10/23/47

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[illegible] Kehoe:

I have sent you under separate cover, urine & blood specimens of [redacted]. These specimens were obtained 10/15/47 while the patient was hospitalized, and had been misplaced in a refrigerator [illegible] there.

[redacted] is a 42 yr. old white man, employed at Midland Storage Batt. Co. [illegible] currently since 1926. During this time he has worked in lead dept. (part time he has worked in [illegible] and currently until [illegible] was transferred to shipping. He has had no episodes of plumbism, though his blood count has been as high as 23 (Sept. 1944) and has been 5 to 8 most of the time. He had an appendectomy in August, 1946, with uneventful recovery. He has been a heavy beer drinker for years.

[illegible] acute onset of abdominal pain, cramp-like, accompanied by nausea, diarrhea, symptoms of shock. Gradual improvement over several days, though tenderness and abdominal distention continued. Bowels became regular, and no abnormality of G-U system detected.

Hospitalized for study on 10/15/47.

P.E. Well developed, obese white man.
T 98.4 P 70 Resp 17 BP 130/86
Color good, no cyanosis or pallor.
Upper and lower dental plates.
Positive physical findings [illegible]
to the abdomen.
Abdomen large, rather firm [illegible]
iter
or roentgenological [illegible]
in the abdomen. Generalized tenderness
in mid abdomen, ex. [illegible] from
flank to flank at [illegible] of
the umbilicus. (This tenderness is
considerably higher in abdomen
than the original pain & tenderness.
No masses felt abdominally or rectally.

Lab: [illegible] counts normal. Differential
normal. no stipple cells.
Urinalysis negative.
Stool 1+ occult blood
Icteric index 16
[illegible] normal.
X [illegible] ., stomach, small
intestine, colon, chest — all
negative.
[illegible] visualized poorly.
lation 2+
Course: [illegible] loped a high fever [illegible]
abdo[illegible] pe[illegible]
[illegible] given penicillin without much effect.
The addition of sulfadiazine in therapeutic
doses bro[illegible] improvement in
symptoms [illegible] gns.
He was discharged on 10/15/47,
complete[illegible] ymptoms and
with no [illegible] all of any sort.
Final diagn[illegible] Peritonitis of unknown
etiology —

VE 0018808

My version: It is not thought that this man's acute illness has much direct relationship to lead poisoning. It seems most likely that he has some liver damage, possibly an early cirrhosis, responsible for the positive cephalin-flocculation reaction. The origin of his acute peritonitis remains obscure.

However, I do not know what effect the ingestion of small subtoxic amounts of lead over a period of years might have on a liver that was concomitantly being subjected to whatever toxic effect heavy beer drinking might produce. Further, this man had had a high fever for 6 days before these specimens were taken, and if such can mobilize lead these specimens should show an increased amount. Whatever organic disease he has must be considered still active and the role of lead in this case may assume a more important role later.

I'll be glad, indeed, to hear from you on this problem. Hope to see you again.

Very truly yours,

[illegible]

Med. Dept.
Willard Storage Batt. Co.