Matthews French

GENERAL MOTORS CORPORATION

DETROIT, MICHIGAN

April 23, 1935

Reported to Dr. Sayers

Dr. Robert A. Kehoe
University of Cincinnati
College of Medicine
Cincinnati, Ohio

In Re: [redacted]
Vs. Olds Motor Works

Dear Dr.Kehoe:

Attached find a copy of letter this date forwarded to Mr. Webb which is self explanatory.

We likewise attach report of Dr. Carr made prior to the hearing at Lansing. Apparently Dr. Carr is still of the opinion that there has been no appreciable change in this man's condition which leaves us with the inference that he is still unable to return to work.

If there be any further suggestion that you desire to offer, either to Dr. Carr or myself, you may be sure that we shall be only too glad to have the same.

With warm personal regards.

Very truly yours,

J.G.Stevenson
Legal Department

JGS:MD
Enc.

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April 23, 1935

Mr. Earle W. Webb
President, Ethyl Gasoline Corporation
Chrysler Building
New York, New York

In Re: [redacted]
Vs. Olds Motor Works

Dear Mr. Webb:

In order that you may be fully informed as to what is going on in the above entitled case, may I advise that the case had its hearing before the Full Board on April 11th at Lansing, and an Award has been entered therein denying compensation on the ground that there was no evidence of an accident, but that the disability was due to occupational disease.

I feel of course that this is only the first skirmish and just what may transpire in the future I am not in a position to say. My inclination, however, is to let the matter rest until the plaintiff makes another move. Possibly the next move may be to sue us at common law in which [illegible]ht, if we become apprehensive that the [illegible] is any ch[illegible]ce of the plaintiff prevailing, it wil[illegible] be timely [illegible] talk settlement.

We are sending a copy of this letter to Dr. Kehoe at Cincinnati.

Very truly yours,

J.G.Stevenson
Legal Department

JGS:MD

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[illegible]ara, M.D.

Earl Ingram Carr, M.D.

Drs. McNamara & Carr

Medical Building, 300 W. Ottawa St.

Lansing, Michigan

December 19, 1934

Olds Motor Works,
Lansing, Michigan.

Attention: Mr. J. G. Stevenson, Legal Department, General Motors, Detroit
Mr. G. E. Julian, Olds Motor Works, Lansing.

Re: [redacted]

Gentlemen:

Pursuant to your request over the phone and contained in your letter of December 17th, I made a very careful study of the above patient in conjunction with his attending physician, Doctor T. I. Bauer, with reference to the illness which has continued since the summer months, attributed to his work, that is, to his contact with gasoline or ethyl gasoline which was used for washing the parts which he handled in the course of his work.

I find that this patient came to the Medical Building in July, was seen here and studied somewhat. It was determined or believed at least, that he was suffering from some form of poisoning and lead was suspected and believed indicated. He was, on that account, referred to a medical man of the patient's choice and of our recommendation who further carried on the pursuit of detailed study of this patient. This was Doctor T. I. Bauer. You are familiar in part with his findings and with the findings of the detailed study, clinical and laboratory, that were conducted at the University Hospital in Ann Arbor for you included the copy of these reports with your letter.

This man is 43 years of age, 5 feet 9 1/2 inches tall, weighs, at the present time, about 130 pounds against a health weight which he says was 160 some odd pounds, a weight that he had carried for a number of years. He is married and has three children. He appears to be above ordinary intelligence and presents a good appearance. He seems sincere, honest and is essentially acurate in the discussion of his condition and of the occurrences in connection with the illness in question.

It seems that he was in the role of a laborer at the time of his injury because of the depressed times and he states that he had been in the employ of the Olds Motor Works for the previous year. Prior to that time his work had been mainly that of a salesman or part of the time conducting his own business. He had headed a selling organization for about two years. He had sold the Oldsmobile car for about two years. He had been a salesman for the Ford for another two years. He had been a salesman for the Buick, Olds and Chevrolet for another two years. He had had a half interest in the Lansing Electric Welding Company for about two years and in this business he was engaged in the work which took him outside in the way of getting business and in the office in the administration of business and in this they had handled the welding maintainence for the Fisher Body Company, the Hugh Lyons Company, Melling Forge Company, Consumers Power Company and many [illegible]

[redacted] he was part owner of a brake shop and was engaged in that business for about two years. During the war his work was that of buying and he was retained in that for about two years. While it appears that he had changed his business from time to time as often as every couple of years it does seem that he had been engaged in responsible work. While he was hired as a laborer at the time of his disability, this past experience is offered for possible opportunity for rehabilitation as was requested in your letter which will be taken up further on.

The past history of the health of this man does not reveal admission of any previous serious illness. He had had hemorrhoids which needed attention and were operated by one of my associates in 1933 with a good result and with complete recovery.

That which is pertinent leading up to this illness and as described by Mr. [redacted] is as follows: He says that in the middle of May he was engaged in working using gasoline to wash the parts that he had to deal with or that the parts came wet with the gasoline wash. There was some delay in drying and on this account an air hose was provided and used to affect a quick method of drying. This he thinks created a gas vapor. He thinks that the location that his work required him to be in placed him so that he was in contact with the fumes more than others. He says he does not know of any others that were made sick at this time. He says that from this time on he thinks, as he looks back upon it, he was not feeling well and he is sure that he did not feel well in July. On or about July 12th he fainted. Following this he vomited and continued to vomit and had spells which he says were suggestively convulsive although he says he did not have real convulsions. He had body aches and was out at this time for about four days but he returned to work. He also had swelling of the ankles and of the face and he says there was pain in his chest. He says he had to give up on July 22nd or 23rd and that he has not worked since. It was in the latter part of July that he came to the Medical Building where he was seen by Doctor Henry and referred to Doctor Bauer. It appears that his hemaglobin, at this time, was down to about 36% and his red blood cells were about 3,000,000 and that his white blood cells were reduced to 2,200. His polymorphonuclear cells were greatly reduced and the lymphocytes were greatly in predominance. Under treatment there was marked improvement of the blood picture so that within three weeks the blood was brought back to a nearer normal condition, that is, the hemglobin was brought up to 70% and the white blood cell count became nearly normal. Clinical improvement, however, did not go along with the improved blood picture. His lassitude and body pains were still present and have more or less persisted. He was studied in St. Lawrence Hospital and at Ann Arbor Hospital. During the periods of rest in both institutions when medical treatment was also carried on he improved and felt better but as soon as he was out and had to submit to the slight exercise of waiting on himself he went back in his weight to a lesser level and symptoms which had become alleviated returned or increased.

At the present time he thinks and believes that his symptoms and complaints are the continuation of this illness and he offers as these symptoms lassitude, pain in legs, insomnia, a poor appetite and underweight to the extent of 30 pounds. Doctor Bauer believes that these symptoms are true and that they exist.

Examination shows a man with a blood pressure of 108 systolic over 60 diastolic. He has several crowned teeth. Tonsils are present and somewhat scarred. His neck and neck organs are negative. His heart is negative. His lungs show some rales on the left side and none on the right. He has a little bronchitis at the present time which may explain this. His abdomen is negative. There is

tenderness of both tibial bones. The other bones are not tender. His reflexes are all obtained promptly. His wrists and his feet are both extended fully but possibly not as strongly as is consistent with his strength otherwise. It is stated by Doctor Bauer that wrist weakness was shown on both sides early in the illness.

His blood examination today is 96% hemaglobin, 4,800,000 reds, 11,600 whites. His urine is 1.025 specific gravity. It is alkaline in reaction. It is slightly cloudy and amber in color. The tests for albumen and sugar are negative.

The course of this illness, the onset, the symptoms, the blood picture, the early improvement of the blood picture under treatment with the persistence of the clinical symptoms are all compatible with the combination of benzol and lead poisoning. Ethyl gasoline has tetra ethyl lead in suspension and gives the opportunity for this sort of a poisoning under certain circumstances and the opportunity would exist under circumstances described above. It was stated by Doctor Henry and by Doctor Bauer that there was observed a definite lead line and that there was stippling of the cells found by Doctor Bauer and found in the State Laboratory. When he reached Ann Arbor the signs of lead poisoning had disappeared and this would be expected since he had been removed from the suspected source of poisoning.

Other conditions were considered in the study of this patient and it appears that they were at times eliminated one by one. It was said at one time that possibly he had had an ulcer. Whether he had had one or not does not seem of consequence in connection with the present illness for there is not reason to believe that he has had an active one in connection with this disability. It does not seem that any other type of blood disease or dyscrasia could be shown to be the cause of the illness. It appears to have been a lead benzol poisoning.

Taking up the four questions asked in your letter I will try to answer them.

1. This man has had, it appears definitely, a benzol lead poisoning.
2. The use of gasoline with lead content used, as is described above, could produce an undisputable opportunity, in our opinion, for lead benzol poisoning.
3. This man, in our opinion, is still disabled but it seems that the time is approaching when some suitable light work could be started to his advantage and to the advantage of any possible liability which may rest upon the company if there is liability under these circumstances.
4. I believe this man is ambitious and is disheartened by his inbility to carry on his individual and family responsibility. Continued medical care and guidance should be provided and some form of light work may shortly be desirable and possible for him.

I have not included the consideration of the psychic side except as it may be inferred. There is no evidence of hysteria and I do not believe that psychoneurosis could be properly and fairly applied to him as an explanation for his complaints. Benzol poisoning I do not believe is widely recognized and understood. I had the opportunity to talk with a nationally known clincal pathologist on this case last night and he was of the same belief in this particular instance. He quoted rather than definitely advised. I also talked today with a chemical engineer who suffered lead benzol poisoning himself in research work on ethyl gas in the laboratory. His blood picture was recovered in four weeks but lassitude

[redacted] and disabled for six months.

opportunity for the Olds Motor Works to provide suitable [redacted] to start when it is appropriate for him to do so and if this assurance could be offered him it would be an encouragement with considerable therapeutic value.

I trust this places before you the varied considerations in the problem of Mr. French. I will only be too glad to continue farther along any line of thought or along any consideration which you desire me to discuss or supplement. I wish to express appreciation for the opportunity of considering this interesting problem and thanking you, I am

Yours very truly,

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SIGNED: E. I. CARR

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reatment and after some time had elapsed the picture
to normal and it has remained normal and is normal
today. However, there contained a malaise and lack of endurance and an easily produced fatigue which has persisted ever since. This seems real and there does not seem to be any doubt that could be entertained against the patient in this contention. It should be said, however, that it was expected that recovery would have been complete or nearly complete long before this time. Agranulocytosis, the other consideration that was given in the previous study and as it is understood by the other investigators in this case, is still not applicable and no grounds or basis for this diagnosis are discovered. It leaves us in the same position as previously, namely; that of benzol poisoning.

We thank you for the privilege of studying this very interesting patient again, and are

Yours very truly,

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Signed: E.I.Carr

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