May 11, 1948

Att: Dr. E. P. Luongo,
Medical Director

General Petroleum Corp.
136 West 2nd Street
Los Angeles 12, Calif.

Re: [redacted], Inj.
D/A May, 1947
Our File No. 1747-D

Gentlemen:

On your authorization the above captioned patient reported to the writer for examination on 4-29-48. He is a married, white male, and at the time of his alleged injury was employed as a tank cleaner. He lives at 10663 Nasseau St., Sunland, Calif.

HISTORY: The patient gave the following history: In May of 1947 he started to have pains in his left lower abdomen. After their inception they seemed to work up along the side of his abdomen into his left arm. This condition lasted for approximately two minutes. Because of it he went to the Glendale Clinic where he states all sorts of tests were made. He particularly stated that they did not find anything wrong with his kidneys or his heart. The condition partially cleared up but he states never entirely. Then about one month ago the patient noticed this pain in his left leg and ankle. He has noticed none on the right side. Because of this pain he has to change the position of his legs frequently, and the pains will wake him up at night. He recently consulted a physician who gave him some tablets.

Past Medical History: The patient state he has always been in excellent health, has never had any serious illness, accident or operation.

Inventory of Systems:

Head - The patient states he has no headache, dizziness or tinnitus. He has poor vision which has been corrected by bifocal glasses. He has had no sinus trouble. He states his teeth have been false for a number of years.

Tonsils - Intact.

Respiratory System - Patient has a slight morning cough which is also slightly productive. This has been present for a number of years.

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Cardiac - The patient denies any dyspnea, palpitation, or cardiac pain. He does state, however, that he uses two pillows to sleep on at night, indicating the possibility of some mild degree of orthopnea.

Gastro-intestinal - Appetite good. Has no symptoms of indigestion. Is not constipated. He never has noticed any abdominal cramps or colic.

Genito-urinary - No nocturia, frequency or dysuria. Denies venereal disease.

Nervous System - Negative.

Weight - Stationary.

Occupational History: Mr. [redacted] states he has worked for the General Petroleum Corporation for twenty-four years. By trade he is a pipe fitter but for approximately twenty years he work has entailed the cleaning out of tank cars. These tank cars have contained both regular gasoline and Ethyl gasoline. When questioned as to how many tank cars he cleans, he states that he will average one a day and thinks that in the past twenty years he has cleaned out 10,000 cars. He describes his work as follows: He first runs through the opening a hose which pours into the tank hot steam. After this has been done and the tank drained, and cooled down, the patient then enters the tank with an ordinary water hose, and cleans it out again. In addition and on occasions if there is some caking or any material adherent to the sides of the tank car he uses a material which he calls a gas-oil. When questioned as to whether or not this work within a tank every bothered him or annoyed him in any manner, he states not usually. Once in a while he will feel sort of dizzy or maybe his head will feel a little heavy, but otherwise he states he has never noticed anything obnoxious.

PHYSICAL EXAMINATION: The patient is a pleasant, affable, and normally intelligent, white male. His weight was 212 lbs. and height 5 ft. 7½ in.

Head: The pupils were small, round, but reacted to light. Because of the smallness of the pupils the fundi were not well visualized.

The ear canals and ear drums were normal.

There was no evidence of any inflammation of the nasal mucosa.

The teeth were all false.

Throat: Negative.

Chest: This was barrel shaped in type and there was slight restriction bilaterally of the chest on deep inspiration. This is a usual finding in one of this age and with this type of chest. The percussion note was resonant throughout. Auscultation of the lungs revealed no friction rubs or rales.

Heart: Rate of 70; there was an occasional ectopic beat present. No murmurs were heard. The blood pressure was 160/90.

Abdomen: Obese; no organs or masses were palpated. It was particularly noted there was no enlargement of the liver.

Prostate: No enlargement of the prostate was noted.
Extremities: Negative on general inspection. There was no evidence of ankle edema. There was some weakness of grip of both hands bilaterally.
Neurological Examination: Examination of the cranial nerves revealed no abnormalities. The patient has normal reaction to the senses of smell and taste. There was no weakness of the facial muscles. The rest of the neurological system was examined and it was found that the Romberg was negative the Babinski was negative, and gait was normal. The left patellar reflex and left tendo-Achilles reflex was present but slightly diminished over that of the right. This diminution, however, was so slight as to not be thought significant. The reflexes of the upper extremities were normal. In testing the sensory system the patient had some slight diminution of sensation to pin prick in both the left arm and left leg. Motion of the extremities was normal but the patient complained of some slight discomfort on raising his left arm. This discomfort was felt in the area of the shoulder joing.

LABORATORY: Whole Blood Test for Lead: Lead content - 0.05 mg./100 ml. blood
(Normal: 0.0 to 0.07 mg.)

Blood Count:	Hemiglobin	85
	Erythrocytes	4,300,000
	Leucocytes	14,300
	Polys.	70
	Lymphs.	28
	Monos.	2

Blood Sedimentation Test: 5 mm. in 1 hour
(Normal: 2 to 8 mm.)

Urinalysis: Color - Yellow
Appearance - Clear
Reaction - Acid
Specific Gravity - 1.030
Albumin - 0
Sugar - 0
Microscopic: Occasional epithelial
R white blood cells

Blood Wassermann and Kahn: Negative

ELECTROCARDIOGRAM: The auricular and ventricular rates are equal. There is no evidence of prolongation of the time interval in the P-R or the Q-R-S complexes. The P-wave is normal in all three leads that is, in I, II and IV, but is downward in lead III. This is of no significance. The T-wave is upright in leads I, II and IV, and diaphasic in lead III. There is a slight tendency towards notching of the R-limb and the amplitude is somewhat lower than normal.

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Interpretation: There is no evidence from this electrocardiogram of any coronary disease. It does indicate a mild degree of cardiac insufficiency in keeping with the patient's age.

X-RAY EXAMINATION: Postero-anterior views of the chest reveal some slight enlargement of the aortic bulb and some definite enlargement of the left ventricle. There is generalized increase of the perivascular markings in keeping with his age.

DISCUSSION: The complete physical examination of this individual is essentially normal, and the laboratory investigation fails to reveal any abnormal findings other than a leucocytosis, the cause of which was not apparent from the physical examination. It will be particularly noted that the whole blood for lead is well within the normal limits. In fact, it is on the lower side of the normal. The electrocardiogram revealed no significant findings, and the chest x-rays are in keeping with those of an individual with a barrel-type chest.

It would, therefore, appear from the writer's examination of this individual that he has no disturbance of any type which might be attributed to his occupation. Likewise, he does not appear to have any specific pathological disturbance of non-occupational origin other than the possible cause for the leg pain.

It is the opinion of the writer that this pain which this patient has in his left leg is probably due to some arterial spasm similar to intermittent claudication. The patient is definitely not that of a neuritis and no evidence was found of any disturbance to the left sciatic nerve. It will be noted that the patient notices this pain particularly in his leg when it has been at rest, that is, after sitting for any length of time or at night in bed. This, again, indicates the possibility of a poor blood supply to the part.

As previously stated, the writer does not believe that this patient has any disturbance to his occupation, but the writer cannot help but feel that this man is inadequately protected in going into a tank which previously contained Ethyl gasoline. Presumably, under ordinary circumstances, there exists no hazard, but one wonders if such luck can always hold out.

In conclusion there exists in this case no disturbance due to his employment, and, therefore, no temporary disability of occupational origin.

Very truly yours,

R. T. JOHNSTONE, M. D.

RTJ/lds