April 2, 1929

Mr. E. W. Webb,
Ethyl Gasoline Corp.,
25 Broadway,
New York City.

Dear Mr. Webb:

I am sending yo[redacted]e results of the analyses in the case of [redacted]at Dallas, Texas, who was employed at Abil[redacted]ll complete the record in his case. As you see, the results are exceedingly low and do not indicate any evidence of lead absorption in quantities greater than those found in ordinary workmen.

I do not know whether the Travelers had any interest in this case or not. My impression was that they did not have any interest in it. I therefore send the report to you. If you wish me to send a copy of this report to them please let me know.

In the matter of the Dayton Power and Light mixing, I will arrange at once to have the work taken care of by Mr. Mack, Mr. Siebenthaler, or Mr. Lewis. I will advise you when this is done.

Very truly yours,

RAK:EJ
ENCL. 2

Copies of these records sent to Dr. Leakey
4-19-1932

HISTORY SHEET

[redacted]

Dallas, Texas

March 18, 1929

The patient, [redacted] age 42, white, born Brown County Texas is employed as filling station attendant for Christian-Fugatt Co.

C. C. "Poisoning from high test gas."

P. I. October 10, 1928 patient entered present employment as station attendant handling ETHYL and straight gasoline in approximately equal amounts. Total gallonage about two or three hundred gallon per 12 hour shift. No spillage at any time. One week after entering employ, October 17, 1928, there was noticed during course of 12 hours at home a reddening and burning of the flexor surfaces of the forearms, hands, and dorsi of hands followed in an hour or two by appearance on reddened area of numerous small vesicles which soon bursted and crusted. Itching was not great but burning was pronounced. There was hyperemia but no marked swelling. This condition disappeared in several days, but after a few days relief the eruption would re-appear. Work was stopped October 18, 1928 and has not been resumed. Patient has been in care of two physicians during past five months. Since February 1929 eruption has appeared three times in a mild form on the cheeks and neck, persisted for day or so and disappeared. No symptoms noted during intervals between eruption. Patient has been in hospital in Dallas past two weeks. During past five months there were two previous admission in February and March respectively. There have been no headaches, digestive disturbances, insomnia (except from pain), chills, fever, joint pains etc. Weakness in right wrist has appeared in past month due apparently to thickening and soreness of skin over wrist.

P. H. Typhoid fever 1905 - 3 weeks
Appendectomy 1923 - 2 weeks
Tonsillectomy February 1929

C. R. Negative

G. I. Appetite good - 3 full meals - one abscessed molar removed February 1929

G. U. Negative

N. M. Some trouble sleeping since present illness - due to burning of eruption.

F. H. Father 67, Mother 67, 1 brother, 1 sister, wife, all living and well. Two children living and well - no mis.

History Sheet (continued)

[redacted]

March 18, 1929

I. H. School till 17, Rode on ranch till 1920.
Service Station attendant till 1922 (Gulf)
Service station attendant till 1923 (Texarkana)
Carpenter and odd jobs till 1924
Service station attendant till 1927
Grocer's clerk till 1928
Present employment since.

Pb. Hist. No known exposure
No exposure to ETHYL fluid.

Willard F. Machle, M. D.

PHYSICAL EXAMINATION

[redacted]

March 18, 1929
Dallas, Texas

G. A. Patient is florid complexioned white male about 40 years of age - well developed, spare build - not acutely ill - active and alert.

Temperature 98.8° Pulse 78 R. 20

Local Skin is pale, thin, marks easily. A small area on forearm recently under adhesive tape is raw and tender. There is an area of eruption 4 x 10 cm on the volar aspect of the right forearm consisting of numerous small vesicles and crusts many of which are coalescent. No hyperemia or swelling. Skin not thickened. No other eruption is noted at present. The skin on the dorsum of right hand is dry, lax and slightly reddened. No eruption. The first metacarpo phalangeal joint on the right hand is enlarged and thickened, with slight limitation of motion. All of the phalangeal joints are likewise involved with more marked limitation of motion, some pain on passive motion. The flexor tendons of right fingers are somewhat shortened but palmar fascia is free and there is no suggestion of Dupuytrens contractions - no hyperemia or tenderness - enlargements limited to bony structure - no nodes - the skin is freely movable over joints and there is no fluctuation or soft tissue swelling. Muscular power of right hand diminished as there is limitation of motion in fingers.

Grip Rt. 0 - coordination and sensation in both hands
Lt. 70 good - tactile discrimination good

Head Negative

Eyes Pupils equal - react well - E.O.M. good - pterygium both eyes - mesial quadrant to corneal limbus

Ears Negative

Nose Flattened - septum bent - both fossae small

Mouth Early generalized gingivitis - purulent at canine and upper right molar

Throat Clean tonsil scars

Neck Post cervical nodes shoddy

[redacted]

March 18, 1929
Dallas, Texas

Chest — Lungs clear. Breath sounds increased vesicular
Heart negative - tones clear, regular - reaction good.
R.S.D. 5.5 R.C.D. 2.0 x 10.0
Blood Pressure 134/80

Abdomen — Right McBurney's scar

Extremities — Early pronation right foot - few telangiectases over right tibia

Reflexes — Tendon reflexes hyperactive, equal. No ataxia or tremor. Speech and cerebration normal.

Impression

(1) Chemical dermatitis venenata from gasoline vapor

(2) Infectious arthritis right hand

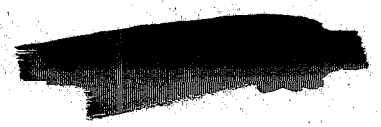
(3) Bilateral pterygia

(4) Gingivitis

Haemoglobin - 95% Dare
Albumin - Negative
Sugar - Negative
Reaction - Alkaline to Methyl Red.

Willard F. Machle, M. D.

Physical Examination (Cont)



March 18, 1929
Dallas, Texas

The dermatitis which caused some disability early in the course of the present illness was almost without doubt due to Gasoline in an unusually susceptible person. It was not in any way a specific action of Ethyl Gasoline. It has subsided except for the small, inactive residuum previously noted.

The condition of the right hand is due to an arthritis of the infectious type and cannot be associated with the patient's employment nor attributed to the effects of any agent with which he was working. As the results of this infection are causing the present disability and as they are not related to his employment there does not seem to be any evidence for claim.

(Signed) WILLARD F. MACHLE, M.D.