June, 1931

Re: [redacted] (Humble Oil Employee)

Married - no children - wife now eight months pregnant. Born in Nacogdoches, Texas - graduated from local Teachers' College. Working for Humble Oil Company since August 1929, and as in their report, began running distillations of ethyl gasoline May, 1930, and the last on February 9, 1931. He states that their number of seventy-five distillations would be a minimum but that they keep accurate laboratory records.

LEAD EXPOSURE: only in above work although he called attention to the fact that the laboratory table had a lead covering.

PRESENT ILLNESS: Began about a week before reporting to Dr. Stein at Humble Refinery. Began with headache and cramps in abdomen. No vomiting, diarrhea, or constipation. When his feet began to swell and he became short of breath, he went to see the doctor who examined him and asked who his family doctor was. After telling that his father, who is a doctor, had taken care of him in the past, he was told to go home. He remained at the Company Hospital for a few days before leaving. His headaches continued and at times he became dizzy, and saw spots before his eyes. Noticed brick-dust color urine at first which rapidly disappeared. His lower extremities became very edematous and when he arrived home (a five hours ride from Houston on train) his father stated his feet looked as though they would burst. He had fluid in his abdomen. Was very short of breath. No chills at onset or pain in joints. He has had some fever since onset but since he has been at home, only slight elevation in the evening. When asked regarding tonsillar infection or "sore throat" he stated that he noticed "sore throat" a day or two previous to onset but immediately he retracted the statement

and said tonsils or pharynx never gave him any trouble. No history of infection of teeth or gums and no other foci revealed in history. Dr. Tucker however states that he has had trouble with his throat for years and has wanted to remove tonsils for years but the patient objected. Patient states that he noticed above symptoms more so just after running distillations in early February. At home while some of the edema disappeared he continued to grow worse. He began to cough and "grew wheezy" and became very short of breath. At times his heart would awaken him at night "skipping beats." Out put of urine has continually decreased. He is at home not wanting to go to a hospital which is extremely bad because of treatment and because he is not getting necessary attention.

PAST HISTORY: Essentially negative. States he was always healthy in the past. Never had kidney involument before. (As stated above, apparently had throat infection.) No history from patient of any possible focus of infection.

EXAM: Wt. 193 Ht. 5 ft-11½ Age 30 yrs. T. 98 P. 86
Due to patients condition he was not moved or questioned any more than absolutely necessary.

He is a well nourished white male, lying in bed, somewhat aenemic and dyspneic at times. His face is puffed under his eyes and cheeks.

Head and Neck

Eyes - pupils equal-regular- react O K to L. & A.

Ears - essentially negative

Nose - essentially negative

Mouth - Tongue pale and in midline. Teeth fair condition - no lead line - gums pale. Tonsils not larger but evidence of chronic infection. Pharynx injected. Petechiak on posterior hard pallate and on soft pallate. Neck normal.

Chest (Breathing) Labored and dyspneic at times. Very well developed. Clear on percussion - coarse rales over lower back and post. axillae. Some edema skin back and less of front.

Heart Rate irregular - occasional extra systot. Rate 86 approximately. Very difficult to percuss because of overlying fat and some edema. Sounds are of fair quality. No murmurs heard. B. P. 138/100

Abdomen Free fluid in abdomen. Liver and spleen not felt but abdomen fairly tight and quite tender.

Extremities Edematous to hips

Impression Acute parenchymatous nephritis - origin probably in tonsils.

Prognosis: Probably will not recover.

Lab: Intake limited - amount? Output - little, approximately (6-8oz.) in twenty-four hours. Not grossly bloody at present. A specimen could not be obtained so a morning specimen seen at Dr. Tuckers. About (1½ in.) solid albumen in test tube. Tubular casts.

Father and son sold on idea that lead is responsible for his Nephritis. Incensed over Humble's method in sending him home and not treating him. Patient to be sent to local hospital the next day. Impressed father lead was not responsible and that it was bacterial in origin. Dr. Tucker also thinks it is bacterial when knows exposure.

Further information

Patient died August 1931