

Every Occ. Employer in garage repair shop
Albany, N.Y.

26 Broadway NYC
R. M. Aiken
Every Occ.
112 State St.
Albany N.Y.

Patient seen to determine if his loss of vision due to
absorption in painting or to determine cause of illness.

(no question as to keep drinks from gasoline).

P. 9. Until just out works patient has been feeling fairly
alike able to work most of the time. His symptoms
consisted mainly of loss of fatigue, very rapid pulse and
"pounding" of his heart with occas. "fluttering", also pain at
times over his pleuridium, insomnia, and very irritable,
nerve pain crawling 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 just few years.

P. 10. system:- other than occas. cramp like pain no complaints. No vomiting
or diarrhea. No blood in stools. No tenderness. No loss of wt.
appetite fairly good all of time.

P. 11. syst:- essent neg.

P. 12. syst:- chest clear. above symptoms.

Lead expo:- History of fainting spells in garage previous to
just now and again during just out works. This is approx
painting and practically all done in enamel (some) and

thinners (solvants) which contain no lead. From his history he has had no apprec. lead exposures.

For the past yr. his work (until just six weeks) has been manufacturing the degreasers using trichloroethylene as the solvent. This necessitated considerable expos. 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 to air flow. He worked at this about (6-8) hrs daily. Approx. one time of (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 empties the (55) gal. drums of the solvent into four 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 stomach pain.

His past history is correct. neg. - no heavy drinking & one pack cigarettes daily. Family history neg.

Room: well aer. What's more certainly not appearing --
seen in total room. Color good & skin relatively clean,
and moist. Posture good & erect - Temp: 98° Wt.: 180

Eyes: muscular function good & eyes with 20/20.

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

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

Chest: - lungs good equal. clear on perc. Resp. 18

Heart: - RSD - 6 cm RCD 4x10 Pulse. 90 BP. 135/94
Sounds good qual. No murmur. Rts & rhythm ok &
respiratory good.

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

Urine: alk Blood smear: - staph cells 0
alt 0
neg 0

Specimen jar expenses: -

Lead analysis (large sample) 0.04 mg./liter

Trace

0.52 mg. for sample, 0.10+ mg./gm. ash

Compensim: - Trichloroethylene intoxic. - no residuals

Reason: - Use of air line mask -

Avoidance of vapors -

Removal of above patient to other work. (was done out of work)

advise patient to see dentist.

Sh.

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.

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

Exam nation - 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 B.I.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

KE 0016776

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 examination 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 a necessary 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

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

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

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