

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah Ga

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, 36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 40

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD _____

MODERATE _____

SEVERE ✓

RECOVERED _____

DIED ✓

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days
DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

*Symptoms taken from
hospital nurses notes.
Undoubtedly there were other
symptoms*

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo
5. Headache
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) 16 days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017082



- 3 -

COURSE OF ILLNESS

5-1

1. MILD
2. MODERATE

2. MODERATE
3. SEVERE
4. DECEASED

[illegible]

KE 0017083

Bongbong

Incident #5

Standard Oil Co (Ky) Aug 36 Tank #1

Little is on record as to tank usage and cleaning details. It is known that the tank was steamed before entry. Material taken from ground outside tank when bottom was dropped after cleaning contained 0.25% organic lead.

If ten men are known to have worked in tank #1. Of the 15 seven were ill enough to be hospitalized and all seven had proved organic lead intoxication. Three of these seven died. Of the remaining eight men four were reported to have had no symptoms and the remaining 4 had mild symptoms lasting only a few hours to a few days.

Eight other ^{who had worked in tank #1} men were ~~as accused~~ and only one of these eight had any symptoms. This one man had questionable symptoms of anorexia and insomnia.

15 men worked in tank #1

7 of these 15 were proved to have organic lead intoxication

3 of the 7 sick men died

~~8 men were~~

4 of the 15 had mild symptoms not proved to be org. Pb intoxication

4 of the 15 had no symptoms

Factors responsible

1 the men - no prescribed boot & clothes - no baths

2 Tank had been steamed.

3 Tank may have had a leaky bottom because new steel bottom was installed after cleaning

PATIENT NUMBER 5-2

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah

NAME OF HOSPITAL _____

LOCATION OF HOSPITAL _____

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, '36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 60

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD ~~_____~~

MODERATE ✓

SEVERE _____

RECOVERED ✓

DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days
DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8? hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN

FULL TIME _____

PART TIME _____

NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE

YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017085

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 2-4-5-10-18
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear ✓
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation
21. Hallucination
22. Mania ✓

*Symptoms largely taken from
nurses notes - other by symptoms
undoubtedly related.*

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) 37 days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017086

COURSE OF ILLNESS

1. MI.LD
2. MODERATE

2. MODERATE

3. SEVERE

4. DECEASED

[illegible]

KE 0017087

PATIENT NUMBER 5-3

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard P.I. (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18-36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 23

SEVERITY OF ILLNESS

NO SYMPTOMS _____
MILD _____
MODERATE ✓
SEVERE _____
RECOVERED ✓
DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days
DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ✓ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017088

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less
than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness ✓
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor ✓
9. Apprehension-Fear ✓
10. Insomnia ✓
11. Terrifying Dreams ✓
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension ✓
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania ✓

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery
or death)

DATE _____

SIGNATURE _____

KE 0017089

53

4. DECEASED

4. DECEASED														
DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHY- RINS	HB	RBC	WBC	STIP.	TEMP.	BLOOD PRESSURE	CONDITION OF PATIENT
8/27/36														
9/5					0.02	0.16		84%	3.87	4.4				
9/6						0.35		78%	3.72	5.2				
9/12								80%	4.1					
9/14								85%	3.9					
9/17								80%	4.3					

KE 0017090

PATIENT NUMBER 5-4

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John

JOB STARTED (date) Aug 18-36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 26

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD _____

MODERATE _____

SEVERE ☒

RECOVERED _____

DIED ☒

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

DATES WITHIN TANK Aug 18 + 19 NUMBER OF DAYS PATIENT ON JOB 2 days

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ☒

WAS MASK WORN

FULL TIME _____

PART TIME _____

NOT USED ☒

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE

YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017091

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania ✓

Formication ✓

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) 14 days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017092

*Symptoms as recorded
here are largely interpretations
of nurses notes. Any errors
are probably on the side
of omission.*

PATIENT NUMBER 5-5

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr. Jakob Train

JOB STARTED (date) Aug 18, 36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 25

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD _____

MODERATE _____

SEVERE ☒

RECOVERED _____

DIED ☒

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days
DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ☒

WAS MASK WORN

FULL TIME _____

PART TIME _____

NOT USED ☒

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE

YES ☒ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

*Little known about tank. It is established that
it was steamed - probably had a leaky bottom
and men worked without respiratory or skin
protection.*

KE 0017094

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less
than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness ✓
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation ✓
21. Hallucination ✓
22. Mania

Fornication ✓

ESCAPE YES ☒ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) 17 days
(From first symptom to recovery
or death)

DATE _____

SIGNATURE _____

5

4. DECEASED

KE 0017096

PATIENT NUMBER 5-6

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ky.)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, 1936

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 25

SEVERITY OF ILLNESS

NO SYMPTOMS _____
MILD _____
MODERATE _____
SEVERE ✓
RECOVERED ✓
DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days
DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017097

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous"
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia
8. Tremor ✓
9. Apprehension-Fear ✓
10. Insomnia
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension ✓
17. Hyperactive Reflexes ✓
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation
21. Hallucination ✓
22. Mania

*Is deaf mute
communication difficult*

Strabismus
ESCAPE YES _____ NO ✓
COMPLICATIONS YES _____ NO ✓
CONTRIBUTING FACTORS YES ✓ NO _____

DURATION OF ILLNESS (Days) 65? days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017098

CONDITION OF PATIENT 1. MILD

2. MODERATE

3. SEVERE

4. DECEASED

[illegible]

KE 0017099

PATIENT NUMBER 5-7

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]
OPERATOR OF TANK Standard Oil Co (Ky)
LOCATION OF TANK Savannah Ga
NAME OF HOSPITAL Charity Hospital
LOCATION OF HOSPITAL Savannah
DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train
JOB STARTED (date) Aug 18/36
JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 23

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD ✓

MODERATE _____

SEVERE _____

RECOVERED ✓

DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 13 days
DATES WITHIN TANK 8/18+19/36

ESTIMATED TOTAL HOURS IN TANK 9.5 hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN

FULL TIME _____

PART TIME _____

NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE

YES ✓ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

*Worked inside tank for 2 half days - worked wearing
on shorts + leather shoes - no mask. Tank had been steamed
Probably leaking bottom but this is not stated.*

KE 0017100

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less
than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 2-4
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia
11. Terrifying Dreams ✓
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) 27 days
(From first symptom to recovery
or death)

DATE _____

SIGNATURE _____

RE 0017101

PATIENT NUMBER 5-7

4. DECEASED

[illegible]

KE 0017102

INCIDENT NUMBER 5

TANK HISTORY AND CONDITIONS OF EXPOSURE

(Ethyl Corporation Representative -
Lay or Physician)

TANK OWNED BY Standard Oil Co (Ky)
TANK OPERATED BY Same
LOCATION OF TANK Savannah Ga
ETHYL CORPORATION REGION Atlanta Division
ETHYL CORPORATION DISTRICT _____
TANK NUMBER 1
MEN EMPLOYED BY Standard Oil Co
Hammond Iron Works
JOB SUPERVISED BY _____
SUPERVISOR EMPLOYED BY _____

DATA TO BE CODED

ATTENDED BY ETHYL CORPORATION FULL TIME _____
REPRESENTATIVE PART TIME _____
NO ✓

TANK CAPACITY _____ bbls.
TANK DIAMETER _____ ft.
TANK TYPE _____

LAST DATE PUT INTO LEADED
GASOLINE SERVICE _____
MONTHS SINCE LAST CLEANED _____ mo.

LEAKING BOTTOM YES ✓ NO _____

WATER BOTTOM YES _____ NO _____

TANK STEAMED PRIOR TO THIS ENTRY
YES ✓ NO _____

TIME IN DAYS IDLE - FROM
PUMP DOWN TO CLEANING _____ days

HISTORY OF SPIKING YES _____ NO _____

MIXING DEVICE CIRCULATION _____
PROPELLER _____
JET _____
OTHER _____

APPROX. TEMPERATURE WHILE
CLEANING HOT ✓ TEMPERATE _____ COLD _____

NUMBER OF MEN INVOLVED 15

NUMBER OF MEN WHO ENTERED TANK 15

NUMBER OF MEN SICK 11

KE 8012100
0017103

(NAME)

E)  $\sqrt{-1}$
 $\sqrt{-2}$
 $\sqrt{-3}$
 $\sqrt{-4}$
 $\sqrt{-5}$
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16 hrs.

16

16

16

16

16

16

104

16

24

16

9

9

9

9

9

recognition

symptoms

(NAME)

E) [REDACTED] J-1
J-2
J-3
J-4
J-5
J-6
J-7
[REDACTED]
[REDACTED]
[REDACTED]

hrs.	
8	proved
8	
8	
8	
8	
8	no symptoms
7.5	
4	
?	
10	
1	symptoms
1	
1.5	
1.5	
6	

WAS MASK USED FULL TIME _____
 PART TIME _____
 NOT USED ✓ _____

WAS RESPIRATORY
EQUIPMENT ADEQUATE YES NO

WAS SKIN OR CLOTHING
WET WITH SLUDGE YES ☒ NO ☐

INCIDENT NUMBER 5

MCG. PB/CU.FT. AIR IF
SAMPLE TAKEN _____

TIME IN HOURS BETWEEN
MEN QUITTING JOB AND
AIR SAMPLE TAKEN _____ hrs.

VENTILATED DURING THIS
INTERVAL YES _____ NO _____

SLUDGE SAMPLES TAKEN
FROM INSIDE TANK YES _____ NO _____

SLUDGE SAMPLES TAKEN
FROM OUTSIDE TANK YES ☒ NO _____

INTERVAL IN HOURS BETWEEN MEN
QUITTING JOB AND SLUDGE SAMPLE
TAKEN _____ hrs.

CONCENTRATION ORGANIC PB IN
SLUDGE (%) _____ %

taken at point debris from tank #1 Washington 0.0002

taken from ground outside Tank #1 of the clearing completed 0.25

MEDICAL DEPARTMENT NOTIFIED -
NUMBER OF DAYS AFTER
FIRST ILLNESS 6 days

WHO IN MEDICAL DEPARTMENT
DIRECTLY NOTIFIED LWS

DATE _____

Signature _____

KE 0017105