THE CHRIST HOSPITAL

CONDUCTED UNDER THE AUSPICES OF
THE ELIZABETH GAMBLE DEACONESS HOME ASSOCIATION
MOUNT AUBURN,
CINCINNATI, OHIO

December 6, 1929.

MISS ALICE P. THATCHER,
SUPERINTENDENT

Dr. Robert A. Kehoe
Medical College,
Cincinnati, Ohio.

Dear Doctor Kehoe,

[redacted]tive you a report of my findings on your patient, Mr. [redacted] whom I examined on December third.

The striking physical findings were in the upper extremities. Both arms showed a marked paresis. This was about bilaterally equal. It was more marked in the hands than in the forearm, and more in the forearm than in the arm. The extensors were more paretic than the flexors, and the supinators more than the pronators. I was unable to detect unequivocally the presence of muscular atrophy in any of the arm muscle groups. There may be some present. I am inclined to think so, but probably not easily revealed because of the absolute symmetry of the involvement. The bicipital reflexes were normal; also the tricipital. The brachio-radiali were both subnormal but present. All sensory functions were normal: ordinary tactile, tactile discrimination, vibratory, pain and both extreme and faint degrees of heat and cold. Both epitrochlear glands were enlarged.

The lower extremities showed no abnormalities. All reflexes were present and adequate. All sensation was normal. Vascularisation of all extremities was normal. Blood pressure was a low normal; systolic about 110 mg. Hg. There was no anemia.

The cranial nerves were all normal in all respects. The teeth and gums were clean. No lead line on the gums. The heart, aorta, lungs and pleurae were normal.

The abdomen was tender over the entire area occupied by the large bowel, more especially over the cecum and the sigmoid. Peristalsis was unusually active but could not be correlated with any abdominal pain or cramps. There was no paresis of any of the abdominal muscles nor of the diaphragm; nor of any of the intercostals.

In my opinion the man has had an attack of acute lead poisoning, from which he is now in a receeding or convalescent stage. I think the history and the present status of both the peripheral nerve involvement and the abdominal colic are sufficiently characteristic to warrant the diagnosis.

With many thanks for the privilege of examining this patient.

Very sin[illegible],