April 13, 1939

[illegible] 4-13-39

H.B 110
Stip 33
W.B.C 11,250
R.B.C 4,060,000
Poly 66.5
Baso 5
Lymph 25
Mon 3
Eos 0.5

no children of this
marriage.

, shaking of legs
last Thursday
s - After about

s off and on,
eater frequency
ainted and has
ry in limousine
e weak and dizzy.
days. Recovered

lications.
ce. No operations
required.

Urine is
Dilute, pale, clear sample
Strongly acid to NR
Albumin and sugar negative
[illegible]

te - able to eat
loss of weight,

l.

Jan 30, 1939
Visited plant to observe conditions. Found men at work spraying with black lacquers. Collected information on lacquers and thinners employed, wrote Gelman on his experience with lacquers and asked Mr. Parrott to have these analyzed for composition. [illegible], light poor, ventilating facilities of plant bad. Three other men in similar exposure unaffected by condition

or several days.
ttes a day normally.
lar. Apparently
ilk rarely.

to Nunner and
Polishing furniture.

[illegible] porter 2 weeks. Then to Kelley-Koett as sander and washing casting with benzene or "lacquer thinner", composition unknown. Uses benzine now very rarely. For past 6 years has been sprayer, most of time at black and leather-like crackle finish black. Some with ivory and white, spending 1/3 of time about at these white, lead-containing paints. Working 5 days a week, 8 hours a day every week, with no overtime for past year. One man left work, not on account of illness. Men dissatisfied with working conditions. Wash room facilities inadequate. No spray booths, masks used - inadequate, removed at times. Used with thin filter to prevent droplet inhalation.

[illegible] 0016856

April 13, 1939

[redacted] 27 years of age. Married- no children of this marriage.

Attacks of dizziness, blackness before eyes, shaking of legs and general weakness in spells. Worst one last Thursday painting (spray) inside of single view boxes - After about 1 to 1-1/2 hours of work.

Course of Illness and Onset

Has had attacks of dizziness and drunkenness off and on, sometimes severe for past five years, with greater frequency and severity during past year. Has never fainted and has never been nauseated. Rode over to laboratory in limousine reclining. Was Ok until he sat up then became weak and dizzy. Previous attack in February, in bed for few days. Recovered and returned to work.

Previous Illnesses.

Children's diseases without severity or complications. Injury to back while at work, required a brace. No operations or injuries to back. Eyes good - no glasses required.

General Health

Always healthy and husky. Always good appetite - able to eat anything. Weight at best 201 now - No recent loss of weight, except perhaps 2 or 3 lbs since last Monday.

Least weight: 180 some years ago at about 21.

Habits

Uses beer. Has used whisky for stimulation for several days. Little use of whisky - Smokes pack of cigarettes a day normally. Habits of sleeping, eating and drinking regular. Apparently generally mixed diet - Eggs almost daily - milk rarely.

Occupational

Drove truck for 3 years from age of 14. Then to Nunner and Ashton Furniture, as varnisher (brush work). Polishing furniture. More or less of porter 2 weeks. Then to Kelley-Koett as sander and washing casting with benzene or "lacquer thinner", composition unknown. Uses benzine now very rarely. For past 6 years has been sprayer, most of time at black and leather-like crackle finish black. Some with ivory and white, spending 1/3 of time about at these white, lead-containing paints. Working 5 days a week, 8 hours a day every week, with no overtime for past year. One man left work, not on account of illness. Men dissatisfied with working conditions. Wash room facilities inadequate. No spray booths, masks used - inadequate, removed at times. Used with thin filter to prevent droplet inhalation.

Systems: C.N.S.

Eyes apparently Ok. Headaches occasionally. Lately worse. Ears Ok - Sense of smell Ok - Taste Ok. No nausea. No fainting attacks but weakness. Dizziness. Staggers but does not fall. No paralysis or loss of sensation.

G.I.T.

Appetite good all times including breakfast. No diarrhea or constipation, usually first thing in A.M. No blood, no coffee colored stools. No tarry stools. No indigestion. No heart burn or eructations. Able to eat anything.

G.U.

Entirely negative. No nocturia. No blood. No stones.

Cardio-Resp.

No persistent colds or cough. No asthma, no hay fever, no hives in past 6 or 7 years. No shortness of breath except on considerable exertion. No edema.

[redacted] - Employee of Kelley-Koett Manufacturing Company
Covington, Ky.

Age: 27 Married - no children -no abortions or miscarriages.

White.

PHYSICAL EXAMINATION

Height: 6.1 Weight: 198 Temp. 98.2 Pulse: 72 B.P. 134/76 later 122/72

Resp. 22

Usual weight: 190-200 Best weight: 200 (past 5 years)
Lowest " : 180

Patient is well nourished, fairly well developed white male not acutely ill - somewhat apprehensive. Slightly pale and skin is cool and moist. Fatigue posture.

Eyes: - Pupils equal and regular - react well to L and A. EOM Ok - Vision good.

Ears: - Both canals clear - both drums thickened - hearing good.

Nose: - Not remarkable.

Mouth and Throat: - Teeth fairly good, some discolored, all appear viable, few small fillings. Lower 3rd molar on left never appeared. Some gingivitis about lower central incisors. Bluish in color which disappears with pressure. Tongue is in mid-line and no tremor present. Tonsils slightly enlarged. Right is quite ragged and cryptic -Nothing expressed. Tonsils and anterior pillars and entire pharynx is injected.

Glands: - No adenopathy noted.

Chest: - Expansion equal - clear on P and A.

Heart: - Rate and rhythm ok - Sounds are of good quality - No murmurs. Reacts well. Has a volatile blood pressure - varying from 132/76 to 122/72, also pulse rate varies considerably 72-90.

RSD - 6 cm RCD - 4-1/2 x 9-1/2 cm

Abdomen - Liver and spleen not palp. No masses or tenderness. No scar or hernia - rings intact.

Extremities - normal form and function. Hands cool and moist.

Nervous System - Cranial nerves Ok - sense of small, hearing and sight Ok.
K.J ++ Bicep + Crem. + Abdom.+ Romberg neg.
Coordination is good and sensation appears Ok.

Sudden change of position elicits no symptoms.

Recommendations:

Discontinuance of exposure to lacquer and lacquer solvents unless and until the conditions of exposu has been greatly improved.

Signed: _____
Robert A. Kehoe, M.D.

KE 0016860

Urinalysis: Lead: 0.02+ mgs. Pb/Liter

Dilute, pale, clear sample; strongly acid to M.P.

Albumin and sugar negative. No microscopic.

Blood: Lead: 0.03 mgs. Pb/100 grams

Hb 110 Stippling: 33 WBC 11,250 RBC 4,610,0

Polys: 66.5 Band: 5.0 Lymph 25.0 Mono. 3.0

Baso.0.5

Impression: Find nothing to account for a white blood count of 11,250. In light of history, investigation of working conditions at plant and nature of solvents used in spray work is indicated Final diagnosis to presence or a baence of orga c disease of cent nervous system w ll depend on clinical progress of case. There is no present evidence of such disease

[redacted]

Patient of Dr. Northcutt examined 4-13-1939 by Dr. Robert A. Kehoe.

Urine

Analysis No. 39A-1459

Volume	-	580 ml
Mgs Pb Found	-	0.012
Mgs Pb/L	-	0.02 +

Blood

Analysis No. 39A-1456

Grams	-	11.1
Mgs Pb/100 gms	-	0.03

Reported: 4-18-1939

KE 0016861

May 5, 1939

Dr. E. W. Northcutt
104 East 25th Street
Covington, Kentucky

Dear Doctor Northcutt:

I am sending you herewith a report of my examination and our analytical findings on [redacted] Your examination of this report will not reveal the nature of Mr. [redacted] illness in terms of any organic change. As a matter of fact we have been unable to find anything to account for his illness in the way of organic disease. I have investigated the occupational conditions under which Mr. [redacted] worked since on the basis of his history, it seems probable that some factor in his environment was responsible for the production of his illness. I have corresponded with one or two people who know more about the lacquer solvents than I do, and I have made it a point to find out what I can as to the composition of the lacquers used in the Kelley Koett plant. As a consequence of the information obtained from all sources, I have come to the conclusion that Mr. [redacted] illness is due to the inhalation of volatile materials arising from the lacquers and the thinners used in daily work. It would be difficult, if not impossible, without comprehensive experimental work, to determine which of the solvents used is responsible for Mr. [redacted] illness. Under general conditions of operation, complaints of the type presented by [redacted] are quite infrequent. Nevertheless it is my opinion that none of the solvents used are entirely harmless and that if one is exposed to sufficiently high concentrations over considerable periods of time, illness and damage to the tissues will occur. I have come to the conclusion, therefore, that in Mr. [redacted] case, his illness is the result of exposure to these solvents under conditions of ventilation which are to say the least, rather primitive. The ventilation in the Kelley Koett plant is inadequate and is incorrectly designed. The work rooms are not adequate for the work which is carried on in them, and the occurrence of illness on the part of employees would have to depend on the utter harmlessness of the solvents employed regardless of concentration, rather than upon properly designed facilities for the removal of potential doxic materials

If there is any further service which I can render in connection with this case, or in connection with any attempts which may be made to improve the conditions in the Kelley Koett plant, I should be pleased to give my best assistance or advice. However I think the problem is apparently a ventilating or engineering problem.

I am not quite certain to whom a bill for our services should be rendered. However I am taking the liberty of sending it to you in the hope that you will dispose of it in accordance with the proper procedure.

Sincerely yours,

RAK:is

Robert A. Kehoe, M.D.