BERNARD L. BRANLEY, M. D.
315 Medical Arts Bldg.
Tulsa, Oklahoma

(C O P Y)

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Skelly Oil Co.
Skelly Bldg.
Tulsa, Okla.

Attention Mr. Swim: Re: [redacted]

I examined Mr. [redacted] several times during October and November of 1938.

In February 1936, I attended him at his home because of a lung condition, associated with cough, expectoration, fever and hemoptysis (spitting up of blood). In March 1936 I had x-rays made of his chest which findings I will give later in this report. Repeated examinations of his sputum at that time revealed no tubercle bacilli. I advised him to discontinue working for a few months and after a few weeks I learned that he had sought medical aid elsewhere. I recently learned that he returned to work in June 1936, somewhat improved.

From June 1936 to January 22nd 1938 Mr. [redacted] worked regularly at his job driving a gasoline tank wagon. His duties required the filling of his tank at the bulk station with a hose, transporting and unloading gasoline at various filling stations. The unloading was usually done with a hose, but occasionally buckets had to be used. In November 1937 Mr. [redacted] consulted Dr. C. D. Heasley, Osteopath, because of "weak spells", headaches, loss of strength and cough with expectoration of pus. He consulted this doctor on several occasions between November 1937 and January 22nd 1938 the last day he worked.

On January 22nd 1938 Mr. [redacted] performed his usual duties and finished his days work at approximately 4:40 P. M. On direct questioning he stated that he performed no unusual duties and nothing unusual happened in the performance of his duties. However, he felt badly all that day and vomited several times during the day. After reaching the warehouse that evening and while sitting in the warehouse just before quitting time, he coughed violently and fainted. He soon was revived and was able to drive his own car home although he vomited on the way home. On reaching home, he went to bed and remained there for ten or twelve weeks. During his stay in bed, he states that he had fever every day for a number of weeks. He coughed considerably and coughed up a lot of pus and blood. He lost approximately 40 pounds in weight. It was necessary for him to sleep in a sitting up position because of shortness of breath. He improved somewhat and was able to get up and around after several months.

During the past few months he has complained of weakness, dizziness, cough and expectoration of pus. He also complains of

transitory pains in various joints, such as knees, ankles, wrists and elbows. When his joints flare up he states that he gets a metallic taste in his mouth and he notes a blueish color to his lips. These joint pains together with associated symptoms are not constant, but come and go at various intervals. He also complains of attacks of abdominal crampe and also of gaseous distension of his bowels. His bowels move regularly with out laxatives and his appetite is fairly good.

In 1934 Mr. [redacted] was operated for a rectal fistula which is entirely healed.

Physical Examination:

Weight 168 pounds. Blood pressure 146/80.
Pulse 80. Temperature 98.6

A well developed and well nourished adult white male, 52 years old. His color is good and his general appearance is good.

Head; Scalp normal.
Ears, nose and eyes OK.
Teeth, some absent, some mild pyorrhea.
Tonsils present, not badly diseased.

Lungs: Expansion good. Normal resonance throughout. Breath sounds normal. No rales heard over chest any where.

Heart: Normal in size. Heart sounds of good quality. No murmurs.

Abdomen: Normal

Genetalia: Normal

Rectum: Considerable scarring around anal opening resulting from operation for fistula several years ago.

Extremities: There is no edema. The deep reflexes are normal and equal on both sides.

I have studied all laboratory reports of blood, urine and sputum in this case. These findings are outlined in Dr. Brogdon's report.

Conclusions and opinion:

I have examined the series of x-ray plates taken of Dr. Duncan's chest between February 1936 and November 1938. He had some definite pathology present, probably of an acute inflammatory nature in his left lung in 1936, and also some old fibrosis

in the apices of both lungs. His last x-ray in November 1938 show no evidence of any active disease in his lungs at this time and I know of no reason for any physical disability.

Yours very truly,

Bernard L. Branley

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