/64

EMPLOYEE NO.

7-238

412384 0099

NAME		PELZEL, LARRY ROY			EMPLOYEE NO.		7-238 5-1169	
INJURY AND ILLNESS RECORD								
DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification			
4-13-66	10:05pm	Burn left arm dressed wat.		GP	C	O	X	
6-24-66	12:50pm	Place on red card as of 6-25-66 per Rosebud hospital. Cause undetermined.		CAS	P	O	Z	
6-29-66	1:50pm	Arrived at Medical Department too late to see Doctor. To return Thursday 12:30 PM. Off shift today.		CAS	P	R	Z	
6-30-66	12:45pm	States has been off with Respiratory Infection. Examined by Dr. Richards and told OK for work for July 4, 1966. Still has few chest rales. Department notified.		CAS	P	R	X	
12-26-66	10:am	Placed on red card 12-26-66 per Halbert Hospital.		CAS	P	O	Z	
2-27-67	1:pm	Reported to medical Dept with release from Private Physician to e work in a place with no heat or fumes. Checked by Dr. Richards reveals Rales in chest. Employee on medication referred back to Private Physician until chest clears.		CAS	P	R	Z	
4-3-67	1:pm	Checked by Dr. Richards & not ok'd for work because of rales in chest. Referred back to private phy. We suggested to Pelzel to see chest specialist.		CAS	P	R	Z	
5-19-67	1:pm	States has been to Scott & White in regard to asthmatic condition Allergy to molds dogs, house dust etc. Still under care Dr. Wolf at Scott & White. Not ok'd for work today. Employee still wheezing.		CAS	P	R	Z	
6-30-67	1:pm	Chest exam by Dr. Richards reveals numerous rales. Not ok'd for work at this time. States working in Wash. Ref. back to P. P.		CAS	P	R	Z	
NAME		BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.			
PELZEL, LARRY ROY		9/14/44	455-74-2894		6/23/64	5-1169		

412384 0100

NAME PELZEL, LARRY ROYEMPLOYEE NO. 5-1469 7-238

#2

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
8-25-67	1:00pm	Chest examination by Dr. Richards reveals rales- asthmatic. This employee can not be cleared for work as long as he is asthmatic.			
1-12-68	1:pm	Employee states taking "powerful shots" from Dr. Halbert. States has been to another Doctor (Sweptson) who cured his asthma in three shots, while waiting in his office. Checked by Dr. Richards not ok'd for work today due to Rales in chest. To return when chest clears up. To bring statement from Doctor as to medication, Type of work, ect.		CAS	P R 2
1-30-68	1:pm	Returned to medical with statement from Dr. Swepkon. Exam By. Dr. Richards today reveals no rales, which is improvement. To have complete physical, including 14 x 17 chest x-ray and wait until after Radiologist reads x-ray. Ask for report as to limitation on job.		CAS	P R 2
2-12-68	2:50pm	Per a greatment between company & union Pelzel will be returned to work under the handicapped section to atomizer 2-15-68.		CAS	
2-20-68	10:10am	Given oil of cloves for tooth ache.		CAS	P O X
3-21-68	8:35am	Mr. Valatine brought employee to medical with Asthma, Employee short of breath and wheezing. States had a light attack this morning about 4:am. To go home and see private physician. Red card as of 3021-68 per medical/		CB	P O 2
3-22-68	8:00am	Reported to Medical. Wants to go to work but states had shot for asthma. Has been placed on redcard by medical. To return 12:30pm today. Very nervous. States had shot of adrenalin.		CAS	P R 2
NAME		BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.
PELZEL, LARRY ROY					5-1469

412384 0101

EMPLOYEE No. 54189

INJURY AND ILLNESS RECORD

412384 0102

ALCOA PRE-EMPLOYMENT MEDICAL RECORD

Location

NOTE: THE FOLLOWING INFORMATION WILL HELP US IN YOUR PROPER JOB PLACEMENT. PLEASE PRINT ALL ENTRIES.

1. NAME (LAST, FIRST, INITIAL) <u>PELZEL LARRY ROY</u>		2. GENDER MALE ☒ FEMALE ☐	3. DATE <u>6-19-64</u>
4. ADDRESS (NO., STREET, CITY, STATE, ZONE) <u>Route 1 Lott, Texas</u>		5. HOME PHONE	6. PLANT OR DIVISION
7. SOC. SEC. NO. <u>455-74-2894</u>	8. EMPLOYEE'S NO.	9. DATE OF BIRTH <u>Sept. 14, 1944</u>	
10a. PERSONAL NAME PHYSICIAN'S ADDRESS PHONE		10b. IN CASE OF EMERGENCY NAME <u>Mr. and Mrs. J.R. Pelzel</u> ADDRESS <u>Route 1 Lott, Tex.</u> PHONE	
11. CIRCLE THE HIGHEST GRADE YOU COMPLETED IN SCHOOL		ELEMENTARY 1 2 3 4 5 6 7 ☒	HIGH 1 2 3 4 ☒
		COLLEGE 1 2 3 4	YOUR AGE ON LEAVING SCHOOL

12. HAVE YOU EVER WORKED IN DUSTY TRADE, SUCH AS MINING, A FOUNDRY, SAND BLASTING, CHIPPING, GRINDING, CHEMICAL OR OTHER? YES ☒ NO ☐	16. HAVE YOU EVER WORKED IN A NOISY ENVIRONMENT? YES ☐ NO ☒	19. HAVE YOU EVER RECEIVED COMPENSATION OR A CASH SETTLEMENT FOR INJURY?
13. HAVE YOU EVER WORKED WITH X-RAY OR RADIO-ACTIVE SUBSTANCES? YES ☐ NO ☒	17. HAVE YOU EVER REQUIRED A SPECIAL JOB ASSIGNMENT BECAUSE OF THE EFFECTS OF ILLNESS, INJURY, OR PHYSICAL IMPAIRMENT? YES ☐ NO ☒	20. HAVE YOU EVER FILED A CLAIM OR HAVE YOU ANY CLAIM PENDING FOR INJURIES OR ILLNESSES RELATED TO YOUR WORK? YES ☐ NO ☒
14. HAVE YOU SHOWN SENSITIVITY TO SUNLIGHT, CHEMICALS, DUSTS OR OTHER MATERIALS? YES ☐ NO ☒	18. HAVE YOU EVER BEEN REJECTED FOR A JOB OR HAVE YOU LOST A JOB OR QUIT BECAUSE OF YOUR HEALTH? YES ☐ NO ☒	21. HAVE YOU LOST TIME FROM WORK DUE TO ILLNESS OR INJURY IN THE PAST 5 YEARS? YES ☐ NO ☒
15. HAVE YOU EVER WORKED WITH POISONOUS MATERIALS? YES ☐ NO ☒	19. HAVE YOU EVER RECEIVED COMPENSATION OR A CASH SETTLEMENT FOR INJURY?	22. HAVE YOU BEEN REFUSED INSURANCE BECAUSE OF YOUR HEALTH? YES ☐ NO ☒
LIST NUMBER AND EXPLAIN BRIEFLY ANY YES ANSWERS:		

23. HAVE YOU EVER SERVED IN THE ARMED FORCES? YES ☐ NO ☒ IF YES, GIVE REASONS:	24. DID YOU RECEIVE A MEDICAL DISCHARGE? YES ☐ NO ☒ IF YES, GIVE REASONS:
25. HAVE YOU EVER FILED A CLAIM OR RECEIVED PAYMENT FOR A DISABILITY FROM THE GOVERNMENT? YES ☐ NO ☒	
26. HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? <u>11</u> WHAT IS THE LONGEST PERIOD YOU HAVE HELD ANY JOB? <u>3 yrs</u> MONTHS	
WHAT IS YOUR USUAL OCCUPATION? <u>Electrician</u>	

27. ARE YOU SINGLE ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐

28a. PARENT	AGE	STATE OF HEALTH	IF DEAD, GIVE CAUSE AND AGE AT DEATH
FATHER			
MOTHER			

28b. HAVE YOUR PARENTS, GRANDPARENTS, UNCLES, AUNTS, BROTHERS, SISTERS, WIFE OR CHILDREN EVER HAD:			
	YES	NO	RELATION
TUBERCULOSIS			HIGH BLOOD PRESSURE
DIABETES			HEART TROUBLE
CANCER			ASTHMA, HAY FEVER, OR OTHER
MENTAL ILLNESS			TYPE ALLERGIC REACTION

29. IS YOUR WIFE (HUSBAND) IN GOOD HEALTH? YES ☐ NO ☐ IF NOT, EXPLAIN:
HOW MANY CHILDREN DO YOU HAVE? <u>1</u> OLDEST <u>1</u> YOUNGEST <u>1</u>
ARE YOUR CHILDREN IN GOOD HEALTH? YES ☐ NO ☐ IF NOT, EXPLAIN:

412384 0103

30. HAVE YOU EVER HAD OR HAVE YOU NOW: (Check every item or write "Don't Know")			
	YES	NO	
HEADACHES (FREQUENT OR SEVERE)			BLINDNESS
INJURY OR CONCUSSION			BLURRED VISION
BLACKOUT, DIZZINESS, FAINTING SPELLS			GLASSES
DOUBLE VISION			GLAUCOMA
			CATARACT
			CONTACT LENSES
			INJURIES, DEFECTS, OPERATION ON EYES
			PUNCTURED EAR DRUM
			INFECTION OF EARS

Larry Pelzel

30. HAVE YOU EVER HAD OR HAVE YOU NOW: (Check every item or write "Don't Know") (Cont'd.)			
	YES	NO	
RINGING OF EARS		/	LOSS OF APPETITE
DISCHARGE OR DRAINAGE OF EARS	/		WEIGHT CHANGE
LOSS OF HEARING			NAUSEA OR VOMITING
FREQUENT COLDS			VOMITING OF BLOOD
SINUS TROUBLE	/		INDIGESTION OR HEARTBURN
HOARSENESS			ULCER
GOITER			FREQUENT OR SEVERE PAIN IN ABDOMEN
ENLARGED GLANDS OF NECK			DIARRHEA
STIFFNESS OR NEURITIS OF NECK			CONSTIPATION
PAIN OR PRESSURE OF CHEST			COLITIS
SHORTNESS OF BREATH			BLOOD IN BOWEL MOVEMENT
HAVE YOU COUGHED BLOOD			GALL BLADDER TROUBLE
HAVE YOU HAD FREQUENT BRONCHITIS			YELLOW JAUNDICE
OTHER CHRONIC COUGH			PILES OR HEMORRHOIDS
WHEEZING			INFECTION OF KIDNEY OR BLADDER
PNEUMONIA			INFECTION OF PROSTATE OR TESTICLES
TUBERCULOSIS			KIDNEY STONES
PALPITATION OR POUNDING HEART			BLOODY URINE
HEART ATTACK			URINATION DURING NIGHT
HIGH BLOOD PRESSURE			LOSS OF BLADDER CONTROL
SWELLING OF FEET AND ANKLES			TROUBLE PASSING URINE
DO YOU USE MORE THAN 1 PILLOW			VENEREAL DISEASE
ENLARGED OR VARICOSE VEINS			SWOLLEN, STIFF OR PAINFUL JOINTS
INFLAMMATION OR CLOTS OF VEINS (PHLEBITIS)			PAINFUL ELBOW
LEG CRAMPS AT REST OR EXERCISE			PAINFUL OR TRICK SHOULDER
			LOCK OR TRICK KNEE
			FOOT TROUBLE
			FRACTURED OR BROKEN BONES
			DEFORMITIES OF LEGS, FEET, ARMS, HANDS, BACK
			AMPUTATIONS
			BACK PAIN OR INJURY
			RUPTURED OR SLIPPED DISC
			NEURITIS OR RHEUMATISM
			NUMBNESS OR WEAKNESS
			INDUSTRIAL DERMATITIS
			ECZEMA, HIVES, FUNGUS, RASHES
			PILONIDAL OR OTHER CYSTS
			GROWTH OR TUMORS
			ULCERS OF SKIN
			DISCOLORATIONS, TATTOOS, BIRTHMARKS, SCARS
			Following for women only:
			BEEN PREGNANT
			HAD VAGINAL DISCHARGE
			TREATED FOR FEMALE DISORDERS
			HAD PAINFUL PERIODS
			NUMBER OF PREGNANCIES
			NUMBER OF MISCARRIAGES
			INTERVAL BETWEEN PERIODS
			DURATION OF PERIODS
			DATE OF LAST PERIOD

31. HAVE YOU EVER HAD OR HAVE YOU NOW: (Check every item "Yes" or "No")			
	YES	NO	
A. DIABETES		/	F. SCARLET FEVER
B. GOUT			G. MALARIA
C. STROKE			H. NERVOUS BREAKDOWN
D. EPILEPSY			I. FEAR OF HEIGHTS OR CONFINED AREAS
E. RHEUMATIC FEVER			J. HERNIA OR RUPTURE
			K. ALLERGIES (MEDICATION, HAY FEVER, ASTHMA, FOOD, CONTACT, OTHER)
			L. ILLNESS OR INJURIES NOT LISTED ABOVE

IF YES, LIST LETTER AND GIVE DETAILS.

K. ASTHMA

	YES	NO		YES	NO
32. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANATORIUM?	/		38. DO YOU OR HAVE YOU EVER SMOKED?	/	
33. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE AN OPERATION?		/	IF YES, INDICATE THE TYPE OF SMOKING:		
34. HAVE YOU ANY PHYSICAL COMPLAINTS OR DISABILITIES AT THE PRESENT?			☒ CIGARETTES 22 NO. PER DAY 4 NO. YEARS SMOKED		
35. ARE YOU TAKING ANY MEDICINE NOW?			☐ CIGARS NO. PER DAY NO. YEARS SMOKED		
36. HAVE YOU ANY CONDITION REQUIRING A SPECIAL WORK ASSIGNMENT IF YOU ARE HIRED?			☐ PIPE NO. PER DAY NO. YEARS SMOKED		
37. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS OTHER THAN AS NOTED ABOVE?			DO YOU SMOKE NOW?		
			39. DO YOU DRINK ALCOHOLIC BEVERAGES?	/	
			IF YES, HOW MUCH IN A DAY: GLASSES OF BEER		
			OUNCES OF LIQUOR OUNCES OF WINE		
			40. DO YOU HAVE ANY ADDITIONS TO MAKE TO HEALTH HISTORY, OR ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?		
41. WOULD YOU SAY YOUR PRESENT HEALTH IS:	EXCELLENT	GOOD	FAIR	OTHER	
IF YES, LIST NUMBER AND GIVE DETAILS.					

32. PNEUMONIA

35. SINUS

38. CIGARETTES

39. ALCOHOLIC BEVERAGES - 1 or 2 a month

412384 0104

10/19/64

O + Larry Pichel 3

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS MEDICAL HISTORY AND DO HEREBY RELEASE ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES AND MY PRESENT AND FORMER EMPLOYERS, PERSONAL REFERENCES NAMED, OR ANY OTHER PERSONS OR ORGANIZATIONS TO WHOM ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES MAY REFER, FROM ANY CLAIMS OR LIABILITY OF WHATSOEVER KIND AS A RESULT OF PROVIDING OR ACTING UPON INFORMATION REGARDING ME. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS FORM IS CAUSED FOR SUBSEQUENT DISMISSAL.

June 19 1964

DATE

Larry Pichel

(SIGNATURE OF EXAMINEE)

42. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL POSITIVE AND PERTINENT DATA: COMMENTS ON PERSONAL AND OCCUPATIONAL HISTORY: USE BACK OF SHEET (LAST PAGE) IF NECESSARY.

W. Pichel June 1955.

② History of High Blood Pressure

③ History of High Blood Pressure

④ Has Chronic Kidney Trouble

P.E. Occasional Pancreatic pain -

Dr. Richards says best not to live any one with history of asthma

M.D.

PHYSICAL EXAMINATION

136/76

HEIGHT	WEIGHT	TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE	(LEFT)	(RIGHT)
64	169	98	70	15			
CHEST EXPANSION	ABDOMINAL GIRTH	APPEARANCE					
DISTANT VISION WITHOUT GLASSES: R	L	WITH GLASSES: R	L	NEAR VISION WITHOUT GLASSES: R	L	WITH GLASSES: R	L
DEPTH PERCEPTION: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐		MUSCLE BALANCE: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐	
COLOR VISION: NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐					
HEARING VOICE: WHISPERED: R	L	SPOKEN: R	L	AUDIOMETRY: NORMAL ☐	SEE REPORT ☐	WEARS HEARING AID ☐	

IF NO ABNORMALITY, MARK "-". IF ABNORMAL, MARK "YES" AND AMPLIFY BELOW. IF NOT EXAMINED, MARK "NE".

SKIN	NOSE	PERIPHERAL ARTERIES	HANDS
HAIR	MOUTH	PERIPHERAL VEINS	LEGS
LYMPH NODES	DENTAL HYGIENE	LUNGS	FEET
HEAD	THROAT	ABDOMEN	SPINE
EYES	NECK	HERNIA	CRANIAL NERVES
REACTION	THYROID	GENITALIA	PERIPHERAL NERVES
MOVEMENTS	TRACHEA	RECTAL	REFLEXES
FUNDI	THORAX	PELVIC	INTELLIGENCE
TENSION	BREASTS	ARMS	EMOTIONAL STATUS
EARS	HEART		

BLOOD COUNT, RBC OR HEMATOCRIT:	Hb	Hsc	Poly	Lym	Mon	Eos	Bas
URINALYSIS:	ALB	SUG	MICRO				
SEROLOGY:							
CHEST X-RAY:	NORMAL ☐	SEE REPORT ☐	BACK X-RAY:	NORMAL ☐	SEE REPORT ☐		
ELECTROCARDIOGRAM:	NORMAL ☐	SEE REPORT ☐	PULMONARY FUNCTION TEST:	NORMAL ☐	SEE REPORT ☐		
OTHER X-RAY OR LABORATORY FINDINGS:							

412384 0105

IMMUNIZATIONS (RECORD YEAR):	SMALLPOX	TETANUS	TYPHOID	PARATYPHOID
	POLIOMYELITIS	DIPHTHERIA	YELLOW FEVER	OTHER

HALBERT CLINIC & HOSPITAL

ROSEBUD, TEXAS

Clinic JU 3-7987

Home JU 3-4121

Patient's Name

Larry Pelzel

Address

R

*IX - Acute
Asthma 2
Bronchitis 3*

*released to return to
work preferably out of
heat & summer -
2-27-67 by Dr R - in chest
still has notes in chest*

H. B. Halbert

M. D.

2-27-1967

H. B. Halbert, M. D.

Reg. No. 1910

REPETATUR 00 10 20 30 40 AD LIB. 0

HALBERT CLINIC & HOSPITAL

ROSEBUD, TEXAS

Clinic JU 3-7987

Home JU 3-4121

Patient's Name

Larry Pelzel

Address

R

*P is are to remain
work now - preferably
in dust free area*

not ok for work per

*Dr. Richard
ROCKDALE MEDICAL*

H. B. Halbert

M. D.

5-15-67

H. B. Halbert, M. D.

Reg. No. 1910

REPETATUR 00 10 20 30 40 AD LIB. 0

412384 0106

STATEMENT TAKEN FROM LARRY ROY PELZEL
5-19-67 - 1:00 p.m.

States has been to Scott & White in regard to asthmatic condition. Was seen by Allergist, Dr. Ford Wolf who made tests and found him to be allergic to all molds, dog dander, house dust and some other minor things.

Still under care of Dr. Wolf. Taking allergy shots. Not ok'd for work today. Employee still wheezing.

Cynthia A. Saage

C. A. SAAGE, R.N.

412384 0107

Scott and White Clinic,

AN ASSOCIATION
AFFILIATED WITH

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS 76501

ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER M. BREWER, M.D.

CONE JOHNSON, M.D.
PULMONARY PHYSIOLOGY

8 October, 1968

J. Henry Johnston
Personnel Administrator
Alcoa Aluminum
Rockdale, Texas

RE: PELZEL, Larry
Registration #0475324

Dear Mr. Johnston:

I am presently caring for Larry Pelzel who has rather severe bronchial asthma. However, at the present time this is well controlled and I believe he is capable of returning to work. I would consider the long term prognosis to be good although it is possible that he will miss a few days of work each year with asthma.

It would be desirable to place him in a job where the air is relatively free of dust.

If you require further information I shall be glad to furnish you with this.

Yours truly,

L. Brewer (JCV)
Luther M. Brewer, M.D.

LMB:jcv

Also request info from Scott & White re T.O. allergies. To report Back To S & W in Nov.

10-14-68
Moderation being taken
maato x
aerolone
Prod nison
Verequad 1/2

OCT 9 1968

RC MOALE EMPLT.

412384 0108

H. B. HALBERT, M. D.

P. O. BOX 488

ROSEBUD, TEXAS 76570

October 14, 1968

Aluminum Company of America
Personel Division
Rockdale, Texas

Attention: Mr. Al Menke

Dear Sir:

Larry Pelzel, 24 year old white male seen for the first time 12-25-66 with acute asthmatic bronchitis, running a temperature and admitted to the hospital for treatment. Responded fairly well to routine inhalation therapy and antibiotics. Patient has been seen at numerous intervals since that time with acute asthmatic attacks percipitated by dust, bad colds, and various other factors.

The patient was last seen on 10-9-68 for routine follow-up checkup of which time his blood pressure was 140/90, temperature 98.6, respiration 16, and pulse 72. Examination of the lungs at this time reveals generalized rales and wheezes, of a much moderate nature than had previously been noted. The patient states he feels much better and is ready to go back to work.

I believe this patient had asthma prior to his employment at Alcoa. The dust, heat, etc. on the job affected his lungs adversely. I feel that with proper treatment and followup the patient should be able to work if the air is relatively clean and the temperature charges in the work are not too hot or too cold.

Presently the patient is undergoing regular treatment and examinations at Scott & White and is on regimen of bronchial dialators, expectorants, and steroids. Permanent disability at this time is very difficult to evaluate.

Respectfully yours,

H. B. Halbert, M. D.
H. B. Halbert, M. D.

412384 0109

Scott and White Clinic,

AN ASSOCIATION
AFFILIATED WITH

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE

ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER M. BREWER, M.D.

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS 76501

CONE JOHNSON, M.D.
PULMONARY PHYSIOLOGY

7 November, 1968

Dr. Richardson
P.O. Box 472
Alcoa Aluminum
Rockdale, Texas

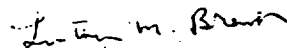
RE: PELZEL, Larry Roy
Registration #0475324

Dear Dr. Richardson:

I have been seeing Larry Pelzel since September when he was admitted to this hospital with status asthmaticus. He responded beautifully to corticosteroids and in the last two months has done very well with little wheezing and with an excellent exercise tolerance. At the present time he is on Verequad 1½ tablets three times daily, Prednisone 5mgs. three times daily, Maalox one tablespoon after each meal and at bedtime - and he uses a hand nebulizer with ten drops of Aerolone at least four times daily and p.r.n. for wheezing. Obviously asthma is an intermittent problem and I can offer no guarantee that he is not going to have flare ups in the future which will cause him to miss some work. However, at this time he is well controlled and I think capable of doing a full day's work five days a week. I would surely like to see him return to work since I feel that we will be able to control his asthma fairly well in the future.

I would appreciate you doing anything you can for this boy.

Yours truly,



Luther M. Brewer, M.D.

LMB:jcv

412384 0110

METROPOLITAN LIFE INSURANCE COMPANY

ONE MADISON AVENUE, NEW YORK, N.Y. 10010

44-111
JHS
aew
pus

GROUP DIVISION

Mr. J. Henry Johnston
Personnel Administrator
Aluminum Company of America
P. O. Box 472
Rockdale, Texas 76567

Re Larry R. Pelzel - Certificate 147-2089 - SS 455-74-2894

Dear Mr. Johnston

At the time that it was decided to have Mr. Pelzel examined by Dr. Carabasi of Scott and White Clinic, you indicated some interest as to the results of the examination. Benefits have already been resumed in this particular case; however, I am enclosing for your records a slight summarization of the report furnished by Dr. Carabasi.

The enclosed pulmonary function studies and blood gas studies speak for themselves. The patient's history of recurrent asthmatic attacks with feeling relatively well in between is typical of bronchial asthma. However, on this examination he shows evidence of diminished oxygen saturation and concentration in the blood as well as ventilatory defect. I would think that from all that has gone before that this patient is disabled, but I am unable to accurately determine to what degree at this time since he does continue to smoke and has not been on allergy injections which are felt indicated. I would recommend retesting his pulmonary function studies and blood gases in about three to six months; this would be particularly fruitful if he were able to refrain from smoking and to get back on allergy therapy. The current studies of pulmonary ventilation and mechanics and blood gases would not preclude him from working at all, but I think the type of work would be very limited and be of such a nature as not to require any exertion, or exposure to noxious fumes.

A copy of the doctor's complete report was sent to Dr. Halbert, the attending physician.

The tests performed at the clinic were as follows:

412384 0111

Re Larry R. Pelzel - Certificate 147-2089 - SS 455-74-2894

Chest, Stereo X-ray
Immunoelectrophoresis
C. B. C.
Le Cells
Sedimentation Rate
Pulmonary Brief Dilator
Blood Gases

Le Cells
Bacterial Sensitivity
Culture-Fungus
Smear Fungus
Sputum Culture, Other
Sputum Gram Stain
Electrocardiogram

Yours truly



John Kay
Group Claim Consultant
Group Health Claims

May 23, 1969

JK:va

412384 0112

X-RAY AND LABORATORY REPORT

EMPLOYEE NO. _____
EMPLOYEE NO. _____
EMPLOYEE NO. _____
SERIAL NO. _____
SOC. SEC. NO. _____

NAME PELZEL, LARRY R.

X-RAY NO.

6-19-64

10,198

Dr. Anspach's report of chest and lumbar x-rays:

Chest: Negative.

A.P. & Lateral Lumbar Spine: Lumbar interspace, sacro-iliac and hip joints normal. Otherwise negative.

5-8-66

12,691

Dr. Anspach's report of chest x-ray. Negative.

1-30-68

14,587

Dr. Anspach's report of x-rays: Chest: Chest shows moderate peribronchial fibrosis, hila and bases. otherwise negative.

Lumbar spine: Negative. Interspaces, sacro-iliac and hip joints normal. No significant change since 1964.

(CONTINUE ON REVERSE SIDE)

412384 0113

Barney LaRue

Birth Date: 6-26-44

Date of Employment: 9-22-69

Job Classification: Carbon Setter

No chest complaints noted on I & I card prior to 1-4-71.

412384 0114

NAME

Barney Laker

EMPLOYEE NO.

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
Con't		clinic treated by Dr. Richards. Mrs. Bouldin nurse on duty and returned to plant. Gave two aspirin.		MG	C B X
10-5-70	12:20am	Sprated laceration top of head. Left open, going on vacation was instructed by Dr. Richards to report to clinic Friday for removal of sutures.		IH	C R X
1-4-71	10:25am	Phoned to ask about getting on red card. States in under Dr. Richards care for bronchial asthma. Last shift worked was 4-12 12-28-70. Is to see Dr. Richards at clinic this a.m. Discussed with Dr. Richards. Employee should be off work. Red card.		SAK	P O Z
1-11-71	12:30pm	R ported with release to come off red card, ok for work Dx. Bronchitis released per Dr. Richards ok'd 1-12-71 at 8:am Dept. notified.		SAK	P R X
1-26-71	6:40pm	States has asthma and doesn't feel like working. States Dr. Richards says it is caused from infection. To go to Scott and White 2-15-71 for problem. Temp. 98. Home via own transportation.		CB	P O Z
2-2-71	3:45pm	Phone call per self. States saw Dr. Richards today and was advised to stay off work. Bronchial asthma. Red card. Dept. notified.		SAK	P R Z
2-18-71	12:50pm	Returning from red card. Release per call from Dr. Seldon per P. Brown. Is to wear protector mask if practical. Ok for regular work 2-18-71 at 4:pm. Dept. notified.		SAK	P R X
6-2-71	8:50am	States asthma bothering him too much to work. Home per own request and own transportation.		SAK	P O Z
6-10-71	10:30pm	Gelusil for upset stomach		IH	P O X
NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO.	

412384 0115

January 4, 1970
ALUMINUM COMPANY OF AMERICA

ROCKDALE, TEXAS
Barney Earl LaRue
P. O. Box 343
Rockdale, Texas. 76567



This is to advise that you have been placed on Red Card. Our regulations require that any time an employee is placed on Red Card he should turn in his identification card and promptly file the enclosed "Statement of Claim" form. In order to start your benefits, please complete and return the pink form immediately.

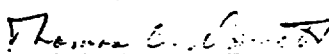
If you did not give us your identification card, we request that you promptly mail it in the enclosed envelope. It will be returned to you when you clear back to work.

It is your responsibility to keep the Company informed of your need to continue on sick leave as well as your condition and progress at regular intervals. For extended absences, a report of your condition must be sent to the Company every thirty (30) days.

When your disability has ceased and you are able to resume your regular work, you should:

1. Have your doctor fill out the short form below.
2. Report to the plant Medical Office. The Company physician is available to determine your fitness to return to work, Monday through Friday at 12:30 p.m., excluding holidays. Bring your completed Attending Physician's Statement (below) with you. It is best that you report for your physical on the day before you plan to return. Failure to do so may result in unnecessary delay in returning you to work.

Yours very truly,


THOMAS E. DOGGETT
Employment Supervisor

TED:sar

ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 12-26, 1970 to 1-11-71
1971.

DIAGNOSIS: Arthritis & Asthma

MEDICATION: —

He may safely resume his REGULAR work on 1-12, 1971.

DATE: 1-11-71 SIGNED: L. J. Baker, M.D.

Doctor Please Note: If you feel there are any work restrictions, please note them below so we can determine if suitable work is available.

412384 0116

George Hosch

Birth Date: 5-12-23

Date of Employment: 3-3-54

Job Classification: 2nd Class Operator, Bath Crusher (since 9-70; prior to this,
worked as potman and carbon
setter)

No chest problems noted on I & I card prior to 6-3-69.

412384 0117

NAME HOSCH, GEORGEEMPLOYEE NO. 5-1196

#6

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification		
					1	2	3
7-11-66	12:20am	F.B. right eye removed with wet swab. Eye washed with saline.		GP	C	O	X
2-20-67	10:30pm	F. B. removed from right eye with wet swab.		GP	C	O	X
3-1-67	1:50am	Diathermy to back 10 min States strained back sitting carbon.		GP	P	O	X
7-13-68	3:10am	States got something in right eye, washed with NSS referred to medical department.		MG	C	O	X
"	8:15am	States eye scratchey but no F.B. felt. To return if necessary.		CB	C	R	X
8-15-68	11:20pm	F.B. removed from right eye and medicated with neo-cortef.		FR	C	O	X
12-12-68	12:05pm	States "pulled something in right shoulder." hot wet packs 30min. (Strain)		WAS	C	O	X
2-8-69	12:30pm	F.B. removed from right eye and medicated with neo-cortef.		FR	C	O	X
4-10-69	7:30pm	States butt pan come down on left foot while he was knocking off piece cast iron. x-rayed foot & ice pack applied. Great toe discolored					
		Picked up in ambulance in line 5 room 22. Injury not serious.					
		Returned to regular duty.		GP	C	O	X
5-19-69	12:10am	Place on redcard as of 5-17-69 per Marvin law. (Stomach trouble)		FR	P	O	X
6-3-69	1:00pm	Returning from redcard. Checked with Dr. Richards. No dust free job available. May wear a mask to prevent dust while working.					
		OK'd for work for 6-5-69. Dent. notified. See release and note per Menke for further information.		GP	P	R	X

NAME

HOSCH, GEORGE

BIRTH DATE

SOC. SEC. NO.

SERIAL NO.

EMPLOYEE NO.

5-1196

412384 0118

NAME Hosch, George.EMPLOYEE NO. 5-1196

7

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification
9-25-69	1:pm	XXXXXX Left foot burn checked by Dr. Richards	Progress satisfactory	CAS	C R Y
		To return Fri. Oct 3. 12:30pm			
9-29-69	9:am	Phoned XXXXXX A. Menke to say in ured right knee at home. Under		CAS	P O Z
		care physician at Scott and White To report monday 10-6-69.			
10-6-69	10am	Burns left foot completely red card cleared for 10-6-69 for burned		CAS	C R X
		foot. Injured right knee at home. Red card for this as of 9-25-69			
3-30-70	1:pm	Brought statment from Dr. Murray is not released for work.		CAS	P R Z
6-11-70	12:30pm	Reported re medical as instructed. Na report from private physician		CAS	P R Z
		Referred to McManus or T. Doggett.			
8-18-70	12:30pm	Returning from red card. Released to some what xxxx limited		CAS	P R Y
		work by Drs. Richards and Murray. Referred to Mr. Doggett.			
8-1-70	3:30pm	Returned to work under handicaped claime as second class equipment		CAS	P R X
		operator.			
1-15-71	12:30pm	Reports with medical evaluation and recommended activity xxx limit-			
		ations. Exam per Dr. Richards. OK'd for work within limitations out-			
		lined in letter from Dr. Murray (1-12-71) Referred to A. Menke. Will			
		discuss continuing on crusher with Dr. Richards Monday. 0.4.71. SAK		SAK	
5-13-71	8:45am	Red card per wife as of 5-11-71. Hospitalized at Santa Fe. Hosp.			
		Temple, with chest problem. Dept. not.		SAK	P O Z
6-14-71	12:30pm	Reports with dr.s statement stating should avoid all dusty environment			
		Exam per dr. R. Referred to A. Menke. for possible appointment with			
		chest specialist. re alleged industrially caused chest cond. next page.			

NAME

BIRTH DATE

SOC. SEC. NO.

SERIAL NO.

EMPLOYEE NO.

412384 0119

EMPLOYEE NO.

[illegible]

ALUMINUM COMPANY OF AMERICA

ROCKDALE, TEXAS

Mr. George E. Hosch (Red Carded as of 5/17/69)
Route 1
Buckholts, Texas 76518



ALCOA

May 19, 1969

This is to advise that you have been placed on Red Card. Our regulations require that any time an employee is placed on Red Card he should promptly turn in his identification card, complete the enclosed Statement of Claim form and turn it over to your Doctor who should complete his portion in order that you may collect Sickness and Accident Benefits if and when eligible.

If you did not give us your identification card at the time you went on sick leave, we request that you mail it to us immediately in the enclosed envelope. Your identification card will be returned to you when you clear back to work.

It will be your responsibility to keep the Company informed of your condition, progress and reasons for continuing your Sick Leave. For extended absences, a report of your condition must be sent to the Company every thirty (30) days.

When you and your Doctor feel that you have recovered sufficiently to resume your regular work you should:

1. Have your Doctor fill out the short form below.
2. The Company physician is available to determine your fitness to return to work every day, Monday thru Friday at 12:30 P.M. Bring your completed Attending Physician's Statement (below) with you. You should report for your physical on the day before you plan to return. Failure to do so may result in unnecessary delay in returning you to work.

Very truly yours,

J. Henry Johnston
J. HENRY JOHNSTON, Jr.
Employment Office

ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 16 May 19 69 to 29 May 19 69.

DIAGNOSIS: Chronic Bronchitis, probably due to, at least in part, to dusty environment at work in.

DATE DISABILITY CEASED: 3 June 69 (Presumed)

SIGNED: W. J. Lytle M.D. Temple

DATE: 29 May 69

Doctor Please Note: If you feel there should be work restrictions, please outline the types of activity or exposure you feel should be avoided so that we may determine if there is suitable work available.

(over)

412384 0121

ALUMINUM COMPANY OF AMERICA
Geo. Horsch

ROCKAWAY, N.Y.

ALCOA

This man should avoid breathing
air contaminated with dust. If adequate
air filtration can be offered, fine -
If not, it should be assigned other
work.

W L Lutz MD

Dr. Richards said
we cannot put
Hersch into a
dust free environ-
ment. If he
wants to wear a
respirator, this
should help. He
also could laid
down from ATCC
to Putnam job or
transfer elsewhere.
We have no dust
free jobs in the
plant, however.

W. E. M.
6-3-69



W. L. LIRETTE, M.D.

21 Heritage Place
817 778-5225

Temple, Texas
76501

June 11, 1971

Mr. G.E. Hosch:
Temple, Texas

To Whom It May Concern:

Mr. Hosch may return to work if he will avoid all dusty environment.

He must avoid breathing air with moderate^{or} large amounts of particulate matter.

Sincerely

W. L. Lrette, M.D.
W.L. Lrette, M.D.

WLL:sr

6-14-71 Instructed to get full med. report
from Dr. Lrette.
EAK

412384 0124

Geo. Hasch

Form 8-1

	comes in reporting that he has a moderate amount of pain, developed after the 435°F temperature with some epigastric discomfort and pain radiating anteriorly through to his back. The next morning he woke up with a rash occurring on the right side of his chest, and since then has had exquisite pain, although the rash itself doesn't seem to hurt. The pain is more central. He reports his pulse is fast, and on checking it ^{Signed} it is running around 100/minute now. (Over,
7/31/70	(continued---) He is in rather a mild cold, clammy sweat on his arms and hands. Chest x-ray, electrocardiogram are done, both of which are normal. His n/i is fine. Chest is clear. His color is good. Impression is shingles with severe pain. He is begun on Phenaphen 75, plus, he is given 12 cc. Depo-Hedrol. WLL/p
5/11/71	Comes in reporting that for about the last couple of months he has been having increasing difficulty with his inhalation and shortness of breath. His reserve capacity seems to completely be gone. He has no pedal edema. Reports his cough has been productive of a white sputum, and he is just generally getting weaker. General examination reveals that he has a rather cyanotic deep dark color. HX is breathing with some difficulty, and SOB is apparent with the slightest amount of exertional effort, although it is not distressful. He talks with a somewhat hoarse sound in his voice. HENT show no significant abnormalities. Neck veins are not enlarged. His breathing movements are uniform, primarily using the intercostal muscles. L & S are not palpable. On auscultation of the heart there is RSR and about 72/minute. There are no rales or expiratory wheezes noted. His B/P in the left arm initially is 140/120. Later it drops to about 140/100. Pressure in the right arm is 134/100. Genitalia and rectal exams are normal. Lower extremities show no sign of edema. Impression: emphysema, chronic pulmonary fibrosis and possible pulmonary hypertension. His ECG shows some right-sided strain. No significant change since last July. Chest x-ray is technically poor, but note the report. I feel the problems are somewhat due to the tremendous size of his chest. He is hospitalized at Santa Fe for conservative management with Cortisone, inhalation therapy, and bedrest. WLL/pel
5/19/71	Dismissal Note: This man has done well in the hospital, improving in his breathing. He is dismissed from Santa Fe on Organadin Drops with instructions and strong recommendation that he terminate his employment at Rockdale Alcoa Plant because of the extremely dusty conditions. His diagnosis will be 1) pulmonary fibrosis; 2) subacute and chronic bronchitis, probably secondary to dusty environmental hazards. I'll see him in about a week. WLL/pel
5/28/71	Recheck. Chest is clear. B/P 140/80. He is again counselled about a job change. WLL/pel
6/11/71	Recheck. He is doing fine. His blood pressure is down to 120/95. He is released to return to work in a nondusty environment. WLL/pel

412384 0125

Dev. Horsch

1-60 HERITAGE PLACE MEDICAL LABORATORY
HERITAGE PLACE MEDICAL LABORATORY
HERITAGE PLACE MEDICAL LABORATORY
HERITAGE PLACE MEDICAL LABORATORY

142

ADDRESS: _____ NO. _____

NAME: Mr. J. E. Horsch S.G. 1.010 PH 5 GROSS _____

AGE: 47-9 SUG. 11-7 ACET. _____ BILE _____

MICRO: see report

BLOOD: HGB 15.2 g HEMAT 44 WBC 6,400 RBC _____

DIFF: POLYS 1-1 LYMPHS 7-8 MONO 2 BAS _____ EO 5 SED R. _____

GLUCOSE (FAST) 81 mg (2 H.R.) _____ DEPH FLOC _____ AMYLASE _____

NAME: Mr. J. E. Horsch DATE: 1-11-60

ADDRESS: _____ NO. _____

URINE: yellow S.G. 1.015 PH 5 GROSS Clear

AGE: 47-9 SUG. neg ACET. _____ BILE _____

MICRO: Red up to 100, some amorphous
more WBC, some bacteria

BLOOD: HGB 15.0 g HEMAT 44 WBC 8,450 RBC _____

DIFF: POLYS 64 LYMPHS 24 MONO 8 BAS _____ EO _____ SED R. _____

23 HERITAGE PLACE MEDICAL LABORATORY
HERITAGE PLACE MEDICAL LABORATORY

NAME: Mr. J. E. Horsch DATE: 1-11-60

ADDRESS: _____ NO. _____

URINE: clear S.G. 1.010 PH 5 GROSS clear

AGE: 47-9 SUG. neg ACET. _____ BILE _____

MICRO: few epithelial; 1-2 WBC; 0-2 RBC;
(small ones)

BLOOD: HGB 13.7 g HEMAT 42 WBC 6,050 RBC _____

DIFF: POLYS 5 LYMPHS 35 MONO 4 BAS _____ EO 2 SED R. 1

TYPE: _____ RBC: _____ CHAIR: _____ Hb: _____ CLIN: _____

MISC: Mark: Much ovalocytes; macrocytosis

GLUCOSE (FAST) _____ (2 H.R.) _____ DEPH FLOC _____ AMYLASE _____

ACCEPT: _____
FLUORID: _____
HETEROPHILE _____
MALARIA SMEAR _____
SPECIAL INSTRUCTIONS _____
ATTEST: SEET DONE WITH _____

ROBERT B. MORRISON, M. D.
DISEASES OF THE CHEST
808 MEDICAL PARK TOWER
AUSTIN, TEXAS 78705

8-12-71

*Call in
8-12-71 Dr. did not want to see
Could not reach him.
by phone. SAK*

J. T. Richards, M. D.
Alcoa
c/o Medical Dept.
P.O. Box 472
Rockdale, Texas 76567

Re: George Hosch

Dear Dr. Richards:

I saw Mr. George Hosch on 8-6-71 with his complaint of dyspnea. He informed me that he wanted to return to work but that his doctor in Temple would not release him. Mr. Hosch was encouraged to talk and in describing his dyspnea he stated that whenever he felt short of breath he could go outside or fan himself and then he would do better. He voiced definite fears that involved people and in talking to him I have been impressed by the amount of emotional overlay present in this man's present complaint. In going deeper into his background, it was revealed that his older brother always would seize every possible opportunity to frighten him when he was a little boy. He revealed that recently at a graduation exercise, while in a thick crowd of people, he had to fan himself constantly because of his breathlessness. He did not complain of wheeze or cough.

My physical examination was limited primarily to the chest and no unusual findings were noted in the lung fields. A chest x-ray revealed the heart to be normal as to size and shape and no pathological changes could be noted in the lungs. Also, fluoroscopy revealed good motion in both diaphragms. Marked dermatographism was present and practically no gag reflex could be elicited. A CBC revealed his red count to be 4.9 million, his hemoglobin 14.5 and his hematocrit 43. His white count was 8,000 with a normal differential.

412384 0127

George Hosch

ROBERT B. MORRISON, M. D.
DISEASES OF THE CHEST
608 MEDICAL PARK TOWER
AUSTIN, TEXAS 78705

Ventilatory studies revealed very good function and his timed vital capacity exceeded the predicted normal. The values were as follows:

VC	4600cc	(predicted 4850cc)
FEV $\frac{1}{2}$ sec.	2800cc	(predicted 2700cc)
1 sec.	3800cc	(predicted 3750cc)
3 sec.	4400cc	(97% of total, predicted 97%)

From the information at hand, I see no reason why Mr. Hosch should not work and I am unable to find any evidence of lung disease caused by inhalants at this time.

I feel inclined to recommend that Mr. Hosch be allowed to return to work on a trial basis. If he is unable to stand up to this, then I would suggest that he have blood gas studies done.

I trust the above has been helpful.

Sincerely,

Robert B. Morrison

Robert B. Morrison, M. D.

RBM/dh

412384 0128

X-RAY AND LABORATORY REPORT

EMPLOYEE NO. _____

EMPLOYEE NO. _____

EMPLOYEE NO. _____

SERIAL NO. _____

SOC. SEC. NO. _____

NAME HOSCH, GEORGE

X-RAY No.

3-2-54 Chest x-ray - Calcified glands both hilar regions.
 Lumbo sacral x-ray - Neg.

2562 Dr. Anspach's report of chest x-ray: Negative.

3774

9-22-57

Dr. Anspach's report of x-rays:

Chest x-ray--Negative.

Lat. lumbar spine--Narrowing of L-4 with ruffing adjacent bone margins and hypertrophic lipping on these margins. Probably old injury with secondary arthritis.

9-14-58

4728

Dr. Anspach's report of chest x-ray--Negative.

9-22-59

5689

Dr. Anspach's report of chest x-ray--Negative.

9-18-60

6597

Dr. Anspach's report of chest x-ray--Negative.

9-19-61

7418

Dr. Anspach's report of chest X-ray: Heavy markings both bases and hilar regions.

9-21-62

8300

Dr. Anspach's report of chest x-ray: Heavy markings in bases. Few small nodulations both bases. No significant change.

9-23-63

9289

Dr. Anspach's report of chest x-ray: Heavy markings both bases. There is a nodular density below right hilum which I think is vascular and does not change much from year to year.

9-14-64

10,4051

Dr. Smiths report of chest x-ray. No change

9-14-65

11,671

Dr. Anspach's report of chest x-ray: Nodular density below right hilum without change.

9-12-66

12766

Dr. Anspach's report of chest x-ray: Nodular density below right hilum. No change. Right diaphragm slightly elevated.

412384 0129

George Gosch

9-12-67

14,133

Dr. Smith's report of chest x-ray. No change

9-3-68

15,413

Dr. Anspach's report of chest x-ray: Modular density below right hilum. No change. Right diaphragm slightly elevated.

9-14-70

18851

Dr. Zigler Report of chest x-ray. Negative.

412384 0130

Curtis Miller

Birth Date: 11-14-28

Date of Employment: 11-26-52

Job Classification: Yard Services (since 1967; prior to this worked in Potroom)

412384 0131

NAME MILLER, CURTIS EDD

EMPLOYEE NO. 22-217

#1 *R2 3* INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification		
					1	2	3
12-18-68	7:55am	Placed on redcard per wife. In Newton Hospital as of 12-16-68. (Lung problem)		CB	P	O	Z
1-6-69	12:45pm	Returning from redcard. Bronchitis. T. 98.6. OK'd for work for 1-7-69 per Dr. Richards.		CAS	P	R	X
2-18-69	8:20am	F.B. left eye. Unable to remove. Patient unable to cooperate. Opthaine and eyepatch. Return at 12:00 O'clock.		CAS	C	O	Y
2-18-69	12:45pm	Foreign material removed from left eye by Dr. Richards. Neo-cortef and eyepatch this PM. Return daily.		CAS	C	R	Y
2-18-69	4:45pm	Left eye washed with NSS and medicated with neo-cortef. Very irritated. Eyepatch applied. To return.		FR	C	R	Y
2-19-69		Did not report to Medical as instructed. Dr. Alexander phoned Mr. Menke that Miller had reported to her for treatment at 6:30PM 2-18-69.		CAS			
2-26-69	2:20pm	Homer Smith states Miller returned to work Monday the 24th.		CAS			
3-17-69	12:45pm	Red card as of 3-17-69 per Vera Miller who states Dr. Alexander Hospitalized Miller because of accident that happened to eye at plant some time ago. Mr. Menke notified.		CAS			
5-13-69	12:20pm	T. 99.6. Under care of private physician and is being referred to Dr. Carabasia at Scott & White. To report back to medical May 28th at 12:30PM. Was seen today by Dr. Richards.-		CAS	P	R	Z
NAME MILLER, CURTIS EDD				EMPLOYEE NO. 22-217			

412384 0132

NAME MILLER, CURTIS EDD

EMPLOYEE NO. 22-217

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification		
					1	2	3
5-23-69		Reported to A Menke that test at Scott # White have not been completed -will report to us at later date Wed # Thursday next week.		CAS			
5-20-69		Did not report as schedules Wed. 28th.		CAS			
6-2-69	1:00pm	Brought report from S. & W. Hospital. To return to Hospital 6-8-69.		GP			
7-28-69	12:45pm	Returning from red card URI with allergy to cigarettes. Ok'd to work for 7-29-69 per Dr. Richards. (On vacation until 8-4-69)		CAS	P	R	
2-9-70	1:pm	States thinks has flu. T.100. Home via own transportation. To call if needs red card.		CAS	P	O	Z
7-30-70	12:45pm	H. Smith phoned requesting red card for Miller since Miller phoned stating is under care of physician because of inhaling too much dust at work. Was wearing respirator. Red card 7-27-70.		CAS	P	O	Z
8-20-70	2:10pm	Brought statement to employment from Dr. S. R. Richardson stating fractured ribs. Not released. Not seen by company physician.		CAS			
9-4-70	1:pm	Returning from red card Fx 6th right rib per insurance form. Ok by Dr. Richardson. Checked by Dr. Richards ok for work 9-5-70. D. N.		CR	P	R	V
10-19-70	120pm	States has broken foot right since 10-12-70 request red card as of			10-12-70		
11-6-70	1:30pm	Returning from red card as of 11-7-70 per written release from Dr. Swift. Dept. notified. Contusion right foot.		CAS	P	O	Z
3-31-71	8:20am	States on 3-25-71 was using jackhammer and right hand was thrown up and hit a pipe. Has been sore and swollen since. X-ray, Lt Duty today until x-ray read by Dr. Ziegler. hot soaks at home.		LH	P	R	X
				SAK	C	O	X
NAME MILLER, CURTIS EDD		BIRTH DATE	SOC. SEC. NO.	SERIAL NO.	EMPLOYEE NO. 22-217		

412384 0133

EMPLOYEE NO. 22-217

[illegible]

NAME _____

BIRTH DATE

SQC. SEC. NO.

SERIAL NO

EMPLOYEE NO

412384 0134

Scott and White Clinic,

AN ASSOCIATION,
AFFILIATED WITH

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION

TEMPLE, TEXAS

June 10, 1966

C
O
P
Y

Dr. L. L. Migliazzo
Hewton Clinic
Cameron, Texas

RE: Curtis Ed Miller
Registration No. 384380

Dear Dr. Migliazzo:

The above patient came to our clinic on 6-4-66 for evaluation of his pulmonary situation.

Attached is a copy of his pulmonary function study. ^{not in record} Electrocardiogram was normal. Complete blood count with differential blood smear was entirely within normal limits as was a sedimentation rate and a routine urinalysis.

Our chest x-ray showed a Ghon complex on the left and we reviewed outside films from Cameron dating back to 12-16-65 and we felt that there was no change compared with our current films.

The patient was advised to completely refrain from smoking and was given Choleleryl 200m.s. a.o. and h.s. and he was further advised to avoid dust and fumes as much as possible. He felt that he should return in a couple of months for a brief pulmonary function test with dilators to compare with the current values. On these current test, there was some question about the patient's effort and there was some question that there might be some possibly muscular weakness. However, this was not felt likely. Because of this possibility we did feel that he should certainly have repeat pulmonary function tests, and if there was still any question, then perhaps, neurological evaluation would be necessary. I did not go into these muscular aspects with the patient because I felt that he certainly had other ample reasons to try and cut out his smoking and to follow our advice and also to return for follow up evaluation after he had been on a bronchial hygienic program, at least, to a certain degree. Of course, practice often helps these tests turn out better and it may very well be that some of the "poor effort" we were seeing is due to lack of familiarity in doing the test.

The patient will see how he gets along. I told him that I thought there would be no contraindication to any particular kind of work that he wanted to do as long as the recommendations made above were carried out, and particularly if they were carried out in regard to excessive exposure to dust and fumes. I personally thought that the patient could return to work at anytime.

412384 0135

Curtis Ed Miller
Registration No. 384380

Page 2

Thank you for referring this patient to us. If we can be of any further service, please do not hesitate to call on us. Best wishes.

Sincerely yours,

Robert J. Carabasi, M.D.
Section on Medical Diseases
of the Chest

RJC:jv

Enclosure: cc

412384 0136

Scott and White Clinic,

AN ASSOCIATION,
AFFILIATED WITH

SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS

July 2, 1969

Dr. Albert B. Spires, Jr.
720 W. 6th Street
Taylor, Texas 76574

Re: Curtis Ed Miller
Box 2
Milano, Texas 76556
Registration No. 0384380

Dear Dr. Spires:

Mr. Miller was hospitalized here from June 8, 1969 through June 14, 1969 after an extensive outpatient evaluation. Several problems were evaluated. He had several elevated blood pressure readings. A 24-hour urine sample for 5-Hydroxy-Indole Acetic Acid was negative. A 24-hour urine sample for VMA was 8 mg. in 24 hours, which is upper limits of normal for our laboratory. This was repeated after the patient's medications were all discontinued and was normal at 6 mg. for 24 hours. Blood pressures in the hospital were generally normal, and at the time of a follow-up Clinic visit on June 21, 1969 blood pressure was only 120/90, so the patient is on no medications for this save for Phenobarbital, 1/4 grain, 3 times daily. I think the possibility of pheochromocytoma is very, very slight. An oral cholecystogram done as an outpatient showed no visualization of the gallbladder, but a repeat study with a double dose of telepaque showed a normally functioning gallbladder. Initial pulmonary function tests on this gentleman showed a mild to moderate obstructive defect with considerable reduction in the vital capacity. Repeat studies after treatment revealed a marked improvement, but the patient still has mild obstruction on the spirogram. He has been placed on Choledyl, 200 mg., 4 times daily and is to use an Isuprel Mistometer, 2 whiffs 4 times daily, for his bronchitis. He was strongly urged to stop smoking. He should be immunized for influenza each winter, and any chest cold should be treated promptly with a broad spectrum antibiotic, such as Tetracycline.

Other tests that were done while he was here included a normal electrocardiogram, immunoelectrophoresis, histamine test, regitine test, serum calcium, sodium, potassium and chloride. Arterial pH and PCO₂ were normal. Sweat test was within normal limits. The patient's chest x-ray shows a slight increase in markings in both lungs. Two-hour postprandial blood sugar was normal. Cinefluorography of the esophagus revealed a 3 to 4 cm. sliding hernia with some reflux. PBI and T-3 uptake were normal. Blood count,

412384 0137

Dr. Albert B. Spires, Jr.
720 W. 6th Street
Taylor, Texas 76574

July 2, 1969

Page II.

Re: Curtis Ed Miller
Box 2
Milano, Texas 76556
Registration No. 0384380

sedimentation rate and urinalysis were within normal limits. An audiogram showed mild, bilateral, sensori-neural hearing loss. Indirect laryngoscopy revealed diffuse reddening and edema of the larynx and hypopharynx.

In summary, I think Mr. Miller does have a mild, chronic bronchitis, probably related to cigarette smoking and perhaps aggravated by fumes at work. (There is no way of knowing this for sure). He seems to have a labile blood pressure with no evidences of damage from hypertension. He does have a hiatal hernia, which is probably asymptomatic. The slight increase in markings throughout the lung fields and a mildly reduced diffusing capacity of the lungs are a little worrisome and should be followed with sequential pulmonary function tests and chest x-rays. I think this gentleman can return to work. His drug program has been outlined above. Dr. Carabasi or I would like to see him again in 2 months for follow-up.

Thank you for this referral.

Sincerely yours,

Luther M. Brewer, M. D.

LMB:mj

Copy: Mr. Curtis Ed Miller ✓
Box 2
Milano, Texas 76556

412384 0138

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
 EMPLOYEE No. _____
 EMPLOYEE No. _____
 SERIAL No. _____
 SOC. SEC. No. 453-40-2220

NAME MILLER, CURTIS EDD

X-RAY No. Chest x-ray--November 12, 1952--Negative.
 Lumbo sacral x-ray--November 12, 1952--Negative.

6-29-54 Dr. Anspach's report --- Heavy markings both bases. Old fractures of the right 3rd, 4th and 5th ribs, healed.

12-1-56 Dr. Anspach's report of chest x-ray--Small fibrotic nodule left base not definitely seen in 1954. This should be rechecked in 2 mos. with 14 X 17 film.

11-5-57

3907

Dr. Anspach's report of x-rays:
 Chest x-ray--Calcified Ghon tubercle left base.
 Lat. lumbar spine--Negative.

11-2-58

4843

Dr. Anspach's report of chest x-ray--Calcification left base, laterally.

11-1-59

5780

Dr. Anspach's report of chest x-ray--Calcification left base.

11-1-60

6712

Dr. Anspach's report of chest x-ray--Calcifications left base.

11-2-61

7565

Dr. Anspach's report of chest X-ray: Calcifications left base.

12-4-62

8522

Dr. Anspach's report of chest X-ray: Negative.

3-23-64

9934

Dr. Anspach's report of chest x-ray, Negative.

3-24-65

11057

Dr. Anspach's report of chest x-ray: Negative.

9-12-66

12,774

Dr. Anspach's report of chest x-ray: Essentially negative.

9-12-67

14,137

Dr. Anspach's report of chest x-ray: No change.

412384 0139

X-RAY AND LABORATORY REPORT

NAME

Miller, Curtis

EMPLOYEE NO. _____

EMPLOYEE NO. _____

EMPLOYEE NO. _____

SERIAL NO. _____

SOC. SEC. NO. _____

X-RAY No.

9-6-68

15446

Dr. Anspach's report of chest x-ray Calcifications left base no change.

12-19-69

17,542

Dr. Anspach's report of chest x-ray: Calcifications left base. No change.

12-1-70

19299

Dr. Anspach's report of chest x-ray Calcification left base. without change.

412384 0140

Edward H. Krueger

Birth Date: 10-4-13

Date of Employment: 6-19-53

Job Classification: Craneman (Potroom)

Inhaled chlorine gas 2-13-67. Treated with oxygen.

No other chest complaints noted on I&I card prior to 6-16-71 when he was picked up by Alcoa ambulance in Potroom with symptoms of difficult breathing. Treated with oxygen and bed rest and referred to private physician.

On Red Card for chest problem since 6-17-71.

412384 0141

JOHN P. VINEYARD, JR., M. D., A.A.C.P.

SUITE 313, MEDICAL PARK TOWER

AUSTIN, TEXAS 78704

**INTERNAL MEDICINE
PULMONARY AND INFECTIOUS DISEASES**

TELEPHONE (512) 465-6507

July 26, 1971

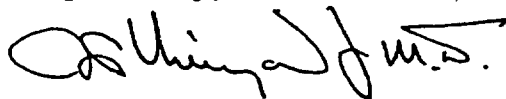
TO WHOM IT MAY CONCERN:

Mr. Edward Krueger was seen for pulmonary evaluation on July 14, 1971. This gentleman has experienced an episode of pulmonary edema, acute, after exposure to chemicals where he works. He was, in fact, hospitalized by Dr. Leshikar at Johns Hospital in Taylor with the acute episode.

At the present time his lungs are clear with no sputum produced and no cough. His pulmonary function studies are compatible with a mild obstructive defect.

In my opinion, Mr. Krueger should avoid any further chemical vapor exposure and should be reassigned to a different work area because of this occupational hazard for him.

Respectfully,



John P. Vineyard, Jr., M.D.

JPV:kc

412384 0142

HISTORY AND PHYSICAL

Edward Krueger
Birth Date 10/4/13
6/17/71

CHIEF COMPLAINT: Severe shortness of breath last night, apparently works in the pot room at Alcoa and became intoxicated or exposed to a lot of fumes last night. After this happened became very dyspneic. Did check at the Emergency Room at the Plant and they did put oxygen on him for a while. He then drove home, became very short of breath again. He did take 2 Bronkotabs and these did, after a while, give him some relief, however, he did start driving into the Emergency Room here at the hospital, states he got as far as the city limits of Taylor and began feeling better and turned around and went back home and rested. Comes in this morning for a check.

PRESENT ILLNESS: Mr. Krueger was seen here on 5/11/71, he was having a lot of shortness of breath at that time, started bothering him in the latter part of April. He had a chest x-ray made which showed some peribronchial infiltrate and some cardiac enlargement. He was told to decrease his sodium intake, was placed on Hydrodiuril and also given some Erythrocin tabs orally and he did improve temporarily. On 5/21/71 was seen, still having some trouble but mostly at night and did give him some Bronkotabs to take at night. He was then seen on 6/8/71, still getting a lot of wheezing and tightness in his chest at times and was given Bronkotabs to take 1 four times daily if needed. Was then seen on 6/16/71, weight was 178. BP 130/80. Did seem to have a few moist rales and some irregularity of cardiac rhythm, did tell him to resume Hydrodiuril 1 each day and started on Lanoxin .25 mgm. tabs yesterday and to take the Bronkotabs if needed. He then went to work last night and had this present episode of exposure to fumes which aggravated all of his symptoms.

FAMILY HISTORY: Mother died of old age. Father died with questionable cause, had a lot of swelling of his feet and probably was in heart failure. One brother living and well, two sisters living and well. Three brothers died, one with heart attack, the other one had tuberculosis. Wife is living and well, five sons living and well.

PAST HISTORY: Has no definite drug allergy. He did have an appendectomy in 1953. Had a left bunionectomy in August of 1968.

PHYSICAL EXAMINATION:

Weight-----178

BP-----136/70

EENT-----Ears are clear, throat is clear, has no enlargement of thyroid or neck glands.

Lungs-----Have a few wheezes and moist rales in the hilar areas and bases.

Heart-----Has occasional extrasystoles.

Abdomen-----No palpable masses or tenderness. Does have appendectomy scar.

Genitalia-----Normal.

Rectal & prostatic---Negative.

Extremities-----Has no pedal edema.

IMPRESSION: Possibly mild congestive heart failure.
Apparently developing some chronic lung disease with probable emphysema.
This may be secondary to fume exposure at work.
Aggravation of all of his symptoms by acute exposure to fumes at work last night.

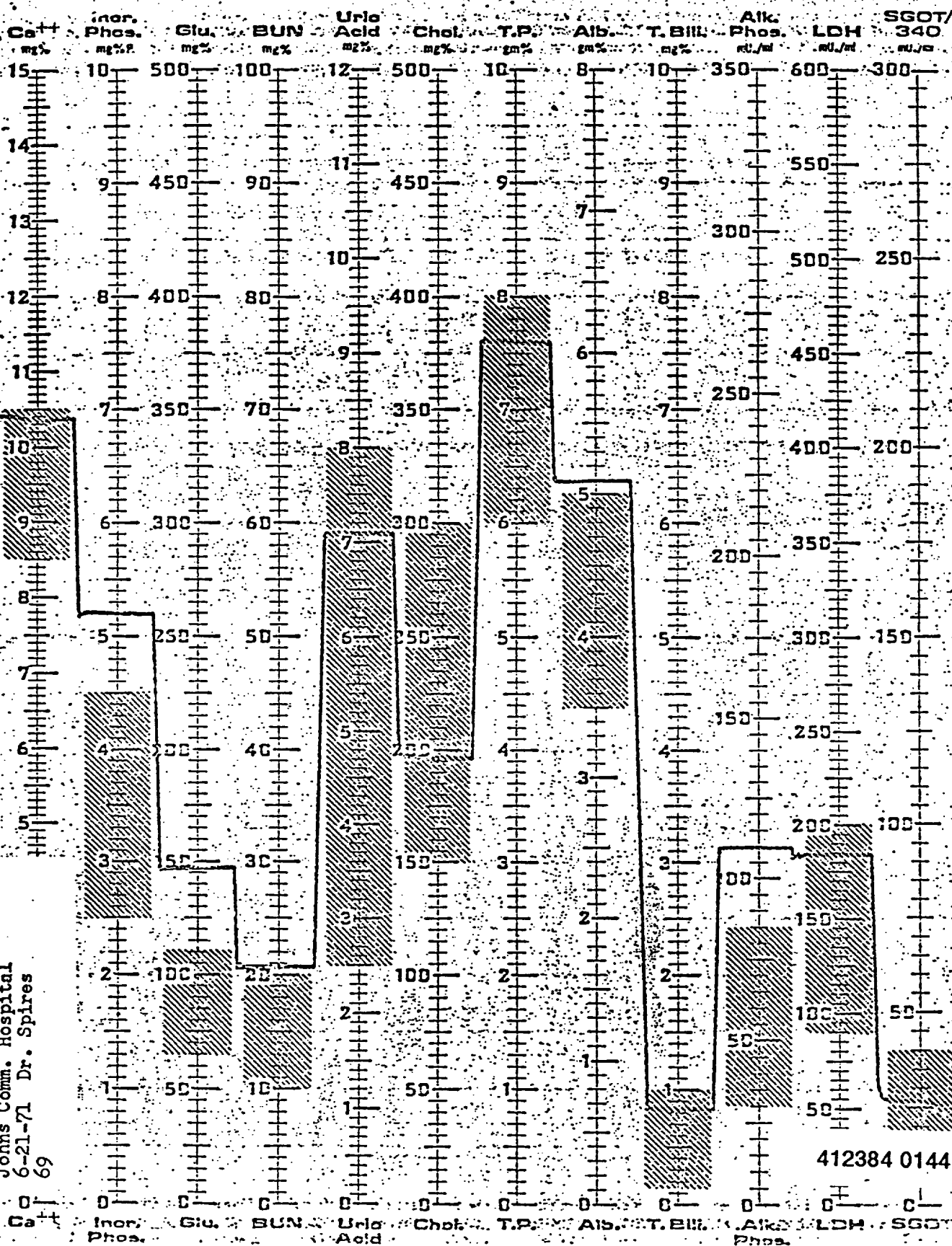
MJL:nb
DD: 6/17/71
TD: 6/17/71

412384 0143

M. J. Leshikar, M. D.

12/60

KRUEGER, EDWARD 57
 Johns Comm. Hospital
 6-21-71 Dr. Spires
 69



412384 0144

6/18/71

Consultation Note

Edward Krueger

Asked to see patient in consultation by Dr. Leshikar relative to evaluation of his shortness of breath. History and physical were reviewed, patient interviewed and examined.

In reviewing his clinic record the following things may be of significance -

(1) there is a family history of tuberculosis.

(2) he has history of wheezing, shortness of breath dating back to 1954.

During the years following him in the clinic he was frequently treated for respiratory infections with cough productive of yellow sputum.

Of significance also is that the type of work in which he is involved results in frequent inhalation of noxious gasses.

Physical examination is as described, there is a definite prolonged expiratory phase of respiration; at the present time there are no definite wheezes or rales.

Diagnosis: Chronic lung disease, bronchitis, emphysema.

Recommendation: I feel that after the patient has gotten over this acute episode that we should definitely refer him for pulmonary function studies.

In addition we should do a tuberculin Tine test and do sputum studies for AFB, although I do not believe this to be his problem.

I would recommend that you continue his digitalis for a period of three weeks and then if he is doing well to empirically discontinue it. Continue the bronchodilators, IPPB treatments and antibiotic therapy at the present time and will follow patient at your request. ABS:nb

Edward Krueger--#3311

CHEST X RAY PA--6-17-71--Fume intoxication.

CT 15/83. Some perivascular infiltrates throughout, consistent with fibrotic change and/or CPC. Bilateral hilar calcifications. CJD:nb

Edward Krueger--ECG 6/17/71--There is bigeminal rhythm at times, other times a regular sinus rhythm; ventricular rate 80 per min. PR interval 0.14; QRS 0.06; QT 0.36. The ectopic focus is apparently in the low right septum. There is no ECG evidence of myocardial damage. ABS:cg

Edward Krueger--ECG 6/18/71--There are fewed PVC's now; there is a persistent regular sinus rhythm with a ventricular rate of 90 per min. PR interval 0.14; QRS 0.06; QT 0.40. No ECG evidence of myocardial damage.. If clinically indicated suggest follow-up record. ABS:eg

DISCHARGE SUMMARY

Edward Krueger
6/24/71

This 57-year-old male was admitted to the hospital on 6/17/71, was having rather severe shortness of breath, bothered him more after exposure to fumes in pot room at Alcoa, and apparently had to have oxygen for a while at their Emergency Room, and finally came into the Clinic with some improvement but still in respiratory distress. Felt that he was having chronic lung disease with probable emphysema and bronchitis, possibly some associated mild congestive heart failure, all symptoms greatly worse after acute fume exposure.

His lab studies showed a normal urinalysis, normal hemoglobin, hematocrit, and white count. VDRL was non-reactive. He did have an SMA-12 which showed slight elevation of glucose, other readings essentially normal. Some serum electrolytes done here which were about normal. He did have a fasting blood glucose on 6/22/71 which was 111 mg.%.

Did have Dr. Spires see the patient in consultation and he agreed that he did have chronic lung disease, bronchitis and emphysema, and felt that after he was over his acute studies that he should have pulmonary function studies performed.

Chest X-ray on 6/17/71 showed some peri-vascular infiltrates throughout consistent with fibrotic change and/or CPC. Had an ECG on 6/17/71 showed some bigeminal rhythm at times, some premature ventricular contractions. On 6/18/71 had a regular sinus rhythm with fewer PVC's.

In the hospital he received Bronkotabs one q 4 h; Thiomerin 2 cc. IM initially; was continued on Lanoxin 0.25 mg. tablet daily. On 6/17/71 also received Celestone Soluspan 1 cc. IM. He was started on IPPB treatments twice daily and this did help him greatly.

On 6/21/71 Spires started him on Dilor-G tablets one q.i.d. Also, on 6/22/71 was started on Vibramycin 100 mg. capsules one twice daily the first day, then 1 daily. Attempted to get sputums but none were produced and none was done. A tuberculin Tine test was essentially negative.

He did improve and was finally dismissed for home care on 6/24/71. Told to continue rest at home, to continue Lanoxin 0.25 mg. tablet daily, to continue Dilor-G one q.i.d., and had instructions to recheck in the Clinic in 4 days. He will have an appointment made in Austin for pulmonary function studies.

FINAL DIAGNOSIS: Chronic lung disease with bronchitis and emphysema.
MJL:cg

Edward Krueger---6-28-71---Comes in for a check today, apparently has been doing quite well since dismissal from the hospital. BP 122/80. WT. 179½. Ears are clear. Throat is clear. Lungs sound clear. Heart sounds fine. Also had Dr. Spires listen to his chest and feel he is progressing well. We both feel that he needs to remain off work for the time being. In about two weeks he should have a consult with Dr. Vineyard regards pulmonary function studies. In the meantime to continue restricted activities. Remain out of dust or any irritating chemicals. He is to continue Lanoxin .25 mgm. tablet daily. He is to continue Dilor-D 1 qid. He is to be rechecked in the clinic in eight or nine days. MJL:cv

412384 0146

Edward Krueger

7-1-71: Wt 181 B/p 122/76

Comes in for a recheck today. Ears are clear. Throat is clear. Lungs sound clear. Heart has regular sinus rhythm. States he has been feeling well. He gets a slight wheez when he first gets up in the morning, but hasn't had any real shortness of breath since his last visit.

Treatment: 1. Continue Lanoxin 0.25 mgm. tablet daily.

2. Continue Dilor-G tablets 1 qid.

3. I did call Dr. Vineyard's office and have made an appointment for him to see him regards pulmonary function studies on 7/14/71, at 11:45 a.m. We will send a copy of his clinic and hospital records and also his x-rays along with the patient.
MJL:cv

7-23-71: Wt. 182 1/2 B/p 120/70

Comes in for a recheck. Wt. 182 1/2. BP is 120/70. He did see Dr. Vineyard, did pulmonary function studies but as yet we haven't received our report regards these. He hasn't been taking any medication for about two weeks now. Told him he is to check back about Monday or else call me. If we haven't received the report from Dr. Vineyard by then we will call his office for a report. He does need one of these in preparation for return to work at Alcoa. Was told by Dr. Vineyard that he must remain out of pot rooms and need the report for this purpose to see if he can get a job transfer. MJL:nb

412384 0147

X-RAY AND LABORATORY REPORT

NAME KRUEGER, EDWARD H.

EMPLOYEE No. _____

EMPLOYEE No. _____

EMPLOYEE No. _____

SERIAL No. _____

SOC. SEC. No. _____

X-RAY No.

6-18-53 Chest x-ray - Neg.
Lumbo sacral x-ray - Neg.

2-9-55 Chest x-ray--Negative.

1-29-57 3077 Dr. Anspach's report of X-rays: Chest: Negative. Lateral: Essentially negative.

1-30-58
4220

Dr. Anspach's report of chest x-ray--Pulmonary emphysema bilateral, moderate.

1-11-59
5020

Dr. Anspach's report of chest x-ray--Pulmonary emphysema bilateral, moderate.

1-9-60
5931

Dr. Wybourn's report of chest x-ray--Hilar calcifications. Increased markings right base.

1-9-61
6868

Dr. Anspach's report of chest x-ray--14 X 17 chest x-ray shows an unusual amount of chronic and some softer peribronchial reaction mid and lower lungs but with no definite pneumonia and no TBC or tumor growth. Otherwise negative.

4-5-62
7950

Dr. Anspach's report of chest x-ray: Negative.

9-30-63
9303

Dr. Anspach's report of chest x-ray: Heavy markings in both bases, and some evidence of pulmonary emphysema. No significant change since prev. films.

9-3-64
10,413

Dr. Smith report of chest x-rays. No change

9-2-65
11,635

Dr. Wybourn's report of chest x-ray: No change.

9-29-66
12,845

Dr. Anspach's report of chest x-ray: Bilateral pulmonary emphysema. No change.

9-7-67
14,115

Dr. Smith's report of chest x-ray: No change.

412384 0148

X-RAY AND LABORATORY REPORT

NAME

Edward H. Krueger

EMPLOYEE NO. _____

EMPLOYEE NO. _____

EMPLOYEE NO. _____

SERIAL NO. _____

SOC. SEC. NO. _____

X-RAY No.

9-17-68

15,502

Dr. Smith's report of chest x-ray: Negative.

9-18-69

17018

Dr. Anspach's report of chest x-ray: Negative.

10-12-70

19,060

Dr. Anspach's report of chest x-ray: Changes of moderate bilateral pulmonary emphysema and small ^{sym-}metrically located nodular ~~XXXXXXXX~~ densities at the anterior portion of each 6th rib which should be the nipple shadows. No significant change.

412384 0149