

ETHYL GASOLINE CORPORATION

ATLANTA OFFICE

1417 HEALEY BUILDING

ATLANTA, GEORGIA March 8 1937.

G.W. WARREN
DIVISION MANAGER

G.P. PROSSER
ASSISTANT DIVISION MANAGER

Dr. Robt. A. Kehoe,
Kettering Laboratory
Eden Avenue-College of Medicine
Cincinnati, Ohio.

Dear Dr. Kehoe,

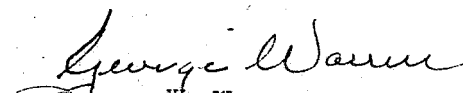
You will recall that, late in 1936, our Mr. McCooley uncovered a case at Tampa, Florida, which proved to be exceptionally interesting.

One [REDACTED] working for the Standard Oil Company of Kentucky, died April 17th, 1936, after having helped clean out a tank. The case was not brought to our attention at the time as the doctor diagnosed the man's illness as bronchial pneumonia; however, a settlement was made by Standard Oil on [REDACTED] heirs sometime the latter part of the year, at which time Mr. McCooley became suspicious and investigated further.

Last week, Mr. C. B. Lewis, together with Mr. McCooley, called at the Standard Oil Company at Tampa and received the attached copy of a letter written by Dr. L. B. Mitchell to Standard Oil Company under date of May 1st. There is likewise attached a copy of the autopsy performed on the body of [REDACTED] on April 30th, and signed by H. R. Mills, Pathologist. Mr. Lewis requested that we send this to you for any comment you cared to make. It is for your information and files.

At the time Mr. McCooley uncovered this situation, he found that Standard had collected a sample of the sludge back in April at the time the patient died, and had stored it in the basement of the general offices. This sample was sent to you identified as "Standard Oil Company of Kentucky-Tampa, Florida; tank #16, bottom sludge".

Very truly yours,


George W. Warren.

GWV/F.L

P. S.- This tank has never been used for blending purposes.

GWV.

enclosures.

CC-Mr. Lewis.

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DR. L. B. MITCHELL

Tampa, Florida.
May 1, 1936.

Standard Oil Company
Tampa, Florida

RE: [REDACTED]

Dear Sirs:

[REDACTED] aged 38 of 206 W. Oak Avenue, was brought to me on April 1st for examination. He gave a history of having cleaned out an empty gasoline storage tank on March 30th. On going to bed that night he first noticed dizziness, nausea and vomiting, sore throat and pain in the limbs. He was unable to work the following day. Physical examination was essentially negative except for congestion of the throat, mild conjunctivitis of both eyes and temperature of $99\frac{1}{2}$. From the history given I thought it probable that the illness was due to the inhalation of gas fumes, but on later investigation in view of the fact that the tank in which he had worked had been empty for several months and was well ventilated, it seemed highly impossible that he had been exposed to gasoline fumes of sufficient strength to cause him to be ill. A diagnosis of influenza was then made.

I again saw him on April 4th following a slight hemorrhage from the nose. Examination of the nose showed a small superficial ulcer on the septum which was evidently the cause of the bleeding. His general condition at that time seemed to be good.

On April 10th I was called to see him at his home and he had improved to such an extent that I thought him able to return to work Monday the 13th. However, the next day, April 11th I was again called to see him and found him to be suffering mild delirium, somewhat exaggerated reflexes but he had little temperature. The delirium became more intense and I thought it wise to call in Dr. H. Mason Smith for consultation. He was unable to detect anything except a toxemia of undetermined origin. The patient's condition gradually became worse and he died on the morning of April 17th.

All blood and urine specimens during the illness were negative. A specimen of spinal fluid obtained on April 12th was absolutely negative. A part of the spinal fluid and urine was sent to a chemical laboratory to be subjected to a test for lead as it was thought there might be a possibility of an acute lead encephalitis. Examination showed the specimens to contain lead in less than normal amounts.

Since the cause of the illness was somewhat obscure I thought it necessary to obtain an autopsy to accurately determine the cause of death. Dr. Herbert Mills, who performed the autopsy, reported

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that death was caused by broncho-pneumonia, tracheo-bronchitis and influenza.

I am enclosing the complete autopsy report of Dr. Mills together with his statement, the report and statement from Thornton & Company and statement of Dr. H. Mason Smith.

Very truly yours,

LBM:DC
encl.

L. B. Mitchell, M. D.

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LABORATORY OF CLINICAL PATHOLOGY

912 Citizens Bank Building

Tampa, Florida.
April 30, 1936.

Dr. L. B. Mitchell,
First National Bank Bldg.,
Tampa, Florida.

Dear Dr. Mitchell:

The report of the autopsy performed on the body of [REDACTED] (colored) on April the 17th, 1936 at the Funeral Home of Ray Williams, 1615 Orange Avenue, Tampa, Florida is as follows:

The body is that of a negro male about 34 years of age, measuring 76 inches in length, and weighing about 165 pounds. The body is well developed, well proportioned and well nourished. The autopsy is being performed thrithen hours after death and four hours after aspiration of about one pint of blood from the jugular vein and injection of about two liters of embalming fluid. In the right supraclavicular region there is a fresh postmortem incision exposing the right common carotid artery and jugular vein. A trochar is inserted in the jugular vein. There is very slight postmortem rigidity of the right arm and legs, but the left arm and neck are quite flaccid. The inguinal glands are slightly enlarged and palpable. The epitrochlears are distinctly not palpable. The scleras are of a muddy yellowish tinge. The corneas are cloudy and show some postmortem drying. The pupils are indistinctly seen, appear equal and measure about 5 mm in diameter. The teeth and gums are in fair condition. There is a slight abrasion of the lower lip. On both wrists and both ankles there are partially healed abrasions. There is no edema. The finger tips are cyanotic.

The abdomen is not distended, rising to about 4 cm below the costal margin. The tissues of the abdominal cavity are still warm. The abdominal cavity contains no free fluid.

The omentum is scanty and nowhere adherent. The intestines, particularly the transverse colon, are slightly ballooned with gas. The visceral peritoneum is slightly congested. The appendix is slightly congested, but otherwise grossly normal.

The spleen weighs 205 grams. The capsule is smooth and wrinkled. The texture is soft. The cut surface is moist and of a pale reddish color.

KE 0017254

The pericardial fluid measures about 10 cc and is slightly cloudy and of a reddish color. The pericardium is smooth and glistening. On both surfaces of the right ventricle along the right margin there are a few minute hemorrhagic foci.

The heart weighs 390 grams. The right auricle is practically empty. There are no clots in the appendage. On the upper anterior surface of the right auricle there is a large irregular milk spot. The right ventricle is practically empty. The tricuspid orifice measures 13 cm and the cusps show some thickening of the margins. The right ventricle wall averages about 4 mm in thickness. The pulmonary artery contains no clots. The pulmonary orifice measures 8.5 cm in diameter. The cusps are grossly negative. The left auricle is empty. The left ventricle is practically empty. The mitral orifice measures 10.5 cm. The leaflets show some thickening of the margins of the anterior segment and in the base of the anterior segment there are a few atheromatous plaques. The left ventricle wall measures about 1.5 cm in thickness. The aortic orifice measures 8 cm in circumference. The cusps are grossly negative. The orifices and coronaries are not contracted. The ascending aorta is marked with a few atheromatous plaques.

The left lung is not adherent and the left pleural cavity contains only about 10 cc of clear reddish serous fluid. The left lung weighs 575 grams. The pleura is smooth. The bronchi contain a large amount of frothy bloody fluid. The mucosa is intensely congested. Gross sections through the lower lobe show extreme edema and congestion, but no gross evidence of consolidation. Sections through the upper lobe also show marked edema and congestion.

The right lung is also non-adherent and the right pleural cavity contains about 75 cc of clear reddish serous fluid. The right lung weighs 825 grams. The bronchi contain a large amount of frothy bloody fluid. The pleura is smooth. The mucosa is intensely congested. Gross sections through the lower lobe show extensive congestion, edema and in the posterior portions complete consolidation. Sections through the middle lobe show edema and congestion. Sections through the upper lobe show edema and congestion, except in the extreme anterior border.

The stomach contains only about 25cc of thin brown cloudy fluid. The mucosa is grossly normal in appearance.

The gall bladder contains about 25cc of thin brown bile which can easily be expressed through the ducts. The peritoneal surface is smooth. The walls are thin. The lumen contains no concretions. The mucosa is congested.

The liver weighs 1510 grams. The edges are sharp. The capsule is smooth. Gross sections show a homogeneous cut surface of a normal reddish brown color. The texture is of normal consistency.

The adrenals are normal in size and negative on gross section.

The left kidney weighs 175 grams. The left ureter is not dilated. The capsule is thin, strips easily, leaving a smooth surface. The cortex averages about 7 mm in thickness and is not sharply demarkated from the medulla. The pelvis and calices are not dilated. The blood vessels are congested. The pelvic fat is not increased.

The right kidney weighs 150 grams and is otherwise similar to the left.

The pancreas weighs 120 grams and is negative on gross section.

The aorta throughout its entire extent shows no gross pathology except the atheromata of the ascending portion already described.

The bladder contains about 100 cc of cloudy urine. The walls are thin. The mucosa is pale and not trabeculated.

The prostate is normal in size and grossly negative.

The seminal vesicles are grossly negative.

The brain weighs 1420 grams and is negative in appearance. Gross sections show no macroscopic pathology.

MICROSCOPICAL STUDY:

Brain: Sections are essentially negative

Heart: No inflammatory infiltration. Muscle tissue apparently normal.

Kidney: Sections are essentially negative.

Lungs: Extreme congestion. Air cells contain serous fluid and in consolidated parts many red blood cells, a few polymorphonuclears and some fibrin. The distribution of the consolidated areas is peribronchial. The alveolar walls appear to be hyalinized. The bronchioles show degeneration of the musculature of the walls. The epithelium of the trachea and large bronchi is desquamated. The submucosa is congested and intensely infiltrated with plasma cells and lymphocytes.

Liver: Slight central necrosis. Slight increase in the connective tissue of the portal sheathes with slight lymphocytic infiltration.

PATHOLOGICAL SUMMARY:

1. Acute traceho-bronchitis
2. Brocho-pneumonia
3. Liver necrosis

PRINCIPAL CAUSE OF DEATH:

Broncho-pneumonia

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CHIEF CONTRIBUTORY CAUSES:

Tracheo-bronchitis
Influenza

Yours truly,

H. R. Mills, M. D.
Pathologist

HRM:W

KE 0017257

THORNTON & COMPANY
CHEMISTS AND ENGINEERS
ANALYSIS - CONSULTATION - RESEARCH

TAMPA, FLORIDA

April 18, 1936

ROBT. P. THORNTON, PRES.
SETH S. WALKER, SEC.-TREAS.
W. FRANK POW

TAMPA, FLORIDA
1145 E. CASS STREET
JACKSONVILLE, FLA.
1022 PARK STREET

Laboratory Mark T25596
Sample of Spinal Fluid
Date Received April 13, 1936
For Dr. L. B. Mitchell
Marks: Briant.

CERTIFICATE OF ANALYSIS

Lead

9.10 parts per million.

→ 9.10 mg per liter
0.91 mg per 100 cc

Impossibly high figure

Respectfully Submitted,

THORNTON & COMPANY

By

Seth S. Walker

KE 0017258

THORNTON & COMPANY
CHEMISTS AND ENGINEERS
ANALYSIS - CONSULTATION - RESEARCH

TAMPA, FLORIDA
1145 E. CASS STREET
JACKSONVILLE, FLA.
1022 PARK STREET

TAMPA, FLORIDA

April 18, 1936

ROBT. P. THOR, VICE-PRES.
SETH S. W. WELLS, SEC.-TREAS.
W. FRAY

Laboratory Mark T25595
Sample of Urine
Date Received April 13, 1936
For Dr. L. B. Mitchell
Marks: None

CERTIFICATE OF ANALYSIS

Lead

0.86 parts per million

$\approx 0.86 \text{ mg per liter}$
 $\approx 0.086 \text{ mg per 100 cc}$

Respectfully Submitted,

THORNTON & COMPANY

By

Seth S. Wells

KE 0017259