

March 29, 1938

Mr. L. H. Wiggers
Manager, Insurance and Real Estate Dept.
The Procter and Gamble Company
Cincinnati, Ohio

Dear Mr. Wiggers:-

Having gone over the file which you left with me on the case of [REDACTED] I find that a number of questions raised in my letter of January 13th to Mr. C. W. Sagehorn have not been answered adequately. The medical record, especially, is lacking in certain essential items of information. On the other hand the additional facts now available to me, strengthen the case of the claimant quite materially. Mr. [REDACTED] developed some type of intoxication within twenty-four hours after the exposure occasioned by the fire. He had pain in the chest and a cough on the day after his alleged injury, and on the following day he had headache, nausea, vomiting, abdominal pain, headache. This condition progressed and terminated fatally in about ten days, with the clinical evidences of an acute toxic nephritis, and a terminal pulmonary edema. The nephritis may have been of the infectious type, but such clinical data as are given suggest that the condition was toxic rather than infectious. The nausea, vomiting, abdominal pain and the jaundice (terminally) suggest the occurrence of liver damage, and the terminal pulmonary edema suggest damage to the heart muscle. All of this picture is compatible with the effects of the inhalation of relatively high concentrations of carbon tetrachloride and it would take much better evidence than is available to disprove that diagnosis. There is little or no indication that dangerously high concentrations of phosgene or of hydrochloric acid were present, but there is reason to believe that this man may have inhaled fairly high concentrations of carbon-tetrachloride over a period of twenty-five to thirty minutes. He may have worked so close to the motor as to breathe higher concentrations of the vapor, and for a longer period of time than did the other men; or he may have done somewhat heavier work and thus may have breathed more deeply, i. e. a greater volume of the vapor, than the others; or he may have been less resistant to the vapor, by reason of previous damage (alcoholic or otherwise) to his liver, kidneys and circulatory system. In any case the story of the incident does not justify the conclusion that significant exposure to carbon tetrachloride did not occur, while the onset and course of the illness, in the

absence of satisfactory information to the contrary, justify the belief in a cause and effect relationship between the suspected exposure and death. Incidentally if half a gallon of carbon-tetrachloride were evaporated at one time and evenly distributed into a room of the size described, the concentration in all parts of the room would approximate 0.1%. No doubt the concentration was considerably higher than this in the immediate vicinity of the motor, and since the vapor of carbon-tetrachloride is heavy, it would remain near the floor level for some time unless it were swept away by a breeze. The degree of ventilation is wholly conjectural, and the evaporation on a hot surface was doubtless rapid. Thus it is quite probable that dangerously high concentrations existed for a time in the vicinity of the motor. On the whole, therefore, I conclude that it would be difficult, if not impossible, to combat the claim of death from accidental cause, with the information available in this case.

I return your file herewith.

Very truly yours,

RAK;is

Robert A. Kehoe, M.D.

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