

November 12, 1926.

Dr. John A. Johnston,
Citizens Bank Bldg.,
Cannonsburg, Pa.

My dear Doctor Johnson:

Pur: [redacted] conversation concerning a patient,
Mr. [redacted] a few days ago, I am very anxious
con: [redacted] the importance of this case to keep in
touch with him and with you in order that we may ar-
rive at some certain conclusions about the cause of
his illness.

It is my feeling that the exposure which this man
has had, is so absolutely insignificant as to cast
very serious question upon any etiology or relation-
ship of lead to it, and I should be inclined to doubt
the correctness of the diagnosis of lead poisoning,
unless indeed, the clinical picture were so typical
as to be conclusive. In the case of this man there are
certain atypical and very unusual findings. I examined
his blood carefully and found no evidence of any stip-
pling or anemia. He has no lead line. His nervous
symptoms different from the usual course of lead poison-
ing are almost completely cleared up in a very few weeks,
and there are ~~other~~ nervous system symptoms such as a
tingling in the legs and the hyper-aesthesia of the skin
in the back which are by no means characteristic of lead
poisoning.

In view of the doubt, therefore, I felt that we should
proceed with all care in ruling out certain other possi-
bilities. For this reason I should strongly advise a
spinal fluid Wasserman in spite of an apparently negative
history. The possibility of an infectious poly-neuritis
and of a subacute infectious process as tuberculosis, which
might bring about such indefinite nervous symptoms as
this man has presented, must be considered. Hysteria
must certainly be thought of, and even a slow moving spinal
cord lesion must be considered. I should be very glad,
therefore, if Xray examinations of the chest and of the
spinal column were made and I shall greatly appreciate re-
ceiving the samples of urine and faeces of which I spoke
to you.

I wish to thank you for your courtesy and cooperation on
the occasion of my recent visit to your city. I do not
wish to appear to be arbitrary or to try to influence
too much your opinion as to what is the matter with this

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man, but my clinical and experimental experiences with this type of exposure to lead compels me to conclude that the diagnosis of lead poisoning is not a justifiable one in this case, and I feel that we must, therefore, rule out all other possibilities before deciding this unlikely thing as the cause of his sickness.

I shall be very grateful to you if you will notify me from time to time of the progress of this man.

Cordially yours,

RAK:OJ