FOR

DR. R. A. KEHOE

April 24, 1936.

Mr. D. G. Cooper
Insurance Section
Shell Petroleum Corporation
Shell Building
St. Louis, Missouri

Dear Sir:

Your letter of April 17th concerning a compensation claim for [redacted] has been received.

From the history given in your letter, it would seem to me at least gravely doubtful if lead in any form entered into this case. I am, however, referring your letter to Dr. Kehoe our Medical Director, with the request that he write to you directly on the subject.

We will be very glad to cooperate with you in the matter in any way possible.

We appreciate very much your bringing this to our attention and hope you will keep us in touch with any developments.

Very truly yours,

Graham Edgar

GE/LRJ

cc to Dr. Kehoe

Please send me copy of your letter.
GE

KE 0011431

COPY

SHELL PETROLEUM CORPORATION

Shell Building

St. Louis, Missouri

April 17th, 1936

RE: [redacted]LAIM
VS.
[redacted]M CORP.
ALLEGED INJURY 4-1-35
DUE TO INDUSTRIAL
POISONING.

Ethyl Gasoline Corporation
405 Lexington Avenue
New York City, New York.

Gentlemen:

We are making a report of the subject claim due to the fact that claimant's doctor has recently taken the position that claimant's condition was caused by lead and that tetra ethyl lead was the probable source of this lead.

Claimant is a man 42 years of age and was employed from May 2nd, 1934 to April 2nd, 1935 at our Wood River Refinery as a Salvageman in the Salvage Department. Application for compensation alleges that he became disabled from absorbing injurious chemicals and fumes while operating an acetylene torch. [redacted] duties consisted largely of burning fittings from salvage pipe and also of cutting long lengths of pipe with a regular acetylene torch fed with propane and oxygen. Occasionally Salvage Men are required to burn small quantities of lead linings from pipe connections and fittings; however, as far aswe can determine [redacted] seldom burned lead from pipe fittings and probably did not burn any for at least several days prior to the beginning of his disability. Salvage work and burning of pipe is carried on in an open field remote from plant operations and claimant was not at any time confined in a building or any enclosed area.

[redacted] claims good health all his life, but had a cold a few days before onset of his condition.

The following history was recently given one of our medical examiners:

"The patient states since about October of 1934 his occupation has been that of burning pipes, scrap iron and vaults with a burner torch, propane gas and oxygen being used in the torch. He states often when burning pipes and containers fumes were thrown off which he could smell and which would cause an irritation of his nose, throat and lungs, and often the fumes would be so strong that he would have to turn his head to get air. He states most of this work was done in the open air.

He states on April 1, 1935 he was cleaning fittings and while doing so he stood in a place so that he would have a wind-break, this wind-break being made by a galvanized building and a pile of bricks

anized building was about seven and one-half feet high. On this day, with reference to his position, he states he was against the galvanized building about four and one-half feet from the apex of the triangle. He states the entire day of April 1st he burned fittings and a lot of gas was created and that night on going home and after he got home he felt very tired, in fact, he states he was so tired that he retired about 8 or 8:30 P.M. and slept the entire night. When he awakened the next morning he felt stiff in the joints, especiallythe joints of the right leg and he also felt drowsy. However, he attributed the condition to the weather and the fact that he had stood on wet ground, and he want to work that morning. He states that day most of the burning was done by his helper and he did the picking up, that he did the picking up for the purpose of limbering up. On going home that night he noticed that he could not keep up with his fellow-workmen, that he felt tired and could not walk fast. He walked about a mile to the clock-house, and on going down an incline he noticed that he was becoming generally weak. He then walked to the parking lot which was covered with rocks about the size of an egg when he noticed he was becoming unsteady and he had great difficulty in getting to his machine. When he got in his car both legs were shaking, he sat in the car for a minute or so until he calmed down and then drove home. While driving home his legs felt cramped. On arriving home, on the advice of his wife, he took a hot bath and went to bed. That night his sleep was disturbed by cramps in his legs. The next morning he could not walk and had severe pains in his legs, especially the right leg. He stayed in bed that day and Dr. Robertson of Wood River was called. He states the doctor examined him and gave him a prescription. The next day, April 4th, his legs became weaker, he had to drag the right leg, and both legs pained constantly. The doctor again saw him and advised that he be taken to the hospital, and he was taken in an automobile to the Bethesda Hospital in Saint Louis. He had to be lifted in and out of the automobile. He states at the hospital his wife left it up to the Superintendent of Nurses to call a doctor who would be capable of handling his case, and he was seen by Drs. Glenn, Henderlite and Alford, On April 4th he was unable to urinate and his bowels would not move; as he described it "his bladder and bowels were locked". He could feebly move his legs in bed but his legs were not strong enough to stand on. He states about two days after being in the hospital the paralysis had extended up to his waist-line, that he could not move the trunk, and the paralysis also involved the right andlittle fingers on both hands. He states he could not close the fingers and could not hold objects in the hands. He could move his arms but had no strength in them. He states that he experienced pains in the arms but they were not as severe as the pains in the legs. On the day of his admission to the hospital he had to be catheterized, and he thinks that sometime that same day Dr. Gleen came in and put in a retention catheter which was left.in. Bowels did not move for seven days after admission to the hospital. Water enemas were tried,without results, and finally glycerine was used and his bowels moved. About two days after being in the hospital a lumbar puncture was made. He states on about April 7th, which was Sunday, he noted improvement, he noted that grip was getting better and from that time on he gradually improved. He states he was not able to stand on his legs until about the ninth week after the onset of his condition. He left the hospital on June 1st, 1935. He states he still had the catheter in him and his bowels would

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ıout laxatives. While at his home after leaving the hospital is a graduate nurse, would remove the catheter and clean it, and at the end of about two weeks he was able to void without the catheter.

There is no history of bed-sores at any time.

The patient states insofar as he knows sensation in his arms and legs at all times was normal, but he states if he would rub his fingers on any part of his legs there would be a sensation like pins and needles. He states when Dr. Alford tested sensation with pins he could feel it."

Early in the case claimaint's doctor reported the case very obscure, with possibility of Polio myelitis, a gas poisoning, a cord hemorrhage, lues and malignancy. Recently, however, in the face of pending litigation, this Doctor reports as follows:

"The patient states that in the course of his work he was frequently exposed to gasses resulting from the application of the high heat to pipes containing various kinds of sediment. A number of gasses are capable of producing the sort of symptoms found in this patient and at first there was a loss in deciding what particular gas might be the factor in this instance. This is particularly hard to decide when there is heat involved because the decompositon products of substances are particularly hard to trace. Considerably later on in the illness the patient stated that he was frequently working with pipes which contained tetra ethyl lead or were protected with lead in the form of paint. Tetra Ethyl lead is particularly toxic substance for the nervous system and frequently produces the picture displayed in this case. Considering the extremely toxic nature of the gas which caused this condition it is concluded that lead is the poisonous factor and that the probable source of this lead was tetra ethyl lead deposited in pipes this patient had to cut up.

Tests for lead should undoubtedly have been run and would have been run except that the patient did not mention this circumstance until long after the beginning of his illness. Undoubtedly the severity of the illness interferred somewhat with his mental processes in the beginning."

Our examiners have reached the following conclusions:

"From the history of onset, course and present findings it would be my opinion that his patient had an Acute Infective Meningo-Myelo-Neuritis from which he is recovering. This conditions is not dependable upon any industrial toxins but is infective in origin and is due to either a virus or bacterial toxin."

We would appreciate any comments you would care to make concerning this situation.

Yours very truly

SHELL PETROLEUM CORPORATION
Carl Barker, Manager Public Relations Dept.