



JOHN T. LEWIS & BROS. CO.

FACTORY:
2545 ARAMINGO AVENUE

PHILADELPHIA, PA.

May 6, 1947

Dr. Robert A. Kehoe
Kettering Laboratory of Applied Physiology
University of Cincinnati
Cincinnati, Ohio

Dear Dr. Kehoe:

We refer you to the case of [REDACTED] and your analytical report of January 8, together with your letter of January 13, 1947 and your analytical report of March 1 and letter of March 4, 1947, together with the abstract of our records, which we have previously submitted to you.

Enclosed herewith you will find a copy of report of the Hospital of the University of Pennsylvania under date of March 28, 1947. We had [REDACTED] admitted to the hospital for study and you will note that he was hospitalized for a period of two weeks. They also had a copy of the abstracted record we submitted to you and the data included your reports of above mentioned dates.

You will note from the letter from the University of Pennsylvania that Mr. [REDACTED] complained to them of pain and swelling of right wrist of three to four days duration and of previous attacks of other joints. They noted the swollen, painful right wrist and elbow and superficial right chest discomfort together with cardiac enlargement and hypertension. We note that their clinical studies showed a low hemoglobin, red blood cell count and 1.1 reticulocytes with no stippling. Also a high blood urea nitrogen and blood uric acid together with 14 albuminuria.

We note that their diagnosis is of gout, hypertensive cardiovascular disease, which is the same as our diagnosis and that they obtained an immediate dramatic response by the use of colchicine which in our opinion as a therapeutic itself would aid in the diagnosis of gout. However, until corrected by you, we take issue with the final sentence of their first paragraph, to the statement that "He has a long history of exposure to lead, which, as you know, is sometimes a precipitating factor in the development of gout." To my knowledge, gout and its relief by colchicine and exposure to lead have nothing to do with each other. We also call your attention to the report of the Superintendent of the Metal Department and of my previously submitted history by the patient of his work record. To our knowledge, he has had no exposure

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of any consequence for years and it would have been back in 1923 that he had some exposure to lead when his job was that of soldering the brass plugs in the plumbing traps.

We note that your reports of specimens submitted approximately two months apart showed the first one to have a reasonable blood reading and high urine reading, whereas, the second report shows high blood and a low urine reading. We are trying to reconcile all this data with the man's gout and his volunteered history of having been a heavy drinker for many years, together with our impression that he has been in a relatively lead free occupation.

Kindly review your records in the light of the report of the University of Pennsylvania and submit an opinion to us in signed duplicate, together with a single bill.

In resume, I believe our immediate problems are:

1. Diagnosis
2. The inter-relationship of hypertension, gout and lead.

Fraternally yours,



K. A. Koerber, M. D.
Plant Physician

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