November 21, 1950

Dr. Ralph C. Scott
Fisher Body Co.
4726 Smith Rd.
Cincinnati 12, Ohio

Re: Richard Benjamin #5471

Dear Dr. Scott:

I examined Mr. [redacted] at your request on 11-15-50. I found him to be recovering from symptomology suggestive of lead poisoning.

A week ago the patient began to have soreness in the chest which extended down over the anterior abdomen. The next day occasional abdominal cramping began which continued for the next five days. Cramps were severe enough to keep him awake at night. He had no bowel movement for five days after the onset of the illness and he lost his appetite. There was no nausea or vomiting until three days ago. He was admitted to the Ft. Thomas Hospital where he stayed from 11-10- to 11-14-50. He was not found to be anemic but to have a high stippled cell coun A diagnosis of lead poisoning was made and he was treated by anti-spasmodics and BAL with apparent relief. He now has no symptoms except a marked residual weakne

The patient works on the finishing line, filing lead off the car bodies, using no respiratory protection. He formerly was an auto body and fender repair man. He has worked at Fisher Body for four months.

He has had no previous trouble with his abdomen, he says. He was in the Armed Forces in this country from 1943 to 1945, and was in the Veteran's Hospital in Dayton from May until July of this year for "nervousness".

The family, marital and habits histories are not contributory. The systems review is essentially negative except as mentioned.

On physical examination he is an unkempt man who is somewhat evasive in giving a history. The blood pressure in the right arm and in the recumbent position is 106 systolic and 60 diastolic. The pulse is 84 and the respirations are 10 per minute. The temperature is 98.0°. The weight of 132 pounds is 15 pounds under the ideal for the height of 5 feet 7 3/4 inches. The positive findings are limited to the gums which are moderately retracted and infected. On the lingual margins of the lower left canine and lateral incisors there is a difinite lead line. There is no abdominal tenderness. A complete neurological examination is negative.

Laboratory studies show the serology to be negative. The sedimentation rate is 17 millimeters per hour and the packed cell volume is 30% cells. The leukocyte count is 7,000 and the erythrocyte count is 3,260,000 per cubic millimeter. The hemoglobin is 10 grams. A differential leukocyte count shows 69% polymorphonucle

30% lymphocytes and 1% eosinophiles. Three stippled cells were found per 50 fields which is about 240 per million erythrocytes. A voided urine specimen with a specific gravity of 1.007 has a pH of 6.0. The specimen contains no sugar or albumin. A microscopic examination of the centrifuged sediment shows a few epithelial cells and an occasional pus cell.

The patient has definite evidence of lead exposure as shown by the nature of his work and the finding of a lead line. He is anemic and has had symptoms characteristic of lead poisoning. A presumptive diagnosis of lead poisoning must be made. However, as you know it is unusual for men to develop lead poisoning with the type of exposure he has had. I think a definitive diagnosis will depend upon his clinical course, the determination of the lead in the blood and urine, and the finding of the nature of the illness for which he was treated at the Veteran's Hospital in Dayton. I should have all this information in a week or ten days at which time I would like to see him again.

In the meantime I think he should have no further occupational exposure to lead.

Thank you for referring him to me for study.

Sincerely yours,

Henry W. Ryder, M. D.

HWR:SR