UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE
GENERAL HOSPITAL

LABORATORY OF APPLIED PHYSIOLOGY

March 30, 1932

Dr. W. D. Hall
Glen Campbell
Pennsylvania

My dear Dr. Hall:

A few days ago the illness of Mr. [redacted] of Clearfield, Pa., who is your patient, was brought to my attention by officials of the Independent Oil Company. My assistant, Dr. Schradin went to Clearfield to determine the facts in this case and at the time of his visit he was sorry to find that you were away for a few days. Under the circumstances, he made use of the opportunity to examine Mr [redacted] and to discuss the matter with other physicians who had been interested in the case. Since he was unable to see you, I am writing in order to express our point of view about the case. In this connection it may be of some interest to you to know that since introduction of Ethyl Gasoline in to commercial markets, I and my associates have made it a point to investigate any and all reports of illness or injury concerned with its use. Furthermore, we have carried on fairly extensive observations of large numbers of men employed as Filling Station attendants, Refinery handlers of gasoline and garage mechanics. We have been unable to discover any cases of lead poisoning in connection with these occupations and extensive chemical studies have failed to demonstrate that there is an appreciable absorption of lead associated with these occupations. Thus, we have no history of occurence of poisoning and it becomes particularly important to establish the background of any symptoms which may be shown by gasoline handlers on a very firm basis before making a diagnosis of lead poisoning.

In the case of your patient, both Dr. Schrad and I feel that the diagnosis of lead poisoning is untenable and for the following reasons: paralysis involving an entire side of the body are not frequent and in fact almost never occur in lead poisoning. Thus in the case of Mr. Murray, a left sided facial paralysis with a right sided paralysis of the arm and leg and trunk, indicate definitely a lesion of the central nervous system. The paralysis was not of extenso type but involved both flexors and extensors. This is distinctly not a characteristic distribution of a lead paralysis

The onset was sudden and recovery has been rapid. Both of these circumstances speak against lead intoxication.

It would be of further interest to study the lead excretion in your patient in relation to the diagnosis except for the fact that the lead exposure in his case is known to be so minute, that it would not be possible to find significant quanities of lead above the normal level. This is especially true since the patient has had no opportunity for exposure for a number of weeks. Thus, no good purpose would be served by an analysis of the excreta for lead. At the time of Dr. Schradin's examination, Mr. Murray showed no blood changes and an examination of stained smears showed no evidence of microscopic abnormalities such as might be associated with lead poisoning.

Our conclusion, therefore, is that Mr. Murray shows no evidence of having lead intoxication and that his illness is due either to a small cerebral hemorrhage or more likely from the history, a comparatively small thrombosis.

Very truly yours,

RAK:IS