

May 28, 1962

Ralph K. Campbell, M. D.  
146 Nemaha Street  
Pomona, California

Re: Clifford Watson

Dear Ralph:

I saw Clifford Watson in the office at your request on May 16, 1962. At that time I had went over with Mrs. Watson of the medical history which you had written. And it was essentially as you had stated. There was no history of bleeding from circumcision at birth. She did mentioned that her grandfather was said to be a bleeder, although he bled only from extractions of teeth.

On physical examination the baby was well developed well nourished and active. There were small firm ecchymotic spots on the scalp and the lower limbs. The large hematoma on the left leg had apparently resorbed very well since there was no evidence of it at that time.

Our laboratory results were as follows:

Hgb	10.7 gms%
RBC	4.5 mm
There <sup>was</sup> slight hypochromacia, anisocytosis, microcytosis.	
WBC	5,300
Total Granulocytes	26%
Lymphocytes	66%
Monocytes	8%
Platelet count	was 303,000

Because of the infant's small size, and the necessity of a relatively large amount of blood required for a complete hemostatic workup, I decided that we would do a coagulation time and if this were abnormal consider that he did have a bleeding tendency and treat him when necessary as a bleeder. Consequently we performed a Lee White coagulation time and the results of which are as follows:

4 tubes clotted 20' 30' 35' 40'

The lower limits of normal in our laboratory of clotting time is anything over 15'.

These results are consistent with prolonged coagulation time.

Clot retraction was good and the quality of the clot was normal.

On the basis of this above, I would consider that most probably the baby does suffer from a phase I coagulation defect; most probably an AHG deficiency. He did have a fairly easily available antecubital vein. When the parents are settled in the brand new home in Saugus, they are to contact me. I hope that in the presence of this a readily accessible vein that we will be able to get the rest of our hemostatic evaluation, at least peace meal until the baby becomes a bit enough so that we can do all of the studies simultaneously.

Thank you for referring this interesting infant. I shall endeavor to keep you informed as to his progress.

Respectfully yours,

Nemie A. Shore, M. D.

NS/gy