Dr. Charles McVea
Louisiana National Bank Bldg.
Baton Rouge, La.

January 21, 1946
Baton Rouge, La.

Taylor, Porter, Brooks & Fuller
La. National Bank Bldg.,
Baton Rouge, La.

Dear Mr. Porter:

As you requested I have examined [redacted] a 21 year old negro man, who states while working for the DuPont Co. in January 1945, he was exposed to lead fumes while doing ditching work in a drainage ditch on DuPont property. The same day he had a severe headache and was treated by a physician without relief. Several days after his illness began, he was so sick that he was admitted to a local hospital. He says this was about the 22nd of February and he remained in the hospital 1 month. The first few days of hospitalization, he was out of his head and he suffered thereafter with a continual headache, a stinging pain around his heart and a choking sensation in his throat. These complaints have continued up to today and he has sought relief on several occasions, seeing several physicians and being in Charity Hospital in New Orleans on several occasions, the last time being about 2 months ago. He complains further that he cannot see as well out of the right eye as out of the left since the injury. The headache and aching pain down his back have been continuous since his accident. He does not sleep well and awakes at night with headache. At the time of the accident for a period of about 2 months he had recurrent severe cramps in his abdomen but these have not recurred since April 1, 1945. His bowels move normally but he has a poor appetite and says the sight and odor of food occasionally makes him vomit. He has a hacking cough and spits up blood at night and at frequent intervals during the day he has a choking sensation in his throat. He has no other complaints of any other nature whatsoever.

He states that he has had no previous illness. Marital and family history are not significant. He had gonorrhea in 1942 and was cured. He denies any other venereal disease.

On physical examination he is seen to be a well-nourished and well-developed negro man. His eyes are slightly more prominent than usual. His teeth and mouth show no gross pathology and tonsils are apparently normal. There is a line of pigmentation on gums which is not uncommon in this race. I do not believe it is a "lead" line. A complete physical examination reveals no pathology of any significance except that the Blood Pressure is 155/95. The urinalysis is essentially negative.

It is my opinion that this man has a hypertension or high blood-pressure and that this is responsible for the headaches he suffers. He has no physical evidence or history of symptoms of lead poisoning existing at the present time. It is quite possible that the hypertension which he now has is a complication of lead poisoning. I do not know whether or not he had high blood-pressure before his exposure to lead. I am unable to account for the backache, the choking sensation in the throat, the stinging pain around his heart or the difficulty he complains of with digestion. I am inclined to believe that the digestive dis-

turbance is a minor one since this man is rather well-nourished and well-developed. Facilities are not available in my office to test his vision completely, however he tells me that he sees fairly well out of both eyes but that his vision is not clear in the right eye. It would be of some benefit to me to know the results of the blood work on this man. I believe the blood findings would support my impression that he no longer suffers with lead poisoning at this time.

Thank you for sending this man to me,

Very truly yours,

/s/ Charles McVea

Charles McVea, M.D.

CMV/mss
Enc.

C O P Y

Dr. Robt. B. Wallace
603-4 Reymond Building
Baton Rouge, La.

C O P Y

Taylor, Porter, Brooks & Fuller
Louisiana National Bank Bldg.
Baton Rouge, Louisiana

Re: [redacted]
Baton Rouge, La.

Dear Sirs:

At your request I have this day examined the above-named colored male, with the following findings:

He gave a history of becoming sick while digging in a large ditch after a pipe containing a blue liquid was broken about 11 A. M. on January 31st, 1945, working off and on until 5:30 that afternoon. He felt bad all that night, vomiting his food and becoming very restless. He worked two hours the next day but got so sick that they spent the rest of the day in the plant hospital. He then stayed at home for several days taking treatment for headache from his doctor, then was sent to the hospital and was treated for being crazy for about one month. Now he says he feels bad all the time with continuous dizziness and pain all over his head and in his right eye; has a choking feeling in his throat and occasionally a singing in his heart; has a burning of his eyes all the time; always worse at night and has to sleep with his head high. Says his muscles are in good shape and has no trouble with his hands or feet.

Examination showed a well-developed and nourished, young colored male, apparently in excellent health, and all general examination findings were normal. I found no objective signs of lead poisoning; his blood-pressure, systolic 138mm - diastolic 78mm; pulse 72; no signs of arterio-sclerosis; no lead line on gums; reflexes (eye, knee and Rhomberg) all normal; no wrist or ankle weakness; and no signs of encephalopathy.

Conclusions: While I could find no objective signs of lead poisoning and recovery from lead psychoses is common, this man may have a residual lead psychosis which could terminate in chronic insanity. To get further examination on this phase of his condition I would suggest examination by a psychiatrist. In my rehabilitation work I have found that Dr. Barkoff (New Orleans) makes excellent examinations and very thorough reports.

Yours very truly,

/s/ Robt. B. Wallace, M.D.