

ETHYL GASOLINE CORPORATION

25 BROADWAY

NEW YORK January 9, 1930.

INTER-OFFICE
CORRESPONDENCE

Dr. R. A. Kehoe,

Dear Dr. Kehoe:

I took advantage of the Holiday season to spend some time with my family in North Carolina, and have just had the opportunity to read your letter of December 28th and attached report in reference to Joe [REDACTED] of Gravelbourg, Saskatchewan, Canada.

Both are so very complete that comment of any nature seems quite unnecessary to me.

Although there is some doubt as to Mr. [REDACTED] ailment being attributable to the handling of Ethyl Gasoline despite the extremely careless manner in which it was carried on by him, nevertheless I am of the opinion that because of the fair attitude he has displayed an arrangement should be made between the British American Oil Company and ourselves to pay him the \$441.00 as itemized by you. The fact is that but for interference of this company in the handling of matters between one of our customers and its employees and the further danger of creating a precedent which in the future the British American Oil Company might attempt to force upon us in reference to possible other cases, I would be very glad to pay the bill without taking it up with British American.

Under the circumstances, agreeable to you, we will defer bringing the matter to the attention of British American until Mr. Taylor or I have the opportunity of personally interviewing one of their executives whom we would consider the proper authority to take it up with, to the end that no misunderstanding may transpire. This applies likewise to your suggestion about the precautions to be used by the handlers of Ethyl Gasoline as well as all kinds of gasoline, who might be placed in a position such as that under which Pierson was apparently obliged to work.

May I inquire what advice you may have given to [REDACTED] regarding his future employment, particularly in connection with the handling of Ethyl Gasoline. Is it likely that British American will put him back on the job where he will do practically the same kind of work which he was doing at the time he became ill, or what is the situation that you are aware.

Appreciating the extreme care and thoroughness with which you have handled this matter, and inviting any further suggestions you may have to offer in the light of what I have just said, I am,

Very truly yours,

[Handwritten signature]

KE 0001212

December 28, 1929

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

Dear Mr. Webb:

Some time ago I told you about a case of soning resembling lead poisoning, which had developed a young man in Canada. I am sending you herewith a complete report of the observations we have made on him, which I think will be self explanatory.

It would be difficult to make an arbitrary decision in this instance as to whether or not the patient's symptoms were due to lead. I have a feeling that a clinical diagnosis made by the average good doctor, with such mental reservations which frequently go with such diagnoses, would be that he had had a mild attack of lead poisoning. Looking at it from a more scientific point of view which requires proof, one may seriously question whether this diagnosis is justified. I believe, however, that you yourself in considering the opinions of the two doctors in Canada, plus that of Dr. Foshay here, would be lead to feel that there is a considerable evidence to support the diagnosis of lead intoxication. Despite these facts I am exceedingly dubious as to the lead causation, and I am inclined to believe practically the entire picture is due to gasoline intoxication. Be that as it may, this is the first instance of a case in which the diagnosis of lead poisoning might be justified, if we except the case that occurred in Pittsburg some years ago which I felt was certainly not lead poisoning.

There are one or two things in this case, however, that are worthy of consideration and action. You will note that this man took no precautions of any kind; that he was continually bathed with gasoline so that his clothing and his skin were wet over a period of hours; that he did not bathe afterwards, nor did he change or launder his clothing. In addition to this he was a nail biter and so undoubtedly had his fingers in his mouth at a time when some quantity of lead must have been on them. This has given him the grossest opportunity for the absorption of such lead as is contained in Ethyl Gasoline, and, although his excreta does not show that he absorbed

any significant amount, still the interval between his absorption and the time of our examination might account for some of this, and it seems likely that he did absorb some lead. Our information leads us to believe that although this is an unusual behavior for a gasoline handler, in this instance the man was not disobeying any instructions for he and his employer had been told by the British American Company that there was no danger whatever in handling gasoline and that no precautions were necessary. This was obviously a bad move on the part of the British American Company and it is one, which if at all general, might cause the Ethyl Gasoline Corporation a considerable amount of trouble. Gasoline intoxications are not so infrequent that we wish to have them occur in large numbers and so be confused with lead poisoning. Perhaps, therefore, in view of this case and its significance some more definite steps should be taken whereby distributing companies who are customers of the Ethyl Gasoline Corporation will realize the advisability of seeing to it that the precautions which we have issued are followed out.

I have indicated in my report that we will probably have the means of deciding whether or not gasoline intoxication can produce the residual symptoms shown by Mr. Pierson. I had in mind the study which we are making from time to time on the group of men who are barreling gasoline for New York City. The conditions of exposure of this latter operation resemble strikingly the type of exposure experienced by Pierson. I think we will have an opportunity to see whether or not gasoline itself can produce a neuritis, and we will have the further opportunity of seeing whether this man absorbed any appreciable amount of lead. If I felt that Pierson's poisoning was due to absorption of lead, I would feel very uneasy about this group of men who are barreling Ethyl Gasoline. In any case we are including them in our investigative study this year and will probably continue to see them at six months intervals for some time to come.

One other matter arises in connection with Mr. Pierson's illness which I mention to you because I would like to know what to do about it and with whom to contact. Mr. Pierson is an ordinary workman whose salary was \$25.00 a week plus certain sales commissions. From the onset of his illness his wages were discontinued and he was put to the expense of hospital and doctor bills. So far as I know the Ethyl Gasoline Corporation is the only person who has contributed anything to Mr. Pierson's expense. Undoubtedly his illness was due to his occupation, and he should therefore not have to suffer any expense due to his illness. He is not likely to make any complaint and there is, I believe, no possibility of a suit in his case. He feels

that he has received at our hands very courteous and generous treatment. However, in all fairness to him I believe that something should be done by somebody about compensating him for his illness. I am itemizing, therefore, the expense which he told me he had suffered, with the idea that you may feel it advisable to have the matter taken up with the British American Company as to how he might be compensated. I feel that some compensation in this case is not only justified, but that it would be advisable from the point of view of policy. Pierson incurred the following expenses:

Wages, September 15, to December 12, at \$25.00 per wk	\$300.00
Hospital Expense - Gravelbourg, Canada.	84.00
Doctors' bills (3 doctors)	45.00
	7.00
	5.00
Total	\$441.00

I should appreciate having your advice on what should be done in this matter.

I trust that you will find the enclosed report complete. We have done everything that we can do to establish the facts in the case. I neglected to say that Dr. Sanders made every effort to determine whether or not there might be any other associated lead absorption in Pierson's case. No significant lead exposure could be found, so that if one were to make a diagnosis of lead poisoning the source of the lead would undoubtedly be regarded as Ethyl Gasoline.

Very truly yours,

RAK:EJ

KE 0001215

December 3, 1929

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

My dear Mr. Webb:

When I was in New York last I described to you a case of illness which had occurred in Gravelbourg, Saskatchewan, in which there was a strong resemblance to the symptoms of lead poisoning. Dr. Sanders went to Gravelbourg and made a study of the conditions under which this man, named [REDACTED], was working, and looked also into such matters as the water, general conditions of living, etc., and was unable to discover any source of lead absorption other than that which might be occasioned by exposure to Ethyl Gasoline. The patient's exposure to Ethyl Gasoline had been short but intense. In fact, for hours at a time in the course of filling drums with Ethyl Gasoline from a tank car in an enclosed place, his hands and arms and his clothing from his waist down including his shoes were soaked with Ethyl Gasoline. No precautions whatever were taken against skin absorption and the subject describes having repeatedly put his hands in his mouth after this exposure without having washed. He is also a person who chews his nails, and he undoubtedly had his fingers in his mouth frequently following exposure. All of these give us a picture of unusual and extreme exposure of the sort that we have generally guarded against. Apparently there were only about three days of exposure of this sort, though the subject's clothing was not laundered in the mean time and such material as might have been on it was capable perhaps of some absorption.

He was seen by two doctors in Gravelbourg, who, without knowledge of his occupation, made a diagnosis of lead poisoning. However, there were no striking physical signs, the condition being principally subjective symptoms. There were, however, some abdominal cramps, and there was a suggestion of muscular weakness on a number of occasions.

He recovered in a comparatively short time and went back to work a few days after he was seen by Dr. Sanders. After Dr. Sanders returned to Cincinnati I received a wire from his employer that he had had a backset and asked for instructions. Considering the importance of

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Mr. Webb -2- Dec. 3, 1929

the case, and considering our failure to make an accurate diagnosis, I thought it advisable to have him here for study if that could be arranged. I therefore wired his employer to send him on at my expense if he was fit to travel. He arrived here Saturday night, and, although he is not ill enough to be in bed, I put him in the hospital for observation and am keeping him there pending such studies as will make it possible for us to arrive at a diagnosis.

Before I saw him I felt that there was much in his symptomatology and his entire story to warrant the conclusion that he had absorbed an appreciable quantity of lead. The information which we are obtaining at present makes this diagnosis seem very doubtful, and I believe that we shall eventually arrive at the conclusion that lead had nothing to do with his illness. However, it will be necessary to carry out fairly extensive observations, though I hope not for a long time. I am obtaining the necessary X-ray examinations to obtain a complete story and I am also having him seen by a consultant here in Cincinnati with the idea of arriving at an independent conclusion. As soon as my study has been completed I will supply you with a complete report of everything that has been done.

I believe you will appreciate the necessity for going into this very carefully, and that you will agree with me that the expenditure necessary to arrive at a conclusion in this case is justifiable. In fact, it appears to me that such a study may be more important than all of the negative information which is likely to be obtained in our survey in various parts of the country for it is in such an instance as this that we have an opportunity to demonstrate the unbiased character of our entire investigative program. I am sure that any physician would agree with me that a single positive instance of intoxication, if found to be bonafide, would be more important than any number of negative findings.

I am pleased to be able to say to you that the findings at present have pointed to a cause other than that of lead for his symptoms. However, it will be necessary for us to continue our observations and report the findings regardless of how they turn out.

I trust you will approve of my course in this instance.

Sincerely yours,

KE 0001217