UNIVERSITY OF MICHIGAN
DEPARTMENT OF NEUROLOGY
UNIVERSITY HOSPITAL

CARL D. CAMP, M.D.
PROFESSOR OF NEUROLOGY

Ann Arbor, Michigan

August 10, 1932.

Dr. P. B. Newcomb
Defiance, Ohio

Dear Dr. Newcomb:

Your patient, [redacted], of 905 Downs Street, came to the University Hospital August 9,1932 complaining of loss of use of the arms and legs. He stated that about the first of March he noticed some weakness of the left arm and a short time later a similar difficulty with the right arm, and then gradually he noted involvement of the legs. Up until the past week he said that he had been able to get around with crutches. During the past week he has been incapacitated. He has never at any time had any pain. He stated that he worked in a garage and that he came in frequent contact with Ethyl gasoline.

On examination, the patient was well developed but somewhat under nourished. The pupils were equal and reacted to light and in accomodation. There was nystagmoid movement on lateral rotation especially to the right. There was no paralysis of the face or tongue. The biceps and triceps reflexes, curiously enough, were present. The knee and Archilles jerks were not obtained. The muscle tone of the extremities were somewhat diminished. There was some tenderness of the calf muscles. No very definite changes in the sensory system anywhere were noted. There was marked paresis of the muscles of the upper and lower extremities. The left side seemed to be a little more completely involved than the right. There was considerable atrophy of the supra and infra spinati muscles and some wasting, whether it would be atrophy or not, of the muscles of the arms and legs. No definite well defined fibrillary tremors were noted.

We referred the patient to the Oral Surgery Clinic where they found no evidence of dental infection. We referred him to the Otology Clinic, where they found that he had diseased tonsils.

The patient's symptoms are suggestive of a polyneuritis which might be either toxic or infectious. It is entirely possible that the whole symptom complex may have been caused by a form of lead poisoning, which is sometimes seen in those working with the tetra-ethyl-lead gasoline. I have suggested to the patient that he come into the hospital for a period of ten days or two weeks for a complete examination and start of physiotherapy. He is to return to you and take your advice as to the solution of his problem.

If the patient does not come to the University Hospital, I would advise that he be placed absolutely at bed rest, that he be given a high caloric diet with forced fluid regime, that he be given enough catharsis so that he will have at least one or preferably two good bowel movements per day, and that he have mild physiotherapy to the arms and legs in the form of whirlpool baths. He might also be given strycanine in increasing doses, beginning with about 1/100 of a grain hypodermically twice a day and gradually increasing the dose until eventually he is receiving 1/30 of a grain twice a day.

If I may be of any further assistance I shall be more than glad to do so.
Thanking you for referring this patient to us, I remain,

Sincerely yours,

Signed ... R. W. Waggoner

R. W. WAGGONER, M.C.

COPY