Dana Althouse

[redacted]

copies of these two letters
sent Dr. Leahy 4-19-32

David Althouse

THE ATLANTIC REFINING COMPANY

3144 PASSYUNK AVENUE

PHILADELPHIA, PA.

DR. S. C. LONG
MEDICAL DEPARTMENT

Feb. 23, 1932,

IN REPLY REFER TO FILE Medical Dept.

[redacted]
Cochranville, Pa.

Dr. Willard F. Machle,
University of Cincinnati,
Cincinnati, Ohio.

Dear Dr. Machle:

About one week ago, a [redacted], a resident of Cochranville, Pa., had a blocked up gas line. He disconnected the gas line and sucked on it. In doing so, he got a mouthful of Ethyl gasoline which as per statement, he swallowed. This did not happen at one of our Service Stations, but an agent of ours who sells Atlantic Ethyl and Atlantic White Flash.

His condition has become quite acute, so much so that he is at present a patient in the Coatsville Hospital, Coatsville, Pa.

This agent is very much worried.

In view of the facts as noted above, is there any particular line of treatment that should be followed?

What might be the ultimate outcome in such cases?

Yours very truly,

S. C. Long

DlR

March 1, 1932

Dr. S. C. Long,
The Atlantic Refining Co.,
3144 Passyunk Ave.,
Philadelphia, Pa.

Dear Dr. Long:

I am sorry for the delay in answering your letter of February 23 which was addressed to Dr. Machle. Unfortunately it did not come to my attention at once.

I dare say that by this time Mr. [redacted], whom you describe in your letter, has improved considerably and you probably do not need any additional comments from me at present. However, it is perhaps worth while for me to say that in swallowing a mouthful of Ethyl Gasoline one need not fear any consequences other than a severe gastro intestinal irritation from the gasoline base. The quantity of Ethyl Fluid swallowed is a matter of no consequence, for the amount of such material is so small that it cannot possibly be of any importance. I should imagine that Mr. Althouse has had a considerable amount of pain in the stomach, and he may have lost some of his gastric mucosa as result of the irritating effect of the gasoline. In general, so far as my experience goes, the recovery of such cases is uneventful. I have seen only a few, but these few have shown abdominal pain, diarrhoea, and loss of weight, without, however, suffering any permanent consequences in the was of gastric or intestinal ulceration or hemorrhage. As long as the intestinal irritation is present, I should suggest a very bland diet without any roughage of any kind, together with the use of sedatives for controlling abdominal distress. Ordinarily I should not regard the latter as necessary.

I should appreciate very much hearing from you as to the outcome of this case, together with a description of his illness and symptoms.

Very truly yours,

RAK:EJT