Cedric Pitmour
Akron Ohio

September 25,1930

Dr. B. H. Hildreth,
363 S. Arlington Street,
Akron, Ohio.

My dear Dr. Hildreth:

Through Dr. Emery Hayhurst, consultant in Industrial Hygiene of the State Department of Health, I have received a report of a case of wrist drop in one [redacted], a filling station attendant for the Standard Oil Company in Akron, Ohio.

For a number of years I and my associates have been carefully investigating all types of injury which have been associated in any way with the handling of Ethyl Gasoline. We have not found a bona fide case of poisoning at any time, and I am therefore very much interested in knowing what I can find out about your patient, Mr. [redacted] The information contained in Dr. Hayhurst's letter does not give me any clew as to whether he has any present or past exposure to lead compounds other than in his handling of Ethyl Gasoline. In fact, the letter does not state any presumed connection between his clinical condition and his handling of Ethyl Gasoline. However, the fact that he is a filling station attendant makes this case unusually interesting and important to me, and if it is at all possible to do so I should like to have an opportunity to investigate his case as thoroughly as possible and to attempt to arrive at a certain conclusion as to the nature of his exposure to lead, if indeed lead is responsible for his wrist drop. The widespread use of gasolines containing lead makes this a matter of unusual importance in public and industrial health, otherwise I should not take the liberty of causing you any inconvenience in a case which is under your care.

I should like very much, if it were possible, to see this man in either of two ways. I could see him, with your permission, at Akron on almost any day that meets with his convenience. Or, if it were possible, I should be glad to provide him with the expense of making a visit to my office for the purpose of looking into the case very carefully and collecting material for analytical procedures. The latter, of course, assumes that he is in fit physical condition to travel.

I enclose a self-addressed stamped envelope for a reply, and I should appreciate it greatly if you would let me have some information about your patient,and if you would let me know whether I may see your patient and what you regard as the most suitable manner of so doing. Allow me to thank you in advance for the courtesy of an early reply.

Very truly yours,

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. The exact statement of OCCUPATION is very important. Physicians should state DIAGNOSIS in plain terms. See instructions on back of certificate.

OHIO DEPARTMENT OF HEALTH

CERTIFICATE OF INDUSTRIAL OR OCCUPATIONAL DISEASE

NAME OF PATIENT [redacted]

ADDRESS: Street and No. 365 Cloverdale Ave., City or Village Akron, Ohio.

PERSONAL AND STATISTICAL PARTICULARS

Sex	Age	Color	Country of birth
M	21	W	Amer.

Single, married, widowed or divorced (*write* the word) Single

Occupation

(a) Present trade, profession or work station attendant

Particular kind of work in such trade, etc. same

Date of entering present occupation Feb., 1929

Employer's name Standard Oil Co.,

Address 185 Beaver St.

Business (kind of goods made or work done) gasoline and oil

(b) Previous occupations:

Name of occupation	Entered (year)	Left (year)
school teacher	1927	1929
student		1927

Previous illnesses, if any, due to occupation:

Disease or illness	Year
none	

MEDICAL CERTIFICATE OF DISEASE

Diagnosis of present illness Lead Poisoning

Chief symptoms and conditions Rt. wrist drop

9/20/30
The patient has been complaining of tiredness poor appetite and loss of weight the past few weeks.

Date first symptoms appeared 9/2/30

Complicating Diseases (such as alcoholism, syphilis, tuberculosis, etc.) none

9/20/30
What in your opinion caused this affliction? A blood test by Dr. Potter shows stippled cells.

9/20/30
Additional facts There are no outstanding intestinal symptoms or lead line. There is no history of trauma or alcoholism enters into this case.

Date of diagnosis 9/12/30, 192

(Signed) B.H.Hildreth, M. D.

9/13/30, 192 (Address) 363 S.Arlington St., Akron, Ohio.

Ind. Hy. 3—15M—5-29

Mail to STATE DIRECTOR OF HEALTH, Columbus.

For Instructions See Other Side

KE 0003566

N 642.01

OHIO DEPARTMENT OF HEALTH
COLUMBUS

INSTRUCTIONS FOR FILLING OUT CERTIFICATE

Present Occupation. *Precise* statement of occupation is very important so that the relative healthfulness of various pursuits may be known. It is necessary to know both general trade or profession (for example, *printer*) and also the particular kind of work or branch of the trade (as *hand compositor* or *linotype operator.*)

Date of entering present occupation is important to determine how long the worker may have been exposed to the hazard before contracting the disease.

Employer's name, address and business are necessary to ascertain distribution of occupational diseases by industries, many trades (e. g., machinists) being common to different industries.

Previous Occupations need to be known, if possible, because present illness may be due to a former rather than present occupation. Give simply the name of each distinct occupation which the patient may have followed, with the year he entered and the year he left.

Previous Illnesses. This refers either to previous attacks of present disease, or to any other disease, *due to occupation.* All that is required is the name of each such disease or illness with the year in which it occurred.

Medical Certificate. Only the last two items specified for this require any explanation. In making these reports it is necessary to consider the possible influence of factors other than occupation as causes of the disease. For this reason any *complicating diseases* should be noted, such, for example, as alcoholism or syphilis in connection with arteriosclerosis in cases of lead or other metal poisoning. The possible effect of other factors, such as poor hygienic conditions in the home, or other personal conditions, must be considered, and when discoverable should be noted under *additional facts.*

AN ACT—To Require the Reporting of Occupational Diseases—(As amended February 4, 1920)

Be it enacted by the General Assembly of the State of Ohio:

Report of occupational diseases by physicians

SECTION 1243-1. Every physician in this state attending on or called in to visit a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, wood alcohol; mercury or their compounds, or from anthrax or from compressed air illness and such other occupational diseases and ailments as the state department of health shall require to be reported, shall within forty-eight hours from the time of first attending such patient send to the state commissioner of health a report stating:

When and to whom to be made

(a) Name, address and occupation of patient. (b) Name, address and business of employer.
(c) Nature of disease. (d) Such other information as may be reasonably required by the state department of health.

The reports herein required shall be made on, or in conformity with, the standard schedule blanks hereinafter provided for. The mailing of the report, within the time required, in a stamped envelope addressed to the office of the state commissioner of health, shall be a compliance with this section.

Blanks for report

SECTION 1243-2. The state department of health shall prepare and furnish, free of cost, to the physicians included in the preceding section, standard schedule blanks for the reports required under this act. The form and contents of such blanks shall be determined by the state department of health.

Such reports not evidence

SECTION 1243-3. Reports made under this act shall not be evidence of the facts therein stated in any action arising out of the disease therein reported.

Copy of report to be transmitted to proper official

SECTION 1243-4. It shall furthermore be the duty of the state department of health to transmit a copy of all such reports of occupational disease to the proper official having charge of factory inspection.

Penalty

SECTION 1243-5. Whoever being a physician practicing in the state of Ohio, neglects or refuses to make and transmit to the state commissioner of health any report provided for in section 1243-1 of the General Code shall be fined not to exceed one hundred dollars or imprisoned for not to exceed ninety days, or both, but no person shall be imprisoned under this section for a first offense and the prosecution shall always be as and for a first offense unless the affidavit upon which the prosecution is instituted contains the allegation that the offense is a second or repeated offense.

NOTE—In addition to the diseases or disabilities provided for in Section 1243-1 of the above law, the regulations passed by the Public Health Council on February 27, 1920, provide in Regulation 2 for the reporting of "any disease or disability contracted as a result of the nature of the person's employment, including the following diseases or disabilities and not excluding others:

Anilin poisoning	Bisulphide of carbon poisoning	Naptha poisoning
Benzine (gasoline) poisoning	Carbon monoxide poisoning	Natural gas poisoning
Benzol poisoning	Dinitrobenzene poisoning	Turpentine poisoning