[redacted]

Copies of these letters + records sent Dr. Lake April 19th - 1932.

January 29, 1931

Dr. S. C. Lind,
801 Medical Arts Bldg.,
Cleveland, Ohio.

Dear Dr. Lind:

I have had reported to me from the Ohio Department of Health a case of poisoning from Ethyl Gasoline. Mr. [redacted] a patient of yours has apparently developed a paralysis following a period of installing and removing gasoline pumps. According to the certificate Mr. [redacted] was an employee of the Sun Oil Company at Cleveland.

In as much as the Sun Oil Company is not a distributor of Ethyl Gasoline the question immediately arises in my mind as to whether or not there had been an appreciable exposure to Ethyl Gasoline. Furthermore, no cases of poisoning have been reported to us from this occupation, and it is a question therefore of considerable interest and importance to determine the character of Mr. [redacted] injury.

Since I and my associates have had this entire matter under investigation for a number of years, and since a case of this type is of the utmost consequence in arriving at conclusions as to what dangers there may be related to Ethyl Gasoline, I would appreciate it very much indeed if you would use the stamped self-addressed envelope to send to me such information as is available in Mr. [redacted] case as to the exact character of his work and the nature of his illness with its onset, its course up to the present, and the condition of the patient now. Furthermore, if it is possible to do so, I should like very much to have an opportunity to see and examine Mr [redacted] and to go into the question of his exposure to lead in all ways, and to look into the question of what quantity of lead absorption he shows at the present time as judged from his present rate of lead excretion.

I realize that in making this request of you I am putting you to a considerable inconvenience. However, the significance of this whole subject from the point of view of public health is such as to justify my request, I believe. If you prefer that I obtain the information which I have requested for myself, I should deeply appreciate your consenting to see him and any information which you will give me as to how best to proceed.

Allow me to thank you in advance for the courtesy of a reply.

Very truly,

[redacted]

Dr Schrader

S. C. LIND, M. D.
MEDICAL ARTS BUILDING
CLEVELAND, OHIO

February 3, 1931.

Dr. Robert A. Kehoe,
Laboratory of Applied Physiology,
Cincinnati, Ohio.

Dear Dr. Kehoe:

[redacted], 26 years old, consulted me December 1, 1930, complaining of pain in the legs of one month's duration. The past history is negative except for Diphtheria at 2 years of age. He denied any specific infection, and only occasionally might take a little alcohol. He served a period of enlistment in the army.

He worked for a year with the Peerless Motor Car Company as a mechanic. Was out of work for some months, then found employment with the Sun Oil Company in April 1930. His work consisted in installing and removing old gasoline pumps. I gathered from him that some of these pumps had been used for pumping Ethyl Gasoline.

The immediate trouble as stated above, began about one month before I saw him. He first noticed numbness in the left leg, and that the right leg was involved about one week later. Had no pain. He said his knees felt cold, and the legs felt stiff. He walked with a slight toe drop[illegible] I could see no evidence that would suggest a cord tumor. As near a diagnosis as I could make was a neuritis, chiefly on the left, and thought it might be due to lead or perhaps some property in the gasoline. There was a very definite loss of muscle strength in the left leg. Measurement slightly smaller than the right. Heat and cold were differentiated. The left knee jerk was very sluggish.

This man returned to work the first part of January. I have seen him once since. He has apparently recovered.

Stippling
3-1-30 0

S. C. LIND, M. D.
MEDICAL ARTS BUILDING
CLEVELAND, OHIO

February 18, 1931.

Dr. Robert Kehoe,
Laboratory of Applied Pathology,
University of Cincinnati,
Cincinnati, Ohio.

Dear Dr. Kehoe:

[redacted], 8202 Force Ave., Cleveland, Ohio, office today in response to a letter which I sent him after having received your communication of February 13th.

Mr. [redacted] is working every day, and it would seem that some Sunday would be the best time for your assistant to meet him. I might suggest that your assistant get in touch with him, and arrange to meet him some Sunday morning at Grace Hospital.

You ask whether I thought that lead was a contributory factor in the illness. I don't know. I did not do a differential count. There was no lead line, and no other tests were taken which might confirm the presence of lead. However, I do know that he had a peripheral neuritis; that he would get his clothes saturated with Ethyl gas in the process of removing old pumps, and that he made a reasonable recovery after discontinuing this work for some five weeks. One is justified in assuming that some toxic product connected with his work caused his troube.

If I can be of any further assistance to you, please advise me.

Yours very truly,

S. C. Lind

S. C. Lind, M.D.

SCL/LCR

S. C. LIND, M. D.
MEDICAL ARTS BUILDING
CLEVELAND, OHIO

Dr. Robert A. Kehoe -2. February 3, 1931.

If you can arrange to see this patient, I shall be very glad to help you in any way that I can. If the patient can be compensated for lost time, and the expense incidental to a complete examination such as you suggest arranging for, I believe that I can get him into one of our hospitals for this work.

If I can be of any further service to you, please advise me.

Yours very truly,

S. C. Lind

S. C. Lind, M.D.

SCL/LCR

RE: [redacted] 8202 FORCE AVENUE, CLEVELAND, OHIO

Age 26 years - born in Ohio of Hungarian parentage - married and living with wife - no children - wife now pregnant - near term.
Went through six grades at school - later worked in a bank for six years as a book-keeper - then in army, Quarter-master Dept. for (13) months and (9) days; then with Peerless Auto Company in Cleveland for one year cleaning bodies preparatory for painting. Following this he began working for the Sun Oil Company, April 13, 1930, installing new and repairing old pumps, which work he is now doing.

PAST HISTORY

Seldom sick - no loss of time from work. He occasionally had slight colds but no serious sickness in past excepting dipptheria at the age of two - no history of other childhood diseases. At the age of twelve states he had a weak heart and was short of breath but returned to normal within two years. No G. O. or lues. No operations. States that he used a corrosive called Dioxidine in cleaning paint and rust from auto bodies in past which caused his hands to be infected. No history of any previous trouble as recent illness.

LEAD EXPOSURE

Occasionally does little painting. Seals gasoline joints in pipe fitting with a litharge paste using fingers most of the time in applying same - approximately twice a week. Removes old pumps used for ethyl gasoline in installing new ones but does not repair ethyl pumps. This work is all done out of doors. In removal of thepumps gasoline (ethyl) spills at times on clothing and hands in amounts just as, or somewhat more, which happens to remain in hose and pump. This occurs approximately two or three times weekly.

No other exposure. Hands are washed in a short time.

RECENT ILLNESS

Patient became ill about November 1, 1930; onset was gradual. Began with a feeling of coldness and loss of sensation about left ankle which gradually progressed up left leg to knee in about a week and to hips in two weeks. Then began in like manner on right side until both legs were involved as were his feet although he states they were not quite as bad. He could walk during this time but "it felt like walking on air" and he couldn't tell when he sat down. Also states he tired more easily. However, he walked to visit his doctor (Dr. Lind) whom he first saw on December 2, 1930. He was taken from work and remained home until January 6, at which time he returned to the same work. Treatment during this time was catharsis first day and Pot. Iodide (10 - 15 drops) t. i. d. Also used an electric pad on legs during night and part of day. Two or three days after stopping work he improved and continued so that by December 26, 1930, he felt normal again.

During this time he had no pain in legs or muscles. Could freely move joints. Possibly felt weaker; gives a history suggesting foot drop mostly left. His doctor thought there might have been a difference in circum. of calves - slight atrophy left.

He had no headaches, excepting one two days before onsent, no symptoms referable to respiratory system and none other to circulatory. His G. I. history is normal excepting constipation for two days before onset and states he took three tablespoonsful of Epsom Salts on the day after he quit work without results and obtained catharsis only after a bottle of citrate of magnesia

No metallic taste - no weakness in any other part of his body. No vertigo or eye symptoms. He could sleep well excepting at times he slept during

the day. Appetite was good. He gained (6 - 7) pounds in weight. Temperature normal to his knowledge. Excretory system normal. Sexually O. K. States a Dr. Castle at a clinic pricked him with pins which he could not feel up to hips. States that a week before onset of above while removing a pump he short-circuited a (220) volt line and was knocked to the ground but not unconscious and that a few days after onset, there was a like occurrence with (110) volts.

EXAMINATION

History at present:

Feels perfectly normal. History is essentially negative for various systems and symptoms noted in above illness have all disappeared. Drinks in moderation and does not become intoxicated. No history of mental disease in family. No history of G. O. or lues. No history of tonsillitis, dental trouble or other possible foci of infection. Works around considerable gasoline.

PHYSICAL EXAMINATION

In appearance patient is a short, stocky well developed and fairly well nourished white male. Skin is a good normal color and no rash is present. Posture is erect.

Ears: Drums and canals normal.

Eyes: Pupils large and equal - react well to L. & A. Sclera & Conjunct. normal.

Nose: Essentially negative.

Mouth: Has four gold crowns, seven fillings, teeth fairly clean. Gums fair. No pyorrhea. No lead line. Tongue clean and in midline.

Throat: Tonsils small - no evidence of infection. Pharynx clear. Ant. cervical glands palp. - no other enlargement.

Heart: Normal size, rate, and rythm. Sounds good quality - no murmurs.

Rate - 72. R. 6. D. - 3 x 8½ cm. Temp.- 98.4 Bl. Press. 115/88

Chest: Expansion good and equal - clear on P. & A.

Abdomen: Essentially negative.

Pelvis: No hernia or scar.

Extrem. Normal - muscular strength normal.

K. jerk ++	Triceps +
Biceps +	Abdomenal +
Achilles ++	Cremasteric +
Romberg - negative	Babinski - negative

Smears made: Stipple cells - 0 H b 88

Urine -alk. to methyl red
-albumin - negative
sugar - negative

Weight - 150 #

RE: [redacted] 8202 FORCE AVENUE, CLEVELAND, OHIO

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Achilles ++	Cremasteric +
Romberg - negative	Babinski - negative

Smears made: Stipple cells - 0 H b 88

Urine: Alk. to methyl red
Albumin : negative
sugar - negative

Weight: 150

March 5, 1931

Dr. S. C. Lind,
Medical Arts Bldg.,
Cleveland, Ohio.

Dear Dr. Lind:

[redacted] After talking to you last Sunday, I saw Mr. [redacted] obtained the history of his recent illness, and [redacted]physical examination at the hospital. On physical examination the findings were essentially normal. At that time he showed no residual effects of his recent illness. For this reason, and since considerable time has elapsed since the onset and recovery, the complete history of obviously very important. His exposure to lead, as you know, has been only in the occasional use of litharge paste in making connections, and in removing Ethyl Gasoline pumps. Both of these, however, have been limited to two or three times weekly, and his work with Ethyl Gasoline involves only removing and not repairing the pumps. In our experience the absorption of any appreciable amount of lead in such an operation would be extremely small. Also, the lack of any of the usual symptoms found in lead poisoning, except the temporary paresthesia with very little involvement of his motor nerves, and his rapid recovery, would indicate that it was not lead poisoning. It is very difficult to make a diagnosis in this instance, but we are inclined to believe that he had a temporary gasoline intoxication, fleeting in type, which occurs occasionally. It is interesting that a friend of his had a similar experience some time ago.

The laboratory findings were normal, and at this time his blood shows no stippled cells.

We certainly appreciate your cooperation in arranging for us to see this patient, and assure you that we are not attempting to make a diagnosis in this case but have given you our impression in the light of a great many similar instances. We would be glad to discuss either of these cases with you should they recur in the future, and do any laboratory work you may think is indicated.

Very truly yours,

LJS:EJ