(8)

[redacted]

Winnepeg, Man.

Subject is foreman in A. J. Ward garage in Winnepeg. Age 45, married, English, a resident of Canada since 1910.

C. C. Sores on fingers and elbow.

P. I. In October 1929 subject worked on car which showed heavy reddish deposit around carburetor. This material came in contact with his uncovered hands which had numerous small scratches and abrasions as usual with garage workers. The day following contact these burned and itched and began to discharge pus. Swelling was not great. At first lesions were limited to knuckles but spread slowly to dorsi of fingers remaining worse on knuckles until Feburary 1930. At this time a swelling appeared inside right elbow, later breaking down and discharging yellow purulent material. Very shortly after the initial appearance of the elbow lesion a small swelling appeared on the right upper abdominal wall increasing to size of pigeon's egg then breaking down and discharging pus for one week. Healing was complete by April first. Co-incidently with the drainage of the lesion on the abdoman the areas on hands and elbow cleared up and have remained well since. During the height of the infection there was considerable local pain and burning but no constitutional symptoms. Since original injury whenever subject has had any contact with red deposits on motors he has noted burning and itching in the small cuts on his hands, consequently he had done no work on cars showing such deposits since April 1930.

P. H. Scarlatine at 12 years, for six wecks. Rhuematism since 1910, chiefly in knees and ankles, never confines to bed.

F. H. Father 65 years, l. & w. Mother 72 years, l. & w. Three brothers, l. & w. Seven sisters, l. & w. Wife, l. & w. Two

C. R. One cold a year for two weeks.

G. I. Appetite good, three full meals, essential.negative

G. U. Negative.

N. M. Glasses to read and work. Afternoon headache with vertigo are frequent during the winter months, from exhaust gas.

P. W. 175 lbs. B. W. 179 lbs.

In April 1930 subject consulted a physician who gave local treatments to his lesions until May 1st, 1930. He stated that the lesions were infections possibly due to local irritation from Ethyl gasoline deposits.

Physical

T. 98.8, P. 90, R. 22.

B. P. 136/97

Local. Hands are in usual condition for garage mechanic showing numerous small cuts and abrasions with the skin generally thickened and inelastic. No large scars seen on hands. Over the right olecranon is a 0.5 by 1.0cm. scar, well healed but still showing some bronzing of the surrounding skin. There is another scar 1.0cm. in diameter over the seventh right rib at the nipple line, it is limited to the skin, well healed and freely movable.

G. A. Subject is well developed and nurished, white man about 50 years of age. Alert and active with no evidences of disease. Height, 5'7" Weight about 180 lbs.

Head Negative

Ears Negative - two small scars on right drum.

Eyes Pupils med. equal regular. Reflexes normal. E.O.M. normal.

Nose Septum to the left. Left middle turbinate hypertrophied.

Mouth One snag - purulent gingivitis of the lower incisors. Several molars missing. Anterior pillars of the fauces are reddened. Tonsils small.

Neck Negative

Chest Heart and lungs clear. R. S. D. 6.0 R.C.D 3.0 by 11.5

Abdomen Few scars. Old boils, pendulous and abese.

Genit. Negative

Ext. See local, otherwise negative

Reflexes Tendon reflexes hyper-active (3plus) No ataxia, slow coarse tremor to hands.

Lab. Urine is acid to M. R. Otherwise negative. Hb. 85

The findings are those usual in a middle aged man in good health. There is no history of lead exposure at any time other than the usual occasional contact which a garage man has and no physical findings to suggest such an exposure.

(4)

Winnepeg, Man.

Subject is [redacted], age 20, a mechanic in A. J. Ward garage in Winnepeg.

C. C. Sores on hands and right forearm.

P. I. In October 1929 several small abrasions on both of subject's hands became infected and discharged yellowish purlent material. This did not follow any particular exposure to carburetor deposit but occured during a time when several cars showing such deposits were being worked on. A month or so after the hand infections began and while they were still active there began several small infected areas on forearms. Subject is unable to recall whether these began from cuts or as furuncles but first noted them as infected areas. These continued to drain small amounts of purulent material until April 1930 at which time hands healed and forearms improved. The right forearm clearing up entirely. Lesions were very tender until healing was complete. No constitutional symptons were noted at any time. Physician was consulted in April 1930. He treated lesions locally and attributed them to irritation from Ethyl gasoline deposits.

Physical

G. A. Well developed and nurished white man, average build. About 25 years of age. Healthy and alert.

T. 98.2 P. 96 R. 20

B. P. 120/30.

Local There is an area of subacute dermatitis on the extensor surface of the left forearm 6.0 by 18.0 cm. extending 8.0 cm. on arm over the triceps tendon. The skin is reddened and thickened. There

are several 2.0 by 3.0 cm. denuded areas bathed in yellowish purulent discharge which has for the most part crusted over the infected area. The ulcers are very superficial and have a dirty yellowish base. The skin surrounding the area shows evidences of a recent iodine burn but is otherwise healthy. The left epitrochlear and axillary nodes are enlarged and tender.

Skin There is acne in the shoulders and neck.

Ears Cerumenaceous plugs in both canals.

Eyes Pupils equal medium regular. Reflexes normal. Both lids partially cover pupils but there is no weakness of the levators. Ocular movements normal.

Nose Negative

Mouth Teeth and gums in good condition. Throat normal

Neck Post. cervical nodes shoddy.

Chest Funnel-breasted, long and narrow. Expansion equal. Lungs clear. Heart tones clear and regular of good quality. A short bruit is heard with deep inspirations. R.S.D. 6.5 R.C.D. 2.5 by 10.0

Abdomen Negative

Pelvis and Ext. Negative

Reflexes Tendon reflexes sluggish- no ataxia or tremor.

Lab. Urine is acid to M.R. otherwise negative. Hb. 95%

Impression Subacute dermatitis left forearm and arm - of bacterial origin.

(6)

Winnepeg, Man.

Mr. [redacted] in the Ward garage employed as mechanic was also examined. He presented an infection of the dorsum of the first phalangeal joint right fourth finger. This began together with a similar infection of the right middle finger during the first week of March 1930. The middle finger infection healed by April 1st 1930 about which time a cellulitis of the little finger set in rapidly involving the dorsum of the right hand. This was treated by drainage and hot baths and subsided so that at present the original area over the phalangeal joint remains. This appears quite indolent, drains a thick pus and appears to have involved portions of the tendon sheath if not the bone.

This man's examination is essentially negative except for the findings of a deep infection in the tissues of the right fourth finger.

Lead intoxication was not considered at any time to be a factor in causing the illnesses of the above men. Their lesions were obviously of an infectious nature. The question raised was, whether or not Ethyl gasoline or the deposits of its evaporation would be more likely to render tissues more susceptible to bacterial invasions than would contact with untreated gasoline. No evidence in support of this was exhibited by either the histories or types of lesions which these men showed.

It would [illegible] likely in view of the similar nature of these conditions that they are a result of contagion.