In 1989 Bonnie Bishop, an athletic 39 year-old from Santa Fe, NM, began taking L-tryptophan to help with her insomnia. Within a few days she began experiences severe pain with movement that got worse with each passing day. Blood tests showed that her eosinophilia, a type of white blood cell, count was extremely high, an indication of possible cancer. However, no sign of any cancer was found so she began taking a high dose of prednisone for the inflammation and was discharged from the hospital after a month but was down to 90 lbs, could barely walk across a room, and was on home oxygen. Soon after, calls began coming in from across New Mexico and Minnesota about patients with similar symptoms who had all taken L-tryptophan and had with Eosinophilia Myalgia Syndrome (EMS). All of the patients sick with EMS had become ill between September 1988 and November 1989 and had taken L-tryptophan manufactured by Showa Denko K.K., a Japanese company that produces “pure” L-tryptophan powder to be made into pills and supplements.
Questions:

1. What is EMS?
2. What was the weekend study?
3. What was the CDC case definition?
4. Why was Mike Osterholm upset about the recalls?
5. How did they begin to prove that the L-tryptophan was contaminated?
6. What was the purpose of the community survey?
7. What did they find in the tracebacks?
8. What was the purpose of the second case-control study?
9. What was the significance of Peak E?
10. What did they eventually conclude about the relationship between L-tryptophan and EMS?