F. A. C. Guepin Esq.,
St. Helen's Court,
Great St. Helen's
London, E.C.3.

3rd April 1946

Letter No. 131

Dear Mr. Guepin,

LEADED SPIRIT: CLEANING RAIL TANK WAGGONS

I refer to your letter Engineering/11 of 1st March. Enclosed please find the relevant copies of the medical reports.

It does not say in the case history as recorded with the Rikstrygdeverket (The State's Insurance) that there had been leaded gasoline on the tank waggon, but it is stated in one of the letters from the firm which did the job for the Germans:

> "..... One of the last Rail Tank Waggons cleaned (there were 13 in all) had a label attached marked lead gasoline..."

In spite of our Technical Department's specific demand to the firm in question that gas masks must be used - it was learned afterwards that no such precaution had been taken. Shell had no opportunity of controlling the work as the cleaning took place under German supervision.

Yours sincerely,

E. WESTBLAD

KE 0007280

N 7842

Dr. P.W.K. Bockman
Chief of the chemical dept.
Of the Statens Institutt for Folkehelsen,
Gjetemyrsveien 75

Rikstrygdeverket,
Office for injury cases,
Sommerogt. 15, Oslo

Re: Injury No.20017/1941. [redacted], Oslo

To some gasoline is added a little tetra-ethyl lead, this is especially the case with gasoline for airoplanes, to which is added more tetra-ethyl lead than other gasoline. It is very dangerous, as tetra-ethyl lead is very poisonous. As tetra-ethyl lead is rather volatile, a poisoning may easily occur by the inhalation of vapors of tetra-ethyl lead during works with tanks, that have contained such "lead gasoline".

If therefore the late Mr. [redacted] was engaged in work with tank waggons, which had lastly been used for gasoline added tetra-ethyl lead (gasoline for airoplanes or other lead gasoline), and he did not, during his work, use a gasmask or otherwise observe the cautionary measures prescribed for work with lead gasoline and with vessels which have contained lead gasoline, then it is very probable that the disease is due to the inhalation of vapours of tetra-ethyl lead, and as diseases caused by lead compounds when on service are to be considered ordinary injuries acc. to kgl. resol. of 7/12-28, point 1, mr. Andersen's case must be classified as injury contracted when on service.

P.W.K. Bockman
sign.

N 7842.01

KE 0007281

Oslo kommunale sykehus
HF/BH

Re. Injury no. 20017/41

To the Office of Supervision of the Rik
og Aker. Stortingsgt. 6 II, Osl

[redacted], b.Nov.24th 190
hospital, psychiatric dept., from Oct.
the diagnosis Insana generis incerta (s
During his stay here he was cloudy, and
deficient information about the develop
condition. His condition grew worse,

There is much evidence that
of poisoning, as no other cause has bee
gations of the case have not yet been c
taken at the Ulleval hospital in the la
anatomy, and the brain submitted to a s
Jansen, the anatomical institute of the

Ulleval, psykiatr. avd. Dec.

Harald Fr
Assistant
(sig

N 7842.02

KE 0007282

FROM THE CHIEF PHYSICIAN OF THE PHYCHIATRIC DEPT. OF THE ULLEVAL HOSPITAL FOR NERVOUS AND MENTALLY DISEASED
AH/BH

Til Rikstrygdeverket, Oslo

Re. Injury No.20017/1941

[redacted], b. 24/11 1902, was sent to the psychiatric department of the Ullevål hospital on Oct. 10th 1941 by dr. I. Lossius with the diagnosis acute psychosis (gasoline poisoning?).

It is seen from the available information that the injured person was previously on the whole of sound health. He was married, had 4 children. He is said to have been a quiet, honest and conscientious man. The last 2 - 3 weeks before admission he had been engaged in cleaning gasoline tanks, which had contained synthetic gasoline, whose composition is not known.

About 8 days before admission the injured began to grow pale and languerous, and did not sleep well at night. A little later he began to show symptoms of distinct psychic changes, he began to repeat the same questions, repeat actions and talked confusedly about having painted the first aid station etc. Grew increasingly uneasy and had to be sent to the psychiatric department, where he was under treatment from Oct. 14th to Oct. 24th 1941.

In the dept. he was desorientated, talked nonsense, increasingly uneasy, threw away the bedclothes and trampled about on the floor. Seemed anxious, possibly hallucinated. Even slight touches seemed to cause him serious discomfort. Injected in the face, perspiring. By the ordinary somatic and neurologic examinations nothing truly pathological was found. The examinations were, however, somewhat deficient owing to the psychic condition of the patient. Systolic blood pressure 130 mm.
Blood examinations showed normal relations. Sed. test 5 mm. Hgb. 101%
Red. cor. 5,03 mill. White c. 6641. Diff. count: stave nucl. 6.
Segm. nucl.57. No basophile dots in the blood corpuscles. Trombocytes 122850 per m.

In the spinal fluid were found increased albumin values, normal number of cells. Total alb. 2,I.Alb.I,65.Glob.0,45.Glob.alb.quot.0,27 cells 4/3.

Lues reactions negative in blood and spinal fluid. On admission the normal reactions in the urine negative, immediately before death there was positive sugar reaction, and acidosis. An investigation to find lead in the blood was unfortunately a failure.

The patient gradually grew increasingly exhausted, soporous and finally comatose. Treatment with stimulating drugs, intravenous injection of fluids etc. had no effect. Immediately before death, which occurred on

N 7842.03

KE 0307283

Translation inaccurate
DAK
Conclusion;

Oct. 24th 1941, he had a rise of temperature and slight cramp.

Autopsy undertaken at the Ullevål hospital, in the laboratory for pathological anatomy and the conclusion was: Mos causa ignota (death, cause unknown).. Bronchopneumonia. Oedema Pulmonun. A special microscopic investigation of the brain was undertaken by Jansen, M.D. the anatomical institute of Oslo University. Some changes were demonstrated and the condusion was as follows: Whether the gasoline poisoning mentioned in the case history had caused directly or indirectly the changes demonstrated in the brain, is impossible to decide on the basis of the neuropathological examination, but the possibility cannot be denied.

ESTIMATION. A previously healthy man was engaged in cleaning gasoline tanks. He was attacked by a disease which began with languor and sleeplessness and gradually developed into a serious insanity which proved to be fatal. 2 others who were also engaged in the same work, also fell ill. One was admitted to the Aker's Hospital, where his condition was understood to be a case of lead-poisoning. The other had only slight symptoms, felt a numbness in his legs. Did not sleep well. He was not treated in hospital.

Neither by the investigations in the clinique and the laboratory nor by the autopsy and the specific brain investigation was found any true support for the cause of the disease. No true symptoms of a poisoning have been found, but there is nothing that speaks against it.

As the disease occurred under conditions where there were possibilities for poisoning, and where two others also fell ill, and as on the other hand no other cause has been found, this must evidentally be a case of poisoning (lead compound or other unknown components).

CONCLUSION The fatal disease of the injured is understood to be a case of poisoning, with lead or other gasoline components, to which he had been exposed during his work.

Ullevål, psykiatr.dept.
Nov. 30th 1942.

Haakon Saethre

KE 0007284