December 28, 1935

Dr. L. H. Graner
Coleman
Wisconsin

Dear Dr. Graner:

I have your letter of December 20th with reference to the skin eruption of your patient Mr. [redacted]. In as much as Mr. [redacted] described his eruption as appearing on his face, I was somewhat skeptical of its relationship to gasoline exposure. It is true, of course, that gasoline vapors can produce skin irritation. However, the eruption is usually confined to the areas which come into actual contact with gasoline. Obviously there are so many types of skin irritation that it is very difficult to be certain of the cause of the irritation, and equally obvious is the fact that the treatment varies considerably with the nature of the eruption.

In our experience persons who are highly susceptible to gasoline must avoid contact if they are to keep free of skin irritations. Gasoline dermatitis usually responds to treatment with ointments and lotions of various types, but it usually recurs when the exposure is resumed. Modern gasolines are likely to be very different from straight-run gasolines of a number of years ago in their irritating properties. It appears to us that vapor phase cracking and other general methods produce much more irritating substances than those which occur naturally in petroleum. Thus gasoline is quite variable in its irritating qualities. These irritating effects have nothing to do with whether or not tetraethyl lead or Ethyl Fluid are present in the gasoline. The irritating effect depends upon the nature of the gasoline base.

As a practical suggestion it would seem to me advisable to keep Mr. [redacted] out of contact with gasoline until his skin has entirely cleared up. Bland ointments will usually bring about great improvement unless there is considerable secondary infection. Where such infection is present and of mild character, antiseptic ointments usually clear up the infection. In severe cases wet dressings are sometimes necessary for a few days.

H. Graner

I judge from the fact that Mr. [redacted] eruption is on the face, that there is no cons[redacted] amount of secondary infection so that if the eruption is due to gasoline, it should respond promptly to cessation of exposure and to conservative treatment with ointments.

So far as I am personally concerned, if I fail to get results rather promptly with conservative treatment, I like to have the opinion of a dermatologist as to the nature of the condition and of the methods of treatment which are most likely to result in a cure.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.