Reported to Dr. Sayers

Harold Giffone

ETHYL GASOLINE CORPORATION

CHRYSLER BUILDING
405 LEXINGTON AVENUE

SAFETY COMMITTEE
O. B. LEWIS
CHAIRMAN

NEW YORK April 6, 1937

Dr. R. A. Kehoe
Kettering Laboratory of Applied Physiology
College of Medicine
Eden Avenue
Cincinnati, Ohio.

Dear Dr. Kehoe:

Attached hereto is some correspondence on an alleged case of poisoning from handling gasoline. Our representative requests you communicate with Dr. Russell who handled the case and we would appreciate your doing so, if you feel it necessary.

Very truly yours,

O. B. Lewis

W:GCL
Enclosure

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Y

New York, April 1, 1937

Mr. R. C. Murphy

Dear Murph:

As per your letter of March 29th, I investigated the alleged case of lead poisoning in Bradford, Penn. and, as you will see from the following information, it turned out to be of no very great importance after all.

First, I contacted Mr. J. G. Fleischman, Sales Manager for the Bradford Oil Company, who called the matter to our attention. He really had nothing at all to do with the case but happened to know the trucker involved, since he does some hauling for his company. Mr. Fleischman merely notified us of the case when he learned that there was some suspicion that poisoning from lead treated gasoline might be involved. He also put me in touch with the proper parties, so that I was able to get full information on the whole case.

It seems that Mr. [redacted] 290 Congress St., Bradford, Penn. owns and operates three tank trucks and is engaged in contract hauling of various petroleum products for refiners and jobbers in this area. I met both Mr. Gifford and Dr. R. K. Russell, at the former's home and was able to get the following information from them.

By far the largest part of the petroleum products which Gifford has been hauling in his trucks have been non leaded gasoline, kerosene and fuel oils. He told me that it is very seldom that he is called upon to haul loads of leaded gasoline and also that the last time he hauled any leaded gasoline was early in February. With this in mind, it was difficult to see where he could have had any possible exposure to lead. I finally learned that the only possible exposure which he had was in filling the tank of his trucks. He wais that this was habitually done at the loading rack of the Quaker State Oil Refining Co. at their refinery in Farmer's Valley, Penn.

As a fuel for running his trucks, [redacted] uses Sterling Crystal Green, a leaded regular gasoline. He also said that it was his habit to fill his truck at the refinery and very often they ran some of the gasoline over and he sometimes got his hands wet with it. So far as he could recall, this was the only possible exposure he has had to lead, so I can't see how this would very easily be the cause of his troubles.

Mr. [redacted] medical troubles started about ten days ago. It seems that he had scratched his left wrist but it was not anything serious and he does not even recall just how he did receive the original injury. He treated the cut with iodine and pretty much forgot about it because it seemed to be healing in a normal fashion.

About three days later, he loaded his truck with non leaded gasoline at Farmers Valley and also filled his truck tank with leaded regular gasoline. As he recalls things, there was some spillage and he did get his hands wet with the leaded gasoline. It was a pretty cold day and he was wearing gloves at the time this occurred. Both his gloves and hands became wet with gasoline but he did not bother to take them off but started out, on his trip with them wet, thinking they would dry out very soon. He also admits that his gloves and hands were both pretty

sore wrist on the steering wheel, so it would seem that whatever infection he did get would have come from the combination of dirty gloves, dirty hands, both wet with gasoline and rubbing on a previous cut.

[redacted]ame home quite late that night and felt pretty bad. His left arm was quite sore, so he called the doctor in the morning. Dr. Russell found that he was running a fairly high temperature at that time, I believe he said 102, but am not too sure of that figure. The doctor also found that [redacted] was developing a large and very sore abcess on his left thumb. This came to a head in about 24 hours

Dr. Russell stated that, at the time his first abcess appeared, the original cut on his wrist seemed to have healed all right and that the abcess was not connected with it. He stated that this was not at all uncommon, that infection might very well enter the system in an old injury and manifest itself elsewhere in the body.

The next day another similar abcess appeared further up on the man's arm and this too came to a head within 24 hours. The following day, a third one appeared in much the same manner. On the day I saw [redacted] these three seemed to be under control but a fourth one was making its appearance. These abcesses looked like ordinary boils and were very sore until they came to a head and were relieved. The doctor was treating them with some sort of poultice, which seemed to take care of them all right and also to confine them to his left fore arm.

In talking with Dr. Russell, I found that he was in no way alarmed over the whole thing. He said that from all appearances the abcesses appeared to be ordinary lymphatic infections, whatever that may mean. He also said that they were responding to normal treatment very well and he had no fear of the infection spreading to other parts of the body.

The only thing that puzzled Dr. Russell was the rapidity with which these abcesses appeared and came to a head. He said that usually they required 48 hours or more, but that in this case they appeared and came to a head within 24 hours. This rapidity seems to be the only thing that puzzles the doctor.

Of course, I was very careful to make no statements regarding the case except to say that it did not seem reasonable that the lead in the gasoline could be the cause when the man had been subjected to so little exposure. Dr. Russell said that he did not suspect lead poisoning but merely wanted to check with us on the matter, since there might be some possibility of such a thing. He admitted that he had never treated a case of lead poisoning and knew very little about it, but merely wanted an opinion from us on the matter.

Dr. Russell also said that the patient's temperature was now normal and he felt sure that recovery would now be only a matter of time. He did say that he would like very much to have me pass this information along to our medical department for their opinion on the whole thing. He would like to hear from them merely to know if this case had any symptoms at all of lead poisoning. His address is Dr. R. K. Russell, 23 Main Street, Bradford, Pennsylvania. I don't know how Dr. Kehoe feels about the matter, but I do feel that it would be well for him to give some sort of an answer to Dr. Russell.

So far as we as a company are concerned, everything connected with the case is in good order. Neither the patient nor the doctor directly blame lead for their troubles but merely wanted to check all the possibilities in an effort to clear up the case. They hold us responsible in no manner but merely came to us for information and possible help. There has been no adverse publicity regarding the case, in fact there has been none at all.

I do feel that Dr. Russell should get some sort of an answer from our

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I shall d

ill be very glad to get more, if you desire it. However,
ore in the matter without further advice from you.

Very truly yours,

M. P. Murdock