CASE OF [redacted]

Interne's History

Complaint: Weakness and anorexia.

P.I. Patient has been well until a month ago when he began working in a synthetic rubber department, since then has developed anorexia, 10 lb. weight loss, easy fatigue and progressive weakness. No pain, no chills, fever or hemorrhage.

P.H. Medical: Negative except for diseases of childhood. Surgical: Negative.

Systems: History by systems negative.

Px.: 38 year old male, who appears slightly pale.
Head: Normal configuration
Eyes: Pupils slightly irregular, equal, react to light and accommodation, Occular movements O.K.
Nose: Negative
Mouth: Negative
Neck: No adenopathy
Heart: B.P. 120/80. No murmur or enlargement.
Lungs: Clear
Abdomen: Slight N.O., no tenderness
Extremities: Grossly normal
Reflexes: Physiological.

Impression: Benzol derivative poisoning.

Spinal Fluid	:	Kahn	- Negative
		Initial pressure	- 8mm
		Hg.	- Rapid rise and fall on jugular pressure
		Third	- Clear and colorless
Urinalysis, 3/16:		Clear, yellow	
		1010 slightly alkaline	
		Albumin and sugar, negative	
		Few epithelial cells	
Blood Count	:	Red blood cells	- 4,490,000
		White blood cells	- 3,700
		Hb. Haden	- 14 gm, 91%
		Neutro.	- 55%
		Sm.	- 43
		Monocytes	- 2%
		Retic.	- .4%

CASE OF [redacted]

REPORT OF DR. ROGER PINKERTON, CONSULTING NEUROLOGIST

PATIENT OF DR. HAMILTON

March 16, 1942, 1:00 P.M.:

Patient has worked night shift for years: for past two or three weeks slept too long, all day, but was not sleepy at his work at night and could accomplish his work properly. He lost his sense of taste, things tasted bad and sour. He has lost 10 lbs. he thinks, because of loss of appetite. At times while at work, he had slight belching and nausea, but no vomiting. On changing body position or standing he had trouble keeping his balance, his knees felt weak and wobbly and his wrists weak on driving the car. There was no objective dizziness, no headaches, tinnitis, visual disturbance, dyspnea, palpitation, bowel or bladder disturbance or other subjective pains.

Examination (Objective) shows round, equal pupils, that react to light and accommodation: no visual field defect: no disturbance of eye movements; no disturbance of hearing; no nystagmus or sign of other cranial involvement. The Achilles refelxes are absent; the patellar, sluggish; the biceps and triceps, sluggish; the abdominals, present. There is ataxic gait; the Romberg list is positive and mild ataxia in the use of the upper extremities; no objective sensory changes noted (including vibration).

There is now evidently mild poly neuritis. Spinal fluid studies to be made. Suggest no medication to possibly complicate the picture. Later: Spinal fluid studies said to be negative.

March 18, 1942:

Both Achilles absent; right Achilles absent (sic). Slight headache, probably post puncture. Patient is less sleepy, stays awake all day without trouble.

REPORT OF DR. WITZEMAN, CONSULTING OCCULIST

IN THE CASE OF [redacted]

Ears: Drums, opaque, moderately retracted.
Hearing, 20% left; 10% right - watch test.
Hears 128 fork, A.C. 7 B.L. B.C. 's prolonged. Weber test.

Nose: Septim deviated left anteriorly and covered with sanguinous crust. Small amount mucoid discharge both middle meati. Transillumination, negative.

Throat: Small, cryptic, imbedded tonsils, teeth, moderate number of fillings and gold crown. No gingivitis.

Eyes: Extraoccular movements, pupillary refelxes and fields (taken roughly), essentially negative.
Fundi: Choroidal vessels slightly more prominent in both inferior fields. Especially left. Fundi essentially negative.

Impression: The abrasion of left side of septum could be chemical in origin but perhaps is due to deviated septum. Hearing defect is probably a middle ear deafness.

Six days in hospital. T. 99, highest. One day only.

Temp. 97.4 -99 in six days.
Pulse 70-94 in six days.
Resp. 18-22 in six days.

LOUIS A. WITZEMAN, M. D.
EYE, EAR, NOSE, THROAT

March 20, 1942

Dr. D. Lowe
Goodrich Tire and Rubber
City

Dear Dr. Lowe:

Following is a copy of the report sent to Dr. G. Hamilton concerning Mr. [redacted] whom I saw in City Hospital.

The cervical glands were negative on palpation.

The tonsils were cryptous and imbedded.

The septum was deviated to the left anteriorly with a crust on the spur. There was mucoid discharge present both middle meati.

The sinuses were negative on transillumination.

The hearing was 10% of normal right and 20% of normal left ear according to the watch test. Ani conduction time was greater than bone condution time with bone conduction time markedly increased.

The portion of the retina immediately surrounding the macula and disc was negative in each eye under mydriatic.

Diagnosis: deviated septum, diseased tonsils, middle ear deafness, chronic ethmoiditis bilateral.

Essentially the examination was negative. I find nothing that could be associated with this man's work except possibly the ulcer on the septum. This could be identical with those produced by chromic acid. However it is much more probable that it is due to the air hitting the apex of the spur on the septum causing such an ulcer. Any bland ointment or mineral oil would take car of it.

Thanking you for having referred him to me I am

Yours respectfully,

(Signed) Dr. L. A. Witzeman