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VAN SANDT & VAN SANDT
PHYSICIANS AND SURGEONS
OFFICE: WEWOKA HOSPITAL
WEWOKA, OKLAHOMA

April 14, 1936

Dr. R. A. Kehoe
345 Resor Ave.
Cincinnati, Ohio

Dear Dr. Kehoe:

I don't expect you to remember me very definitely, but the enclosed case report, after forty-eight hours observation, is the reason for my writing you. Having never seen a case of this type, finding very little definite work in my library or periodicals with reference to this type of case, I wish you would give me your impressions. Any suggestions as to specific treatment, since I am using only supportive type, symptomatic in general, will be greatly appreciated.

Feeling that you are qualified to give me an impression of this, since it comes under compensation law, I feel that I need some authorative advice both as to probable etiology and any advice as to treatment.

Yours truly
DRS. VAN SANDT & VAN SANDT
By M M Van Sandt

MMV:rp
Enc.

P. S. I am sending this to your home address to make sure that you receive it.

April 14, 1936

Aetna Casualty & Surety Company
Exchange Bank Building
Tulsa, Oklahoma

Attn: Mr. Ford

[redacted]. J. B. Barnes Drlg. Co.

Dear Sir:

Pursuant to your request by telephone yesterday, this letter is a description of the above case.

This man, aged 28, married, one child, with an absolute negative past history, with reference to any gastro-intestional disturbance, taken both from himself, his wife and the men with whom he has worked over a period of the last four years. This history, from these sources, reveals that this man has always been in good haalth, has never been ill. He had been employed by the J. B. Barnes Drilling Company about five days, however, he has worked a considerable length of time in this same crew for other employers and apparently has no compensation record.

The present case had its beginning about 4:30 A.M., April 10th, while cleaning out the gasoline lines of a Fred Jones Ford motor electric plant. In doing this he sucked in and swallowed several mouths full of gasoline, the gasoline being tetra-ethyllead, or "red gasoline". He immediately became ill, nauseated, vomited, but was able to finish his tower, quitting at 8 A.M. the morning of the 10th. The nausea, vomiting and mild diarrhea continued through the 10th and 11th. He was unable to return to work the night following (working morning tower 12 mid-night to 8 A.M.). A continuance of the disturbance lead him to take some castor oil the evening of the 11th. He felt some better the morning of the 12th, walked to town and took some Pluto water and repeated this the same evening.

He has not vomited since the 11th. On the morning of the 13th, he was told that he looked like a corpse. He immediately reported to our offices, at 9 A.M., giving me the above history.

He states that his vomiting within four hours after the ingestion of the gas became black and that after several bowel movements these became black. He states that he has swallowed gas at other times, but has never swallowed Ethyl gas.

On presenting himself at the office, physical examination revealed a well developed, well nourished, white male, not apparently in any discomfort, but terrifically pale. There was absolutely no color in his face, ears, lips or nail beds. There was no shock, very slight dyspnea on exertion; complained of a moderate headache, which had been more severe up to twenty-four hours ago. The eye grounds were pale, the mucous membranes are pale; there is no visible lead line.

Chest - normal
Heart normal.
Blood pressure 120/70.
Pulse regular, full and equal.
Abdomen slightly distended, slightly tender generally, which the patient states was much more severe up to twenty-four hours ago.
Extremities and reflexes normal, with the exception of marked palor of the nail beds.
Laboratory findings - rbc 1,800,000, wbc 6,000, differentid count stab 2, polys 50%, small lymphs 27, large lymphs 12, myelocytes 2, eosinophile 4, basophile 3, hemoglobin 52% Helige, color index 1.4.

There has been no vomitus examined because the patient has not vomited since admission. Occult blood test shows positive stool specimen, but this is unreliable since I find the patient had some red meat on the 11th.

On the evening of the 13th, the following blood work showed rbc 1,900,000, wbc 5,600, hemoglobin 50%, differential stab 1, polys 69, small lymphs 19, large lymphs 3, eosinophile 3. This morning the following blood picture was found - rbc 1,600,000, wbc 5,800, 42% hemoglobin, differential stab 6, polys 76, small lymphs 16, myelocytes 2.

The patient has been typed for transfusion and this will be done this date. His general condition today is much the same as yesterday, as far as physical examination is concerned.

I am sending a copy of this report to Dr. Kehoe, of Cincinnati, who is connected with the Ethyl Corp. there, for his impressions concerning this case. On receiving that report I will furnish you with a copy.

Very truly yours,
DRS. VAN SANDT & VAN SANDT

By_____

HVV:rp
cc - Dr.R. A. Kehoe, Cincinnati, Ohio