CO

Windber Hospital
May 15, 1939

Dr. R. R. Snowden
Pittsburgh Diagnostic Clinic
Pittsburgh, Pa.

Dear Dr. Snowden:

We are referring [redacted] to the clinic for diagnosis and suggestions as to therapy.

His history is as follows:

Chief Complaint (1) Headache (2) Numbness of right leg
(3) Pain in super-jubic region.

History of Present Illness

The patient states that he was perfectly well one year ago. At that time he noticed numbness in both legs, pains in his feet. At that time he developed he developed dizziness, vertigo, and felt as if his ears were blocked up. His symptoms were gradual and did not confine the patient to bed at any time. About two months after the onset of his symptoms, he developed headache. The headaches were frontal in type. The patient states that he had daily headaches for the past nine or ten months. The numbness in the left leg has disappeared but he still has the numbness in the right leg. The patient's symptoms became so severe that he had to stop working about January 1, 1939.

He had some studies made in the Windber Hospital on March 8, 1939. Our findings are as follows:

X-rays of skull and sinuses were normal.
A spinal puncture was done and the fluid was found to be normal. The fluid contained three cells.
The blood wassermann and spinal wassermann were negative.
An Ophthalmology examination by Dr. Harold Griffith of Johnstown, Pa. showed no pathology. Dr. S. B. Meyers made an Neurologic examination and made a diagnosis of Peripheral Neuritis on basis of lead poisoning. There were some infected teeth which the patient has had taken care of.
Examination of the prostate gland showed enlargement of the left labe of the prostate.
During the past two months his condition has changed very little with the exception that he feels that his headaches are somewhat worse.

Mr. [redacted] presents himself as a diagnostic problem. Dr. Meyers has been of the opinion that lead poisoning is a factor, as the patient necessitates handling Ethyl Gasoline.

The Possibility of Pernicious Anemia has been considered but the blood picture has not been compatible with that diagnosis. We have also considered Post-Emophalic.

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