/16 1937

Re: E. E. Osterhout
Socony Vacc. employee in garage repair shop
Albany, N.Y.

[redacted] (Claim Dept.)
26 Broadway NYC

R. M. Aiken
Socony Vacc.
State St.
Albany N.Y.

Patient seen to determine if he is lead poisoning due to absorption in painting or to determine cause of illness. (no question as to lead absorption from gasoline).

P.I. Until past six weeks patient has been feeling badly altho able to work most of the time. His symptoms consisted mainly of ease of fatigue, very rapid pulse and "pounding" of his heart with occas. "fluttering", also pain at times over his precordium, insomnia, and very irritable, recurrent pain involving lower left chest and both arms, numbness of his upper extremities at times, dizziness and vertigo. He also complained of pains in his epigastrium and hyperacidity which he has had at times for past few years.

G.I. system:- other than occas. cramp like pain no complaints. No vomiting or diarrhea. No blood in stools. No Heartburn. No loss of wt. Appetite fairly good all of time.

G.U. syst:- essent neg.

R. syst:- chest clear. above symptoms.

Lead expo:- History of painting trucks in garage for past yr and again during past six weeks. This is spray painting and practically all done c̄ enamels (Socony) and

thinner (socony) which contains no lead. From his history he has had no apprec. lead exposure.

For the past yr. his work (until past six weeks) has been manipulating the degreaser using trichlorethylene as the solvent. This necessitates considerable expo. to the vapors. Auto parts were put into the compartment via a crane and the solvent vaporized with steam coils. They were later removed and at times dried c air hose. He worked at this about (6-8) hrs daily. Approx. one time q (2) wks he entered the compartment to remove the sludge using a canister type of mask. On the past (4 or 5) occasions he used an air line mask. He states he could always smell the vapors when wearing the canister mask. He also emptied the (55) gal. drums of the solvent into five gallon cans.

In going over his record I find at varying times in the past yr (a dozen or more) he was absent from work from one day to a week because of above symptoms particularly abdom. pain.

His past history is essent. neg. — no a heavy drinker + one pack cigarettes daily. Family history neg.

Exam: well dev. white male certainly not appearing as seen in hotel room. Color good & skin relation clear, and moist. Posture good & erect - Temp: 90 Wt.: 180

Eyes: muscular function good & eye rate 20/20 20/20.

Hearing & smell :- ok. Ears: Canals & drums clear - Nose:- not remarkable.

Mouth :- Gums good cond. Some carious teeth and questionably viable to be investigated. Pharynx clear.

Chest :- expan good equal - clear on P & A. Resp. 18

Heart :- RSD - 6 cm RCD 4x10 Pulse 90 BP. 135/94

sounds good qual. No murmur. Rate & rhythm ok & reserve good.

Abdomen :- neg - Reflexes all obtained & normal response.

Urine: alk
alb 0
sug 0

Blood smear :- stipple cells 0

Specimen jars expressed :-

Urine lead analysis (large sample) 0.04 mg./liter

Feces " " 0.52 mg per sample; 0.10 + mg/gm. ash

Impression :- Trichlor ethylene intox. $\bar{c}$ no residuals

Recom :- Use of air line mask -
Avoidance of vapors -
Removal of above patient to other work. (was done one wk ago)
advise patient to see dentist.

[signature]

KE 0016774

E. E. Osterhout

Employee of Socony Vacuum Oil Company
In Garage Repair Shop
Albany, New York

November 16, 1937

Patient seen to determine if his lead poisoning due to absorption in painting or to determine cause of illness. (No question as to lead absorbed from gasoline.)

P.I. Until past six weeks patient has been feeling badly although able to work most of the time. His symptoms consisted mainly of ease of fatigue, very rapid pulse and "pounding" of his heart with occasional "fluttering", also pain at times over his precordium, insomnia, and very irritable, neuritic pain circling lower left chest and both arms, numbness of his upper extremities at times, dizziness and vertigo. He also complains of pains in his epigastrium and hyperacidity which he has had at times for past few years.

G. I. System Other than occasional cramp-like pain, no complaints. No vomiting or diarrhea. No blood in stools. No hemorrhoids. No loss of weight. Appetite fairly good all of time.

G.U. System Essentially negative.

C.R. System Chest clear. Above symptoms.

Lead Exposure:- History of painting trucks in garage previous to past year and again during past six weeks. This is spray painting and practically all done with enamels (Socony) and thinner (Socony) which contains no lead. From his history he has had no appreciable lead exposure.

For the past year his work (until past six weeks) has been manipulating the degreases using trichlorethylene as the solvent. This necessitated considerable exposure to the vapors. Auto parts were put into the compartment via a crane and the solvent vaporized with steam coils. They were later removed and at times dried with air hose. He worked at this about 6-8 hours daily. Approximately one time every 2 weeks he entered the compartment to remove the sludge using a canister type of mask. On the past 4-5 occasions he used an air-line mask. He states he could always smell the vapors when nearing the canister mask. He also emptied the 55 gallon drums of the solvent into five gallon cans.

In going over his record I find at varying times in the past year (a dozen or more) he was absent from work from one day to a week because of above symptoms particularly abdominal pain.

His past history is essentially negative - not a heavy drinker and one pack of cigarettes daily. Family history negative.

Examination - Well developed white man certainly not appearing ill. Seen in hotel room. Color good and skin relatively clear, warm and moist. Posture good and erect.

Temp: 98.6 Weight: 180

Eyes	Muscular function good and eye sight 20/20 20/20
Ears	Canals and drums clear - Hearing Ok
Nose	Not remarkable. Smell Ok
Mouth	Gums good condition. Some carious teeth and questionably viable to be investigated. Pharynx clear.
Chest	Expansion good and equal - Clear on P and A. Resp: 18
Heart	RSD 6 cm RCD 4 x 10 Pulse: 90 Bl.P. 135/94
	Sounds good quality - no murmurs. Rate and rythm Ok and reserve good.
Abdomen	Negative -
Reflexes	All obtained and normal response.
Urine	Alb 0 Alk - Sugar 0
	Lead Analysis (large sample) 0.04 mgs. per liter
Feces	" " 0.52 mg. per sample 0.10+ mgs. per gram of ash
Blood	Stipple cells 0

Impression: Trichlorethylene intoxication with no residuals.

Recommendations: Use of air-line mask.

Avoidance of vapors

Removal of above patient to other work (was done six weeks ago)

Advise patient to see dentist.

L. J. Schradin, M.D.
Kettering Laboratory

January 6, 1938

Mr. W. J. Maxwell
Socony Vacuum Oil Company
Claim Department
26 Broadway
New York

Dear Mr. Maxwell:-

I am sending you herewith a report of Dr. Schradin's exam nation of Mr. [redacted] made either at your request or at that of some other member of Socony Vacuum. I am not sure about the circumstances in connection with Dr. Schradin's examination of this patient, or whether his results should be reported to someone else. However, in as much as Dr. Schradin is away on a visit which will absent him from Cincinnati for a period of weeks, it seems best to send you the report now that the analytical results are available to confirm Dr. Schradin's opinion that there was no evidence of abnormal lead exposure. If there is any other matter in connection with the case which Dr. Schradin may wish to take up either with you or with some other person in the organization, he will take care of this on his return.

I trust that the information given will be satisfactory for your purposes. However there is one matter in connection with this case which seems worthy of consideration. It is my opinion that the use of trichlorethylene for degreasing automobile parts constitutes an unnecessary hazard. To my knowledge some garages are using a grade of Kerosene for this purpose with satisfactory results, and this material would seem to be from every point of view much safer. I dare say trichlorethylene will clean the parts somewhat more rapidly and perhaps also somewhat more thoroughly. Nevertheless I would advise against its use for this purpose. You are at liberty to transmit this advice to anyone in your organization or to anyone else who might be interested in it. In my opinion the practice of making use of new and physiologically un-explored solvents for a variety of purposes, is very unwise, and in this instance

where the material is known to have a fairly high toxicity, it seems not only unwise but unnecessary.

Very truly yours,

RAK:ls

Robert A. Kehoe, M.D.