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September 19, 1945

Dr. Joseph J. Noto
Baton Rouge
Louisiana

Dear Doctor Noto:

This is my report on [redacted], whom I saw at the Baton Rouge General Hospital at your request on September 16, 1945.

This patient formerly had been employed by the DuPont Company and while working became ill with a number of other workmen, ostensibly from organic lead poisoning. He was admitted to the Baton Rouge General Hospital on February 8, 1945, and during which time he has been under your care.

I understand that at the time of his admission he had .56 and .66 milligrams of organic lead in his urine. In addition, he had .05 and .065 milligrams of organic lead in his blood. These two tests were made over approximately three weeks period of time, and the point is that he gave evidence of lead poisoning from these respective tests. At the time of his admission he had a two plus spinal Wassermann, but it was deemed inadvisable to give him treatment for his lues with the likelihood of crowding him with heavy metals and thus producing an added factor.

At the time he came in the hospital he was walking, but there was insecurity in his gait and it was obvious that this incoordination had a rather dramatic onset. His condition became such that, after a series of psychotic episodes, it was necessary that he be given special care, a nurse, and two attendants to prevent him from running away. Over this period of time his behavior picture has continued to remain psychotic.

I saw him on September 16, 1945, and found him lying in bed rather quiet, smoking rather incessantly. He obviously was somewhat suspicious, on guard, and it was not easy for him to reveal to me the content of his thoughts. However, I was satisfied that at times he had auditory hallucinations and that in the past he had had visual hallucinations. He had certain ideas that he was charged with electricity which came from under the hospital bed; that people were talking about him on the outside; and that he was in communication with the Lord, with a tendency toward believing in "special missions." The history was that he became belligerent at times, and with these open outbursts of hostility it was necessary to restrain him physically and sedate him. I did not find any delusions to the point of fearing death, but that "people were talking about him," and that "he cannot leave the hospital, because if he did there would be no charges of electricity to keep him alive."

His sensorium, surprisingly, was clear, with the exception of the day of the month,

which he missed by about four days. His judgment was poor and his insight pathological.

On neurological examination one found a rather well developed, well nourished man. His pupils responded to light, the left one being smaller seemingly than the right, but of moderate size. His fundi were negative. There was a weakness of the right eye which looked like a transient third weakness but could be an old squint (I could not ascertain from the family what it was). All other cranial nerves were negative. His tongue was not particularly tremulous and neither were his lips, but he bungled up badly the test phrases that we give to paretics. There was no impairment in his vision. His upper extremities moved freely with good strength and the muscles were in good condition.

The use of his fingers in delicate movements was normal. His abdominal reflexes were present and there was no tenderness any place over the abdomen. Inadvertently I touched his right patella, at which he screamed out in pain and began to cry, and thereafter he would not let me touch or test this knee. Neither would he let me test the left patella reflex, but I am inclined to believe on assumption alone that it is present but reduced. The ankle jerks are present but reduced.

There was rather clear-cut evidence of atrophy in the legs in the posterior group of muscles, and somewhat in the anterior group. Again, he would not permit me to test his reflexes.

The patient would not walk at the request of any of us, but from the history and nurses' records he is able to get up and walk with a reduced security. After observing and studying the patient, I interrogated each of his attendants, the nurse, his aunt, and his wife. The delusion that he was being drugged; the belief that if he left the hospital and went home he would die; his seeing small men, lilliputians, on the pipes, was recounted by one attendant. They all agreed that he is psychotic.

His wife says that he was taking shots in order to be drafted when he was first told that he had syphilis. He probably took treatment somewhere between eight and twelve months, and evidently took arsenicals and bismuth because he received arm and hip shots."

Reviewing his nurse's notes, it became obvious to me that his sedation, particularly the neurosine, contained a considerable amount of bromides. Inasmuch as it is possible that a bromide factor might be considered in this case, I suggested that a bromide determination be made.

I do not believe this boy is neurotic; neither do I believe he is a malingerer. Rather, I believe this man had syphilis, and with the lead poisoning the syphilis was lighted up and produced an added factor which continued after the lead levels dropped. My suggestions therefore are as follows: 1) that he be given arsenicals

in small to increasing doses (mapharsen); and 2) that very careful repeated blood and urine determination for bromides be carried out, as well as a general urine analysis and a blood chemistry, so as to be guided intelligently how frequent to give the arsenicals and in what increasing dosage. His only opportunity for recovery, which likely will leave some limitations, lies in the matter of taking care of his tertiary syphilis, which now is meningovascular syphilis with paretic implications.

In one week to ten days we should compare notes and study his progress. He deserves several months therapeutic trial, but likely will respond with reasonable speed, and likely the psychotic components will drop out and attendants will not be necessary. His vitamine balance should be a positive one and his blood count kept up (liver, etc.) during treatment. His urine (aside from lead) should be watched.

I hope these facts cover his case sufficiently for the prosecution of adequate treatment, and I believe the boy has a good chance of improving his behavior picture if the treatment program is handled with care. State hospitalization now, I believe, would be inadvisable, but certainly it can be considered if, after a reasonable period of time, he does not respond to the treatment regime.

Sincerely yours,

T. A. Watters, M.D.

cc: Dr. S. L. Rankin
Medical Department
The DuPont Company
North Baton Rouge, La.

TAW.s