649-11

NAME—FIRST NAME—MIDDLE NAME

ISON ANDRE J

0 25 67 ~~2-7-18~~ 2-28-29

PL28 U2

REGISTER NO.

WARD NO. 6N

AGE 40 | SEX M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☑ AMBULATORY

EXAMINATION REQUESTED

Skull films

(For mechanical imprinting, if used)

CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Chronic Pb+ intoxication, Anemia

DATE OF REQUEST 9/1 REQUESTED BY Kutava

REPORT

Examination of the skull in posterior-anterior, both laterals and Towne views the calvaria to be intact and symmetrical. The sella turcica is normal. The gland is not calcified. The petrous ridges and sphenoid wings appear normal.

DIAGNOSIS: Negative skull.

DONALD MITCHELL, M.D., 9-2-69

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

LOUIS, MO. DATE SENT: 9-2-69gek

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT

N35564

OF ST. LOUIS - DIVISION OF HEALTH
IC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Month	Day	Year
11	26	69

NAME	Age	Sex	Race
Wilson, Andrew	32	M	N

ADDRESS

Lab Number U-5999

DEC 1 - 1969

This is your return address:

Dr. Michael T. Peterson MD.
John Cochran Veterans Hospital
915 N. Grand Blvd
City St. Louis State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.219 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

DNS — Results has not been adjusted to mean specific gravity. Please, send larger amounts of specimen.

43 (Rev. 7/68)

Valgerd Jonason, Dr.P.H., Director of Laboratories

PLEASE COMPLETE THE PATIENTS NAME AND ADDRESS

KE 0211

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Month	Day	Year
11	26	69

PATIENT'S NAME	Age	Sex	Race
Jackson, Andrew	32	M	N

PATIENT'S ADDRESS

Lab Number B-1032

DEC 1 - 1969

This is your return address:

Dr. Michael T. Peterson MD.
John Cochran Veterans Hospital
915 N. Grand Blvd
City St. Louis State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.01 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

H.D.L. 40/43 (Rev. 7/68)

Valgerd Jonason, Dr.P.H., Director of Laboratories

OF ST. LOUIS - DIVISION OF HEALTH
C HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Thiesen, Andrew

Month	Day	Year
10	27	67

NAME | Age 35 | Sex M | Race W

ADDRESS 6N

Lab Number U-5763

This is your return address:

Dr. Michael T. Peterson MD
JC Veterans Hospital
915 N. Grand Blvd
City St. Louis State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

NOV 13 1967

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.472 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

40/43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

PLEASE COMPLETE THE PATIENTS NAME AND ADDRESS

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Le Thiesen, Andrew
PATIENT'S NAME

Month	Day	Year
10	27	67

1418 Hamilton St.
PATIENT'S ADDRESS | Age 35 | Sex M | Race W

St. Louis

Lab Number B-10,760

This is your return address:

Dr. M Peterson WL 6N
JC Veterans Hospital
915 N. Grand Blvd.
City St. Louis State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

NOV 13 1967

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
2.053 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

H.D.L. 40/43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

OF ST. LOUIS - DIVISION OF HEALTH
LIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Latchison, Andrew

Month	Day	Year
10	21	69

Age	Sex	Race
32	M	N

Lab Number B-10,228

OCT 22 1969

GN

This is your return address:

Dr. Michael T. Peterson
John Cochran V.A. Hospital
915 N. Grand Blvd.
City St. Louis State MO Zip Code
(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.052 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

VLP

40/43 (Rev. 7/68)

Volgard Jonsson, Dr.P.H., Director of Laboratories

PLEASE COMPLETE THE PATIENTS NAME AND ADDRESS

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Latchison, Andrew

Month	Day	Year
10	21	69

PATIENT'S NAME

Age	Sex	Race
32	M	N

PATIENT'S ADDRESS

Lab Number U 5750

OCT 22 1969

GN

This is your return address:

Dr. M Peterson - Ne 65
J.C. Veterans Hospital
915 N Grand Blvd
City St. Louis State MO Zip Code
(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.011 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

VLP

H.D.L. 40/43 (Rev. 7/68)

Volgard Jonsson, Dr.P.H., Director of Laboratories

021113

OF ST. LOUIS - DIVISION OF HEALTH
LIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Name	Month	Day	Year
Latchison, Andrew, J	10	3	69

Address	Age	Sex	Race
1416 Hamilton St. L.	51	M	N

6N

OCT 15 1969

Lab Number B.10,198

This is your return address:

Dr. Michael T. Peterson

V.A. Hospital - 6N

City St. Louis State Mo Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

NE 021114

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.048 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

MLP

40/43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

Name	Month	Day	Year
Latchison, Andrew J.	10	3	69

Address	Age	Sex	Race
1416 Hamilton St	51	M	N

6N St. L.

OCT 15 1969

Lab Number U.5730

This is your return address:

Dr. Michael T. Peterson

VAH Hospital 6N

City St. Louis State Mo Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

MLP

Specimen of urine showed the following concentration of lead:
0.127 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

H.D.L. 40/43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

OF ST. LOUIS - DIVISION OF HEALTH
IC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

LATCHINSON, ANDREW (6N) | Month 9 | Day 29 | Year 69
139-40-25-67 | Age 40 | Sex M | Race N

OCT 2 - 1969

Lab Number U5713

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN V.A. Hosp.
City St Louis State Mo Zip Code
(Please Print)

DIRECTIONS
1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT
2ND Rx = PENICILLAMINE
2nd day

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.321 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

/43 (Rev. 7/68)

Valgerd Jonason, Dr.P.H., Director of Laboratories

02115

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

LATCHINSON, ANDREW 6N | Month 9 | Day 30 | Year 69
439-40-25-67 | Age 40 | Sex M | Race N

OCT 6 - 1969

Lab Number U5723

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN VA. Hosp.
City St. Louis State Mo Zip Code
(Please Print)

DIRECTIONS
1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT
3RD DAY ON PENICILLAMINE
(THERAPY #2)

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.486 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

H.D.L. 40/43 (Rev. 7/68)

Valgerd Jonason, Dr.P.H., Director of Laboratories

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) | Month 9 | Day 24 | Year 69
439-40-25-67 | Age 40 | Sex M | Race N

SEP 29 1969 Lab Number U-5714

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN VA HOSP.
City ST LOUIS State MO Zip Code _____
(Please Print)

DIRECTIONS
1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT URINE
14 days post-penicillamine
RX #1

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.233 mg. lead per liter of urine. ABnorm > 0.2

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

DK

43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

02116

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) | Month 9 | Day 24 | Year 69
439-40-25-67 | Age 40 | Sex M | Race N

SEP 29 1969 Lab Number B.10.156

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN VA HOSP.
City ST LOUIS State MO Zip Code _____
(Please Print)

DIRECTIONS
1. Fill tube with blood
2. Submit at least 100 ml. of urine.

9.5 ug/100 cc

LABORATORY REPORT LEAD
14 days post penicillamine
RX #1

Specimen of blood shows the following concentration of lead:
0.05 mg. lead in 100 grams of blood. abnormal > .07

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

DK

H.D.L. 40/43 (Rev. 7/68) Valgerd Jonsson, Dr.P.H., Director of Laboratories

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW | Age 40 | Sex M | Race N | Month 9 | 9 69

Lab Number U5615

SEP 12 1969

Box or your return address:

Dr. DAVID KUKURA

JOHN COCHRAN V.A. Hosp.

City ST. LOUIS State MO Zip Code _____

(Please Print)

DIRECTIONS
1. Fill tube with blue
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

ON PENICILLAMINE THERAPY

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
1.760 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

(N.D.) 40/43 (Rev. 7/68)

Volgard Jonsson, Dr.P.H., Director of Laboratories

KE 02117

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATION

LATCHINSON, ANDREW | Age 40 | Sex M | Race N | Month 9 | 3 | 6

SEP 12 1969 Lab Number U567

Box or your return address:

Dr. DAVID KUKURA

JOHN COCHRAN VA Hosp.

City ST. LOUIS State MO Zip Code _____

(Please Print)

DIRECTIONS
1. Fill tube with blue
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

2ND DAY PENICILLAMINE Rx.

Specimen of blood shows the following concentration of lead:
2.07 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

(N.D.) 40/43 (Rev. 7/68)

Volgard Jonsson, Dr.P.H., Director of Laboratories

CITY OF ST. LOUIS - DIVISION OF HEALTH
PUBLIC HEALTH LABORATORY SERVICES

BLOOD AND URINE
LEAD EXAMINATIONS

	Month	Day	Year
ANDREW LATCHINSON	8	28	87

	Age	Sex	Race
6-N	40	M	N

Lab Number U-5684

SEP 2 - 1988

This is your return address:

Dr. DAVID KUKURA
JOHN COCHRAN V.A. HOSPITAL
City St Louis State Mo Zip Code
(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

dk

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.789 mg. lead per liter of urine. * (70.15 down)

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

✓

KE 02118

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

Hutchison, Andrew | Age | Sex M | Race N | Date 7/28/69

AUG 1 1969 Lab Number B9985

This is your return address:

Mr. Henry H. Hegolsheimer

V.A. Hospital, 915 No. Grand

City St. Louis State Mo. Zip Code 63106

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.077 mg. lead in 100 grams of blood. (>.15 abnormal)

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

B.D.I. 40/43 (Rev. 7/68) Valgard Jonason, Dr.P.H., Director of Laboratories

KE 02119

PATIENT'S NAME	AGE	SEX	RACE	CLAIM NO.	SOCIAL SECURITY NO.	VA HOSPITAL
LATCHISON, Andrew J.	40	M	N	C-1084522 0	39-40-25-67	VAH ST. LOUIS, MO.

DIAGNOSES *(List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis(es) responsible for Nursing Care placement.)*

ICDA CODE

1. Chronic lead intoxication. 984, E9

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION — DATE

SUMMARY *(Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)*

This is the first JC VAH admission for this 40 year old Negro male who is a laborer at National Lead in Granite City and comes in with a chief complaint of progressive weakness, malaise, drowsiness, and slow speech of long duration. The patient was well until five years prior to admission at which time he noticed an onset of malaise, weakness especially in the legs, and feelings of drowsiness. About 2 to 3 years prior to admission he noticed intermittent loss of his voice, slowing of his speech and slurring, and difficulty expressing himself with some memory loss. He has also had tremors and difficulty in performing work of 5 to 6 years duration. Two years prior to admission he was seen by a doctor in Granite City and hospitalized for lead intoxication. He was treated with blood transfusions and multiple vitamins. He was told to change jobs, and employer placedd him in a different job. Lately, he has been a sweep due to several accidents associated with momentary loss of vision, one year prior to admission . He has been seen here in the clinic in the last weeks prior to admission and found to have a hematocrit of 27.6 and hemoglobin of 8.2 with a lead level of 0.07 with cell indices indicating a microcytic, hypochromic anemia. Iron studies were norma He was admitted for evaluation of his anemia. Physical Examination revealed a well developed, poorly nourished-looking Negro male in no acute distress who walks with a slow, shuffling gait, and speaks slowly. He is oriented x 3 but with slow mentation and has a mild recent memory loss. Blood pressure 130/90, pulse 64, temperature 98.2, respirations 16. Pupils were equal and reactive sluggishly to light and accomodation. There was leadline along the gingiva. Neurologic examination revealed a generalized decrease in strength, decrease in position sense in the lower extremities, a decrease in sensation to pinprick and touch in both extremities. Laboratory Data: CBC reveale a white count of 10,300, red count of 3,650,000, hemoglobin 9.3, hematocrit 28.3, MCV 77, MCH 26, MCHC 33, reticulocytes count 1.0. Skin tests were negative. Cells in periphery showed no basophilic stipling. 2-hour postprandial blood sugar 128, VDRL nonreactive. CO_2 26.5, chloride 102, sodium 139, potassium 4.3, amylase 106 units.

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ADD DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
8-26-69	10-31-69	MIB(PIC)	66		6 S	MICHAEL T. PETERSON, M.D.

VA FORM 10-1000 EXISTING STOCK OF VA FORM 10-1030, FEB 1968, WILL BE USED. HOSPITAL SUMMARY

KE 02120

Standard Form 507
(Revised August 1959)
Bureau of the Budget
Circular A-52

U.S. GOVERNMENT PRINTING OFFICE 1961 O--547677

CLINICAL RECORD

Report on _____
or
Continuation of S. F. 10 - 1000
(Strike out one line) (Specify type of examination or data)

(Sign and date)

Urinalysis was yellow and clear with an acid reaction and a specific gravity of 1.020. It was negative for albumin and sugar. There was 2+ bacteria. Serum iron 78 mcg.%, serum iron-binding capacity 285 mcg.%. P/3 uptake was 35.3% with a normal of 29.1 + or - 5. Serum T/4 was 11.1 mcg. % with a normal of 5.3 to 13 mcg 4-hour urines were porphyobilinogen were negative. Serum creatinine 1.6. Pearl kinetic studies revealed a half-time of iron clearance of 110 minutes. A Lead determination of the urine showed a concentration of 0.789 mg. per liter with a normal being less than 0.15. Direct and indirect Coomb's test were negative. Red Cell fragility was decreased negative. Urinary 17-ketosteroids were 13 mg. pe 24 hours, hydroxy corticoids were 2.8 mg. per 24 hours. Serum creatinine was 1.54 per 24 hours. These were considered to be within normal limits. Calcium 9.6, inorganic phosphate 3.6, glucose 110, BUN 26, uric acid 6.9, cholesterol 200, tota protein 7.7, albumin 4.8, total bilirubin 0.3, alkaline phosphtase 25, LDH 125, SGOT 30. X-Rays of the chest were within normal limits as was x-rays of the abdom Barium enema was negative, and skull films were also negative. Upper GI Series revealed a deformed duodenal bulb with no active ulcer demonstrated. Gallbladder series showed normal gallbladder. An IVP was also negative. A bone marrow examina tion showed a markedly decreased stainable iron. Serum protein electrophoresis wa essentially within normal limits. Hospital Course: The patient was placed upon iron, multiple vitamins, and was given four courses of Penicillinamine Therapy, which consisted of 1 gram of Penicillinamine per day over a 3-day period. The pa tient has shown a good response with hematocrit of 33.5 and hemoglobin of 11.1 on discharge. Urine lead levels remained elevated, with the last volume on 10-21-6 being 0.411 mg. of lead per liter. The patient was discharged after obtaining more urine and blood for lead studies, and will be brought back to the clinic for possible repeat of his Penicillinamine Therapy if the urine levels remain elevated. The patient was diccharged on Iron Therapy and Multiple Vitamins. He has a recall date to Unit II Medicine Clinic on 11-19-69. His condition on discharge was fair, although he still shows a quite decreased strength, slow mentation, with very slow speech and a shuffling gait. It is believed at this time that the patient is capab of restricted work, which is not demanding. He should not return to work in the Lead Company.

Michael T Peterson
MICHAEL T. PETERSON, M.D.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)
LATCHISON, Andrew J.
VAH ST. LOUIS, MO. 63106

REGISTER NO. 439-40-25-67 | WARD NO. 6 S

REPORT ON _____ or CONTINUATION OF 10-1000
Standard Form 507 d: 11-6-69
507-104 t: 11-10-69

KE 02121

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1954 O—324373

CLINICAL RECORD | CONSULTATION SHEET 6N-649-

REQUEST

TO: Neurology Unit II | FROM: (Requesting ward, unit, or activity) Medicine Unit II | DATE OF REQUEST 9/15/69

REASON FOR REQUEST (Complaints and findings)

40Y/O N/♂ c anemia 2° to chronic Lead intoxication and Iron deficiency.
Hx of weakness, malaise, slow mentation and speech, tremors ⓐ c intention suggs of Lead Encephalop

PROVISIONAL DIAGNOSIS

40Y/O Anemia, chronic Lead Exposure R/O Lead Encephalop

DOCTOR'S SIGNATURE: D. Kabara | APPROVED | PLACE OF CONSULTATION: ☑ BEDSIDE ☐ ON CALL | ☐ EMERGENCY ☑ ROUTINE

CONSULTATION REPORT

40 y/o N/M c 18 yr hx of working c lead. For past 5 yrs pt has had generalized weakness & difficulty talking & tremors of hands. Approx. 4 yrs ago pt. had acute episode of confusion & trouble c memory which recurs irregularly to present time.

P.E. Sensory — Touch, Pinprick, Proprioception, & Stereognosis intact.

(Continued on reverse side)

SIGNATURE AND TITLE | DATE | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

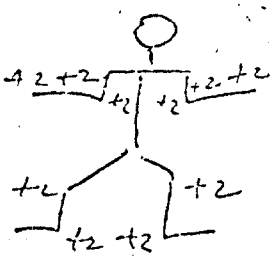
LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL28 U2

CONSULTATION SHEET
Standard Form 513
513-104

KE 02122

Motor - Strength normal or very slightly decreased. Tone normal. Fine postural & intension tremor in hands, feet, & tongue

DTR's



Cr. N's 2-12 intact

Cerebellum - Fine horizontal nystagmus on lateral gaze bilat.

Eyes - EOM, pupils, Fundi - WNL Confrontation fields - Full.

Imp: Non-Diagnostic Neurologic Syndrome characterized by dysarthria, tremor (case) + hx of exposure to Lead.

Rec: ① EEG ② Brain Scan ③ L.P. ↑ UDRL Pb level
④ Skull films
⑤ EMG

KE 02123

Bureau of the Budget
Circular A-52

U.S. GOVERNMENT PRINTING OFFICE

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Occupat. and Therap | FROM: (Requesting ward, unit, or activity) 6 N - Ward II | DATE OF REQUEST 7-17-6

REASON FOR REQUEST (Complaints and findings)

40 Y/o N/B anemic 2° to Lead intox, Iron defic
Will be hosp. for several weeks, needs
stimulation of mental faculties, activities
during hospital stay.

PROVISIONAL DIAGNOSIS

Anemia 2° to Lead intox, Iron Defic.

DOCTOR'S SIGNATURE: N. Richmond | APPROVED: for Dr Keith | PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL | ☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

Pat. states that he feels pretty well but weak.
Dx: Anemia 2° to lead intoxicate & iron deficie
Recommending:
O.T.: Upper extremity activities.
O.T.: General conditioning & tolerance

(Continued on reverse side)

SIGNATURE AND TITLE: K. Keith, M.D. | DATE: 7-23-65 | IDENTIFICATION NO. | ORGANIZATION: PMI RS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL28 U2

REGISTER NO. | WARD NO. 6 N

CONSULTATION SHEET
Standard Form 513
513-101

KE 02124

Standard Form 515
Rev. Jan. 1957
Promulgated
By Bureau of the Budget
Circular A-32

CLINICAL RECORD | TISSUE EXAMINATION

SPECIMEN SUBMITTED BY

DATE OBTAINED: 9/2/69

SPECIMEN: Bone Marrow Aspirate

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)

18 yr. Hx of chronic lead exposure c 2 yr. history of lead intoxication and anemia of hypochromic microcytic type.

PREOPERATIVE DIAGNOSIS: Chronic anemia 2° to lead intoxication

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS: Same

SIGNATURE AND TITLE: L. Kukova

PATHOLOGICAL REPORT B69-156

NAME OF LABORATORY

ACCESSION NO(S).: B 69 - 156

(Gross description, histologic examination and diagnoses)

GROSS DESCRIPTION:(DR. M. KOSTIANOVSKY:gek) The specimen consists of several small fragments of blood clot measuring altogether 1 cm., completely embedded.

MICROSCOPIC DESCRIPTION:(DR. M.KOSTIANOVSKY/nh:gek) Serial sections through the bone marrow show very moderate hypercellular marrow. Megakaryocytes are normal in number and morphology. Myeloid sereis are well represented and erythroid series are moderately increased. No basophilic stippling was found in the red cells.

DIAGNOSIS: Bone Marrow, biopsy – Moderate erithroid hyperplasia

M. Kostianovsky

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST

MERY KOSTIANOVSKY, M.D.

DATE: 9-4-69

AGE	SEX	RACE	IDENTIFICATION NO.
40	M	N	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.: 6P

LATCHISON ANORE J
439 40 25 67 2 17 18
C PL28 U2

GROSS: D 9-2-69 T 9-3-69
MICRO: D & T 9-4-69

TISSUE EXAMINATION
Standard Form 515
515-105-02

KE 02125

CLINICAL RECORD | DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing orders must be recorded.

DATE AND TIME WRITTEN	ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked)	✓	NURSE'S SIGNATURE
7/31/69	(1) Admit c̄ dx chronic Pb intox, anemia		
	(2) Condition: Satisfactory		
	(3) Bed rest c̄ BRP		
	(4) Vital signs (Bp, T, P, R) Tid		
	(5) Diet - Regular		
	(6) LABORATORY — CBC UA		
	— Serum Pb level		
	— PERI SMEAR FOR Pb INTOX		
	— Urine Pb level		
	— SMA 12/60		← done
	— Electrolytes (Na, K, Cl, CO_2)		
	— ~~[illegible]~~		
	— Retic count		
	— BSP + alk phos in AM		
	— ~~[illegible]~~		
	— PBI, TBI in AM		
	— Serum diastase in AM		
	— SICKLE CELL PREP		
	— 6 hr urine diastase		
	(7) XRAYS - PA + (L) lateral chest ←		(done in cl 8/1/69)
	(8) ECG in AM		
	(9) M.O.M. 30 cc p.o. prn constipation		
	(10) ADDED LAB — VDRL		
	— URINE PORPHYRINS		
	(12) STOOL GUAIAC'S X 2		
	(13) Old records Granite City (St. Francis Mary)		
	(14) EEG		(done)

Kahn / CH Orgly [signature]

KE 02126 ✓

Standard Form 515
Rev. June 1957
Promulgated
By Bureau of the Budget
Circular A-32

16469

CLINICAL RECORD	TISSUE EXAMINATION
SPECIMEN SUBMITTED BY: L. Kubera	DATE OBTAINED: 9/15/69

SPECIMEN
Bone Marrow (Sternal Crest)

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)
40y/o NO Anemia 2°. to chronic Lead intoxication and Fe deficiency.
Recur Bone Marrow x 9/16

PREOPERATIVE DIAGNOSIS
Anemia 2° to Pb++ intox & Fe defic.

OPERATIVE FINDINGS
Same.

POSTOPERATIVE DIAGNOSIS	SIGNATURE AND TITLE
Same	L. Kubera.

PATHOLOGICAL REPORT

NAME OF LABORATORY	ACCESSION NO(S).
	B 69 - 165 B69/16

(Gross description, histologic examination and diagnosis)

GROSS DESCRIPTION: (DR. J.A.GERDES:gek) The specimen consists of approximately 2 c of reddish-brown, shiny clotted blood. The specimen is submitted in its entirety.

MICROSCOPIC DESCRIPTION: (DR.J.A.GERDES:gek) Microscopic sections reveals numerou minute fragments of marrow. There is a suggestion of slight decrease in cellular and also a slight decrease in erythroid components. The iron-stain gives the impression of ~~pt~~ having adequate iron in this preparation. Megakaryocytes are numerous.

DIAGNOSIS: No diagnosis made.

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST	DATE
JOHN A. GERDES, M.D.	9-19-69

AGE	SEX	RACE	IDENTIFICATION NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.

LAUTER,SUR
439 40 25 67 2 17 15
C PL28 U2

GROSS: D 9-17-69 T 9-18-69
MICRO: D 9-18-69 T 9-19-69

TISSUE EXAMINATION
Standard Form 515
515-105-02

02127

LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL28 U2

AGE | SEX | (Check one) OUTSIDE, WHEELCHAIR, OR STRETCHER | BED PATIENT | WALK-IN

EXAMINATION REQUESTED: IVP

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Chronic Pb intox.

FILM NO.	DATE OF REQUEST 9-17-69	REQUESTED BY D. Kalman

RADIOGRAPHIC REPORT

IVP: (ON THE SCOUT FILM) No calcifications are seen overlying either kidney or course of either ureter. After intravenous injection of contrast material, there visualization of the calyces and renal pelves bilaterally. The kidneys are norm size, shape and position. The calyces are well cupped. The infundibula within n limits. No evidence of obstruction is seen on either side. The right ureter throughout its course is not displaced. The ureter on the left is not adequately seen. The bladder does not fill well enough with contrast material to make com possible.

IMPRESSION: Negative IVP

NANCY L. GREEN, M.D., 9-22-69- lj

DATE OF REPORT | SIGNATURE: (Specify location of laboratory if not part of requesting h

D & T: 9-22-69

VAH, St. Louis, MO 63103

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. Au
Promulgated by Bureau of the B
Circular A - 32 (Rev.)
RADIOGRAPHIC REPOR

02128

CLINICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing orders must be recorded.

DATE AND TIME WRITTEN	ORDERS (Another brand of a genetically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked)	V	NURSE'S SIGNATURE
	DATE PATIENT IS SEEN ON P-10: 8-15-64		
	DIAGNOSIS: Chronic food intoxication, anemia		
	DATE TO BE ADMITTED:		
	ADMISSION DATE NOT TO EXCEED: 9-15-64		
	DOCTOR'S ORDERS: permits		

DATE OF VISITS & TIME:	PROCEDURES TO BE DONE:	PLACE:	DR. TO BE SEEN:
8-21-64	Heart		
8-26-64	Admit Med	C.N	

PATIENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL; IDENTIFICATION NO.; NAME OF STATION

Latchum, Andrew

CLINICAL RECO... DOCTOR'S ORDE...

VE 02129

Rev. August 1954
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE 1951 0-58.3

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Med. IV
FROM: (Requesting ward, unit, or activity) Admitting
DATE OF REQUEST: 4/28

REASON FOR REQUEST (Complaints and findings)
Possible lead intoxication

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE: [illegible] MD
APPROVED
PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL
☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

40 yo N ♂ who has been weak c trembling for 5 yrs, he works in lead plant. Went to LMD 2 yrs ago & was told he was anemic but didn't tell him cause. No familial history of anemia. No g.i. symp. Occasional dizzy spells, no headaches, no urinary change or difficulties. Company MD suggested lead poisoning. Hct-2[illegible], WBC 8.2

Physical exam
lungs clear
heart - RR no (m), PR-72 reg
abdomen no organomegaly
neuro - fundi OK, good position proprioception, strength, coordina[illegible]
DTR - +2-+3, no abnormal reflexes
tremulous

Rec - serum Fe studies, flat plate of abdomen, electrolytes
chest films PA & lat, CBC & retic count, SMA 12
FBC, RTC [illegible]

(Continued on reverse side)

SIGNATURE AND TITLE: [illegible]
DATE
IDENTIFICATION NO.
ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
REGISTER NO.
WARD NO. 8-10

Hutchison Andrew
439-40-2567

PBL

CONSULTATION SHEET
Standard Form 513
513-104

KE 02130

this time. 2. Delayed emptying of the stomach, possibly secondary to the
ove.

KE 02131

PATIENT'S LAST NAME—FIRST NAME—MIDDLE | REGISTER NO. | WARD NO. 6N

LATCHISON ANDRE J
439 AD 25 67 2 17 18
C PL28 U2

(Above space for mechanical imprinting, if used)

AGE | SEX | (Check one) BEDSIDE, WHEELCHAIR, OR STRETCHER | OPD PATIENT | AMBULATORY

EXAMINATION REQUESTED: Gall Bladder, UGI, Small Bowel Series

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Anemia

JK

FILM NO. | DATE OF REQUEST 6-4-60 | REQUESTED BY Dr. Kirkman

RADIOGRAPHIC REPORT

Examination of the right upper quadrant 12 hours following the oral ingestion of medium reveals satisfactory visualization of the gallbladder, without evidence of intrinsic filling defect.

DIAGNOSIS: Normal gallbladder.

Examination of the upper gastrointestinal tract by means of a barium suspension fails to reveal intrinsic disease of the esophagus. The stomach is orthotonic in type, normal for the individual and fills well without evidence of ulcer niche. The duodenal bulb fills with much difficulty, is deformed, but ~~XXXXXXX~~ an ulcer crater cannot be demonstrated. The duodenal loop appears normal. On the 30 minute film, ~~there is delayed emptying of the stomach with only minimal amount of barium in the~~ small intestine.

DATE OF REPORT | SIGNATURE (Signature of laboratory officer responsible for report)

M. D.E. MITCHELL, M.D. 6-6-60

DIAGNOSIS: ~~Duodenal ulcer disease, without XXXXXXXX demonstration of ulcer crater~~

(OVER)

Standard Form 519A (Rev. 1954)
Circular A-37 Revised
RADIOGRAPHIC REPORT
519-207

NB 02 13 63

Latchison, A. J.
439-40-25-67

(Above space for mechanical imprinting, if used)
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Anemia in 40 yo Bad work

FILM NO.	DATE OF REQUEST 7/31/67	REQUESTED BY

RADIOGRAPHIC REPORT

CHEST: Examination of the chest in posterior-anterior and lateral projections fails to reveal evidence of infiltration, or consolidation in the visualized lung fields. There is a pleural thickening bilaterally, particularly on the [illegible] There is no evidence of pleural effusion. The cardiac and other mediastinal silhouettes are normal.

DIAGNOSIS: 1. No active lung disease; no cardiomegaly.

Examination of the abdomen in supine projection reveals the psoas shadows to be well delineated and normal as is the gas pattern. There is no evidence of op[aque] foreign body within the gut.

DIAGNOSIS: 1. Negative abdomen.

J. SHIELDS, M.D.

DATE OF REPORT: SIGNATURE: (Specify location of laboratory if not part of requesting facility)

d & t: 8-1-69cc

Standard Form 519A (Rev. ...) Promulgated by Bureau of the ... Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

yes

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME	REGISTER NO.	WARD NO.
LATCHISON ANDRE J 439 40 25 67 2 17 18 C PL28 U2		6

AGE | SEX | (Check one) BEDSIDE, WHEELCHAIR, OR STRETCHER | BED PATIENT | AMBULATORY

EXAMINATION REQUESTED: Barium Enema

(Above space for mechanical imprinting, if used)
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Chronic lead intox. anemia

FILM NO.	DATE OF REQUEST 8-29-69	REQUESTED BY Dr. Kukura

RADIOGRAPHIC REPORT

Examination of the large intestine by means of a barium enema fails to re[veal] obstruction to the retrograde flow of barium. There is no constant constricti[on] intraluminal filling defect, although a slight amount of retained stool is se[en] cecum fills well and reflux is noted into the appendix.

DIAGNOSIS: Negative barium enema.

DONALD MITCHELL, M.D., 9-2-69

DATE OF REPORT: SIGNATURE: (Specify location of laboratory if not part of reque[sting facility])

VAH ST. LOUIS, MO. 63106
d & T 9-2-69-ek
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A Promulgated by Bureau ... Circular A-32
RADIOGRAPHIC
519-207

3-14 Dec
4-8

VE 02133