Mayo Clinic
Rochester, Minnesota
June 26th
1935

A 822122

To whom it may concern:

Mr. [redacted] was a patient at the Mayo Clinic October tenth to fourteenth, of November 1932, August twenty-first to October twelfth, 1933, January second to April twelfth, 1934, May 7th to August thirtieth, 1934, June ninth and tenth, 1935.

The diagnosis in his case was proliferative, occlusive intimitis of the small arteries and veins, and the sa phenous veins of both legs, recurrent necrotic ulcers, and extensive degeneration of the nerves of both legs, and livedo reticularis of all four extremities and the lower abdomen.

He gave a history of having had, in 1928, acute lead poisoning with a left drop foot. At the time of his examination at the Clinic, there was no evidence of tuberculosis or syphilis, Basophilic stippling of the erythrocytes was noted on two occasions. Urinanalysis was negative for lead.

Mr. [redacted] received a large amount of treatment, including bilateral lumbar sympathetic ganglionectomy, and bilateral cervicothoracic sympathetic ganglionectomy and general medical and local treatment.

On June twenty-eighth, 1934, it was necessary to amputate the left leg below the knee because of extensive, painful, non-healing ulcers. Pathological studies of this leg revealed a marked degree of degeneration of the nerves and patchy occlusion of the small arteries and veins by intimal proliferation.

The cause of these lesions was never determined absolutely, but it is quite possible that they were due to lead poisoning.

At the time of Mr. [redacted] last examination, June ninth to tenth, 1935, there were multiple ulcers of the right leg with severe pain. Because Mr. [redacted] was totally disabled and the tendency of the ulcers to recur in spite of treatment, an amputation of this leg was advised.

LHK

Signed N. W. Barker, M.D.

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