JOHN ALTON JOHNSTON, M. D.
CITIZENS TRUST BUILDING
CANONSBURG, PA.

December 9, 1933.

Mr. Robert V. Fehr,
Detective of Cincinnati,
Cincinnati, Ohio.

Dear Sir:-

Enclosed herewith copy of Dr. Wright's letter to me concerning the [redacted] case. I hope this will be of service to you in making your report.

I am

Respectfully yours,

John A Johnston

KE 0010953

Copy of letter from Dr. George Wright.

Dr. John A. Johnston,
Canonsburg, Pa.

My dear Dr. Johnston:-

I have just examined Mr. [redacted] and I must say that the case is a little typical but in general I feel that he is suffering from a toxic neuritis with the main disturbance involving the upper extremities, although he has had some symptoms across the trunk and considerable unsteadiness in the legs. The condition of the reflexes would indicate that not a great deal of damage has been done. [redacted] feels that he has been improving in the past few days.

I am a little puzzled as to the cause of the trouble but I am very suspicious that it may be due to lead as a result of handling so much Ethyl gas. He tells me that his hands were constantly wet with it because of a wet and leaky hose. The onset with diarrhea which lasted a week rather supports this idea.

I would suggest that the treatment be one of free elimination depending upon large quantities of water, free movements of the bowels and a hot tub bath at night and perhaps some doses of potassium iodide would be helpful. The arms should be massaged with coca butter night and morning, not too vigorously at first. This might very well be given by his wife.

I sincerely hope that my belief that the nerve disturbance is toxic and peripherial is correct because in that event we can look for a cure in the course of four to six weeks. If there should be any trouble or the development of additional symptoms please let me know at once.

Thanking you for referring this case to me, I remain

Yours very truly,

Note as above

In the terms of our experimental work it is impossible for the man to have absorbed enough lead to have produced a diarrhea. The diagnosis of a toxic neuritis is obviously supported by the rapid recovery, so that the conclusion most likely is that the toxaemia was of intestinal origin, such as is seen in botulism.

N8118.01

December 7,1926.

Further data on the case of Mr. [redacted] Atlantic Refining Company, Pittsburgh, Pa.

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The analyses of the excreta of [redacted] obtained from the Cannonsburg General Hospital, Cannonsburg are as follows.

Urine: 3720 cc. - 0.41 mgs lead
Faeces Dry Weight: 18.15 mgs containing 0.25 mgs. lead. This is equivalent to 0.11 mgs lead per liter of urine, and 0.09 mgs. lead per gram of ash in the faeces.

The above results are well within the limits of lead excertions seen in normal subjects and do not contribute anything additional to the diagnosis in this case. I have received the following information from a consulting physician in this case. Doctor John A. Johnston of Cannonsburg, the family physician, states that his patient is now practically well and that he can not see that any further information can be obtained on him. He is still of the opinion that the case was one of lead poisoning and in as much as the man is recovered it will be impossible, unless there are furthere developments, to prove the matter one way of the other.

Doctor G. J. Wright of Pittsburgh a consultant who was called in and who saw the man in consultation with Doctor Johnston points out that in as much as he was merely a consultant he is not at liberty to discuss the matter . He states however, "at best this is a difficult case and I am by no means as sure the trouble is due to lead as you are that it is not". The last phrase of this is due no doubt to the fact that I pointed out to Doctor Wright in my letter to him that several hundred men exposed to this same condition over a period of several years have failed thus far to show any evidence of absorption, and that this fact in itself gave considerable doubt to the diagnosis of lead poisoning in this man, whose total exposure covered a period of a few months.

I do not feel that there is anything further that we can do about this case at present. As I said in my previous report that if the condition cleared up completely it would probably be entirely impossible to make an absolute diagnosis. It is quite plain that the physician who has this man in charge does not wish any further observations to be made upon him and I do not feel that any information which could be obtained now would justify our having any i unpleasantness over it.

It will be necessary I think to report this case along with the others to the Surgeon General, and to have it considered along with a great mass of negative evidence which has accumulated for what it is worth. I am tremendously disappointed that such a thing should have happened without our being able to come to a conclusion which is capable of being proved. We can rest assured however that

Data: [redacted]

that when there is doubt in the matter Ethyl Gasoline will in all liklihood be given credit fot the injury. This is at once fortunate and unfortunate. Unfortunate because Ethyl Gasoline will be given the blame for doing many things which it has not done. Fortunate for the reason that practically all doubtful cases will be reported to us in some way or other for investigation and we shall thus be able to ~~make~~ to definite conclusions at a later date though not at present.
