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STANDARD OIL COMPANY

(INDIANA)

910 SOUTH MICHIGAN AVENUE

MORTON,
DIRECTOR OF MEDICAL DEPT.

CHICAGO, May 5, 1933

[redacted]

Dr. Robert A. Kehoe,
College of Medicine,
General Hospital,
University of Cincinnati,
Cincinnati, Ohio.

Dear Dr. Kehoe:

I am enclosing copy of a report covering examination of one of our employes who has worked for us, as you will notice, for the last eight years, and has had more or less to do not only with Ethyl gasoline but in the preliminary stages, mixing the Ethyl in the gasoline. Even at the present time he shows lead in the urine.

Does this, in your opinion, look like at any time he had a lead poisoning, and is he now suffering from the after symptoms of a previous lead poisoning? As this may become not only a compensation case, but a common law claim against the company, would like your advice as to how it should be handled.

I know that you have a lot of knowledge, in fact, probably more knowledge than anybody in the country, regarding lead poisoning, and if necessary we could have this man examined by a nerve expert in Chicago and possibly send him to Cincinnati for observation by you. We would not want to do this without taking everything into consideration and, unless it was necessary, not do anything which would lead us into a lawsuit.

Would like to hear from you at your convenience.

The famous Chalkley case has been put off until June 5th or 6th.

With kindest personal regards,

Very truly yours,

HMorton.

HE-

Milwaukee, Wis. May 3, 1933

Dr. F. R. Morton,
Standard Oil Company,
910 South Michigan Avenue,
Chicago, Illinois.

My dear Doctor Morton: Re: [redacted]

One of the employees, [redacted], was sent to me by Mr. Wilson for examination. He is 46 years old, has been an outside worker handling gasoline.

History.- About 8 years ago he was mixing ethyl fluid with gasoline by draining it from a barrel to a vessel and pouring it into a tank of gasoline. He often got his hands wet but always washed them before eating. He ate his lunch at his working place, He was handling this about two months before he became ill with some complaint.

He first noticed pain in his right arm above the elbow, This pain increased, is always in the right arm, arm and hand got lame. He then had pains all over his body, could not sleep. Never had any paralysis. He was at home about three weeks, very restless Then became out of his head, talked irrationally but his wife said when he was spoken to he would answer rationally for a minute or so then again talked incoherently. This condition lasted about six weeks. It is not known whether he had fever. He gradually recovered but it was five months before he went back to work.

Since that time he has been working steadily but has pain and stiffness in the arm. He used to shake all the time but this has gradually ceased. Arm is stiff. He has to force it. His facial expression has changed, a curious mask-like appearance. His speech has gradually become slow and deliberate. His wife says he is not as jolly as he used to be. He has a tendency to fall asleep easily. His appetite and bowels are normal. His weight remains stationary. He does not sleep well, so he says, on account of pain.

On physical examination he is a well nourished, stocky man with high color, 5'5", 155 pounds. Broad chest.
His face is expressionless with all the folds smoothed out. He smiles rarely and then it is a slow movement of the muscles. His speech is slow but mentally he appears normal. There is some drooping of the eyelids. The pupils are small, slightly irregular, react rather sluggishly to light. All the other cranial nerves appear normal. The tongue protrudes in the median line and is slightly tremulous. There is no goitre.
Heart, lungs and abdomen are quite negative. Blood pressure 126/84
Pulse 88 regular.

The right arm is definitely spastic with no atrophy. The extensors of the wrist are unusually strong, the flexors also. All motion is possible but is done with an effort. Sensation is unimpaired. Reflexes are hyperactive on his right arm and the right knee jerk is greater than the left. Both are quite active. There is no Babinski. No Romberg. Gait is natural but deliberate. The urine is negative. Blood shows 100% hemoglobin with normal red count and white count. The Wassermann reaction is negative. Mouth shows upper plate. The lower incisors show no discoloration at the gum margins.

A 24-hour specimen of urine amounted to 385 c.c. showed .06 milligrams of lead.

Discussion.- In looking up the literature of tetra ethyl lead poisoning it does not appear to me that this man's symptoms could have been in any way connected with his work. From what one finds now it seems quite apparent that the man's illness eight years ago was encephalitis and that he now has the typical post encephalitic syndrome. The amount of lead in his urine is not greater than that commonly found inmany normal individuals. He has no lead line in his gums. No stippling of the red cells. His wrists are unusually strong so that I feel reasonably sure that there has never been any poisoning from lead.

I have taken the liberty of giving him some Scopolamine.

Very truly yours,

(Signed) Louis M. Warfield
M.D.