

COPY

Charles Camsell Indian Hospital,
Edmonton, Alberta

February 2, 1954.

P. E. Moore, M.D., D.P.H.,
Director,
Indian Health Services,
O T T A W A, Ontario.

Dear Doctor Moore:

Re: Pascal Smith, Treaty No. 219
Dog Rib Band, Yellowknife,
N. W. T.

This patient was admitted to Charles Camsell Hospital on January 9th, 1954, with a history of abdominal pains, followed by frequent loose tarry stools beginning on December 23rd, 1953. He vomited several times but there was no menatemesis. He was admitted to Yellowknife Red Cross Hospital on December 26th, 1953, with the above complaints as well as weakness and dizziness. The patient had been well previously. He was given magnesium trisilicate, chloromycetin (2,250 mgm. total), four blood transfusions at Yellowknife. On December 28th, 1953, Hbg. 29.07% (4.5 Gms.) WBC 700-1150/cu.mm. Following the four transfusions the Hbg. was still 29.07%.

On admission to C.C.I.H. the Hbg. 6.0 Gm/100 cc. WBC 2850. The patient still had occult blood in stools, was very pale and presented a moderate amount of weakness. A sternal marrow puncture revealed a marked reduction in erythrocyte, leucocyte and platelet precursors; the picture revealed a hypoplastic anemia. He was given 8 blood transfusions at C.C.I.H.

Clippings of finger and toe nails, hair, and urine were sent to the Alberta Provincial Analyst and he reported arsenic trioxide in all specimens in the following quantities:

Arsenic trioxide in Hair - 9.7 parts/million
Nails - 9.1 " "
Urine - 0.01 " " (trace)

We are sending samples to the Food and Drug Division of the Dominion Laboratory for a check on the previous reports but this is to advise you that we feel this is definitely a case of arsenic poisoning.

Yours very truly,

W. L. Falconer, M.D.,
Medical Superintendent.

WLF:HL
cc Mr. Kirkby
cc Dr. Stanton
