

June 4, 1929

Mr. Josiah Stryker,
Lindabury, Depue and Faulks,
763 Broad St.,
Newark, N. J.

Dear Mr. Stryker:

I am sorry not to have answered your letter of May 24 sooner but I have been on the run for several days and have only had an opportunity to get at my correspondence today.

The matter of questioning any of these men for the purpose of determining the existence of symptoms of tetraethyl lead poisoning is a somewhat delicate operation. The symptoms of acute poisoning are very well known to these men and, in fact, are available in medical literature. It is my impression that they will make the mistake of describing their symptoms as being like those seen in the acute cases, whereas their exposure has been of such a sort as to undoubtedly be more like the ordinary symptoms of chronic lead poisoning, if such symptoms are really existent at all, which I doubt. If they are feigning illness they will have a tendency to describe all of the symptoms which are well known and will probably admit the existence of any symptoms which are presented to them in the form of leading questions. I should therefore start out by asking them to describe the exact things from which they are suffering. In the case of any symptom mentioned I should try to find out when this symptom first appeared, how severe it was, whether it has disappeared or is still existent. This I should do without comment or without assistance. When this information has been obtained I would then ask questions which will bring out the presence or absence of the following things which are of importance. Loss of weight; weakness and loss of energy generally; loss of appetite, especially in the mornings; a sweetish or metallic taste in the mouth; boring cramps in the stomach; weakness or paralysis of the muscles of the hands and wrists, especially "drop wrist", a condition in which the muscles which extend the hands are unable to be used. I should further find out whether these men are married, something of their sexual habits with the idea of determining the existence of impotence, and whether or not any of them have children born since the onset of their illness. The questions on these points should be interspersed with a considerable number of unimportant questions such as the type of food they eat, their habits of sleeping, their type of diet, etc. These latter matters can be put into a number of detailed, pointed questions which will have no significance in themselves but which may be used to divert the attention of the person under

examination from the important points which you wish to find out. The matter of loss of weight is of importance. I should find out this by asking the subject what his heaviest weight was, and when, then I should find out what his weight is at present as near as he gives it, and ask him if he has lost any weight at any time in the past year or two. The matter of stomach cramps I should find out about by asking whether the subject has ever had indigestion, whether he has been kept awake by it at night, whether he is troubled by constipation, diarrhoea, or similar ailments. I have simply used these items as illustrative of a method whereby you can find out all you wish to know without letting the subject know what you feel to be the important signs and symptoms. It would be well also in your questioning to find out somewhere along the line as to whether any of the doctors who have examined these men have made microscopic examinations of their blood. The determination of lead poisoning would be difficult to substantiate in the case of these men unless somebody has found evidence of microscopic changes in their blood. It would be well therefore to ask them if anybody has examined their blood. In the same way I would ask them if anybody has made chemical analysis of their excreta. I would ask them also something of the details of the treatment which they have been given, not that this will be of any great consequence to you but it will give them an idea to describe how seriously their illness has been regarded by their physicians, if they have any.

I trust that this will give you some idea of the manner in which I think it would be best to approach this problem.

Very truly yours,

RAK:EJ
