The Lowe Brothers Company
Dayton, Ohio

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N16556

KE 0013701

Present employment

Lowe Bros. Company - mixing room - all kinds of paint. Has been so employed for 32 years and 8 months, since starting at plant. Continuous work.

Previous employment

Farmed in Poland. When first in U.S.A. for one year was farm hand, then to Pittsburgh as molder in cast iron foundry for one year. Then to Dayton six months in steel car shop and then to Lowe Bros. with brief interim on farm. No painting or lead exposure until present work.

Previous medical history

No illness as child. Has had sinusitis for past 6 or 7 years. First illness of life. Broke foot 7 years ago by dropping tub of paint on it while mixing. Healed up ok. Some soreness at changes in weather. Operated for unilateral hernia one year ago. Lost weight thereafter and felt bad. Otherwise negative. No illness from work except perhaps constipation related to it.

Family history

Father died at 29 of some acute infection. Mother died last year at 84 - cause unknown. One brother and one sister in Poland in good health until connection lost in present war. Four brothers and one sister (half) by second marriage of mother. Little knowledge of them. One brother in this country - whereabouts unknown. No Tbc, diabetes, insanity or other familial disease.

General health and habits

General health good. Best weight 168 before starting present work. Least weight 145 at present time (loses in summer, can't eat), 156 in winter. Lost about 10 pounds in summer. Does so regularly. Not feeling so good at present. Smokes 2 to 3 cigars per week. No cigarettes. No chewing. Drinks beer occasionally, whiskey rarely, little wine. No breakfast, light lunch, good supper. Appetite bad since

Headaches with sinusitis, especially in morning. No pneumonia except perhaps broncho-pneumonia with high fever after operation. No hemoptysis. No asthma. No nocturnal dyspnea. No hay-fever. Some swelling of feet during last year when up at night with ill wife and working during day. Some shortness of breath at work as compared with earlier period. Tires out somewhat more readily. Some precordial pain for short time last spring, none since or at present. No cramps in legs at night.

G.E.T. - Disturbed with constipation. Takes milk of magnesia twice a week. Bowel movements only after medication. Has been so for entire period of work at Lowe Bros. No colic, but abdominal discomfort when constipated. No pain after eating or at night. Appetite bad at present, especially since hot weather, but not good since operation. Never a hearty eater, but now no appetite. Never eats breakfast, only coffee, little lunch, fairly well at night, but not good. Drinks no milk. Eats mostly meat, bread and potatoes. No blood in stools, no hemorrhoids, no diarrhea.

G.U. - No nocturia. No hematuria. No stones. No difficulties. No venereal history.

Neuromuscular - No numbness, tingling, loss of feeling or strength in fingers, hands or wrists. Legs ok. Has some pain in left hip and sometimes in knee, radiating along course of sciatic nerve, apparently. Inconstant.

Robert A. Kehoe, M.D.

Additional history

This man complains of dizziness and lightheadedness which comes on immediately upon rising in the morning. It is accentuated by the smell of paints and solvents at the mill. He thinks benzene is the worst offender. These symptoms are diminished but do not disappear over the week-end. He believes he has had them for the last 5 years, perhaps longer. Also he has some difficulty in sleeping and experiences weird dreams. Frequently he has severe headaches, particularly in the evening. Glasses do not benefit this situation. No history of diplopia, loss of consciousness, or loss of memory. This man says that he has not felt well for the last 10 years, which dates the onset of the constipation described to the previous historian.

Wm. F. Ashe, M.D.

There is no nystagmus. Fundi show no change. Nose and ears are normal. Mouth and throat are normal. Neck - there is nothing to be seen which is abnormal, but the patient complains that on rapidly turning his head in either direction he experiences some dizziness. However he develops no nystagmus with this symptom. Lymphatics negative. Chest is symmetrical and moves well. Lungs are clear. Heart and blood vessels normal. The abdomen is soft, flat and non-tender, and there is a hemorrhaphy scar on the right. No organs or masses are palpable. Rectal examination reveals a slightly enlarged, firm, non-tender prostate. There is no fecal material in the rectum. Extremities - there is a large scar just above the knee on the medial aspect of the left leg. The right foot is flat and deformed by previous fracture. There is tenderness on deep pressure above and posterior to the left great trochanter. There is no limitation of motion of the legs and their length is equal.

Neurological examination - cranial nerves:

1 - recognizes alcohol and ammonia with either nostril
2 - vision presbyopic - wears bifocal glasses - no photophobia
3 - no nystagmus, ptosis, lidlag, strabismus or hippus
4 and 6 - normal
5 - sensation of light touch and pin prick normal - muscles of mastication normal
7 - muscles of expression normal and equal - taste does not appear to be impaired
8 - hearing is good - air conduction better than bone conduction - Weber does not lateralize - Rhomberg negative - no passpointing
9 - gag reflexes very active
10 - normal unless constipation is related, which I doubt
11 - muscles of the neck show no weakness
12 - tongue protrudes in midline without tremor.

Upper extremities - No muscular weakness. Posture well maintained. No tremor or dysmetria. Reflexes are present and active. Hoffman negative. Sensation of touch, pain, temperature and stereognosis normal.

Abdominal and cremasteric reflexes are present.

Lower extremities as uppers. Babinski, Chaddock, Oppenheim and Kernig are all negative.

Blood examination

Hb. 91 Stip. 0 WBC 7,200 RBC 4,800,000
Poly. 61 Band. 10 Lymph 18 Mono. 8 Eosin. 2.5 Baso. 0.5

D. Duval

Roentgenological findings

Conclusion: Chest negative for any evidence of pathology.

(For complete findings see report from Department of Roentgenology, The Christian R. Holmes Hospital, 8-22-40.)

E.R. Bader, M.D.

Lead findings in blood and urine

Urine - 0.060 mgs Pb/liter

Blood - 0.030 mgs Pb/100 gms (Spectrographic)
0.047 mgs Pb/100 gms (Dithizone)

(For complete analyses see Kettering Laboratory report, 9-3-40.)