June 3, 1939

Mr. W. G. Violette
Standard Oil Company of Ky.
Louisville, Ky.

Dear Mr. Violette:

Mr. E. W. Webb of the Ethyl Gasoline Corporation has referred to me your letter of May 25th concerning a Mr. [redacted] at Tampa, Florida. Considering the nature of this case, it does not seem to me to be either necessary or advisable for me or one of my associates to go to Tampa to examine Mr. [redacted] From the indications in the letter of your [redacted]lle manager, it would seem apparent that Mr. [redacted]as a dermatitis which may be the result of contact with gasoline. It is quite apparent that an irritation of the skin from contact with gasoline has no possible relation to lead poisoning since there is no such thing known to medicine as dermatitis from contact with lead. You are probably aware of the fact that most of the cases of complaint which have arisen in connection with leaded gasoline have been in the nature of some skin irritation. We have followed a large number of these cases by our own examinations and by those of other physicians, and we have yet to find an instance of any such thing that could be attributed to the lead content of the gasoline. On the other hand, gasoline of all types is well known as a skin irritant producing burns and blisters, and sometimes numerous pimple-like lesions of the skin. Some of the modern gasoline bases with variable percentages of cracked gasoline are more irritating to the skin than is straight-run petroleum distillate. As a consequence of this more skin irritation and damage has been seen in recent years than was formerly noted. Tetraethyl lead, on the other hand, is not even a skin irritant. It may interest you to know that skin irritations and dermatitis do not occur in the manufacturing plants in which tetraethyl lead is made.

Inthis case, I should recommend that this man be examined by one of your company physicians and that, if necessary, he be referred by your physician to a competent physician or dermatologist in Tampa. I should be pleased to have reports from these men after they have examined Mr. [redacted] and if then there is anything further which I can do or suggest, I should be

sed to deal either with you or directly with the
icians, if you wish. I believe that such exami-
on will serve to show that Mr. [redacted] has a
atitis. It often occurs that lesions of this type
due to the growth on the skin of a fungus. If this
he case, a dermatologist will doubtless be able to
mmend treatment which will clear up the condition
..... a fair degree of promptness.

Very truly yours,

RAK:Is

Robert A. Kehoe, M.D.

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