

November 19, 1941.

Dr. Hyman Colin,
1813 - 44th Street,
Brooklyn, N. Y.

Dear Dr. Colin:

A few days ago I received a notation to the effect that a [REDACTED] was suffering from some skin irritation which had been attributed to the inhalation of fumes of gasoline. This information was transmitted from the New York office of Ethyl Gasoline Corporation, for whom I have acted as chief medical consultant for many years.

The condition described in your letter is one which we have seen occasionally among persons who handle gasoline. Inasmuch as we have studied many of the problems that have arisen in connection with the handling and distribution of leaded gasoline, we have studied these cases with considerable care. I am sending you a report of one such case studied, the conclusions of which are like those arrived at in a number of other instances. A summary of our information along these lines might be as follows:

1. Frequent contact with gasoline occasionally results in a skin eruption which is initially limited to the hands, but which in some instances spreads to other parts of the body.
2. The condition bears no relation to the presence or absence of tetraethyl lead in the gasoline, but is brought about by the properties of the base gasoline.
3. Many modern gasolines are composed in part of the products of special "cracking" processes, which are quite variable in their properties from the ordinary distillates obtained from petroleum. Some of these products show a capacity to sensitize the skin of certain individuals.
4. The treatment of the condition and the clearing of the skin depends in most instances upon complete avoidance of exposure to gasoline for considerable periods of time. Even contact with vaporized gasoline in being around or in driving automobiles may result in exacerbations.

Cases of this type, in our experience, have not been very frequent. In most instances, gasoline dermatitis has not been very severe and has disappeared under normal treatment, and with reasonable care in the avoidance of contact with gasoline.

Dr. Hyman Colin - (2) - November 19, 1941.

In a few instances victims have been compelled to stay away from any exposure for some weeks or months dependent upon the degree of their sensitivity to gasoline and its vapors. With the cessation of exposure to gasoline and treatment with bland ointments, recovery has been accomplished.

If we can be of any further assistance to you, do not hesitate to call upon us, but I think the most important thing in treatment in this instance would be to make sure that exposure to gasoline is discontinued until sometime after the lesions have been cleared up completely.

Perhaps, in addition to what I have said above, I should point out that tetraethyl lead, in and of itself, is not a skin irritant. In fact, it does not irritate the skin to anything like the extent that the mildest gasoline does. For example, dermatitis is practically unknown in the plants where tetraethyl lead is manufactured. Indeed, it would be a much safer material to handle, if it did produce irritation.

Very truly yours,

Robert A. Kehoe, M. D.

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