ETHYL CORPORATION

INTER-OFFICE CORRESPONDENCE

TO	Dr. W. Machle	ADDRESS	New York
FROM	A. J. Baldwin	ADDRESS	Eastern Region
SUBJECT	Alleged Lead Poisoning Case - Mr. [redacted]	DATE	March 20, 1947

We are attaching hereto the entire file on the above subject case, which includes the following -

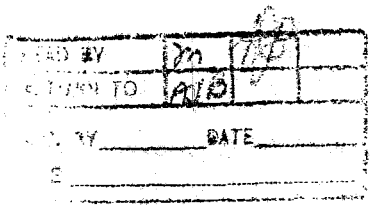
1. Cover letter from Stu Forbes.
2. Attorney Penrose Hertzler's letter of March 12, 1947.
3. Statement of Irwin J. Yoder, dated October 21, 1946.
4. The Reading Hospital Operative Record, signed by John Spannuth, dated July 26, 1946.
5. The Bryn Mawr Hospital Clinical Laboratory Report, signed by Max M. Strumia, M.D., dated July 11, 1946.
6. Letter to Penna. T. & F. Mut. Cas. Ins. Co., signed by C. C. Norton of Wilson Adjustment Bureau, dated February 28, 1947.

Very truly yours,

A. J. Baldwin

A. J. BALDWIN

AJB:G
Encls.



ETHYL CORPORATION

INTER-OFFICE
CORRESPONDENCE

TO Mr. M. A. Taylor ADDRESS New York

FROM S. Forbes ADDRESS Philadelphia

SUBJECT Alleged Lead Poisoning Case DATE March 17, 1947

Attached herewith please find the file concerning an alleged lead poisoning case forwarded by Mr. Penrose Hertzler, attorney for the Pennsylvania T. & F. Mut. Cas. Ins. Co. This insurance company is handling a suit entered against the St. John's Cemetery Company in connection with the death of Mr. [redacted]

As you will recall I forwarded a preliminary letter on the above a few days ago. It was my thought that perhaps our Medical Department can be of some assistance to Mr. Hertzler. The case, in my opinion, is a little bit silly but nevertheless Attorney Hertzler will probably have to produce an expert opinion on the subject when the case is presented to the referee for hearing.

Very truly yours,

S. FORBES

SF:a

Matt. I did not promise our help but indicated if Mr. Hertzler would forward the file on the case our Medical Dept might be of some assistance. Our Co. not involved but should a court decision favor the claimant a precedent might be established.

LAW OFFICES
200 MAHANTONGO STREET
POTTSVILLE, PA.

PENROSE HERTZLER
E. MAC TROUTMAN

March 12, 1947

Stuart Forbes, Assistant Division Manager
Ethyl Corporation
123 South Broad Street
Philadelphia 9, Pennsylvania

Dear Mr. Forbes:

In re: [redacted] (Dec'd.) vs. St. John's Cemetery Company, Inc.

It was a pleasure to see you on Monday last in re the above.

We are enclosing herewith copy of the statement of the co-worker of the claimant's decedent, a copy of the operative findings given by Dr. John Spannuth under date of July 26, 1946, a copy of the report of Dr. Strumia to Dr. Meharg of July 11, 1946 and a copy of the report of the investigator of February 28, 1947 for the reason that it incorporates the report of Dr. Reinhold and the further report on the condition of the claimant's decedent by Dr. Spannuth subsequent to his discharge from the hospital on June 12, 1946.

We appreciate very much the courtesy you extended to us and for your statement that your company will be glad to cooperate and possibly can supply Dr. Kehoe as a witness for us in the event we are unable to rule out the use of Ethyl gasoline and, as we told you, at this date we are not prepared to do so because the operator of the local station sold both Atlantic White and Ethyl gasoline to the Cemetery Association, the latter presumably for use in the truck operated by the claimant's decedent.

Very truly yours,

PH:MAH
Encls.

October 21, 1946

I, Irwin J. Yoder, 172 N. 3rd St., Hamburg, Pa., state I am 59 years of age, married and employed by St. John's cemetery Co., Inc., Hamburg, Pa., since April 1, 1945, as an assistant caretaker, which consists of maintenance of the four cemeteries they operate, which includes the preparation of graves, etc. At time I started work the man under whose direction I worked who also preformed the same type of work, was [redacted], 468 State St., Hamburg, Pa. He then was evidently in a good healthy condition, and he made no complaints. Graves were prepared by hand. Sometime in April 1946 we mowed the grass at the #1 cemetery, I using a power mower, and Weidenhammer using a hand mower. [redacted] did this in a rushing manner. It took about two or two and a half days to mow this. Right after this he started to complain about feeling weak in his legs, and sort of broken down. Sometime in June 1945 my employer turned over to us for use a Power Operated Grave digger, which had several attachments with it for digging, cutting, tamping, etc. This is a one man operated machine, the power being by gasoline, fuel, a low grade of gasoline being used as prescribed, it being mixed with a portion of oil. This gasoline used was a white in color. While the fuel receptacle held about two quarts, only generally one quart of fuel was in the receptacle at a time as not more than that was needed for the preparation of a grave. The spark to fire the one spark plug was from a portable battery. The tool attached to this digger was operated by compression. When a grave digging was to be prepared, the sod and first diggings were by hand, the digger not being used until digging became more difficult. This digger is handled entirely by hand. At first and for a short while [redacted] operated it, working himself, and then we both operated it, working together. We used the digger only for adult size graves. This is termed a Barco Gas Hammer. An adult grave is 6½ feet deep about 37 inches wide and 7 feet or better in length. Graves were prepared in the open, the only exception being when the weather such as rain or snow was falling when a tent cover was erected over the place where grave was being prepared which had the sides and ends open. The high center was about six feet above surface and the sides about three or four off surface. This use of cover was seldom. [redacted] did the laying out of grave digging plans. Yearly, there were an average of 50 graves all told, but now that was divided between adults and smaller graves, I do not know, but adult graves were in the majority. At any time that I used this digger with [redacted] I felt no ill effects from its use and at no time did Weidenhammer make complaint of or show any ill effects. [redacted] and I were the only employees but occasionally extra employees were hired temporarily to assist when we were extra busy. The preparation of an adult grave consumed an entire day of eight hours, and sometimes an extra several hours, especially if the grave was walled. Our work week is 5½ days of 8 hrs. with the exception being when there are funerals on Saturday afternoons. On occasions several graves were prepared on successive days. From first time Weidenhammer complained of physical difficulties, he continued to complain occasionally and cut down on his activity but came out to work regularly. He did not to me at any time indicate

just what his difficulty was by naming any disease. The last time that I recall [redacted] assisted in preparing a grave when the gasoline digger was u[illegible] to prepare the grave of Mrs. Balthaser, between April 10 and [illegible]6. It was shortly after that that [redacted] did not come out to work anymore. I learned that he had been admitted to a hospital in forepart of May 1946 then returned to his home for a short period, then readmitted and died there the latter part of July 1946. Personally I did not know just what his disease was. I visited [redacted] once, then at Hospital during his first stay there, but did not talk much to him as he was having a blood transfusion not discussing his disease.

Have you read this statement of 4 pages and is it correct?

/s/ Irwin J. Yoder

THE READING HOSPITAL

OPERATIVE RECORD

Name: [redacted] Date: 7-26-46
Code: S

Preoperative diagnosis: Hyperhemolysis. Splenic anemia.

Postoperative diagnosis: same.

Surgeon: Dr. Rentschler Anesthetist: Dr. Woodbridge
Assistants: Dr. Rhodes, Dr. Matsko
Anesthesia used: Cyclopropane, ether cocain, curare

Time operation began: 5:10 P.M.

Operation: Splenectomy

Gross Pathological findings

Hypertrophy of the spleen with hyperhemolysis and very marked secondary anemia.

Operative procedure and suture material used.

A left rectus incision was made. The patient was in a very serious general condition with a hemoglobin around 22% and the red blood count around 10000. There was marked pallar to all the structures including the bowels. The spleen was about the size of a quart. The pedicle was ligated in four sections. It was attached posteriorly with small fibrillar adhesions but it was easily brought into the wound and above the surface of the abdominal wall. Neither the stomach nor the omentum nor the pancreas was attached to the spleen. Ligation of the pedicle was performed by the employment of stick ties of chromic #1 catgut. There was no bleeding of any account. The blood that was visible was watery. There was a small accessory spleen about 1" in diameter. This was removed without difficulty. The abdomen was closed in layers. Chromic #2 was used in the form of a running suture for the peritoneum. The fascia was closed with a running suture of chromic #1 catgut. Approximately 5 retention sutures were employed. Bandage was applied. Patient had three pints of blood on the table and 1000 cc. of normal saline.

Sponge count: None
Drains: None

Signature of operator:
John Spannuth

KE 0016417

THE BRYN MAWR HOSPITAL
Clinical Laboratory
Bryn Mawr, Pa.

Max M. Strumia
Director

July 11, 1946

Dr. J. G. Meharg
Reading Hospital
West Reading, Pa.

Re: Mr. [redacted]

Dear Doctor Meharg:-

Mr. [redacted], age 64, appears to have had no illnesses save typhoid at the age of six. He has been in excellent health until the present illness. His first admission to the hospital was on 5/7/46. At that time he had complained for three weeks of weakness and shortness of breath. Ten days before admission he noticed jaundice; he had no weight loss. On admission in the hospital he had jaundice and received eight transfusions. It was noted at one time that the urea nitrogen in the blood was 40 mg. % and on admission the hemoglobin was 22%. The fragility of erythrocytre was decreased (began at .5 and w s complete at .3) and the serum bilirubin was elevated (2 mg. on one occasion). He was discharged on 6/15/ with a hemoglobin of 52% and readmitted on the 23rd with a similar complaint. At this time he had a serum bilirubin of 4 mg. and the red cell fragility began at .5 and was complete at .4. He had a severe reaction to a transfusion and the hemoglobin was lower after the transfusion than before.

This patient appears to have taken no medicine and has had no exposure to chemicals with the possible exception of exposure to lead. This point is at least doubtful. Exposure to gasoline fumes in the open does not appear to be sufficient to cause lead poisoning. However, the report of Dr. Reinhold on the blood lead content, will clear this point. With these findings and an enlarged spleen, the diagnosis of hemolytic anemia I feel is justified.

I feel that it will be most essential to give this patient only Rh compatible blood and I would therefore immediately type this patient as well as the prospective donors. I would also recommend that in view of the fact that this patient has great tendency to hemolysis and that since you use plain citrate as preservative, I recommend that you use only blood stored for not more than 48 hours. I wish also to recommend that a biological test be carried out before each transfusion. For this purpose give the patient about 100 cc. of blood and do a serum bilirubin immediately before and three hours after transfusion. If there is no sharp increase in the serum bilirubin level, you may give the rest of the blood slowly.

The kidney function of this patient should be carefully studied since there is a good possibility of damage from previous hemolytis crisis. A splenectomy, I believe, is advisable since it is the only way we know to check hypernemolysis. The patient's serum bilirubin and urobilin should be checked daily. Almost invariably a spontaneous remission occurs when the serum bilirubin drops to normal or near normal and the urobilin excretion greatly diminishes. At this time the patient should be transfused every day and when the hemoglobin is 13 gm. or better, proceed with the splenectomy.

Herewith enclosed please find report of the differential blood count. The reticulocyte preparation was not satisfactory but the reticulocytes appear to be greatly increased.

I will appreciate very much if you keep me acquainted with the course of this patient.

With best regards and thanks for the opportunity to see this interesting case, I am

Very sincerely yours,

Max M. Strumia, M.D.

S/mb
enc.

C O P Y

Reading, Penna.
February 28, 1947

Penna. T. & F. Mut. Cas. Ins. Co.
325-333 South 18th Street
Harrisburg, Pennsylvania

Gentlemen:-

RE: Claim #148030 - d/a ?/46
[redacted] vs. St. John's Cemetery Co.
Our file #17145

Referring to Attorney Hertzler's letter of October 14, 1946, addressed to your Mr. Foor, be advised that we believe we have covered all the suggestions as concerns the investigation of this matter. In regard to Doctor Spannuth and Doctor J. G. Meharg, we feel that both of these doctors were more or less giving us the "brush off" at various times when we called on them. However, we have finally been successful in having a short discussion with Doctor J. G. Meharg, Hamburg, Pennsylvania. Doctor Meharg stated that he was summoned to the home of this claimant on February 4, 1946, and his professional opinion was that the claimant was suffering with an apparently bad case of anemia. The doctor confessed that the Weidenhammer family is known in their community as being a "peculiar" type of family. He states that they were on the "tight" side as far as finances are concerned. The doctor was of the opinion that this was a case beyond his handling, and since he realized the peculiarities of the [redacted] family, and did not want them to condemn him at a later date for what he termed "the lack of professional ability," he persuaded them to allow the claimant to be admitted to the Reading Hospital. At this time, the Doctor called Doctor Spannuth into consultation. The file will show that the claimant was discharged from the Hospital, and then later he was readmitted. At the time of this last readmittance to the Hospital, the claimant's spleen was removed, and following this, the claimant died.

Doctor Meharg states that he did not even have the thought that this claimant suffered from lead poisoning. He states that Doctors Strumia and Spannuth, the former of the Bryn Mawr Laboratory, discovered the presence of lead. A Doctor John G. Reinhold, of the Philadelphia General Hospital, Philadelphia, Pennsylvania; was also in on this latter procedure. Doctor Meharg states that the only history he could obtain as concerns this claimant being in contact with lead, had to do with the claimant using the grave digger, which digger was operated by gasoline. He states that all further questioning brought

no evidence of lead poisoning being connected with the claimant's private life. When we informed the doctor of the fact that the fuel used in the grave digger was a "white gas," which contained no lead, it was quite apparent that he was considerably flabbergasted. We questioned Doctor Meharg concerning Doctor Strumia's report of the differential blood count, and the doctor stated that he was of the opinion that this report was part of the Hospital's Records. Doctor Meharg then showed us two papers he had, which he permitted us to copy. One was from Doctor Reinhold, Ph.D, and was on stationery of the Philadelphia General Hospital, Philadelphia, Pennsylvania. This report was not dated, but did contain the following information:

> "I found 0.087 mg. per liter of urine (as lead). This is a high normal of slightly high figure depending upon the output of urine during the 24 hour period in question. Since it represents a single determination, no conclusive significance can be assigned to it."
>
> /s/J.G. Reinhold, Ph.D

It is Doctor Meharg's opinion that this report was made on the basis of urine which was furnished to Doctor Reinhold, during the claimant's second stay at the Hospital.

As concerns Doctor Spannuth. We realize your need of information from this doctor, and we can assure you that we telephoned this doctor's office many times and also made several personal visits at his office. We could never get any further than speaking to his nurse, who also acts as his secretary. We realize the fact that this doctor is a very busy man, and all of his work is done by appointment only. However, we feel that the doctor considers himself so important, that an investigator, in his opinion, is nothing but a nuisance. We have sat in the doctor's office many times for more than an hour at a time, in hopes of gaining an interview with the doctor through his nurse. However, we have never been successful in having an interview. We even had his nurse ask him when it would be a good time to see him. We told the nurse that we would be willing to call on the doctor at any time that would be convenient to him, either morning, afternoon, or night. Still we have not had his cooperation. At one time, the nurse was told by the doctor to inform us that "all the records speak for themselves."

We informed the nurse that there were several other matters that we would like to discuss with the doctor regarding this case, which matters were not discussed in the records. On one or two occasions, this doctor half-heartedly made appointments, and when we attempted to keep them, the doctor always found himself unable to keep the appointment.

Since the recent correspondence indicates that the referee's hearing is drawing near, we have still continued in an effort to have a

discussion with this doctor, but up to the present writing, we have not been able to interview him. We will continue with him. Frankly, if we do not accomplish our mission shortly, it would appear to us that an interview with this doctor is practically out of the question. It would then appear to us that some unusual strategy would have to be followed in an effort to see him. We know full well, that if we ever would be able to talk with him, that we would never be able to obtain a statement from him.

As concerns Doctor Strumia's report of the differential blood count and all the laboratory findings on this claimant, be advised that we have requested the Record Librarian, to furnish us with this information, but in this matter, we have had no cooperation. The claimant's widow gave us written permission to obtain such information. For your information, we endeavored to contact both the hospital record librarian and Doctor Spannuth on February 27, 1947, but as stated before, we were not successful.

As concerns Mr. Foor's letter of February 21, to which was attached a copy of Attorney Hertzler's letter addressed to Mr. Foor under date of February 17, 1947, be advised that Mr. Yoder, who worked with the deceased, stated that to his best knowledge, only white gas was used at all times. Mr. Yoder states he never filled the fuel compartment, but he was sure that colored gasoline was never used, since the insured was instructed never to use anything but white gas when operating the grave digger. In this respect, we refer you to our report in which we stated that we called at the gasoline station where all of the gas that was used by the insured was purchased. We indicated in our report that this station informed us that he only gas taken away from the station in containers, was the white gas, which was supposed to contain no lead. The other type of gas sold to the insured was Atlantic White Flash, which gas was put into the insured's truck.

Mr. Zettlemoyer of the insured, while checking through his records, found that Mrs. Balthaser died on April 11, 1946, and was buried on April 16, 1946. While there is no record as to the exact date that her grave was prepared, it naturally would have been between those two dates. Mr. Zettlemoyer states that he does not believe this grave would have been prepared on the date of this lady's death, and surely it would not have been prepared on the date that she was buried. He states that most likely the grave was prepared on April 15, which day was a Monday, and which was a day and a half prior to the burial.

As concerns the third paragraph of Attorney Hertzler's letter, we are assuming that someone representing your Company in Philadelphia, Pennsylvania, is obtaining the information as covers Doctor Strumia and Doctor Reinhold. In answer to the inquiry as to whether the patient was sent to Doctor Strumia or Doctor Reinhold, be advised that we are confident that the claimant's specimens only were sent to the doctors. We are attempting to discover what type of vessel was used to send these specimens and we are attempting to do this in such a way which will not be a lead to the other side.

We assure you that we are truly putting forward our best efforts to get the information which you are requesting through Attorney Hertzler. One of our representatives will be in Pottsville, Pennsylvania, during the week of March 3, 1947, and if by that time, we have not developed all the information that we are after, we will have a conference with Attorney Hertzler, and possibly by this conference, we will work out some means whereby these loose ends can be gathered together, so that everything will be in shape for the referee's hearing.

The report which Doctor Meharg had in his possession which was from Doctor Spannuth and which was not dated, concerned the claimant after he was discharged from the Hospital following his first visit. The claimant was first discharged on June 12, 1946. We quote this report:

> "Has improved nicely since administration of calcium glucovate and hematimic agents. Calcium given on basis of suspected lead poisoning (used a hammer in his work powered by gasoline). Had a transfusion on June 8, 1946. Blood count on June 10 showed 55 Hbg. & 3.25 r b c - getting calcium glucovate gr. XXX t i d and ferrous sulphate gr. 3 t i b. Believe calcium administration can be stopped if milk - 1 qt. daily is used for a time."
>
> /s/Spannuth

We shall keep you advised of all developments as they occur.

Very truly yours,

WILSON ADJUSTMENT BUREAU

C. C. Norton

CCS/nep
cc: Attorney Penrose Hertzler