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OCT 1 1970

September 28, 1970

R. Emmet Kelly, M. D.
Monsanto Company
800 N. Linabergn Boulevard
St. Louis, Missouri 63166

Re: Darryl Vosburg

Dear Dr. Kelly:

We are still seeing the workmen who were injured in the Cyanide derivative spill.

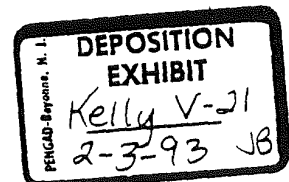
After receiving the literature that you sent and all other sources I could find, I believe most of our cases have been from the Cyanide derivatives.

It is interesting that all seem to have cerebral signs and symptoms. They, of course, were cyanotic, but depression of his respirations and he would be almost in tetany with noted strong muscle contractions but not a convulsive type reaction. Then while attempting to keep him in oxygen he had such wild thrashing purposeless movements that it was impossible to keep him in oxygen. If his respiratory rate had continued to drop, I was considering intubating him even though we would have had to use Anectine or a similar drug for muscle paralysis, then push oxygen with a Bird Machine or Anesthetic Machine.

I have had occasion to use oxygen by intubation on two cases this year -- one had a stroke involving the basilar arteries and the respiratory center went out. We were able to get oxygen going before his heart irreversible damage. It is interesting now soon such cases pick up a gallop rythm and how quickly the heart muscle can regain its strength and begin normal contractibility when a normal oxygen concentration is reached. The other was in a six year old white female whose mother thought she had the measles when in fact she had thrombocytopenic purpura and must have had many petechial hemorrhage into the brain and spinal cord. She finally must have had enough edema to knock out the respiratory center. The pediatrician and I initially thought she had meningococcal meningitis (she had the positive Kernig's and nuchal rigidity) so you can imagine our surprise when she had a negative spinal tap. She also developed a gallop rythm quickly and the gallop disappeared on tubing and forced oxygen. The girl expired and we couldn't get a post mortem for religious reasons. Her platelet count got down to less than 10,000/mm³.

What this is leading up to is that none of these people with cyanide poisoning developed a gallop nor a significant drop in blood pressure. However, all had received amylnitrite pearls

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Re: Darryl Vosburg

and out of five only two required Sodium Nitrite and Sodium Thiosulfate intravenously.

The Kelocyanor from the literature appears to be perhaps better than the Nitrite - Thiosulfate method; or at least it leaves one more addition to the old method. One would hesitate to give Anectine to one who already had cyanide poisoning and add another toxin to the problem but I feel if one waited until the spasm - tetany type reaction was gone and respirations stopped, and one could intubate without this, that it would be too late. The cerebral cortex seeming to be by far the most sensitive to cyanide poisoning.

I wish some of those Frenchmen would have tried this. They tried almost everything else. Have you considered the amount of Kelocyanor we might need in stock? The instructions are in French but Miss Birdwell at the Technical Library can fix this for us.

Is this an experimental drug or has the Federal Drug Administration accepted its use? I realize it should be stored in a dark place but how long is it stable?

I brought up the question of Federal Drug Administration because the instructions are far too simple to suit their taste.

Respectfully submitted,

Otto O. Smith 10
Otto O. Smith, M. D.

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TRANSCRIPT OF PROCEEDINGS

IN THE SUPERIOR COURT
OF THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY

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MONSANTO COMPANY,	:
	:
Plaintiff,	:
	:
v.	:
	:
AETNA CASUALTY & SURETY COMPANY,	:
al.,	:
	:
Defendants.	:
	:
-----x	

Civil Action Number
88C-JA-118-1-CV
NON-ARBITRATION
CASE

KELLY DEPOSITION EXHIBITS

PROTECTED MATERIAL: MONSANTO
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Washington, D. C.

Thursday, February 4, 1993

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