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May 8, 1962

Los Angeles Children's Hospital
Los Angeles, California

Re: WATSON, Clifford

Clifford Watson, 8½ months old, was seen first by me April 10, 1962, for a probable earache. He had been seen the night before in our local emergency room by a general practitioner who felt that both ears were inflamed, one with a bulging drum, and gave an intramuscular injection of penicillin into the lateral anterior thigh. He had described symptoms of pain to the mother, which might be related to recurrence of earache, so when the baby was screaming with pain his mother sought help from me. His ears had cleared remarkably rapidly and I had to find another explanation for pain. During the course of a neurological examination, the left knee jerk was absent. I took the pants of his pajamas off and unveiled the crux of the entire problem--a huge hematoma surrounding the injection site. Although it was 18 hours since he had had the injection, as soon as the spot bandaid was removed blood oozed from the puncture wound. I requested they get some blood studies done at our hospital but probably because they feared bad news, they postponed the studies and when I rechecked the leg 4/12/62, I saw that he was very anemic from blood loss into the tissues of the thigh. His pulse was 180; he had little or no exercise tolerance. A pressure dressing had been applied to the hematoma and it was actually smaller than it had been the two days before this visit. He was found to be Group A RH positive and to have a 4.5 hemoglobin with a hematocrit of only 15%, platelets were adequate, and white count was that to be expected in an 8-month old who had lost so much blood--25,350 with 71% lymphs, 27% segs. His bleeding time (ear) was 3 minutes. A clotting time done with a scapel blade rather than the usual hema/est, was 12 units. I felt certain we were dealing with some sort of hemophilia and was afraid to order any venous blood work. He was examined more completely April 19, after I cautioned the parents about his having no tolerance for any respiratory illnesses and (in view of his anemia) had them further pad his environment and to apply pressure to any bleeding areas. By the time

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of this last visit he was obviously pinker, his pulse had dropped to 130, the hematoma in the thigh was smaller and firmer and still interfered some with his knee jerk. He was quite long for his age and also quite undernourished. There was nothing in the family history that suggested bleeding tendency other than that history of the paternal grandmother. The Watsons were rather vague about this bleeding tendency and I am sure you will be able to elicit more specific history.

These people are planning a move to Saugus within the next few weeks, so I suggested that they become established with your Center and that we get some studies to be prepared for any bleeding emergency since, hopefully, even fresh Red Cross blood could alleviate his bleeding. (? hemophilic)

Sincerely,



Ralph K. Campbell, M.D.

RMC:blt

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