

February 3, 1939

Mr. J. C. Taylor
Ethyl Gasoline Corporation
Chrysler Building
New York, New York

Attention Mr. O. B. Lewis

Dear Mr. Lewis:

Enclosed please find letters
addressed to Mr. Olver and Mr. Dunn.

Very truly yours,

WM:vr

Willard Machle, M. D.

KE 0021753

Merton Shaw

February 3, 1939

Mr. J. N. Fitzgerald
Ethyl Gasoline Corporation
25 Adelaide Street, East
Toronto, Canada

Attention Mr. A. S. Oliver

Dear Mr. Oliver:

In reply to your letter of January 23, with enclosures, we wish to advise you that Dr. Kehoe has written Dr. Story for further information on the illness of [REDACTED]. We have as yet received no reply from Dr. Story.

In so far as Mr. [REDACTED] is concerned, you can assure Mr. McPherson that there is no likelihood of Shaw acquiring lead poisoning from the handling of leaded gasoline. We have seen no cases of lead poisoning which were ever contracted or contributed to by work with leaded gasoline; and moreover, all of the evidence which we and others have accumulated leads us to the opinion that there is no likelihood of poisoning from this source from the handling of leaded gasoline as ordinarily carried out in commerce.

In so far as Mr. [REDACTED] skin condition is concerned, from the descriptions which we have received to date, Shaw's condition probably is the result of a gasoline dermatitis, which can be contracted with equal ease from leaded or non-leaded gasoline. The addition of the components of Ethyl Fluid to gasoline in no way makes it more likely to produce a dermatitis or any other result of irritation of the skin. However, gasolines do vary in their capacity to produce irritation and dermatitis. Highly cracked gasolines are notoriously bad in this respect. Furthermore, it is not possible to predict after a man has once had gasoline dermatitis what his reactions will be on subsequent exposure to gasoline; that is to say, we do not know whether he would be more or less likely to get dermatitis after resuming work with gasoline. In some men after recovery from one attack with resumption of exposure to gasoline, the second attack comes on more swiftly and more severely than the first. On the other hand, in some instances, after an attack there seems to be an increased resistance to gasoline effect and work may be carried on with gasoline for long periods of time without reappearance of the dermatitis. Still others seem to have no change in susceptibility as the result of an attack. You can see therefore, that it is not possible to assure Mr. McPherson that it would be safe for [REDACTED] to return to work with gasoline.

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Patch tests applied with diluted gasoline by [redacted] physician, might be of use in determining whether or not there was likelihood of the condition reappearing upon resumption of work. But the results of these tests are somewhat difficult of interpretation as much depends upon the manner in which the workman exposes himself to the irritant. That is to say, even though [redacted] retains his sensitivity to gasoline, if he uses extreme care not to allow skin contact with gasoline, avoids the vapors as much as possible, he might very well resume work with gasoline. Regardless of conjecture in the end the final answer will be gotten only when Shaw resumes work with gasoline. If he tolerates work with gasoline without reappearance of his dermatitis, well and good. If on the other hand, his dermatitis reappears, obviously he should discontinue work with any and all gasolines.

I have gone into some detail in discussing gasoline dermatitis and have addressed this letter to you for your information. You may acquaint Mr. McPherson with such portions of it as seem indicated.

Very truly yours,

WHL:vr

Willard Machle, A. D.

cc: O. B. Lewis

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