ETHYL GASOLINE CORPORATION

25 BROADWAY

INTER-OFFICE CORRESPONDENCE

NEW YORK February 4, 1929.

Dr. R. A. Kehoe,
College of Medicine,
Eden & Bethesda Avenues,
Cincinnati, Ohio.

Dear Dr. Kehoe:

Attached hereto is copy of letter from Mr. Joseph C. Steidle, Vice-President and Treasurer of the Standard Oil Company of Kentucky, together with copies of the enclosures mentioned.

I think you should, by all means, send one of your doctors to examine Mr. [redacted] and give us a full report on same so that we can pass same along to the Standard Oil of Kentucky people.

Yours very truly,

C:C

C O P Y

Standard Oil Company, (Kentucky)
Atlanta, Georgia.

February 1, 1929.

Mr. E. W. Webb, President,
Ethyl Gasoline Corporation,
25 Broadway,
New York, N. Y.

Dear Sir:

We have in our employ here in Atlanta a Mr. [redacted] who has been ill approximately since last October. He has been examined numerous times and for your information, I am sending you herewith a copy of a report made by Dr. I. H. Etheridge, 856 Pulliam St., S. W., Atlanta, Ga., - [redacted] personal physician, - and also a copy of a report made by Dr. W. C. Dabney, 105 Forrest Ave., N. E., Atlanta, Ga., - a physician employed by this Company to make a thorough physical examination of Mr. Merrill.

These two reports are in conflict, - the main points of difference being that [redacted] physician diagnoses his case as lead poisoning, while our own physician does not believe that he is suffering from that malady.

Mr. [redacted] was a tank wagon driver for this Company and since we have been selling Crown Ethyl Gasoline, he has been engaged in delivering it to the trade.

At the suggestion of Mr. W. G. Violette, Vice-President of this Company, I am writing you suggesting that you send one of your company's physicians to Atlanta to make a thorough examination of Mr. [redacted] It is believed that your physician, having perhpas had considerable experience in maladies such as Mr. [redacted] and his physician think he is afflicted with, could give us a better report and diagnosis of his condition and determine positively whether or not Mr. Merrill is suffering from lead poisoning caused by contact with Crown Ethyl Gasoline. If you can arrange this, won't you please get in touch directly, or have the physician that you select to make this examination, get in direct touch with Mr. R. E. Hodgson, District Manager, Standard Oil Company, Atlanta, Ga., advising him, if possible, at an early date, the approximate date when he will be in Atlanta to conduct this examination.

This case is of the utmost importance to this Company, both from a standpoint of ascertaining whether it is possible for our employes to become afflicted by contact with Crown Ethyl Gasoline and also from the point of applying for the payment of insurance under the total disability clause of insurance policies which we carry on the lives of our employees, - as well as from the standpoint of the interest of this Company in a claim which might be filed with the Workmen's Compensation Board of the State of Georgia, as well as also the connection of this case with the Pension Plan of our Company.

C O P Y

I trust that you will be able to comply with our request.

If you desire to further communicate with the writer of this letter, please address me as per my address below.

Yours very truly,

(signed) J. C. Steidle

Jos. C. Steidle, V. Pres. & Treas.
Standard Oil Company,
Louisville, Ky.

March 12, 1929

Mr. A. E. Mittnacht,
Ethyl Gasoline Corp.,
25 Broadway,
New York City.

Dear Mr. Mittnacht:

I am enclosing herewith additional information in the case of [redacted] at Atlanta, Georgia, an employee [redacted]d Oil of Kentucky, who was examined by Dr. Machle some weeks ago. I am sending an extra copy along in order that you may transmit it to the Standard Oil People.

Very truly yours,

RAK:EJ
Encl. 2

[redacted]

Copies of these records
sent to Dr. Leake
April 19th - 1932

KE 0011456

[redacted]

HISTORY SHEET

[redacted] - Atlanta, Ga.

C.C. Weakness, nausea, bad taste in mouth.

P.I. In April 1927, Patient was taken with chills, fever and sweats which confined him to bed for 15-20 days. Diagnosis first few days was intestinal influenza, later changed to malaria. March 1, 1927 patient was up and returned to work. Since then patient has continued work till November 1928, with 1-2 weeks off in every 3-4 months. The disability was chiefly nausea, weakness and vertigo, and there was a fever of 1-2° F. No chills or sweats or cough. There has been loss of 20 lbs weight during past two years. Appetite has improved past few weeks and there has been gain of few pounds in weight. Has been under care of 10-12 physicians during this time.

P.H. Age 34. Born Georgia. Employed by Standard Oil of Kentucky past 12 years as tank wagon driver.

H.I. Influenza 1918, 2 weeks. Tonsillectomy December 1928.

C.R. Expectorates small amount muco-purulent sputum in morning. Frequent precordial pain and palpitation. Left arm and hand swell at intervals during past 3 years. There has been redness, no pitting.

G.I. Appetite poor March 1927 till January 1929. Improved some since January. Catharsis necessary 2-3 x week for several years. No indigestion or vomiting. Nausea as noted in P.I. Slight epigastric and umbilical tenderness but no cramps or colic. Home foods. Two quarts milk daily. Four raw eggs past 4 months.

G.U. Frequency 10-12 x daily. No nycturia. Marked urgency. Some burning at end of urination.

N.M. Constant temporal soreness. No headaches. There has been numbness and tingling in feet for past 6-8 months - relieved by activity. Reading or looking down from height soon causes mausea. There is marked vertigo in morning, with some nausea. Has never fallen. At times has difficulty in judging distance when driving car. Usually capable of handling car in traffic.
Sleeps from 11:00 P.M. to 4:30 A.M. Statements regarding insomnia are conflicting. Has nightly bad dreams around 3 - 4 A.M. Usually homicidal or suicidal. Waken and does not retire again. Impotence absolute April 1927 till December 1928. Has had 3 successful attempts past 2 months.

I.H. School till 18. Shoe salesman till 20. Garage worker, clerk till 22. Present employment since. Loading rack 8-9 months. Tank wagon driver remainder of time.

History Sheet #2

[redacted]

Pb. H. Odd jobs painting at home. No exposure to concentrated fluid.

F. H. Father 66 living and well. Mother 56 living and well. Two sisters, 4 brothers living and well. Wife living and well Married - 3 children, living and well.

C O P Y

I. H. ETHERIDGE, M.D.
856 Oulliam St.SW.
Atlanta, Ga.

To whom this may concern:

This is to certify that I have examined and treated Mr. [redacted] for about three months, and on first examination found him extremely toxic, some enlargement of the heart, rapid pulse, anemic, and complaining of loss of manhood, general weakness of muscles, dizziness which reached such proportion as to render him unable to drive a car, on account of his not being able to judge his distance and position. He is suffering from a form of malancholia or depression. He complains of soreness over his abdomen, extremely nauseated, especially in the morning, but never able to vomit. He also had his dentist give a very clear cut history of his gum margin discoloration, before having his teeth extracted. He complains of the metallic taste in his mouth, especially in the morning, and there was a metallic odor on his breath, and he also gives a history of having several attacks of acute pain or colic, over stomach.

Urinalysis is positive for lead.

We had his tonsils removed on account of his heart disorder; his teech having already been removed, and all other sources of toxemia being removed and after some sixty days treatment for lead poisoning, he begins to show some signs of improvement in every way except in his mental condition in dizziness and melancholia.

My diagnosis in this case is chronic lead poison.

C O P Y

William C. Dabney, M. D.,
105 Forrest Ave., N. E.,
Atlanta, Ga.

November 21, 1928

Mr. R. E. Hodgson, Manager,
Standard Oil Company,
Atlanta, Ga.

Dear Sir:

Mr. [redacted] has been under my observation since Nov. 16th, 1928. During this time he has been subjected to an exhaustive physical examination. In spite of this, I am unable to render you a positive and unqualified diagnosis of his condition.

His description of his symptoms is somewhat vague and indefinite, and he appears unable to give a clearcut picture of the sequence of events since the beginning of his disability. Extensive laboratory and x-ray examinations have given us little positive value but have been of great help in a negative way. For instance, physical examination and x-ray of his chest reveals no evidence of tuberculosis but suggest an old post influenzal condition. Complete blood analysis shows no definite pathology and the Wasserman test on both blood and fluid is negative for syphillis. Repeated urinalysis gives findings indicative of a mild chronix nephritis. Other physical findings in general are negative. His blood pressure is low. His heart somewhat rapid, free from murmurs, but markedly influenced by either emotional or physical excitement and reacts slowly upon removal of cause. Defective teeth and tonsils have been recently removed. He has a fine digital tremor and runs a low irregular temperature.

This man has consulted numerous physicians during the past year, without obtaining relief. His chief complaint is low irregular fever, occasional precordial pain and palpation, susceptibility to fatigue, prostration, vertigo (dizziness), and nausea. Thes symptoms he claims began gradually, and have become progressively worse, following two severe attacks of influenza, the first about two years ago. In my opinion he is also suffering from an anxiesty neurosis and emotional instability which borders closely on hysteria. At times he seems somewhat mentally confused and incapable of sustained concentration.

Taking all the facts into consideration, I have come to the conclusion that he has a chronic endocarditis of influenzal, teeth, or tonsilar origin, probably complicated by toxic condition of the thyroid gland, and that neruasthenic state has been aggravated by the failure to obtain relief. As regards his ability to work, it is my opinion he is unfit for heavy duty, but would probably be better offiif occupied at light work, free from excitement and worry, than he is with nothing to do but dwell on his own trouble. At the same time, however, he should place himself in the hands of one good physician and stay there, rather than to continue to jump from one to the other as he has in the past. The prognosis as to complete recorvery in this case is not good.

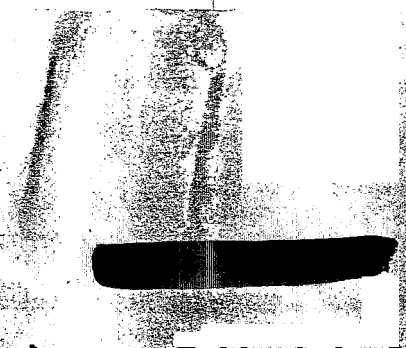
For your information, I might add that his present physician

C O P Y

agrees with my diagnosis, but believes in addition he is suffering from chronic lead pisoning. While admitting that some of the symptoms of which he complains are commonly found in lead poisoning, it is my opinion he is not suffering from this condition, as a careful search has failed to elicit any of its cardinal symptoms.

Very truly yours,

W. C. DABLEY, M. D.



PHYSICAL EXAMINATION

[redacted] - Atlanta, Ga.

G. A. Patient is lean, florid complexioned white man about 30 years of age. Nervous, alert, fully co-operative. Is active, does not appear acutely ill. Nutrition and muscular development fairly good. Normal movements exaggerated when attention is concentrated on them.

H ead Hair sparse. Early baldness, scalp tight. Temporal fossae sunken.

1:00 P.M. - Temperature 98.8 - Pulse 74 - R. 20

Ears Negative

Eyes Pupils wide, equal. React well. Hippus to light. E.O.M. good. Convergence good. No exophthalmos.

Nose Negative. Septum bowed to left. Mucus membrane clean.

Mouth Upper set and lower incisors extracted. Gingivitis of lower canine. Very faint bluish discoloration edge of gum margin right lower canine, does not appear to be deposit.

Tongue has brownish coat posteriorly.

Tonsils - clean scars.

Throat clear, pink, no exudate.

Neck Right lobe thyroid barely palpable.
Lig. nuchae slightly thinckened 4 cm. below inion. Freely movable, soft, not fluctuent.

Chest Chest symmetrical - expansion equal two sides. Breath sounds soft, vesicular throughout. No rales. Percussion note resonant. No vertigo after 5 minutes deep breathing.

Blood pressure: Lt. 116.74 R. 114/75

Heart 1-2 extra systoles per minute on exercise. Apex rate returns to normal after three minutes. Apex rate after 30 hops,108. One minute after, 88. Two minutes after, 84. Three minutes after, 78.

No murmurs, sounds distant at base. R.S.D. 5.5
R.C.D. 2.# x 10.0
Pulses small, quick, synchronous.

Abdomen Scaphoid - tense- tenderness on deep pressure in epigastrium- none elsewhere.

Genitalia Negative. Slight varicocele on left. No s cars.

Rectum Negative

Reflexes Tendon reflexes very active, equal. No rhomberg or tremor. Gait and co-ordination good. Speech clear, well modulated.

Extremities Slight flattening left arch. Grip Rt. 60, Lt. 40

Sensorium Tactile discrimination and touch disturbed over entire body to marked degree. Hands and feet are practically anesthetic on examination. This is of doubtful significance as patient is able to tie shoes, smoke and walk with eyes shut - and is not involuntary.

Haemoglobin - 80% Dare
Albumen - faint trace
Sugar - negative
Reaction - acid to methyl red
Micro: small number pus cells
no casts
smear negative for acid fast bacilli.

Impression

(1) Psychoneurosis of toxic origin
(2) Toxic myocarditis
(3) Toxic nephritis
(4) At present time there are no definite signs of lead absorption.
(5) The history of this illness, beginning in 1927 with fever and prostration and its repeated recrudescence since, suggest an influenza followed by encephalitis or possibly a low grade septicemia. There were, however, no indications of a parkinsonian syndrome or embolic manifestations.

WILLARD F. MACHLE, M.D.

Special Examinations at Laboratory

Case of: Mr. [redacted] Atlanta, Georgia March 12/29

STIPPLING: Red blood corpuscles - 1 per 50 fields

ANALYSIS FOR LEAD: Blood - .02 mgs. in 35 c.c.

Faeces - .021 mgs. per grams of ash

Urine - .06 mgs. per liter

The above findings are not abnormal in any way, nor are they indicative of any unusual amount of lead absorption. These findings correspond to the quantities of lead found in the blood and excreta of normal persons in industries involving no appreciable exposure to lead. These examinations contribute [redacted] further, therefore, to the understanding of Mr. [redacted] condition.

(Signed)_____

RAK:EJ