JOHN HOPKINS HOSPITAL

Alan C. Wood, M.D.
Acting Opthalmologist In-Chief

COPY

Baltimore, Md.
December 19th, 1935

Dr. Thomas Walsh
Porter & West Avenue
Buffalo, N.Y.

My dear Doctor Walsh:

Mr. [redacted] arrived in Baltimore on December 13th, 1935. Examination of his eyes on that date showed the right vision was 20/30 and the left vision 8/100. The eyes were entirely negative to external examination, tension pupillary reactions, and extra-ocular movements being normal. Ophthalmoscopic examination showed definite pallor of the temporal sides of both discs in the area of the papillo-macular bundle. This was more marked on the left than on the right side. There was no evidence of inflammatory disease in the fundi. The visual fields were essentially normal in outline for white and color, but there was a relative central color scotoma in the right eye and an absolute color scotoma in the left eye. The case was clearly one of papillo-macular bundle atrophy, more marked on the left than on the right. The question of diagnosis was to the etiological factors involved.

The patient was sent into the John Hopkins Hospital for study. The physical examination was essentially negative throughout, with the exception that the patient had abnormal abdominal reflexes. The blood Wasserman was negative. The spinal fluid had 20 cells, increased Pandy test, increased protein content and mastic colloidal gold curve and negative Wasserman reaction. The hemocytology was negative throughout. The blood chemistry was normal except for the lead content of the blood which was 0.08 Mgm, the normal being 0.05 mgm, and the and the high level of 0.1 mgm, being found in acute lead poisoning. Inasmuch as the patient has been working with tetra-ethyl lead and gasoline, this may be an important finding. The neurological examination was essentially negative, except for the ophthalmological findings and the very weak abdominal reflexes. The examination of the nose, throat and accessory nasal sinuses showed a questionable infection of the ethmoidol cells, although the patient had an acute cold at this time. The X-rays of the teeth were entirely negative.

It was our feeling that we were dealing with an early case of multiple sclerosis, but the two factors, namely, the possibility of chronic lead poisoning and the probability of ethmoidal infection, can both be contributory factors in the picture. I recommended that his ethmoids be opened and drained on the possibility that there might be an infection here, and certainly he should absent himself from any further contact with lead.

If there is any further information I can give you regarding this patient, please advise me.

Very sincerely yours,

Alan C. Woods, M.D. (Sgd)

Critical notes

Method of analysis?
Normal values range from 0.02 to 0.08 for single samples, while acute intoxication is often associated with results from 0.12 up to 0.30 mg per 100 gms.

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