FORM 191

STANDARD OIL COMPANY.

INCORPORATED IN KENTUCKY

W. E. SMITH, PRESIDENT

LOUISVILLE, KY.

PLEASE REFER TO FILE NO.

March 24th, 1944 JJH

-- Re: James A. Williams, Birmingham, Ala. Plant --

Dr. Robert A. Kehoe,
University of Cincinnati,
College of Medicine,
Eden Avenue,
Cincinnati 19, Ohio.

Dear Dr. Kehoe:

I thank you very much for your letter of March 21st, 1944 enclosing report of your examination of James A. Williams, and am glad to know that you found no evidence of lead poisoning.

Very truly yours,

J. J. Hettinger

JJH:CM

FORM 191

STANDARD OIL COMPANY.

INCORPORATED IN KENTUCKY

W. E. SMITH, PRESIDENT

LOUISVILLE, KY.

PLEASE REFER TO FILE NO.

March 20th, 1944 JJH

-- RE: [redacted] Birmingham, Ala. Plant --

Dr. Robert A. Kehoe,
University of Cincinnati,
College of Medicine,
Eden Avenue,
Cincinnati 19, Ohio.

Dear Dr. Kehoe:

We haven't heard anything further from [redacted] and I am just wondering if he has presented himself to you for further examination or if you have heard anything further from Dr. H. P. Hart.

Awaiting to hear from you, I am

Very truly yours,

J. Jos. Hettinger

JJH:CM

J. Jos. Hettinger

KE 0016285

Hear Dr. Ryder for balance
B file

March 21, 1944

Mr. J. Joseph Hettinger
Standard Oil Company (Kentucky)
Louisville, Kentucky

Dear Mr. Hettinger:

In re [redacted] Birmingham Plant

I regret very much the delays associated with the report on the man referred to, but at long last, we have obtained the necessary samples from Doctor Hart, and have completed the job. I am glad we waited to check the original analytical results, for by this means we have eliminated any question that might otherwise have remained in doubt.

I enclose herewith the complete report, together with a summary of the case made by my associate, Doctor Henry Ryder. This summary is wholly adequate and after reviewing all the available facts I am in full agreement with it.

I trust that we shall have given you the information you required for the proper disposition of this matter.

Very truly yours,

Robert A. Kehoe, M. D.

RAK:KK
Enc.

February 5, 1944

[redacted] negro male, 50, married
22 Penn Ave., So., Massillon, Ohio; telephone - sister, 8039, Massillon
Family physician - M. E. Stilwell, 612 First Nat'l Bank Bldg., now in A.U.S.
Referred by J. J. Hettinger, Standard Oil Co. of Ky., Louisville, Ky.
Employer - Standard Oil of Ky.; Birmingham, Ala. plant.

Current Complaint

Generalized aches, and weakness, 13 months.

Occupational History

Worked for 24 years for Standard Oil of Kentucky, in Birmingham plant. He states that when gasoline was first colored, he did the blending of the color (red or blue) in the gas. He did this for a year or longer. Following this he did the loading, unloading, compounding and mixing. He says he has inadvertently swallowed gasoline, when he was taking the cap off the tank cars, and gasoline has spouted into his eyes, face, nose and mouth. This nauseated him each time, but he had no other effects. His most severe nausea followed the episode where he got stuck in the manhole trying to rescue a fellow worker. He states he was unconscious some period of time, and when he "found himself" he was vomiting.

In 1941-2 (the exact time escapes him), he was working one day when he got a ketch in his neck. He continued working, and that night after he got home he was seized with a sudden pain, he localizes to the apex of his heart, which was an oppressive sensation. This pain was very severe, and was associated with shortness of breath. He could not lie down because it made the pain worse. He could not take a deep breath, because that would make the pain worse; there was no apparent orthophoea.

He went to Dr. W. R. Ward, who X-rayed his heart, told him it was "too small," and "something was pressing on his heart." He was told to stop work, and patient returned to work after 4-5 days, before he got doctor's permission. This pain nearly disappeared, although he still occasionally gets a cramping pain in this area, which comes only when he does some exertion. Stopping the exertion relieves the cramping, but it takes hours for it to go away completely. This pain does not always come with a given amount of exertion, and for periods of months he may be free from it despite exertion.

He does not consider this episode part of his present illness, which he states began in the spring of 1942, with the principal complaint of stiffness in his joints, and inability to raise his arms and legs, not from weakness but from pain. In November of 1942 he was off work for 7 days because of an acute attack of this pain.

He went from one doctor to another, trying to get relief. He went to two doctors for the original attack in 1941-42 and from time to time as he felt worse and worse he went from one doctor to another.

In January 1943 he "got so nervous he couldn't keep himself together." At times he would be working, and get kind of jittery, feel weak, and breathless. The pain in his joints was also bothering him; sometimes he would even have to have help to get his clothes on.

When he quit work on the advice of Dr. C. H. Watterson he was sent to the government hospital. They requested lumbar puncture, which the patient refused. He says they did him no good at all. Then his brother in Massillon sent for him to try to help him, and he has been there since.

In Massillon he has been under the care of Drs. Hart, Stillwell, and Mallory. They have not helped him either. Dr. Mallory gave him no opinion as to the nature of his illness. Dr. Hart said he found "definite evidence of lead poisoning in his blood." He was the first doctor who suggested this. Several of the other doctors said it could have been lead poisoning, but never did say that it was. The patient got no opinion from Dr. Stillwell.

He has noted constipation ever since he first got sick. This consists of feeling like he wanted to move his bowels, but passing only gas unless he takes a cathartic. He originally had considerable distress in his belly, such that he couldn't keep his belt buttoned, and having to unbutton his pants when he sat down. This has gone away. He still has to take varied catharsis in order to move his bowels.

His incapacitation now consists of pain and stiffness in his joints, and "nervousness."

Past History

Born in Florida. Lived one-half of life in Alabama, the other half in the South. Never ill in travels before the present illness.

Does not recall childhood diseases, infectious diseases or metabolic diseases. Received vaccination and inoculation in World War.

Was in Government Hospital at Tuskegee in 1933. In War saw no active service. (He was shipped back to this country by mistake with a group of sick men.) Teeth out this last year, since June, without relief. No injuries or accidents.

Family History

Father died at 72, ? cause. Mother died at 60+, ? cause. One brother and two sisters now living and well, except some infants, and one sister who died of pneumonia, and one brother killed in accident.

No infectious, metabolic, allergic or nervous familial diseases.

Marital History

Duration 15 years. Wife 43, living and well, and working. Nine children; 6 living and well; one died at childbirth, one "scared to death by a cat", and one "died with a fever."

Habits

Smokes 20 cigarets per week. No alcohol. Drugs - cathartics only, now; has taken much on doctor's advice.

Systemic History

General-Usual weight was 223 lb. before illness. Has "fallen off badly" to 180 lb. Strength poor, endurance gone. Never had chills and fever. Has had anorexia since start of illness.
Skin - negative
Head - Headaches occasionally, entire, not often now. Had a severe headache for 5 days, January 1943. Waving of environment when he is tired; change in position relieves it. No syncope.
Eyes - Occasional burning. Poor vision, with present illness.
Ears - Hearing Ok. No discharge.
Nose - negative
Mouth - No lesions of tongue or mucous membrane. Teeth out on doctor's request. Speaks of dentist finding extra amounts of bone in his jaws on removal of his teeth.
Throat -No soreness.
Neck - No swelling or tenderness.
C.R. - No cough. Shortness of breath with exertion. Pain - see present illness.
G.I. - Appetite poor. Can't eat well without teeth. No food intolerance. No pain in stomach. Bowels move with catharsis. No piles or hernia.
G.U. - Rare nocturia. No frequency or dysuria. Venereal disease - serology repeatedly negative.
Extremities - No numbness or tingling. Arthralgias - present illness.

Physical Examination

A worried, moderately obese negro not acutely ill, complaining about his joints, who is correctly oriented, and anxious.

Height 5'8-3/4", weight 191-3/4 lb., temperature 96.8, pulse 78, respirations 21, blood pressure 144/90 (RAS), grip - right 55, left 35, right handed.

Skin - No lesions or excoriations.

Head - No masses or tenderness.
Eyes - Pupils, 3 mm, equal and round, slightly irregular, central, good reaction to light and accommodation, directly and consensually. Sclera negative. Conjunctiva slightly injected. Normal extrinsic ocular movements. No nystagmus. Eye grounds - vascular - slight arteriola narrowing; discs good color, flat; retina - no lesions seen.
Ears - Both right and left - Rinne positive, Schwabach negative, drums normal, Weber not lateralized.
Nose - Mucous membrane normal. No deviation or obstruction.
Mouth - Lips normal. Mucous membrane normal. Gums - On lateral aspects alveolar processes both maxilla are hard irregular roughenings, apparently attached to bone. The skin over them is tender. Gums are well healed. The spotchy negroid pigmentation is present over lingual and buccal surfaces of gums.
Throat - Tonsils and pharynx slightly injected.
Adenopathy - negative
Thyroid - no
Chest - Symmetrical, somewhat barrel-shaped. Lungs clear anteriorly and posteriorly to percussion and auscultation.
Breasts - negative
Heart - Sinus rhythm. Sounds normal, $A_2 = P_2$ not accentuated. PMI not felt. Heart not enlarged to percussion. Bruits soft (grade 1) systolic over left sternal border. No gallops, thrills or rubs.
Abdomen - Mild aortic tenderness. No masses felt. Liver is of normal size. Spleen not felt. Kidneys negative. No hernia.
Genitalia - No scars. Normal.
Rectal - Some prostatic tenderness; prostate is slightly boggy and enlarged. No rectal masses.
Extremities - No atrophies or deformities. He voluntarily restricts circumduction of shoulders, and head or neck, referring pain to entire shoulder joint, and spine of C7. There is no local tenderness to palpation or percussion. There is some crepitus of both knees, and slight pain or pressure over metatarsals.
Neurological - Muscle power is somewhat weakened; apparently he is cautious because of pain. Sensation normal to pin prick and cotton wool throughout. No tremor. No ataxia. Finger to nose, and Romberg negative.
Reflexes -

	R	L		R	L
BJ	++	++	Abd. U.	0	0
TJ	++	++	L.	0	0
WJ	++	++	Crem.	+	+
RP	++	++	KJ	++	++
Hoff.	0	0	AJ	++	++
			Plantar	↓	↓

Lab Work

Urine - Yellow, clear, specific gravity 1.028, albumin negative, sugar negative, centrifuged sediment - much mucous; rare white blood cells and red blood cells per low power field.

Blood - Hemoglobin 14.6 gms (90%), WBC 3,700, RBC 4,720,000 Stippling 0, differential - Poly. 36, Band. 3, Lymph. 54, Mon. 3, Eosn. 2.5, Baso. 1.5

Henry W. Ryder, M.D.

X-ray Examination (2-7-44)

Examination of the chest shows the greatest cardiac width to be 14 cm. and the thoracic width 30.5 cm. The aorta is elongated but not dilated. The lungs and pleura are essentially negative. The thoracic skeleton is negative.

Examination of both shoulders shows roughening in the acromi oclavicular joints which is probably a manifestation of arthritis. The shoulder joints themselves are negative. The surrounding soft parts appear normal.

Examination of the cervical spine shows no gross abnormalities. The presence of arthritis or cervical rib is not shown.

Examination of the upper molar areas shows multiple small root fragments in these areas. Identification of the areas will need to be done more accurately if and when removal of these fragments is done.

Lead Analyses

2-5-44 Urine 0.02 mg. Pb/Liter

Blood 0.12 (spectrographic), 0.10 (dithizone) mg. Pb/100 grams

3-13-44 Urine 0.04 mg. Pb/Liter

Blood 0.035 (spectrographic), 0.03 (dithizone) mg. Pb/100 grams

Electrocardiogram (2-5-44)

Normal sinus rhythm, rate 66. P waves upright all leads. PR interval 0.08 sec. Left axis deviation. $T_{1,2,4}$ upright, T_3 inverted. No ST segment deviation.

Serology (2-15-44, Holmes)

Reported negative.

Summary of findings on [redacted], employe of Standard Oil Company of Kentucky

Information on the patient was obtained from the patient, and from company records which Mr. Hettinger considered his complete file on the patient.

He apparently has been employed by the Standard Oil Company of Kentucky for 24 years. His principal occupation appears to have been the operation of pumps used in the transfer of gasoline from tank cars and trucks to storage tanks. During this he has had repeated exposure to gasoline and has been nauseated from this exposure on repeated occasions. Once 8 years ago he was acutely narcotized from overexposure. He had no symptoms following this overexposure suggestive of acute tetraethyl lead intoxication.

He was asymptomatic until 2 or 3 years ago when he began to suffer from pain localized to the apex of his heart which has continued to the present time. This pain is not related to exertion. In the spring of 1942 he began to suffer from an illness characterized by pain and stiffness in his shoulders and hips, nervousness, anorexia, weakness and breathlessness. He had no satisfactory relief from these symptoms despite the care of a number of physicians. Because of these symptoms he was considered completely disabled in January of 1943, and since that time has done no work, receiving payments from the company on their disability plan. He was referred to us for examination because of the opinion expressed by one of his medical advisors that there was some evidence of lead poisoning.

A review of his systems revealed in addition to the above symptoms that he has lost 40 pounds in weight. He had no significant cerebral symptoms. His teeth had been removed on his physician's advice. He had no angina or breathlessness. He had not suffered from abdominal pain. He was habituated to the use of cathartics to move his bowels. He had had no dysaesthesias, muscular pain or palsies suggestive of sensory or motor neuritis.

On physical examination he appeared anxious and concerned. He was 30 pounds overweight. He had slight diastolic hypertension, and his eye grounds showed some arteriola narrowing. The alveolar margin of his upper jaw showed excess rough bone, over which the gums were tender. His heart and lungs were normal. His abdomen was not remarkable. He had some prostatic enlargement, softness and tenderness. He voluntarily restricted the motion of his shoulders and upper spine, although he had no local tenderness. His muscles appeared to be somewhat weak uniformly, but there was no evidence of muscular atrophy. There were no abnormal neurological signs, except for absent abdominal reflexes.

Laboratory examinations showed no urinary abnormalities. He had no anemia or stippling of his red cells. The serology was negative. The urine lead levels were within normal limits on two separate occasions. The blood lead was elevated on the first examination, but was within the limits of normal on a repeated examination. The 4 lead electrocardiogram was normal. The heart and lungs were normal to X-ray examination. He had minimal evidence of arthritis of the acromio-clavicular joints to X-ray examination. There were multiple small root fragments in his upper molar areas by X-ray examination.

Comment

This man has had evidence of repeated mild gasoline intoxication, with recovery on each occasion without residua. He has had no apparent overexposure to tetraethyl lead, and no symptoms or signs of illness that would have resulted if he had had overexposure. The illness that has led to his disability appears to have been a mild case of hypertrophic arthritis, accentuated by anxious concern. There is no evidence he is suffering from an organic disease of his central nervous system. He has had no symptoms or signs that we would interpret as being due to lead intoxication, and no evidence of overexposure to lead in any form. His anorexia and constipation appear to be due to tender gums because of retained root fragments, and to habitual catharsis.

His blood lead was apparently elevated on a single examination. A repeat examination 6 weeks later was normal. This elevated level is considered to be a sampling error and therefore an artefact for the following reasons (1) the urine lead was not elevated at the same time; (2) he had no history of abnormal lead exposure; (3) he had no symptoms of signs of lead intoxication; (4) if he had lead exposure during his job, the blood lead levels would soon be normal after a year's absence from his job, no matter the extent of his exposure; (5) he is suffering from a non-febrile disorder not related to lead intoxication and which has no known effect on the metabolism of lead, and (6) the repeat blood lead examination was normal.

Diagnosis

Psychoneurosis, anxiety hysteria
Hypertrophic arthritis, mild
Retained root fragments with soreness of gums and anorexia
Cathartic colitis
Essential hypertension, mild, asymptomatic
No evidence of lead poisoning

3-17-44

Henry W. Ryder, M.D.