File with other letter among complaints

Kellogg's

RAK

Battle Creek, Michigan,
October 28th, 1931

Dr. Robt.A. Kehoe,
University of Cincinnati,
College of Medicine,
Cincinnati, Ohio.

Dear doctor Kehoe:-

In response to your letter of Oct.26th. I will try to give you more detailed information in the case I thought was lead poisoning.

A man age 27 yrs.employed as gas filling station attendant for one and one half years. His first attack of colic occured on June 28, 1931 and this was repeated at intervals of from one day to two weeks. He had to quit work about July 4th. He was seen by four or five doctors who were called in emergency to give hypodermics for relief of the colic. He was told that the trouble was gall stones,ulcers of the stomach,neuralgia of stomach,or acute pancreatitis by various physicians. The attacks were always accompanied by nausea and sometimes by vomiting. There was chronic constipation and borborygmi. I first saw him on Sept.19th.during an attack of colic. The pain was in the epigastric region,there was no muscular rigidity and no muscle spasm at the time nor on the following days. He stated that there had never been any tenderness. There was no dysuria and the urine was negative to blood,pus,casts,albumin and sugar. Two other attacks of colic followed,the last being about Oct.1st.since then he has been free from pain and has resumed his work.

I could find nothing to point to a diagnosis and so took to the exclusion method. I could almost exclude everything except lead colic. He stated that he did not wash his hands before eating,and I thought he might have absorbed enough lead in this manner. Blood examination on Sept.24th. showed Hemoglobin 65 Dare,Reds 3,800,000 Whites 6,960 with no polychromatophilia or basophilic stippling. I noted in your letter that in attempting to make a diagnosis of lead poisoning many weeks after cecessation of exposure,the urine test for lead would be without value and that the same is true as regards to stippling.

I arrived at a tentative diagnosis of lead colic because nothing else would explain it. Now that the patient has recovered I do not see how it is possible to be certain. If in the future there is a recurrence of the colic,we may be able to get some definite evidence. I shall be glad to write you further if anything comes up.
Thanking you for your interest in the case,I am,

Sincerely Yours,

F. R. Walters

F.R.W.—y

F. R. Walters, M. D.

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