Globe-Wernicke
CINCINNATI

"TUFTEAR"

FOLDER

TO RE-ORDER SPECIFY

No. 21⅓ FOLDER

MADE IN U.S.A.

482

Mr. Mathias H. Heck
815 U. B. Building
Dayton, Ohio

Dear Mr. Heck:

As the resul
interview on the afternoon of July 1st,
herewith a statement on the case of [redacted]
so far as the facts are known to me. As
have not seen Mr. [redacted] for several yea
no direct knowledge of his present condi
the results of Dr. Fischbein's examinati
adequate to establish the facts in that
therefore I have no hesitation in expres

I trust tha
will cover your requirements.

Very

RAK:is

Robe

KE 0020850

the relationship of his present condition to
entirely clear, and it appears that a state
beneficial in clarifying certain aspects of
much as I, as plant physician, was responsi
care of Mr. [redacted] during his employment and
of his illness.

Mr. [redacted] was employed by Ethyl Gaso
in its Dayton, Ohio, plant for blending Ethy
1924. At this time the hazards in the handl
had been explored in at least a preliminary
and safeguards had been devised for the purp
workmen to avoid serious lead exposure. As
not anticipated that cases of lead poisonin
in fact nothing more serious than minor or
noted in workmen during this period. Mr. S
ployed during a previous period when conditi
been inadequately controlled and there was
that he had ever been seriously exposed to
he became ill and was seen by me on March 1
appeared to me to be a typical case of infl
occurring with somewhat less than epidemic
him home (after an examination) to be cared
physician, with no apprehension as to any t
lead.

him in the afternoon and from the clinical
and from my belief that his lead exposure h
enough to produce lead encephalopathy, I co
dealing with a post-influenzal encephalitis
other physicians, who since have discarded
relationship of influenza to [redacted] cereb
had the benefit of seeing the onset and cha
nor do they know anything about the plant c
Mr. [redacted] worked. They make the unwarrant
[redacted] had a serious and obviously dangerou
on that basis arrive at a conclusion by muc
of reasoning.) Despite my tentative opinio
the case, I considered it wise to hospitali
him under observation, and to instigate tre
that his condition was due to the absorptio
Facilities for making a prompt differential
available then as now, and, in my opinion,
on the theory that if lead were a factor, fa
patient might result fatally. Accordingly
treatment in a private hospital, where he r
so noisy and uncontrollable as to necessita
Dayton State Hospital, at which time he wen
that his conditions would not be understood
might not be carried out, I followed him to

by the admission diagnosis of tetraethyl l
less of such confirmation as their subsequ
have provided.

The patient's subsequent course is a
and requires no additional information fro
The experience of the past fifteen years,
potential dangers in the handling of tetra
the course and sequellae of tetraethyl lea
light on this case, and should be of value
of the present status of Mr. [redacted]. By r
it now seems much more assured than it was
[redacted] acute illness was the result of a
lead and certain of its decomposition prod
contribute to that opinion, which, unfortu
to proof.

First, despite the fact that no othe
among which Mr. [redacted] worked became ill a
absorption, (all other cases reported from
earlier period when the conditions were ad
knows that certain opportunities for expos
which would be considered potentially dangerous now.
have had greater exposure than I believed
illness.

Second, the time of the onset of the

Third, two cases of a schizophrenic t
tetraethyl lead intoxication, in associatio
of behavior tendencies in this direction, h
ability of this intoxication to intensify s
least temporarily. Recovery occurred in bo
indeed it may be said that no permanent seq
seen in relation to tetraethyl lead intoxic
hand Mr. Sibole had definite stigmata of me
my acquaintance with him, and the developme
might be regarded as the sequel of an acute
cation, emphasized by the shock of commitme
institution for the insane as well as subse
from family, friends and acquaintances. Thi
compensation neurosis but for the fact that
continued some time ago, and the further fa
mental condition of mental deterioration, a
of the recent (May 27, 1940) examination of
would appear to be too serious to fit in th

There is, of course, some doubt as to
of tetraethyl lead absorption in this case,
that the present mental status of Mr. Sibol
on some other stimulus, or perhaps without
Be this as it may, his present condition de

with the results of Dr. Eisenstein's examina

Mr. [redacted] disability is permanent and th

regarded as the result of the acute intoxic

suffered in 1925, not in the sense that tha

organic disease of the brain with permanent

the intoxication was the stimulus which bro

mental state and contributed to its establi

havior pattern.

Signed: [redacted]
Rob

May 5 1942

poration since December, 1924. History taken
closed no significant previous illness. His
showed no indications of any absorption of le
substances. Physical examination showed only

Tonsils are large, rough and anteri
Small amount of liquid puss could be expresse
Teeth showed a moderate pyorrhea with some re
purulent pockets. Chest rather poorly develo
could be found in either the lungs or the hea
There were no abnormalities found on examinat
urine.

During the time of his employment n
occurred. In February he developed a common
about two weeks leaving him in a somewhat sub
time his temperature and blood pressure were
morning hours but no other signs of illness w
off from work for several days and returned i
On March 17th he reported with a very severe
and a temperature of 99-4/5°. He complained
ness and intense weakness. He was sent home
under the care of other physicians. His cond
improving until Saturday, March 28th when it
he was delirious.

When seen by me Saturday afternoon
follows: He was lying in bed apparently in a
He was unable to recognize anyone but his wif
irrationally at times, and refused all medica
dition at this time resembled rather striking
encephalitis but the description of his previ
family and the physician together with afebri
condition suggested tetraethyl lead intoxicat
that he had been delirious, apparently fearfu
disturbing dreams and otherwise running amuck
had felt it necessary the night before to qui
tered morphine, 1/2 grain in one dose. This
hypnotics had failed entirely to quiet him at
appear that his later stuporous condition was
the morphine.

With presumable diagnosis of a secon
superimposed upon a convalescent acute infect
instituted for the clearing up of the mental
nation of lead. Inasmuch as no medication cc
a solution of sodium carbonate and sodium chl
Solution) was instilled per rectum. This was
About two hours later the patient became rati

fused state developed into an acute mania at
morning. He was restrained and about 800 c.c.
administered intravenously. The administratio
hour and a quarter at the end of which time he
and for brief intervals of time appeared ratio
a somewhat confused state. After a few hours
again developed into an extremely noisy, talka
condition. He appeared to be on the point of
and 2% magnesium sulphate was administered in
quieted at once and broke into a profuse persp
condition he was moved to the Dayton State Ho

In view of the experience which has
cases up to the present, it seems worth while
things which have been observed. In the firs
of acute mania of this type only one has surv
died of exhaustion in the course of acute mani
the common hypnotics have been used and have
disadvantage rather than and advantage. They
the manaical symptoms and in fact they appear
This with one notable exception. One case wa
with apomorphine; whether by accident or not
sleep which lasted for 17 hours from which he
mental state. A week later he developed anot
which was controlled in the same fashion.

I have been fearful of the use of h
that it seems to me that by their very nature
the severity of a condition brought about by
as lead. It has been experimentally shown in
in the fatal cases that an edema of the brain
It has seemed advisable to me to make an atte
and thus if possible to bring back the normal
addition to that magnesium sulphate is known
nervous system depressent and I have used it
its strong dehydrating powers. The success w
has been met in the case of this man would ap
use.

In our milder cases I have found it
salts and alkalies by mouth. We have demonst
that by this means the excretion of lead from
increased. In bringing about this result I h
mixture: sodium bicarbonate - 4 parts, magnes
and calcium carbonate - one part. This is ad
about 20 grams daily. The quantity being det
necessary to obtain and maintain a slight alk

this course of treatment has been so satisfac
worth while to make note of it.

The above suggestions as to the the
as a presumption but merely as a statement of
which you may or may not be interested in pur

(Signed) Rob

Robert
Medical

ETHYL GA

DIAGNOSIS: 12. Psychosis with other
infectious (influenz
poisoning may have b

ADMITTED: March 1, 1925. First Adm

MEDICAL CERTIFICATE:

"Use of foul and profane languag
medicine or remain in bed without res
is a bird or pet animal; again a gian
seed; asks to be allowed to get out o
soar and sing. Struggles, spits and c

FAMILY HISTORY:

Father and mother are both livin
age and getting feeble. Mother has p
and father has a rupture; is about 80
maiden name was Boyer; is of Scotch a
in Ohio. Father was born in West Virg
thers and four sisters. One sister,
five years ago at the age of 45 years
health. One brother, Phil, was also
Corporation and the patient's wife st
trouble as the patient and had to giv
absent-mindedness and delusions of kn
hearing voices. This brother is 34 y
brothers are in good health.

PERSONAL HISTORY:

Commitment papers give the patie
the patient declares that he was born
He states he was never in very good h
rheumatism from the age of 10 upward.
age of 7 years and continued until 17
6th grade. He claims that he did not
on account of inability to learn but
and attended irregularly. Puberty at
He was married in 1918 and went
stove factory then came to Springfiel
the farm for about two years, going f
and Mills concern running a press and
He states that he has always been tro
always had to take something, usually

PRESENT ILLNESS:

He started to work at the Ethyl C
Christmas time and in February he was
with a severe headache, temporal. He
him that he had the influenza with the
he was out of his head and that his en
He says that his wife and two of his
same time, his mother-in-law taking ca
taking their temperature one time and

MENTAL STATUS:

On admission the patient talked
He said his food was poisoned and comp
gled, spat and cursed so that it was
He was disoriented in all spheres but
at this time, however he is inclined
sive, morose and melancholy.
Memory for past and present event
poor. General grasp is poor.

PHYSICAL EXAMINATION:

General Appearance:
Patient is a tall slender
moderately stooped; sligh
fine, fairly oily. Supra
Eyes brows are heavy; eye
Eyes: Set slightly oblique, brow
spots on the skin under
Ears: Regular, normal in size an
fine scar on ear drum. L
Scar of left mastoid opera
Nose: Regular; tip slightly thic
ened, deviated to the left.
side enlarged. Subacute
Neck: Shows uniform enlargement
Teeth: In good condition; slight
Tonsils: Shokl, apparently negat
Throat: Negative.
Chest: Shoulders stooped. Prac
thin, soft and fairly oily
hollow anteriorly. Atrop
over anterior upper porti
notches obliterated. Ven
anterior portion of chest

PHYSICAL EXAMINATION: (Continued)

left trapezius markedly inc
increased. Right shoulder s
than left. Right scapula m
slightly winged. Superfici
noted on back. Rhomboid mu

Lungs: Vocal fremitus increased or
to the 4th dorsal.

Heart: Normal in size and position
ated. No murmurs heard.

Abdomen: Walls flaccid; fairly we
touch. Liver normal in siz

G. U.: History of gonorrhea with s
25 years.

Extremities: Negative.

NEUROLOGICAL EXAMINATION:

Upper reflexes normal.
Pupils react to light and accommoda
Ankle clonus negative.
Babinski and Oppenheim negative.
Knee kicks equal, exaggerated.

DIAGNOSIS: 12. Psychosis with other so
infectious (influenza) Poss
poisonging may have been a fa

ETIOLOGY: Influenza; possibly tetra Eth

PROGNOSIS: Good for partial recovery.

TREATMENT: Refer to Dr. Marthens and D
McClellan.

NOTES: March 29, 1925. ½ gr. Luminol;
Forced to drink milk and water. Dr. Mar

March 30, 1925. Given morphine sulphate
sulphate, saturated solution 1 gram ever

April 1, 1925. Patient given sodium hyp
venously twice daily; sodium hypophospha
water three times daily; tincture digital
daily.

NOTES CONTINUED:

April 7, 1925. Sodium hypophosphite int

April 9, 1925. Syrup iodide of iron one meal.

April 13, 1925. Discontinued digitalis.

April 15, 1925. Boric irrigation three five drops of iodized glycerine to eye.

April 18, 1925. Discontinued Epsom salt Regular diet. Permit patient to get up.

DIAGNOSIS: 12. Psychosis with other some
fesious (influenza) Possibly
may have been a factor.

FIRST PRESENTATION: June 23, 1925.

CONVERSATION: Dr. McBeggs and Patient.

Q. Hello, Harold, how are you today?
A. Pretty good. You have got this f
room, haven't you?
Q. Yes, sir. Would you like to go t
A. No, I feel like if I could get ho
Q. Are you worried again or yet?
A. Yet.
Q. How long have you been in the hos
A. I don't remember now. I can't te
head altogether.
Q. But you are in fair condition now
A. Yes.
Q. What makes you think so?
A. I know what I am doing now.
Q. What else do you want to do?
A. I think that if I could go home I
Q. Are you sleeping well now?
A. Sleep fine.
Q. How about those dreams?
A. They don't bother me very much.
Q. Do you hear voices yet?
A. Once in a while.
Q. Can you make out what they say?
A. No.
Q. Do you recognize the voices?
A. No, I can't say that I do but the
voice sometimes.
Q. Do you think you have enemies?
A. No, I cannot think that I have bu
all the time.
Q. What are you afraid of?
A. Seems that I am afraid that someb
Q. Yet you think that you can go hom
realize now that no one is trying
just your imagination? Or do you
A. Well, it might be.
Q. In other words, you are open to c
that somebody might want to kill
A. Yes. When I am out in the open aw
fusion it is not like that. Ther

there that I can not keep my mind s
would be better. Just the little t
seemed to help me. I think that i
be a whole lot better off.

Q. How old are you?
A. Thirty-one.
Q. What year were you born?
A. '94.
Q. Have you had a birthday lately?
A. March last.
Q. Are you right sure of that?
A. Whether I had a birthday?
Q. No whether you were born in '94?
born in '95.
A. Well, I have a record at home.
Q. Do you remember what year you were
A. No, I don't, I cannot remember tha
Q. How old is your oldest boy?
A. About school age.
Q. Don't you really know how old he i
A. I can not tell you. I have forgot
have been sick. It seems like &&
I have been sick, longer than it r
things are mixed up so much.
Q. Don't you feel that you ought to g
tened out before you go home?
A. I don't believe that I ever will g
Q. Don't you even remember what year
A. My wife can remember that. Lots o
Q. I think it would be wise for you t
A. That is up to you people. I can't
me here.
Q. If we keep you here it will only b
necessary.
A. I am sure I would be 100% better i
How will I get away from here? Wi
or something? Will somebody have
Q. Your wife can take you out of here
A. What if they don't want me out?
Q. The Dayton State Hospital are the
anything to say about whether you
A. There is such a conglameration abo
Q. There is nothing wrong about your
or are being paid.
A. That is what beats me. It seems l
stock on every hand.

KE 0020864

CONVERSATION CONTINUED:

Q. You have really improved wonderfu
lbs.
A. Yes, I feel better but I feel tha
for something, some interest, I w
Q. Well, you leave that entirely up
out as soon as you are able.
A. What do you think about me going
Q. I think it might be all right. Y
didn't you?
A. Yes, sir.
Q. Well, thank you very much, we wil
A. Do you think I can go home Sunday
Q. Yes, on a visit.
A. My wife seemed to think I might g
days and if I proved satisfactory
Q. Well you wait until we see here a
know. You are getting along fine

DR. BEGGS: Suggest that the diagnosis be
a history of influenza and also a history
Ethyl gas. Treatment as above outlined w
to elimination. Also suggest referring t
man for nasal condition. Suggest complet
24 hour specimen; if urine contains album
urinalysis at intervals of at least every
up.

CONVERSATION CONTINUED:

Q. Do you remember when you came to this h
A. No.
Q. How are you now in comparison with a mo
A. I can not say as to that. Dr. P_enat c
a bit. If I could get home I think I w
Q. How many children do you have?
A. Three.
Q. Do you have any periods when you are at
you are or what you are doing?
A. I was good all day.
Q. What do you dream about?
A. I think someone is going to kill me all
day long. Can't I go home now? My wif
still there.
Q. We will see about it. We want you to
not too quick.
A. I would like to get my release written
me to death to stay here.
Q. Are you hearing any voices at night?
A. Well, when I can't sleep very well I do
Q. Can you hear what they say?
A. No.
Q. Do you recognize the voices?
A. Well, my brother's seems to be the most
has his voice. I hear the voices of wo
straightened out or whether my meals a
a fool out of me up there. My wife does
way I have it doped out.
Q. Well things will be all taken care of.

DR. MCCLELLAN: Suggest that a complete history
together with physical findings be presented on
in so far as this case was treated as a seconda
medical consultant of the Ethyl Gas Corporation
Hospital and that in sofar as we have had numer
tion occurring in this particular corporation t
sideration in arriving at a diagnois as to the
bearing such diagnosis will have on the compens
this claim, and in all fairness to the patient
believe that care should be given to ascertain
does not come under 12. Psychosis with other s
Ethyl Gas autointoxication

IMPRESSION: 3. 15. - Manic Depressive Psych

FIRST PRESENTATION: June 16, 1925.

CONVERSATION: Dr. McClellan and Patient.

Q. Hello, Harold, sit right down. How are yo
the hospital now?
A. I just don't know.
Q. Tell me about how long?
A. I came here in March.
Q. Why did you come here?
A. I don't know, I was out of my head.
Q. Ever have an attack like that before?
A. No.
Q. Have you ever been in a hospital before?
A. Springfield Hospital.
Q. What were you in there for?
A. Mastoid.
Q. How long ago?
A. I don't know.
Q. About how old were you?
A. I cannot just remember how old. About 18
Q. How old are you now?
A. Thirty.
Q. Have you had a birthday since you came int
A. March 4th. I don't know how long I have b
my head. My mind wanders in periods but I
outside. I went out to see my folks and I
will tell you that.
Q. What do you think is the cause of you gett
A. Well, I don't know. Ethyl gas is all that
Q. Did it ever bother you before?
A. I never worked with it before.
Q. How long had you worked at the General Moto
A. I could not say. It is no use for me to m
can tell you better than I can. About thr
Q. What is your boss's name?
A. Arthur S.----------
Q. Did you first become sick while working at
home?
A. They sent me home.
Q. You must have become sick at the plant ther
the plant?
A. Dr. Keyhole.
Q. Do you remember going to Dr. Hatcher's hos
Q. No, I don't remember that.