October 6, 1930

Dr. B. H. Hildreth,
363 S. Arlington St.,
Akron, Ohio.

Dear Dr. Hildreth:

Allow me to thank you for your courtesy of last Saturday in providing me with a place and the means of examining your patient, Mr. [redacted]

After examining Mr. [redacted] Saturday I had a tentative opinion that his injury was probably due to lead in some form. On going over my notes on my examination, one or two things struck me rather forcibly, which make me doubtful if that is the correct diagnosis. These doubts are based on the following points. (1) The distribution of his paralysis is such that certainly more than one bundle of the brachial plexus is involved. (2) The pronator fibers to the hand are not entirely paralyzed. (3) The muscular atrophy of the upper arm is much greater than I should expect to find in a month, as result of a lead intoxication. (4) Mr. [redacted] had a certain amount of fever at the time I examined him. It is true that this may well have been due to the excitation of going through a physical examination. On the other hand, it might be a careful following of his temperature curve would show that during some portion of the day he has some fever. (5) The onset of his paralysis was very sudden, with much less pain than is common in an uncomplicated lead neuritis. All of these things taken together, plus the fact that there has been a considerable amount of poliomyelitis during the summer months, lead me to suspect that this lesion may be infectious. It would be unfair to Mr. [redacted] to arrive at that conclusion hastily. I believe that in order to make sure of the diagnosis, if this is possible, we shall have him here for a period of several days observation. His spinal fluid may show nothing, but on the other hand it may show an increase in the cells, or give some other indication of an infectious process.

Consequently, if you are agreeable to permitting me to have him and keep him under observation for a few days, I will send for him and put him in the hospital here for a short period of time, where we can observe him and where I can have the advice of one or two men in town who know much more about this sort of thing than I do. I am writing Mr. Ritenour to this effect today, and if it meets with your approval we will probably bring him to Cincinnati within the next few days. I shall suggest that he follow your advice, and I shall be pleased to follow your wishes in the matter.

Our blood smear turned out to be negative for stippling. This may mean that he is in time to get his blood back to normal in this regard, or, it may mean that the stippling which was previously found was fleeting in character and due rather to a general disturbance involving the blood than specifically to lead. It has been our experience that a stippling due to lead has a tendency to persist for a number of weeks following its discovery. With that negative finding however, I am all the more anxious to follow his lead excretion to such an extent as to make certain whether or not he is regularly excreting a larger than normal quantity of lead.

Again thanking you for your kindness, I am

Very sincerely yours,

RAK:EJ