July 24, 1934

Dr. Graham Edgar
Ethyl Gasoline Corporation
Chrysler Building
New York City
New York

Dear Edgar:

We are enclosing herewith copy of a letter of Dr. Charles W. Stephenson, our previous correspondence with this gentleman having been forwarded to you.

The clinical picture described by Dr. Stephenson for Mr. [redacted] is very similar to the one which we saw immediately following Mr. [redacted] attack of encephalopathy in September 1932. It would be very difficult for anyone to state that Mr. [redacted] present symptoms are related to his previous attack. On the other hand, in light of our present knowledge of the storage of lead, we could not be positive in our statements that it was not so related. It is our personal opinion that there is some likelihood of direct relationship from our experience with previous cases of lead encephalopathy and other materials effecting the central nervous system.

We would appreciate knowing whether or not Mr. [redacted] is at present receiving compensation from the Standard Oil Company, and what opinion of this case Dr. St.John may have given the management of the Hartford Plant where he acts as company physician and has been, I believe, Mr. [redacted] personal physician.

Very truly yours,

WFM:IS

Willard F. Machle, M.D.

KE 0017201

CHAS. W. STEPHENSON, M. D.
179 ALLYN STREET
HARTFORD, CONNECTICUT

July 7, 1934.

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

My dear Dr. Kehoe:

Chiefly for your records and not, I believe, for any help in my particular relationship to the case, I give you a brief summary of the case of [redacted] of Hartford. I think when you finish you will probably come to the conclusion that I have finally arrived at, that this is not so much a case of lead poisoning as toxic effects from gasoline fumes.

On September 14, 1932 the patient was cleaning a gas tank belonging to the Standard Oil Company here in Hartford. There was insufficient hose to his gas mask for him to reach all parts of the tank. Consequently, he dispensed with the mask for part of his work. Two other men were similarly exposed though for a shorter time. They were each hospitalized but for a day or so only, a fact which is in marked contrast to the patient under discussion. One statement says that the patient was exposed to gasoline vapor and "a considerable amount of dust", though this latter is not definitely established. He was rather suddenly attacked with dizziness, weakness and nausea. The following day he suffered with diarrhea and frequent vomiting. This condition persisted for about a week and then subsided to some extent. There was, however, constant insomnia and restlessness. The headache, nausea and vomiting largely disappeared. On September 21st there was an acute onset of delirium, hallucinations and delusions accompanied by generalized muscular tremors. He was taken to St. Francis Hospital here in Hartford and treated by magnesium sulphate intravenously which resulted in definite improvement. He became fairly well oriented and showed reasonable judgment. On September 23rd the mental symptoms returned and were controlled by a second injection of magnesium sulphate. On the 24th there was a further recurrence and St. Francis Hospital declined to keep him because of his disturbance to other patients. He was then transferred to the Neuro-psychiatric Institute and Hospital of The Hartford Retreat for further treatment. Dr. Machle was called from New York to see the case and "believed it to be an encephalopathy due to lead or possibly gasoline". The patient was in the Retreat until November 18th, 1932 at which time he was taken out at the request of his local physician who stated that then his condition represented his ordinary personality before the accident.

I first saw the patient at the request of his lawyer on the 20th of April 1934. At this time he complained of pain in the back of his neck, pain in his ears, and catches in his throat. He said that once in a while his brain "disolved" and later came back into place and

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complained of a continuous "commotion" in his mind. He has difficulty of concentration and feels dulled. There was some evidence of impairment of memory. For example, he said that he failed to remember appointments unless he jotted them down. This was true in regard to his appointments with me. Neurological examination on April 23rd was entirely negative. There was no evidence of any cranial nerve involvement. All reflexes were normal, no paresis. Coordination normal. Sensation (vibration, pain, touch, joint) all normal. At this time he told me of certain episodes of a hallucinatory and delusionary nature which occurred while he was in the Hartford Retreat. These he still believed to be real experiences and not just a dream. He stated that he still had these trances. One change which he has noticed in himself is that there is a greatly increased susceptibility to alcohol, so much so that two glasses of beer made him sufficiently wild to try to smash up a place in New York. At the present time there was no disorder or alteration of the sexual function. He complained greatly of insomnia.

There was a certain paranoid trend ran through his mental functioning. For example, something went wrong with his car and he told his wife that he thought someone had been monkeying with it, that it was some sort of a frame-up. At the time of his excessive reaction to two glasses of beer he received a black eye and felt that that was all premeditated and planned in advance.

On April 30th he told me that he had the feeling of someone following him and telling him he was doing wrong. Walking down the street he thought there might be a mind reader there telling him what to do, and that he was walking with Jesus, the Holy Ghost and "all of them". There is no actual hallucination since he left the Hartford Retreat.

I saw him again today complaining of headache, occasionally blue flash before his eyes which he thought might be flashes of light sent by some family living near him to annoy him, but he could not understand how this could be since he also saw them on the street. He has the same headache as before second onset. Sleeps only about four hours a night, feels weak when walking. Still has the feeling that Jesus or someone is walking along beside him and feels that he has many more religious thoughts than any normal man should have.

Going back to the time he was in the Retreat laboratory findings were as follows:

Sept.24,1932 Wass & Kahn on two occasions, both negative.

Blood	WBC 8700	Oct.4,1932	WBC 9,100
	RBC 4,880,000		RBC 5,120,000
	Hgb. 14.1 Mg per 100 cc.		Hgb 14.6
	Smear normal.		Smear still normal.
	No stippling cells found.		
Blood Chemistry -	Sugar 88		Sugar 113.6
	NPN 35.4		NPN 46.1

Urine showed trace of albumen and a few white epithelial cells. This cleared, however, and all subsequent examinations were essentially normal.

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No lead was ever found in the urine that I have been able to chase down.

It is my candid opinion that the man has a definite psychosis secondary to his exposure, but I am not willing to express an opinion as to whether this is directly due to gasoline or to lead. The absence of the finding of any lead out-put or any laboratory evidence of the existence of lead in the body, inclines me toward the gasoline fume theory. If there is in all this, anything which you can point to as evidence one way or the other, I would be glad to know it. Unfortunately he returned to work after he left the Retreat and consequently has jeopardized his compensation to which, I feel, he is fully entitled. I am very doubtful as to the ultimate outcome, feeling that since the psychosis has persisted for almost two years with very slight improvement, the chances of recovery are not too good. I trust that this account is not too long and rambling and may conceivably be of some help to you as another case for study.

Most sincerely yours,

Alan W. Stephenson M.D.

CWS:H

Not answered