September 28, 1955

Mr. [redacted]

Summary of Impressions:

History of present illness is characteristic of a cerebral intoxication (probably from TEL) suffered in about 1951 or 1952 — disturbing dreams which prevented sleep, headaches, memory disturbance — covering up the memory disturbance so people wouldn't know.

These symptoms gradually improved but muscular pains continued, probably neuritic.

Description of present pains "as if something traveling up and down through muscles" and general attitudes about present condition sound hypochondriacal.

Neurological examination

Fundi - Small calibre arteries but no A.V. nicking
Slightly tremulous tongue

Deep reflexes all somewhat hyperactive and slightly positive Hoffmans on both sides.

Slight dysdiadokokinesis but no other cerebellar signs.

Otherwise motor, sensory and superficial reflex examinations show no abnormalities. Chvostek's and Trousseau's signs negative. In short no neurological findings indicating anything other than slight general psychomotor tension.

Past History indicates stability before present illness in spite of wounding and gassing in W.W. I and loss of financial resources in economic depression. Previous adjustment, however, was upset by present illness plus two significant events about 1 year ago — wife's sudden death and marital difficulties and excessive drinking by son. Patient tries to deny that these events bothered him. He is close to tears on these subjects and rigid and argumentative on subject of medical handling by company.

Mental Status. Circumstantial, mildly depressed, with some strong resentments, obsessed about medical care, hypochondriacal. No defect in recent memory now to direct testing but says he has some difficulty remembering new names — did not know Dr. Kitzmiller's name but knew mine.

Conclusion: The most plausible picture, taking into account the kind of person this is, is that he did have a cerebral intoxication, and possibly neuritis, that he has been gradually improving from this but became more rigid and developed hypochondriacal attitudes in response to previous incapacity plus family problems. He is improving. Suggest that further course might be followed by DuPont Company psychiatrist, Dr. Gerald Gordon. Ventilation of resentments but firm insistence that he continue at work would be helpful.

W. D. Ross, M.D.

CC: Dr. Kitzmiller

N 7252