UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE
GENERAL HOSPITAL

KE 0011234

LABORATORY OF APPLIED PHYSIOLOGY

[redacted]

3771 West 130th St
Cleveland, Ohio

single, white, male – age 24 yrs.

C. C. weakness of rt leg, arm, face (paralysis)

Present Began in last January with constipation and diarrhea. Then he soon began noticing a weakness of and later rt eye, tongue and inability to talk coherently. He states he worked and felt well "until awakening one morning when he stepped out of bed. His right leg gave away as if numb from sleeping on it" There was no pain nor has been in any of the affected parts. He noticed change in skin sensation but his doctor said his acuity seems diminished on the rt side & also he was less alert than now. He then went to see a chiropractor for a , but became worse. He has not since March, first but then he went to Cleveland Clinic where he had a complete exam. and told he had a cord tumor a

N8260

present doctor (Dr. E. F. Rotterschell - 2841 W 25th St)
who has been treating him since and has made a
diagnosis of "lead poisoning". Since March he has been
seen by two consultants one for an eye exam.
and another for heart exam. The eye man said he had
optic neu[illegible] which was due to Pb. - on two
later eye exams + had practically cleared up.
The heart consultant made a diagnosis of embolism on
a luetic basis. He said he had an aortitis and he was
xrayed but no enlargement of aorta was noted.

The treatment has been mag SO_4 q other day, dilute
phosphoric acid four times for first week or two and
since then one intravenous sulfur compound q [illegible]
day. He also is on the U.S. Pub. Health die Pb following.

Patient has not worked since March but has improved
until now about the only residual is found in rt eye.

Systems at onset were:

Resp.: no symptoms referable to chest

Heart: " "

G.U.: " " " (at
onset pain in lower lumbar region). No history of
G.O. or lues.

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Gastro-Int: disorder early - otherwise no symptoms suggesting

Neuro-mus: as in history.

No fever, or chills at any time – dull headache at onset. Vision has always been good both eyes. (A recent perimetric exam. showed normal visual fields. Sense of smell ok – (metallic (?) taste in mouth (?) (has a sulphur taste at present and since getting intravenous sulphur.)

Past History: No accidents, operations, or injuries – no serious illness in past excepting an attack similar to present one (2) [illegible] left leg became weak, At that time but his arm & face were not involved – was taken care of then by Dr Lind of Cleveland who made a diagnosis of PI poisoning. at that time – was compensated for full time of illness. (He states that was about the time a friend of his (doesn't know the name nickname is "Pewee") was removing tetryl gas. fumes at a Sun oil Co station next to where he worked and got lead poisoning). He states he never has fully recovered from the first attack having occas. rheumatic pains in his leg and arm. Generally healthy in past. Has had ch-pox, measles, mumps, No scarlet fever or dyph. – Pneumonia when a child.

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Family History: Father living. – mother dead age 42 heart

Exposure to lead:

worked past six months (until quit because of illness) for Highway Oil Co – Cleveland delivering oils and gas {Fleeting Ethyl} plugs

worked preceding three months for General Oil Co handling P. & Ethyl –

worked preceding (18 mos) for Solene Oil Co delivering oils & gas (Fleeting Ethyl).

. doesn't know gallonage but apparently it is low not over (100) gal of ethyl a day as an average.

History when seen 5/15/33 is that above — has been improving under Rx and is not feeling fairly well. Strength has returned in extremities – says occas. a rheumatic pain. This pt. still shows residuals. appetite is very good. Doesn't know present weight – may have gained thinks. Pain gone in lower back.

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Physical Exam:

Temp 98.4 Ht 5'10½" Wt ? BP Ht – 124/60 Wt – 124/60

General: Patient is a fairly well nourished man color normal and development good – Muscles very well dev. Our attention is called at once to difference in eyes –

9/15/33

Eyes: Rt palpebrae much wider separated than left –
con[illegible] muscle function OK –
not nystagmus or strabismus – Conjunctivae ok – Sclera clear
Rt pupil larger than left and irregular react to l. + a.
Fundi both eyes appear normal on opthalmoscopic exam.

Ears: Rt canal filled c̄ wax – removed – d[illegible] ok.
left " and drum normal – hearing good.

Nose: Essent negative.

Mouth / Throat: Tongue clean & in midline – Teeth poor condition –
[illegible] lower left canine – upper
[illegible] bridgework – many amalgam fillings –
[illegible] – gums poor c̄ sl. gingivitis – upper left
lateral incisor never present. No tenderness over roof mouth
Tonsils appear normal – pharynx – no paralysis or weakness

There is a very slight flattening of [illegible] side of face.

Neck: essent neg – no glandular adenopathy.

Chest: Expansion good – more marked on rt – chest clear on p + a.
wh. & spoken voice transmitted normally.

Heart: rate rhythm reg. – sounds of good qual but there is
a roughening of the second (A2) sound. R.S.D. not enlarged.
Pulse soft & no evidence of peripheral vascular disease
B.P. 124/60 both arms RSD = 5cm RCD = 3 x 9cm PM 9 = 8cm

Abdomen: Soft – well muscled – Liver & spleen not palpable –
Inguinal [illegible]

There is a left varico

Extrem: No muscular left equal to rt
size and strength.
Dynamometer reading rt 150 lt 145
Sensation normal over both sides body.
over anterior aspect of tibiae skin is very dry and
shiny - states never had any ulcerations on legs.

Reflexes: Bicep + Tricep - K.J. slight but ++ when
reinforced; abdom not obtained - Rk reputed obtained
varicocele on left not obtained. (Dr Rottenstall said Kj were absent at onset).

Lab: Dr Rottenstall reported spinal puncture - press. normal,
glob , , wass. neg.
Urinalysis early at onset albumen + - has been neg
recently - on 1/33 alb o sug o alkaline to m. R.

Blood Wass reported neg - also neg after provocative (Dr Rottenstall)
R.B.C. by Dr Rottenstall 3,560,000 wbc 10,000 Hb 80% Jul 87%.
4,200,000 stipple (Rottenstall) many.

Hb on 5/15/33 was 9x Done

stipple 5/16/33 (B.H.) = 0
Differential 5/16/33 (B.H.) - Polys - 69%
Lymphs - 26.5
mono - 3.0
Eosin - 0.5
basot - 1

Impression: 1) Jaws has to be ruled out still further
2)
3)
Cleveland clinic diagnosis - Cord tumor
Dr. Rottenstall thinks jaw. Lead poisoning
(A consultant to Bancroft) thinks Luetic heart disease