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**No. 21⅓ FOLDER**

MADE IN U.S.A.

July 5, 1940

Mr. Mathias H. Heck
815 U. B. Building
Dayton, Ohio

Dear Mr. Heck:

As the result of our interview on the afternoon of July 1st, I am sending herewith a statement on the case of [redacted] in so far as the facts are known to me. As you know I have not seen Mr. [redacted] for several years and I have no direct knowledge of his present condition. However the results of Dr. Fischbein's examination are quite adequate to establish the facts in that regard and therefore I have no hesitation in expressing my opinion.

I trust that this statement will cover your requirements.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

Claim No. O.D. 2129

Claimant Harold Sibole Age: 44

Date: July 5, 1940

The facts concerning the original illness of [redacted] and the relationship of his present condition to that illness are not entirely clear, and it appears that a statement from me might be beneficial in clarifying certain aspects of these matters, in as much as I, as plant physician, was responsible for the medical care of Mr. [redacted] during his employment and in the early phase of his illness.

Mr. [redacted] was employed by Ethyl Gasoline Corporation in its Dayton, Ohio, plant for blending Ethyl Fluid, in December of 1924. At this time the hazards in the handling of Ethyl Fluid had been explored in at least a preliminary practical fashion and safeguards had been devised for the purpose of enabling the workmen to avoid serious lead exposure. As a consequence it was not anticipated that cases of lead poisoning would develop, and in fact nothing more serious than minor or doubtful symptoms were noted in workmen during this period. Mr. Sibole had not been employed during a previous period when conditions in the plant had been inadequately controlled and there was no reason to suspect that he had ever been seriously exposed to lead. Accordingly when he became ill and was seen by me on March 11, 1925 with what appeared to me to be a typical case of influenza, which was then occurring with somewhat less than epidemic proportions, I sent him home (after an examination) to be cared for by his own physician, with no apprehension as to any toxic manifestations of lead.

The report of a private physician indicated that the case of [redacted] was following the normal pattern, until Saturday, March 28th, at which time I was informed that he was delirious. I saw him in the afternoon and from the clinical picture at that time, and from my belief that his lead exposure had not been severe enough to produce lead encephalopathy, I concluded that we were dealing with a post-influenzal encephalitis. (In this connection other physicians, who since have discarded completely the possible relationship of influenza to [redacted] cerebral condition, have not had the benefit of seeing the onset and character of his illness, nor do they know anything about the plant conditions under which Mr. [redacted] worked. They make the unwarranted assumption that [redacted] had a serious and obviously dangerous lead exposure, and on that basis arrive at a conclusion by much too simple processes of reasoning.) Despite my tentative opinion as to the nature of the case, I considered it wise to hospitalize Mr. [redacted] to keep him under observation, and to instigate treatment on the possibility that his condition was due to the absorption of tetraethyl lead. Facilities for making a prompt differential diagnosis were not available then as now, and, in my opinion, treatment was indicated on the theory that if lead were a factor, failure to treat the patient might result fatally. Accordingly Mr. [redacted] was put under treatment in a private hospital, where he remained until he became so noisy and uncontrollable as to necessitate his transfer to the Dayton State Hospital, at which time he went out of my care. Fearing that his conditions would not be understood and that medical treatment might not be carried out, I followed him to the hospital and conferred

with the house-staff, acquainting them with my point of view and suggesting that the patient be treated as though he were admittedly suffering from tetraethyl lead intoxication. It was in this manner that the visiting staff of the hospital came by the admission diagnosis of tetraethyl lead poisoning, regardless of such confirmation as their subsequent observations may have provided.

The patient's subsequent course is a matter of record, and requires no additional information from me as to the facts. The experience of the past fifteen years, with respect to the potential dangers in the handling of tetraethyl lead, as well as the course and sequellae of tetraethyl lead poisoning, throws light on this case, and should be of value in the determination of the present status of Mr. [redacted]. By reason of such experience, it now seems much more assured than it was at the time, that Mr. [redacted] acute illness was the result of absorption of tetraethyl lead and certain of its decomposition products. Several factors contribute to that opinion, which, unfortunately, is not subject to proof.

First, despite the fact that no other person in the group among which Mr. [redacted] worked became ill as the result of lead absorption, (all other cases reported from Dayton occurred in an earlier period when the conditions were admittedly hazardous), one knows that certain opportunities for exposure existed at that time which would be considered potentially dangerous now. Therefore Mr. [redacted] may have had greater exposure than I believed at the time of his initial illness.

Second, the time of the onset of the cerebral symptoms in relation to the cessation of exposure, and the development of the

symptoms, which then were believed to be atypical, have since been found to be characteristic of a certain proportion of acute cases.

Third, two cases of a schizophrenic type of response to tetraethyl lead intoxication, in association with previous histories of behavior tendencies in this direction, have demonstrated the ability of this intoxication to intensify such mental patterns, at least temporarily. Recovery occurred in both of these cases, and indeed it may be said that no permanent sequellae have ever been seen in relation to tetraethyl lead intoxication. On the other hand Mr. Sibole had definite stigmata of mental instability during my acquaintance with him, and the development of a definite psychosis might be regarded as the sequel of an acute tetraethyl lead intoxication, emphasized by the shock of commitment and treatment in an institution for the insane as well as subsequent nervous trauma from family, friends and acquaintances. This might be regarded as compensation neurosis but for the fact that compensation was discontinued some time ago, and the further fact that his present mental condition of mental deterioration, according to the results of the recent (May 27, 1940) examination of Dr. E. C. Fischbein, would appear to be too serious to fit in that category.

There is, of course, some doubt as to the specific effects of tetraethyl lead absorption in this case, and it could be argued that the present mental status of Mr. Sibole would have developed on some other stimulus, or perhaps without any special stimulus. Be this as it may, his present condition developed immediately after

his acute illness, and has existed continuously since, and therefore it would seem somewhat arbitrary to separate the one from the other.

It is my opinion, based on the considerations above, together with the results of Dr. Fischbein's examination as referred to, that Mr. [redacted] disability is permanent and that it may properly be regarded as the result of the acute intoxication from which he suffered in 1925, not in the sense that that intoxication produced organic disease of the brain with permanent damage, but rather that the intoxication was the stimulus which brought out an abnormal mental state and contributed to its establishment as a fixed behavior pattern.

Signed: Robert A. Kehoe
Robert A. Kehoe, M.D.

May 5, 1926

CLINICAL HISTORY OF [redacted]

[redacted] has been an employe of the Ethyl Gasoline Corporation since December, 1924. History taken at that time disclosed no significant previous illness. His previous employment showed no indications of any absorption of lead or of any other toxic substances. Physical examination showed only the following findings:

Tonsils are large, rough and anterior pillars injected. Small amount of liquid puss could be expressed from either tonsil. Teeth showed a moderate pyorrhea with some retraction but no deep purulent pockets. Chest rather poorly developed. No abnormalities could be found in either the lungs or the heart. Color - sallow. There were no abnormalities found on examination of the blood and urine.

During the time of his employment no significant illness occurred. In February he developed a common cold which persisted for about two weeks leaving him in a somewhat subnormal state. At this time his temperature and blood pressure were subnormal in the early morning hours but no other signs of illness were apparent. He was off from work for several days and returned in apparently normal state. On March 17th he reported with a very severe headache, cough, sore throat, and a temperature of 99-4/5°. He complained of great muscular soreness and intense weakness. He was sent home and from that time on was under the care of other physicians. His condition was reported as improving until Saturday, March 28th when it was reported to me that he was delirious.

When seen by me Saturday afternoon his condition was as follows: He was lying in bed apparently in a stupor with eyes staring. He was unable to recognize anyone but his wife, talked somewhat irrationally at times, and refused all medication and food. His condition at this time resembled rather strikingly a post influensal encephalitis but the description of his previous behavior by his family and the physician together with afebrile character of his condition suggested tetraethyl lead intoxication. His family stated that he had been delirious, apparently fearful, having had very disturbing dreams and otherwise running amuck. The family physician had felt it necessary the night before to quiet him and had administered morphine, 1/2 grain in one dose. This morphine and other hypnotics had failed entirely to quiet him at the time but it would appear that his later stuporous condition was in part the effect of the morphine.

With presumable diagnosis of a secondary lead intoxication superimposed upon a convalescent acute infection, treatment was instituted for the clearing up of the mental state and the elimination of lead. Inasmuch as no medication could be given orally, a solution of sodium carbonate and sodium chloride (known as Fischers Solution) was instilled per rectum. This was retained fairly well. About two hours later the patient became rational, recognized me and

and the members of his family and agreed to do anything that was required of him. Food was given in the form of fruit juices heavily sweetened with dextrose and arrangements were made to move the patient to a hospital for treatment. He was therefore admitted into the private hospital of Doctor Hatcher at 28 Monument Avenue. He spent Saturday night quietly but slept only about two hours. On Sunday morning he awakened in a confused mental state and his confused state developed into an acute mania at about 9 o'clock Sunday morning. He was restrained and about 800 c.c. Fischers Solution was administered intravenously. The administration occupied about an hour and a quarter at the end of which time he had become quiet and for brief intervals of time appeared rational only to lapse into a somewhat confused state. After a few hours his confused state again developed into an extremely noisy, talkative, but non-violent condition. He appeared to be on the point of becoming violent again and 2% magnesium sulphate was administered intravenously. He was quieted at once and broke into a profuse perspiration. In this condition he was moved to the Dayton State Hospital.

In view of the experience which has been had with these cases up to the present, it seems worth while to point out some things which have been observed. In the first place out of 12 cases of acute mania of this type only one has survived; the others have died of exhaustion in the course of acute manaical attacks. All of the common hypnotics have been used and have proved themselves a disadvantage rather than and advantage. They have failed to control the manaical symptoms and in fact they appear to heighten them. This with one notable exception. One case was treated by an interne with apomorphine; whether by accident or not this man fell into a sleep which lasted for 17 hours from which he emerged in a clear mental state. A week later he developed another manaical attack which was controlled in the same fashion.

I have been fearful of the use of hypnotics for the reason that it seems to me that by their very nature they should increase the severity of a condition brought about by such a general poison as lead. It has been experimentally shown in animals and at autopsy in the fatal cases that an edema of the brain is a terminal finding. It has seemed advisable to me to make an attempt to reduce the edema and thus if possible to bring back the normal mental state. In addition to that magnesium sulphate is known to be a powerful central nervous system depressent and I have used it for that reason and for its strong dehydrating powers. The success with which such a therapy has been met in the case of this man would appear to me to justify its use.

In our milder cases I have found it quite satisfactory to use salts and alkalies by mouth. We have demonstrated experimentally that by this means the excretion of lead from the body is greatly increased. In bringing about this result I have used the following mixture: sodium bicarbonate - 4 parts, magnesium oxide - one part, and calcium carbonate - one part. This is administered in doses of about 20 grams daily. The quantity being determined by that which is necessary to obtain and maintain a slight alkalinity of the urine.

This course of treatment has been so satisfactory that it seems worth while to make note of it.

The above suggestions as to the therapy are not intended as a presumption but merely as a statement of previous experiences which you may or may not be interested in pursuing.

(Signed) Robt. A. Kehoe

Robert A. Kehoe,
Medical Consultant

ETHYL GASOLINE CORP.

Katherine
Laboratory - Applied
Pharmacology
College of Med
Edgewood
Chem

9194 [redacted] Montgomery

DIAGNOSIS: 12. Psychosis with other somatic diseases. (b) Post infectious (influenza) Possibly tetra-ethyl gas poisoning may have been a factor in this case.

ADMITTED: March 1, 1925. First Admission. DR. FRANCIS PRENAT.

MEDICAL CERTIFICATE:

"Use of foul and profane language; refusal to eat; take medicine or remain in bed without restraint. Thinks and says he is a bird or pet animal; again a giant; says his food is hemp seed; asks to be allowed to get out of window so that he can soar and sing. Struggles, spits and curses

FAMILY HISTORY:

Father and mother are both living but are over 70 yearsof age and getting feeble. Mother has palsy on entire left side and father has a rupture; is about 80 years of age. Mother's maiden name was Boyer; is of Scotch and Irish descent; was born in Ohio. Father was born in West Virginia. There are three brothers and four sisters. One sister, the oldest, died of cancer five years ago at the age of 45 years. The others are in good health. One brother, Phil, was also employed at the Ethyl Gas Corporation and the patient's wife states that he has the same trouble as the patient and had to give up his work on account of absent-mindedness and delusions of knives coming toward him, hearing voices. This brother is 34 years of age. The other two brothers are in good health.

PERSONAL HISTORY:

Commitment papers give the patient's age as 29 years but the patient declares that he was born in 1894 and is 31 years old. He states he was never in very good health as a child, having rheumatism from the age of 10 upward. Started to schod at the age of 7 years and continued until 17 years of age, reaching the 6th grade. He claims that he did not fail in any of his studies on account of inability to learn but that he was ill a great deal and attended irregularly. Puberty at the age of 16 or 17 years.

He was married in 1918 and went to work in Cleveland in a stove factory then came to Springfield and helped his father on the farm for about two years, going from there to the Robbins and Mills concern running a press and milling machine for a year. He states that he has always been troubled with constipation and always had to take something, usually cascara and quinine.

9194 [redacted] Montgomery

PRESENT ILLNESS:

He started to work at the Ethyl Gas Corporation about as a blender Christmas time and in February he was sent home from the plant with a severe headache, temporal. He says that the doctor told him that he had the influenza with the gas poisoning. He states he was out of his head and that his entire left side felt numb. He says that his wife and two of his children were sick at the same time, his mother-in-law taking care of them. He remembers taking their temperature one time and says that his was very high.

MENTAL STATUS:

On admission the patient talked all the time very incoherently He said his food was poisoned and composed of hemp seed. He struggled, spat and cursed so that it was necessary to restrain him. He was disoriented in all spheres but he has improved wonderfully at this time, however he is inclined to be very nervous, apprehensive, morose and melancholy.

Memory for past and present events poor. Test phrases were poor. General grasp is poor.

PHYSICAL EXAMINATION:

General Appearance: Patient is a tall slender man of moderate weight, moderately stooped; slight uncouth. Hair is brown, fine, fairly oily. Supraorbital processes prominant. Eyes brows are heavy; eyelashes heavy.

Eyes: Set slightly oblique; brown in color. There are blue spots on the skin under the eyes.

Ears: Regular, normal in size and shape. Right ear shows fine scar on ear drum. Left drum is slight retracted. Scar of left mastoid operation.

Nose: Regular; tip slightly thickened. Nasal septum thickened, deviated to the left. Middle turbinates left side enlarged. Subacute rhinitis.

Neck: Shows uniform enlargement of thyroid, consistency soft.

Teeth: In good condition; slightly discolored.

Tonsils: Shoell, apparently negative.

Throat: Negative.

Chest: Shoulders stooped. Practically hairless. Skin very thin, soft and fairly oily. Clavicles retracted; hollow anteriorly. Atrophic degeneration of muscles over anterior upper portion of chest. Suprasternal notches obliterated. Venous anastomosis over upper anterior portion of chest. Posterior spasticity of

9194 [redacted] Montgomery

PHYSICAL EXAMINATION: (Continued)

left trapezius markedly increased. Right slightly increased. Right shoulder stands one inch higher than left. Right scapula markedly winged. Left slightly winged. Superficial scars from old trauma noted on back. Rhomboid muscles moderately atrophied.

Lungs: Vocal fremitus increased on left, can be heard down to the 4th dorsal.

Heart: Normal in size and position. Second sounds accentuated. No murmurs heard.

Abdomen: Walls flaccid; fairly well muscled; doughy to touch. Liver normal in size and position.

G. U.: History of gonorrhea with stricture at about age of 25 years.

Extremities: Negative.

NEUROLOGICAL EXAMINATION:

Upper reflexes normal.
Pupils react to light and accommodation.
Ankle clonus negative.
Babinski and Oppenheim negative.
Knee kicks equal, exaggerated.

DIAGNOSIS: 12. Psychosis with other somatic diseases. (b) Post infectious (influenza) Possibly tetra-ethyl gas poisonging may have been a factor in this case.

ETIOLOGY: Influenza; possibly tetra Ethyl lead

PROGNOSIS: Good for partial recovery.

TREATMENT: Referred to Dr. Marthens and Dr. Broidenbach by Dr. McClellan.

NOTES: March 29, 1925. ½ gr. Luminol; ¼ gr. morphine sulphate - Forced to drink milk and water. Dr. Marthens.

March 30, 1925. Given morphine sulphate ¼ gr.; egg nog; magnesium sulphate, saturated solution 1 gram every 30 minutes during night.

April 1, 1925. Patient given sodium hyposulphate, grams one, intravenously twice daily; sodium hypophosphate one gram in glass of water three times daily; tincture digitalis 15 drops three times daily.

9194 [redacted] Montgomery

NOTES CONTINUED:

April 7, 1925. Sodium hypophosphite intravenously discontinued.

April 9, 1925. Syrup iodide of iron one teaspoonful before every meal.

April 13, 1925. Discontinued digitalis.

April 15, 1925. Boric irrigation three times daily followed by five drops of iodized glycerine to eye. Dr. Kilbourne.

April 18, 1925. Discontinued Epsom salts and sodium hypophosphite. Regular diet. Permit patient to get up.

9194 [redacted] Montgomery

DIAGNOSIS: 12. Psychosis with other somatic diseases (b) Post infectious (influenza) Possibly tetra-ethyl gas poisoning may have been a factor.

FIRST PRESENTATION: June 23, 1925. DR. E. A. KYERSON

CONVERSATION: Dr. McEggs and Patient.

Q. Hello, Harold, how are you today?
A. Pretty good. You have got this fixed up like a regular schoolroom, haven't you?
Q. Yes, sir. Would you like to go to school again?
A. No, I feel like if I could get home I would be pretty good.
Q. Are you worried again or yet?
A. Yet.
Q. How long have you been in the hospital?
A. I don't remember now. I can't tell exactly. I was out of my head altogether.
Q. But you are in fair condition now?
A. Yes.
Q. What makes you think so?
A. I know what I am doing now.
Q. What else do you want to do?
A. I think that if I could go home I would be better yet.
Q. Are you sleeping well now?
A. Sleep fine.
Q. How about those dreams?
A. They don't bother me very much.
Q. Do you hear voices yet?
A. Once in a while.
Q. Can you make out what they say?
A. No.
Q. Do you recognize the voices?
A. No, I can't say that I do but they do sound like my brother's voice sometimes.
Q. Do you think you have enemies?
A. No, I cannot think that I have but it seems that I am afraid all the time.
Q. What are you afraid of?
A. Seems that I am afraid that somebody will kill me all the time.
Q. Yet you think that you can go home to go to work. Don't you realize now that no one is trying to kill you and that it is just your imagination? Or do you really believe it?
A. Well, it might be.
Q. In other words, you are open to conviction but yet you feel that somebody might want to kill you?
A. Yes. When I am out in the open away from the noise and confusion it is not like that. There is so much confusion u

9194 [redacted] Montgomery

CONVERSATION CONTINUED:

there that I can not keep my mind steady. If I was away I wo would be better. Just the little time that I was home Sunday seemed to help me. I think that if I could get out I would be a whole lot better off.

Q. How old are you?
A. Thirty-one.
Q. What year were you born?
A. '94.
Q. Have you had a birthday lately?
A. March last.
Q. Are you right sure of that?
A. Whether I had a birthday?
Q. No whether you were born in '94? Your wife says you were born in '95.
A. Well, I have a record at home.
Q. Do you remember what year you were married?
A. No, I don't, I cannot remember that.
Q. How old is your oldest boy?
A. About school age.
Q. Don't you really know how old he is?
A. I can not tell you. I have forgotten everything since I have been sick. It seems like it has been a long time that I have been sick, longer than it really is. It seems that things are mixed up so much.
Q. Don't you feel that you ought to get all these things straightened out before you go home?
A. I don't believe that I ever will get them straightened out.
Q. Don't you even remember what year you were married?
A. My wife can remember that. Lots of people forget.
Q. I think it would be wise for you to stay here.
A. That is up to you people. I can't go it you want to keep me here.
Q. If we keep you here it will only be because we think it necessary.
A. I am sure I would be 100% better if I was away from here. How will I get away from here? Will I have to have a slip or something? Will somebody have to take me out of here?
Q. Your wife can take you out of here when you are ready.
A. What if they don't want me out?
Q. The Dayton State Hospital are the only authorities that have anything to say about whether you can go out or not.
A. There is such a conglamerationabout my bills.
Q. There is nothing wrong about your bills. They are all paid or are being paid.
A. That is what beats me. It seems I have been made a laughing stock on every hand.

9194 [redacted] Montgomery

CONVERSATION CONTINUED:

Q. You have really improved wonderfully. You have gained 12 lbs.
A. Yes, I feel better but I feel that if I were out working for something, some interest, I would be better.
Q. Well, you leave that entirely up to us. We will let you out as soon as you are able.
A. What do you think about me going home Sunday?
Q. I think it might be all right. You went home last Sunday, didn't you?
A. Yes, sir.
Q. Well, thank you very much, we will see what we can do for you.
A. Do you think I can go home Sunday?
Q. Yes, on a visit.
A. My wife seemed to think I might go home for three or four days and if I proved satisfactory go home to stay.
Q. Well you wait until we see here and then we will let you know. You are getting along fine. Now, don't worry at all.

DR. BEGGS: Suggest that the diagnosis be confirmed as this case gives a history of influenza and also a history of poisoning by tetra-Ethyl gas. Treatment as above outlined with particular reference to elimination. Also suggest referring to eye, ear, nose and throat man for nasal condition. Suggest complete urinalysis be made on 24 hour specimen; if urine contains albumin and casts suggest making urinalysis at intervals of at least every ten days until this clears up.

9194 [redacted] Montgomery

CONVERSATION CONTINUED:

Q. Do you remember when you came to this hospital?
A. No.
Q. How are you now in comparison with a month ago?
A. I can not say as to that. Dr. Penat can tell you that. I dream quite a bit. If I could get home I think I would be all right.
Q. How many children do you have?
A. Three.
Q. Do you have any periods when you are at home that you do not know where you are or what you are doing?
A. I was good all day.
Q. What do you dream about?
A. I think someone is going to kill me all the time, and I am afraid all day long. Can't I go home now? My wife is up stairs, I guess she is still there.
Q. We will see about it. We want you to go home when you safely can but not too quick.
A. I would like to get my release written up quick if I could. It worries me to death to stay here.
Q. Are you hearing any voices at night?
A. Well, when I can't sleep very well I do.
Q. Can you hear what they say?
A. No.
Q. Do you recognize the voices?
A. Well, my brothers seems to be the most distinct. It seems everybody has his voice. I hear the voices of women. I do not seem to get things straightened out or whether my meals are paid for. They seem to make a fool out of me up there. My wife doesn't understand. That is the way I have it doped out.
Q. Well things will be all taken care of.

DR. MCCLELLAN: Suggest that a complete history of this case be obtained and together with physical findings be presented one week from today. Suggest that in so far as this case was treated as a secondary lead intoxication by the medical consultant of the Ethyl Gas Corporation prior to admission to this Hospital and that in sofar as we have had numerous cases of like autointoxication occurring in this particular corporation that this evidence be given consideration in arriving at a diagnois as to the mental condition because of the bearing such diagnosis will have on the compensibility or non-compensibility of this claim, and in all fairness to the patient who is our first consideration, believe that care should be given to ascertain as to whether or not this case does nbb come under 12. Psychosis with other somatic diseases (g) Secondary Ethyl Gas autointoxication

9194 [redacted] Montgomery

IMPRESSION: 2. 15. Manic Depressive Psychosis. Mixed type.

FIRST PRESENTATION: June 16, 1925. DR. FRANICS PRENAT.

CONVERSATION: Dr. McClellan and Patient.

Q. Hello, Harold, sit right down. How are you? How long have you been in the hospital now?
A. I just don't know.
Q. Tell me about how long?
A. I came here in March.
Q. Why did you come here?
A. I don't know, I was out of my head.
Q. Ever have an attack like that before?
A. No.
Q. Have you ever been in a hospital before?
A. Springfield Hospital.
Q. What were you in there for?
A. Mastoid.
Q. How long ago?
A. I don't know.
Q. About how old were you?
A. I cannot just remember how old. About 18 I think.
Q. How old are you now?
A. Thirty.
Q. Have you had a birthday since you came into the hospital?
A. March 4th. I don't know how long I have been here, you see I was out of my head. My mind wanders in periods but I am better when I am on the outside. I went out to see my folks and I was a whole lot better. They will tell you that.
Q. What do you think is the cause of you getting out of your head?
A. Well, I don't know. Ethyl gas is all that I can tell you.
Q. Did it ever bother you before?
A. I never worked with it before.
Q. How long had you worked at the General Motors Company?
A. I could not say. It is no use for me to make explanations. My folks can tell you better than I can. About three months, I guess.
Q. What is your bosses name?
A. Arthur S.---------
Q. Did you first become sick while working at the plant or after you went home?
A. They sent me home.
Q. You must have become sick at the plant then. What doctor did you have at the plant?
A. Dr. Keyhole.
Q. Do you remember going to Dr. Hatcher's hospital?
A. No, I don't remember that.