SKELLY OIL COMPANY

TULSA, OKLAHOMA

INSURANCE DEPARTMENT
C. L. SWIM

DECEMBER SEVENTH,
1 9 3 8.

F-10530.

Dr. Robert A. Kehoe
Kettering Laboratory
Eden & Bethesda Streets
Cincinnati, Ohio

Dear Dr. Kehoe:

The claim of [redacted] has been set for hearing here in Tulsa for December 14, 1938, by the State Industrial Commission of Oklahoma. There has been considerable delay in obtaining the complete physical examination on this man subsequent to the time Dr. Schradin was in Tulsa but that has finally been completed and I now hand you copy of a report under date of the 5th inst. made by Dr. J. C. Brogden of this city. Dr. Brogden is one of those Dr. Schradin met when he was here.

This report by Dr. Brogden in the third paragraph refers to the examination of this patient by this doctor in June, 1936 when [redacted] was sent to him to ascertain whether or not he was in such physical condition as would justify us in letting him return to work following an attack of flu at that time or at least some involvement of his chest. Dr. Brogden's report also recites the reports of Dr. W. S. Larabee of Tulsa made in February and March, 1936 and this same doctor's report on an x-ray examination of [redacted] chest on July 27, 1938. Dr. Brogden's report also includes a report of Dr. M. B. Lhevine with respect to x-rays taken by him on November 2, 1938, together with this doctor's interpretation of the x-rays taken by Dr. Larabee in March, 1936 and July, 1938 and a comparison of those previous x-rays with the ones taken by him this past November. Dr. Brogden's report also includes a report as made by Dr. Nelson as to his laboratory findings and your report to Dr. Nelson with respect to the analyses of the blood and urine.

There is also enclosed copy of a report by Dr. R. M. Shepard of Tulsa who specializes in diseases of the lungs and all of these are self explanatory.

Under our practice in workmen's compensation cases here in Oklahoma we go into the case in the first instance with-

out having a very adequate idea of just what the claimant may assert. We do not have occupational disease coverage in this state so that before the benefits of the workmen's compensation law are available it is necessary for a claimant to prove an accidental injury. Unfortunately, however, our superme court has approved finding of accidental injury in some rather far-fetched situations. In this connection you will note the history of this man as given by Dr. Brogden, from which it appears that he may claim that he received a whiff of these gasoline fumes from time to time during the day and that he noticed some unpleasant effects such as headache or nausea or something else; that he fainted that evening in the warehouse office and he may claim to have been nauseated at home that evening together with the statements he has made to the doctor as set out in his report. I anticipate now that lead may not come into the case at all but again that is only a surmise and we shall need to await the actual testimony from the witness stand before we can be certain on that angle.

It is our present thought to let the plaintiff and his medical witness develop their case at the hearing on the 14th inst. and then obtain a continuance for the introduction of our defense testimony. The doctors who have examined this man tell me that he does not at all have the appearance of a disabled man and they do not think that he is in fact disabled. I do not believe the case would be very dangerous except for the rather pronounced liberality of the Industrial Commission of this state, frequently without much regard to the weight of the evidence.

I anticipate claimant will endeavor to pitch his case rather heavily on the proposition that the breathing of gasoline fumes by one who has impaired or diseased lungs will result in an aggravation of that lung condition. The literature is quite meagre with respect to the effect of gasoline on the human body and particularly the inhalation of its vapors and it seems to me that in addition to the work done by the Bureau of Mines in 1927 and the fact that much of your work has involved gasoline both leaded and unleaded, it might be helpful for us to offer as witnesses individuals who have been entirely overcome by gasoline vapors in some of our adjacent refineries and tank cars and who can testify that they have not sustained any permanent after effects. It is significant that all of the literature is wholly silent with respect to after effect which leads me to assume that there is no such.

If you can find time I should be very glad to hear from you giving me the benefit of any information or observations that you care to make.

Yours very truly,

CLS:K

DR. J. C. BROGDEN
414-415 Medical Arts Bldg.
Tulsa, Oklahoma

December 5, 1938

Skelly Oil Company
Skelly Building
Tulsa, Oklahoma

Attention Mr. Swim: Re: [redacted]

I have completed my examination of the above patient. He is a very well nourished male, 52 years of age, married, occupation, truck driver for Skelly Oil Company.

Family History: Father died at 40, accident. Mother living and well, four sisters and one brother living and well, none dead. Marital History: Married 29 years, wife living and well, four children living and well and one child died in infancy. Previous diseases: Pneumonia, 1916: Flu, 1918: Malaria, 35 years ago: Former Operations: Appendectomy, 1921 and operation for fistula in ano, 5 years ago.

(I first saw this patient in June 1936. At that time he was sent up to me for a work examination and he gave me a history of in February 1936, he had flu. He had cough, night sweats and fever. This continued for some weeks. X-ray showed extensive peri bronchial thickening with an area in the left middle lung which was suspicious of TB or abcess. Repeated sputum tests were negative for TB bacilli. He had been off work since February. He would spit up a grayish pus with bad odor. This had been gradually decreasing and for the past month there had been very little. He said he had gained 15 pounds in weight and felt good. He was very anxious to go back to work. I inspected the x-rays pictures, taken by Dr. Heasley, which showed some peribronchial thickening in both lungs with infiltration in middle left lobe.)

Examination: Began November 2, 1938. He gives the following history: Says his trouble first started two years ago in February while working in the dust out at the Skelly Warehouse for a couple of days. He began spitting up blood, chilling, coughing and spitting up pus and everything else. He went to bed for eleven weeks and was off work for four months. He was treated by Dr. Branley and as he wasn't getting any better he took chiropractic treatments. He continued to improve and was examined by me on June 20, 1936. He went back to work for Skelly Oil Company for about one and one-half years, driving a tank wagon. About three months after going back to work began spitting up blood and yellow pus but didn't quit work. He was working all the time breathing gas fumes in loading and unloading tank wagons. He did not work inside any of the tanks and on January 22, 1938, while loading tank wagon and general routine of work, no specific accident occurred, but about 4:30 in the afternoon, he had quit work and went to the warehouse office and while checking in cash, he fainted for a few seconds. He came to and went home to bed, coughing, spitting up blood

VC

and pus, could hardly get his breath and he has not been back to work since that time. He was in bed for eleven weeks and treated by Dr. Heasley, gradually improved but now coughs continuously, worse at night, and now and then sputum has blood streaks, has breaking out over body and arms and hands, occasional chill and he thinks he runs a little temperature.

Examination at this time shows a man fairly well nourished, present weight 164 pounds. There was practically no cough observed and no sputum during the three examinations which lasted about 30 or 40 minutes.

Eyes: React to light and accommodation. There is a pterygium, inner canthus of left eye.
Teeth: Some absent and slight pyorrhea, no lead line or stomatitis.
Tonsils: Small, not septic.
Mucous Membranes: Good color, no anemia
Lungs: Breath sounds O.K. Expansion of both sides of the chest good. No moist rales heard over any part of the lung.
Abdomen: Negative.
Genitalia: Negative
There is a slight enlargement of the left inguinal ring. There is intensive scarring of the external sphincter from an old operation. There is a small papular eruption around the wrists and stomach.
Blood Pressure 120/70
Pulse 80
Temperature 98°

Copy of the Laboratory work done by the Medical Arts Laboratories, Dr. W. S. Larabee, February 24, 1936

"Fluoroscopic examination of chest:

The apices light up well under cough, both anteriorly and posteriorly. The post-bronchial space is clear and lights up well under cough. The diaphragmatic excursions are normal, the angles clear. The right dome is a little uneven. We do not see any evidence of lung abscess.

Right lung: March 9, 1936

Apex cloudy, some fibrosis throughout the entire lung which does not reach the periphery except at the base.
The seventh and eighth ribs are drawn inward suggestive of an old pleurisy.

Left Lung:

Apex is hazy with some fan shaped fibrosis extending upward from the hilus. The central third of the lung is filled with a dense fibrosis which reaches to the periphery. Diaphragm free, angle clear.

Conclusions: Right lung is probably negative for tuberculosis. The apex and central portion of the left lung are strongly suggestive of tuberculosis.

Sputum: The specimen is mucopurulent and somewhat tenaceous. No T.B. were found on direct smear or after digestion.

March 12, 1936 Specimen as above T.B. not found.
March 13, 1936 Repeated examination of sputum shows no evidence of T.B.

July 27, 1938

Stereogram of the chest:

Right Lung: The apex shows considerable fibrosis, with some thickening about the hilus and marked fibrosis from the hilus to the base, with increased bronchial thickening. The 7th rib is drawn inward, suggesting an old pleurisy.

Left Lung: There is some fan shaped fibrosis extending upward from the hilus, with some thickening and some calcifications deep in the tissue. Moderate amount of fibrosis in the rest of the lung. The diaphragm is free, the angles clear.

Impression: Bilateral fibrosis, more marked in the lower right."

I am also submitting a copy of the report of the x-ray taken by Dr. M. B. Lhevine, on November 2, 1938, and also his interpretation of the films taken by the Medical Arts Laboratories in July 1938.

"XRAY EXAMINATION OF THE CHEST.

X-ray examination of the chest of Mr. [redacted], submitted for examination and taken by Walter S. Larrabee, This series of x-rays under the No. A1906, taken on March 9, 1936, presents evidence of considerable lack of transparency in the right apex and to a lesser degree in the left. There was also visualized a considerable area of density in the central part of the left lung extending laterally. The right pulmonary field is fairly clear. Both costophrenic angles appear to be clear. The densities in the apices apparently are due to an old fibrotic lesion, probably of specific nature. The density in the central part of the left lung is probably an acute inflammatory process as found in a diffuse bronchiectasis.

The second film under the NO. A4759, taken on July 27, 1938 reveals a considerable improvement in the condition of both apices as compared with the x-ray of previous date, in as much as the densities are clear cut and there is evidence of some increased fibrosis. The area of density in the central part of the left lung is much less as compared with the previous x-ray of March 9, 1936. The area is much smaller and there are only a few dense linear markings remaining.

The x-ray of November 2, 1938 as compared with the previous two x-rays reveals the densities in both apices to be definitely circumscribed with no evidence of any active process in them. As far as the density in the central part of the left lung, there is at present no evidence of any abnormality. The old inflammatory area being completely absent.

TULSA X RAY AND PATHOLOGICAL LABORATORIES
(Signed) Morris B. Lhevine, M.D.,F.A.C.R."

I am also sending a copy of the report submitted by Dr. Nelson, of [redacted] blood and urine.

"Patient [redacted] 11-2-38
Route #6, Box 196

Examination: Blood Count, Blood Wasserman, Urine.

R.B.C.	4,700,000
Hgb.	13.9 grams or 80% Sahli
W.B.C.	11,800

Differential -

		Staff	Segmented
Poly	60	22	38
Lymph	33		
Mono	6		
Eos	1		
Bas	0		

Arneth-Cooke Index	1.80
Stippled r.b.c.	One
Wasserman	
Kdmer	Negative
Kahn	Negative
Kline	Negative

Urine

Sp Fr.	1.031
Reaction	pH 5.5
Albumin	Slight trace
Sugar	Negative
Acetone	Negative
Diacetic acid	Negative

Microscopic
3 to 5 pus cells per high power field.
Occasional squamous eqithelial cell.
3 hyaline casts per 100 low power field.
Occult blood Negative

I.A.Nelson, M. D.
Pathologist."

I also submit a copy of the report sent by Dr. Robert A. Kehoe, of Kettering Laboratory of Applied Physiology, University of Cincinnati, of the results obtained on the blood and urine of Mr. A. F. Duncan.

"Urine

Analysis No. 38A-4625

Volume	A	B
	100.0 ml.	100.0 ml.

Mgs Pb/Liter	0.045	0.035

Blood

Analysis No. 38A-4626

	Spectrographic	Dithizone
Grams	19.4	19.4
Mgs Pb/100 Grams	0.02	0.025 "

Conclusions: This man in my opinion had an old pulmonary abscess on the left side. This has cleared up almost completely at the present time, and I do not see any disability present. I do not think there has been any disability caused by breathing in of gas fumes whatsoever.
I am enclosing a copy of Dr. Shepard's report.

Respectfully submitted,

(Signed) J. C. Brogden, M. D.

J. C. Brogden, M. D.

jcb/gs
enc.