J. H. Kellum

November 10, 1931

Mr. E. W. Webb.

Dear Mr. Webb:

I am sending you herewith my complete file in the case of Mr. [redacted]

After Dr. Schradin's conversation with him it seemed quite certain that he had taken a reasonable point of view. I therefore wrote him on October 23 in accordance with the enclosed copy, and a few days ago received a letter from him with its enclosures.

It is quite clear that since the writing of my letter Mr. [redacted] has received the assistance of an attorney in preparing the letter which he sent to me. The character of this letter is such that I did not feel justified in making reply until I have been further advised.

My first impulse was to write to Mr. [redacted] and to say that he was misunderstanding my position in the matter, since I was in no way able to discuss any settlement with him. However, on second thought, I have decided to send the entire correspondence to you and to be guided by you in the matter of what reply, if any, I should make.

When you have finished with the material which I am sending you I should be glad if you would return it to me so that my file may be complete. The record of Dr. Schradin's physical examination and his comments, is for your own file.

Very truly yours,

RAK:ET

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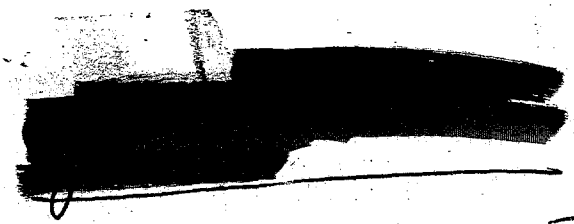
After examining Mr. [redacted] his case was discussed with him. Briefly, he felt that ethyl gasoline was wholly responsible for his illness and that the Ethyl Gasoline Corp. was liable. Also that while he is a poor man himself he has been offered the services of an attorney to institute suit which would be filed in his own county. He stressed the publicity of such a move and the ensuing damage to the Ethyl Gasoline Corp. He stated that much of the publicity to date came from the discussion of his case before a sales meeting recently of over a hundred men. He is the type of man whose mentality would permit him to be easily influenced by discussing his situation with friends and this partly accounts for his attitude. However he does have some permanent disability as a result of this infection and has a cause for worry. Later he agreed that ethyl gasoline did not enter the picture and that he did not want to bring suit. That if he were entitled to anything he would be satisfied with having his doctor bills paid.

It is doubtful whether Mr. [redacted] would go so far as to file suit for damages and believe that if he is written to from a sympathetic standpoint and then told not too curtly that he is not entitled to damages it would do much toward closing the case.



Copy of report sent to
Dr. Lake – 4-19-32

Re.: [redacted]
Mt. Pleasant, Pa.
R.R. No. 2.

Chief complaint: That on Nov. 10, 1930, while repairing an automobile he received an injury to his left hand resulting in loss of time and money and a permanent disability - same resulting from the introduction of ethyl gasoline into the wound.

History of illness: On Nov. 10, 1930, while replacing a piston he had an assistant turn the crank of the car. He accidentally caught his left thumb between the crankshaft and crankcase, punching and tearing a small opening in the skin. This appeared to be a minor injury and in a few moments when working on the gasoline line he spilled some ethyl gasoline on his hand and held it over wound in order to disinfect same, as he had done in the past. He states that had he been warned as to the danger of ethyl gasoline on the skin he would not have done this. There are signs on his pump however. The hand became swollen and reddened by the next day and this increased as did the pain during the next three days. He was then taken to the Mt. Pleasant Hospital (Nov. 14, 1930) where drainage was made under gas anaesthesia. The pain, he states, was almost unbearable at this time. He improved with drainage and was discharged in a week (Nov. 21, 1930). The wound had not healed and there was still some drainage. At home hand became worse as did pain and he was readmitted to the hospital where through-and-through drainage was done and as the infection had spread above the wrist, an incision was made on the ventral surface here. At this time a bony sequestrum was removed from the thumb. Discharged on Dec. 5, 1930, and then saw his doctor daily for one month and every other day for next month, at which time wounds had healed. Since that time he has had some return of function but still cannot flex thumb and has weakness of hand. Otherwise he feels well excepting he has a draining ulceration on right leg over a fracture received May 27,

1926, which flare-up he attributes partially to absorption of ethyl gasoline. He had a plate inserted at the time of the fracture which has given him trouble ever since and will probably have to be removed. After his hand had healed he again went into another hospital and had one screw removed from the plate, which it was thought might be causing his trouble. After the operation the skin did not close and it has been draining since. His cardio-respiratory, genito-urinary and gastro-intestinal systems are negative for symptoms.

Past history: Excepting for above accident has not had other recent illness. Had usual childhood diseases. No history of g. o. or lues. Has had repeated Wassermanns done in past, all of which have been negative.

Family history: Married. Has five children l. and w., two dead. One died in infancy and one when being intubed.

Physical examination: Age 43 yrs. Height 5 ft. 7 in. Weight 150 lbs.

Patient is a fairly well nourished and well developed white male who when visited was working in his filling station. Color is good and skin is clear. Posture erect. At present shows no evidence in general of any recent illness.

Eyes: Pupils equal and regular, react O. K. to light and accom. E. o. m. function normally. Sight normal.

Ears: Drums and canals normal. States slight deaf in right ear.

Nose: Perforation of septum about two centimeters in diameter. Mucosa reddened.

Mouth: Tongue O. K. Teeth: Upper extracted, full plate in place. Lower incisors and third molars present. Gums are receding and gingivitis present around all incisors. Teeth discolored and dirty.

Throat: Tonsils small. Pharynx injected.

Neck: Essentially negative.

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Chest: Well developed, expansion good and equal. Clear on p. and a. Cyst on left shoulder, size of olive.

Heart: Pulse good quality, rate 84. Heart not enlarged, sounds of good quality and no murmurs heard. B. P. 126/84 (?) R. S. C. = 5 cm. R. C. D. = 3x9 cm.

Abdomen: Liver and spleen not palpable. No masses or tenderness. No hernia. No scars. Inguinal rings relaxed.

Lower extremities: Left leg normal.

Right leg: On anterior aspect at about middle of leg there is a large callus formation over the site of an old fracture. Just below this there is a small draining ulceration which appears to be draining from a chronic osteomyelitis at the site of the fracture. (This appears to have started draining when a screw was removed recently from a metal plate inserted at time of fracture in 1926. This screw was taken out after the hand infection had subsided because of tenderness over fracture, which was thought to be due to closeness of screw to the skin.)

Uppper extremities: Right forearm, arm and hand normal.

Left forearm and arm normal. Left hand: Color good and temperature appears same as right hand. Radial pulse good. There is considerable atrophy of the thumb, some disuse atrophy of remainder of hand, but not marked. There is a scar on both dorsal and ventral surface of thumb where drainage was made. Likewise scars where drainage through and through was made through the soft tissues between thumb and first finger. On the ventrum of the wrist is a midline scar about an inch long. These are all healed and no tenderness is elicited. The thumb can be adducted almost to fourth finger of the hand but cannot be flexed at first joint and very little at second joint. Thumb is not tender. Sensation is somewhat impaired over thumb and first two fingers.

Reflexes: K. j. +++

Biceps ++

Triceps +

Crem. +

Grip: Rt. hand 160

Lt. hand 40

Urinalysis: Alb. neg.

Sugar neg. Alkaline.

Blood smear made. Hb. 90

Stippled cells 3

Wassermann report 9/22/31 negative.

Impression: 1) Infection of left hand with resulting loss of function.

2) Probable chronic osteomyelitis rt. tibia.

3) Perforated septum.

October 8, 1931

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