The Foregoing Report Has Been Signed by Robert A. Kehoe, with the Following Supplemental Comments and Interpretations

A. The clinical picture as given by the patient's story of onset and progress, and by his present physical condition does not fit into any pattern which I can recognise. A definite factor of psychoneurosis exists to prevent the accurate appraisal of the relative importance of past and present symptoms as described. That no effort is made consciously by the patient to distort or exaggerate the facts does not detract from the significance of this factor in his portrayal of his illness. It becomes necessary, therefore, to rule out hysteria as a sizable factor in his present status. Time and the subsequent clinical course will determine this point.

B. Excluding the factor of psychoneurosis, the onset of the acute illness with fever, collapse, evidence of upper respiratory inflammation, an aplastic type of anemia, followed by disappearance of the anemia and the development of a painful polyneuritis without paralysis, suggest the protean manifestations of an infectious agent or a bacterial toxin, rather than the more specific manifestations of one of the chemical poisons such as a volatile solvent or lead.

C. There is nothing in the clinical record, nor in the information available, except an association in time, to justify a belief in an occupational etiologic factor. Four possibilities present themselves in this connection; (a) lead, (b) gasoline, (c) benzol, and (d) carbon tetrachloride.

Lead may be excluded with virtual certainty on the evidence (1) that the only exposure suggested here cannot be regarded as significant in view of the available experimental and clinical evidence of the past ten years, and (2) that the clinical picture has at no time been characteristic of plumbism. (the absence

inflammable material was used for cleaning purposes during his

behavior of carbon tetrachloride.

D. There is a bare possibility that the illness could be attributed to trichinosis. This is to be doubted because of the apparent neuritic character of the present illness. However, a biopsy on the gastrocnemius muscle should settle this question and might otherwise clarify the pathologic picture in so far as the muscle is involved.

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of significant analytical findings, the lack of the usual elements of the blood picture, and the atypical character of the neuritis all speak against lead).

Gasoline exposure here was almost certainly insignificant, and moreover, such exposure when sufficient to induce unconsciousness does not result, in my experience, in residual injury of the type described here.

Benzol exposure appears to be excluded since no evidence of its use at any time can be obtained. It might produce the aplastic anemia, but hardly the peripheral neuritis following a disappearance of the aplastic type of anemia.

Carbon tetrachloride could hardly have been present since according to the patient and his associates no ano-