Medical Clinic of the
Hospital of the University of Pennsylvania

Professor of Medicine, O. H. Perry Pepper, Chief of Clinic

March 28, 1947

Dr. K. A. Koerber
Widener Building
Chestnut & Juniper Streets
Philadelphia, Penna.

Dear Dr. Koerber:

Your patient, Mr. [redacted], was admitted to the Medical Ward of this hospital on February 28 and discharged improved on March 12, 1947. On admission he complained of pain and swelling of the right wrist of three to four days' duration, and had a history of previous attacks of swelling and pain of the great toe, shoulder, etc. He has a long history of exposure to lead, which, as you know, is sometimes a precipitating factor in the development of gout.

On physical examination we found his blood pressure 220/120, a painful and swollen right wrist, and a painful area on the right anterior chest wall which seemed fairly superficial. His right elbow was swollen, red and tender. There was some cardiac enlargement.

His laboratory examinations were as follows:

Blood count - hemoglobin 64-78%, red cells 3,000,000 to 2,900,000,
white cells 5,000 to 6,000.
Blood urea nitrogen 47 and 34 mgm.%.
CO_2 54 vol.%.
Blood uric acid 10 mgm.%.
Calcium 10.9 mgm. Phosphorus 3.7 mgm.
Serum protein 6.9 grams
Urinalyses consistently negative except for an occasional 1+ albumin
Serology negative.
Urea clearance 26%.
Examination of the red blood cells on smear showed 1.1% reticulocytes and no stippling.

He was treated with colchicine and had a dramatic response with a rapid clearing of the pain and swelling in the joints. We could not do complete lead studies so cannot prove any diagnosis of plumbism at this time. However, we do feel sure of the diagnosis of gout and hypertensive cardiovascular disease.

Thank you for the privilege of seeing this patient.

Sincerely yours,

Joseph L. Hollander, M. D.
Ward Physician

JLH/mh