1-12-63
1 Kit

THE KETTERING LABORATORY
COLLEGE OF MEDICINE, UNIVERSITY OF CINCINNATI
EDEN AND BETHESDA AVENUES
CINCINNATI 19, OHIO

INSTRUCTIONS: BEFORE PROCEEDING PLEASE READ THE REVERSE SIDE OF THIS FORM. The information required below is of major importance for the performance of the service that you have requested. FAILURE TO COMPLETE THIS SECTION OF THE FORM FULLY will result in delay in carrying out both the analysis and the subsequent interpretation (where applicable) of the results. Please PRINT or TYPE.

Patient: Mr. [redacted] North Charleston, S. C.
Name Address City Zone State

Race W Sex M Age 48 Indigent ___ Private X Other ___

Hospital: ___
Name Address City Zone State

Requested by: Dr. C. H. Baylor Texaco Co. New York, 17 N. Y.
Name Address City Zone State

Bill: Doctor ___ Hospital ___ Other Texaco Co.

Send Report To: Doctor x Hospital ___ Other ___

Investigation Desired: ___

History: Include nature of exposure, actual time of exposure if known or surmised, and especially the last day or hour of exposure; character and time of onset of illness; course of illness and present status; previous pertinent medical history. Time and nature of exposure not known. Developed weakness of grip and of extensor muscles of right wrist in November 1962. No definite reflex changes.

Physical Findings: Weakness of flexor and extensor muscles of right hand. BP 140/100.

Pertinent Laboratory Findings: 24 samples of urine reported as showing lead # 1 - 3.6 mg. # 2 - negative. # 3 - 1.6 mg. # 4 - negative. # 5 - negative. # 6 - negative. No stippling of red cells seen.

Impression: Probable lead poisoning with peripheral neuropathy.

Treatment: Specify medications and dates of institution and completion of therapy. 500 mg. Versenate given I-V twice a day for 5 days - Dec. 8-12, 1962.

N13175

KE 001248

The Kettering Laboratory is a totally self-supported research unit of the University of Cincinnati engaged in research in the fields of industrial hygiene and medicine. The Laboratory is not a medical se laboratory, and clinical diagnostic services, as such, are not perfc We do undertake to assist physicians with toxicologic problems or ot special problems in this and related fields, as a courtesy, when adequate facilities are not available locally. We shall make every effort to be of assistance provided that we can obtain the information we require, and if the work that is to be done will yield, in our opinion, information that will be helpful in establishing a diagnosis, in the management of a case, in teaching, or in contributing to a better understanding of physiologic or pathologic mechanisms.

NO SPECIMEN WILL BE ACCEPTED FOR ANALYSIS UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE BY THE ATTENDING OR OTHER RESPONSIBLE PHYSICIAN WITH A PHYSICIAN IN THE KETTERING LABORATORY. This is necessary for a number of reasons. First, unless proper specimens are collected with specified care, in specially processed containers, and in adequate amounts, they are likely to be contaminated or unsuitable for analysis. Second, we must be sure that we are aware of pertinent historical facts and clinical findings since we provide frequently interpretations of the results. Third, our staff members must frequently revise work schedules on sponsored research in order to carry out the analysis.

The Laboratory makes a charge for reimbursement of the actual cost of the service performed, since otherwise funds earmarked for research will be expended for medical service. Deviation from this policy is made when patients are indigent or when the cost of the service would cause undue economic hardship. Therefore, it is requested that the attending physician assist us by marking the appropriate line on the reverse side of this form.

Form G-44

TEXACO

Date 1/16/63

Dr. R. A. Heloe

m Dr. C. W. Baylor

ase:

Attend to	☐ Prepare reply for my signature	☐ As requested
Note and return	☐ Send me information required to answer	☐ For your comments and suggestions
Note and forward to Files	☒ For your information	☐ Does attached meet with your approval?
See (phone) me re attached	☐ As per conversation	☐ For signature, if you approve

Other Remarks

For your information

CHB

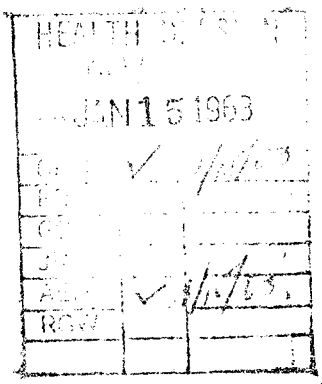
RW:vm

Robert W[illegible]

N13175.01

KE 0012548

165 RUTLEDGE AVENUE
CHARLESTON, S. C



January 12, 1963

Dr. C. H. Baylor
Texaco, inc.
135 East 42nd Street
New York, 17, New York

Dear Dr. Baylor:

Thank you very much for your letter of January 3, 1963. For your further information I am enclosing a copy of my discharge summary on Mr. [redacted] following his discharge from the Roper Hospital last month.

Mr. [redacted] told me that he had also used some materials containing le[redacted] work at home. Whether or not he had lead poisoning, and from what source it was derived, it is certainly questionable. Our laboratory here has reported lead in a fairly large number of cases, some questionable, but with the typical peripheral neuropathy I do not think it can be completely discounted.

I shall be glad to have any ideas from you and certainly to send any specimens to Dr. Kehoe if you wish.

Sincerely yours,

Robert Wilson

RW:vm

Robert Wilson, M. D.

185 RUTLEDGE AVENUE
CHARLESTON

January [illegible] 1963

Dr. C. H. Baylor
Texaco, Inc.
135 East 42nd Street
New York, 17, New York

Re: Wayne A. Henderson

Dear Dr. Baylor:

Several days ago I sent you a copy of my discharge summary on [illegible], when he left the Roper Hospital. One additional fact is that he told me that during the past spring he had used some kind of solvent in taking off paint at his home. He was not sure whether or not the paint had any lead base, but he did find out that the solvent did not have this.

Since leaving the hospital he has shown definite [illegible] improvement. When I saw him on December 26th the grip in the right hand was definitely weak; I test this by having the patient squeeze a sphygmomanometer and check the reading, standardizing it so that my grip equals 200 mm of mercury pressure. On December 26th the reading of his strength in the right hand measured this way was 80 mm., and when I last saw him on January 12th it was 160 mm. This is a rough test but it does give definite evidence of the strength. I have samples of his handwriting on these two occasions and the latter is definitely clearer and he thinks more like that of his own usual writing. During this interval he has been on 100 mg. of thiamin chloride a day.

I have received the requests to send samples of blood and urine to Dr. R. A. Kehoe, and these were mailed two days ago.

Sincerely yours,

Robert Wilson

RW:vm

Robert Wilson, M. D.

[illegible] HOSPITAL
[illegible] DISCHARGE SUMMARY

Patient: [redacted] Hospital Number: B37436

Admitted: 12-6-62 Discharged: 12-13-62

The patient was a 48 year old chemist who was examined on November 23, 1962 because of the recent development of pains in both arms, more on the right than on the left, and weakness in the right hand. The blood pressure was 140/100. There was some cerumen in the canal of the right ear. Reflexes were slightly increased in activity, the grip in the right hand was much weaker than that in the left hand and some weakness of the extensor muscles of the right wrist was present, with a definite peripheral neuropathy.

Lead poisoning was suspected and a 24 hour sample of the urine showed 3.8 mgm of lead to be present. On repeating the test no lead was found but in a 3rd specimen 1.6 mgm was reported and the patient was admitted to the hospital for Versenate therapy.

The hemogram and urinalysis were negative. The blood sugar was 80 mgm%. A BUN 17.5 mgm%. An x-ray of the entire GI tract was within normal limits.

The patient was given 500 mgm of Versenate IV b.i.d. for 5 days. No lead was found in other specimens of the urine and it was not completely determined that lead poisoning was the cause of the difficulty, but with the findings of lead in some specimens and the typical peripheral neuropathy the diagnosis of probable lead poisoning was made. The patient was discharged as improved on December 13, 1962.

Final Diagnosis: Probable lead poisoning, with peripheral neuropathy.

Robert Wilson, M. D.

mdb

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KE 0012551