

November 13, 1930

Mr. E. T. Forman,
Compensation Claim Dept.,
London Guarantee and Accident Co. Ltd.,
55 Fifth Avenue,
New York, N. Y.

C-931334 Stevens-Mader Inc. - [REDACTED]
[REDACTED] - 32181

Dear Sir:

I have your letter of November 10 setting forth certain details of the case of one [REDACTED].

On the information given it is not possible to make a diagnosis on the claimant. Certain facts in the claimant's statements are susceptible to analysis. The statement is made that the subject had numerous cuts and abrasions on his hands, and that the doctor stated that the poison entered his system through such cuts. The material which is found in an automobile engine after the burning of Ethyl Gasoline, is definitely not capable of absorption through the skin. The presence of cuts and abrasions has no influence upon this factor. Therefore it does not matter whether this is the opinion of the claimant or of his physician, for there is no basis for the claim. This may be said categorically. As to the possibility of absorption of lead from the gasoline or from the greases on the motor, it should be stated that during a period of some six or seven years a large number of garage mechanics (many of whom have worked exclusively on cars which have used Ethyl Gasoline), have been exposed to whatever possibility of lead absorption exists in this occupation. During this period of time a thorough search has failed to disclose any cases of lead poisoning. I and my associates have carefully examined a large number of those selected because of the severity of their exposure, and have subjected them to the most detailed tests, not only for the discovery of lead poisoning but for evidences of lead absorption. We have failed to find any cases of poisoning, and we have failed to demonstrate that there is any lead absorption attendant upon the handling of motors in this fashion. It is true that the garage mechanic has certain exposures to lead as the result of the repair of storage batteries, soldering, painting, etc. These exposures, from our data, indicate that the garage mechanic is absorbing somewhat more lead than is the average ordinary non-industrialized individual. This was the case before Ethyl Gasoline appeared on the market, and we have not

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been able to discover any change since the advent of Ethyl Gasoline. The data demonstrating these points are a matter of record, and have been fairly generally accepted as correct.

Therefore, if one should regard this as a case of lead poisoning, certain proofs of the existence of lead absorption would be required in order to make it plausible. This is especially true since there are a number of conditions which could produce the symptoms of which this subject complains. Therefore one naturally asks what evidences there are in this case in the form of blood changes, anemia, typical symptoms of lead intoxication, and evidences of an unusual amount of lead excretion upon which to base a diagnosis of lead poisoning. Since lead poisoning is not always easy to diagnose, and since it may be confused with a number of things, certain very definite evidences are necessary in order to establish a diagnosis in a case of this sort. In the complete absence hitherto of evidence on which to regard the employment of the garage mechanic as hazardous from the point of view of lead, it is obvious that an unusual amount of care would be needed in demonstrating the existence of lead poisoning from this cause.

I should suggest, from practical consideration of the case, that one should investigate carefully the nature of his illness and of his previous illnesses, and that one should determine exactly what more or less accurate evidence has been obtained to point to lead as a causative factor. In case there were reasonable satisfactory evidence pointing to an unusual lead absorption, it should be determined what the source of this lead absorption might be. In this connection the most important matter would be to determine whether or not this individual was working with storage batteries, which is by all odds the most hazardous of the lead exposures connected with a garage. Also the amount of painting, body repair, or soldering which he may have been doing, should be looked into.

I should add one more point. My experience with cases of this type in general, is that the medical evidence upon which such claims are based is usually very sketchy. Unhappily, many of the busy members of my profession arrive at diagnoses hurriedly, institute treatment for the bettering of their patient's condition as quickly as possible, keep very few records, and make very few exact tests for the confirmation of a diagnosis. Generally speaking, they hold

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to their diagnosis with considerable tenacity, for the value of their evidence is likely to be proportional to their standing in the community rather than to the accuracy of the obtained information. I have been greatly surprised in this case to find that there has been no basis for a diagnosis, except the opinion of a doctor arrived at on very scanty information.

I trust that the above discussion will be of some assistance to you in arriving at the facts in this case.

Very truly yours,

RAK:EJ

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