French case

April 1, 1935

Mr. J. C. Stevenson
Legal Department
General Motors
Detroit, Michigan

Dear Mr. Stevenson:

I promised to send you a memorandum representing my point of view in the [redacted] case at the Oldsmobile Factory. First let me repeat that I consider it advisable to put Mr. [redacted] through a rigid physical examination in order to determine whether he has any disability at present, and to establish, if possible, the nature of his illness and disability.

As I see it from the available data, there are four tentative diagnoses which are possible. The first of these - lead poisoning - should be completely eliminated on the ground that there is no evidence of a suggestive exposure to lead compounds, there is no evidence that lead absorption occured and moreover, the clinical findings were not in any way characteristic of lead poisoning. The only suggestive evidence of lead absorption consists in the fact that one of the physicians stated that he observed a lead line on the gums. This lead line was apparently fleeting and it occurred at a time when one would have expected some degree of congestion of the gum margins. It is my experience that the bluish appearance of the gums is often present and that sometimes it is quite difficult through the use of ordinary technique to differentiate the blueness of congestion and the blueness of a lead line. In fact, unless one compresses the gum and looks with a hand lens and establishes the fact that the blueness is punctate in character, one is not certain whether or not a lead line actually exists. It has been said that a lead analysis of the urine at the time of the symptoms failed to demonstrate the presence of lead. Such evidence I am sorry to say is of little consequence since the volume to find amounts of lead which are normally present in the urine indicates that the technique of the examination was faulty, or that the quantity of the sample examined was inadequate. Nevertheless, in view of the clinical and experimental evidence which is available, I think we shall have to conclude that lead poisoning is the most unlikely interpretation of this man's illness.

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The second possibility for diagnosis arises from the fact that the man gave a definite history of increasing weakness, swelling of the extremities, and vomiting of coffee ground like material some time in May. Subsequent examination in November at the University Hospital disclosed that he had an inactive and apparently partially healed gastric ulcer. It is entirely possible that the entire illness was the result of a recognized gastric ulcer with persistent haemorrhage and with the development of a train of symptoms and blood findings which were the result of persistent haemorrhage over a period of time. If this had been the explanation of the man's illness, his prompt recovery with the partial healing of the ulcer and with the customary treatment of anemias would have been expected. There was one point which militates against the correctness of this diagnosis but does not completely eliminate it. There was a disproportionate drop in the white cell count of the blood as compared to the red, and there was also a disproportionate relationship between the polynuclear leukocytes and the lymphocytes. This might have occurred without any specific explanation for it is fairly common to find industrial workers, and in fact other persons, who have a low white count and a relatively high lymphocyte count. Haemorrhage in such an individual might result in the picture which is described in this case. It is, of course, impossible to determine whether or not this occurred for there were no counts prior to the man's illness. There is no adequate basis for a correct diagnosis in the records of examination which have been furnished me. Perhaps Dr. Bauer or Dr. Henry might be able to throw some light on this question.

The third possibility and one which I consider quite likely is that this man was exposed to some quantity of benzol in the course of his work, and that being somewhat unusually susceptible he developed the type of anemia which is characteristic of moderate exposure to benzol vapors. The blood picture seen is quite like that which is found in early benzol poisoning and the train of symptoms which developed were such as to fit in with an anemia of this type. On the other hand, the prompt recovery under treatment casts some doubt upon this diagnosis though not as much doubt as would exist if there was reason to believe that the exposure to benzol had been prolonged. With the history of short exposure and with the rather prompt development of illness, the entire course of the man's illness is compatible with the diagnosis of moderate exposure to benzol fumes.

The fourth possibility is that this man has an infectious agranulocytosis. He gives a definite history of a persistent sore throat, of general weakness and pros-

tration and a blood picture which is compatible with this diagnosis. If it were to be shown that this blood condition had a tendency to re-occur, and if he were to show now some evidence of such blood findings, I would regard this as the most likely diagnosis. The fact which militates against it most is the fact that his recovery under treatment was apparently prompt, whereas the outlook for recovery and particularly for rapid recovery in these cases is not very great. In fact most of the cases about which I know anything have resulted fatally, since there has been a definite tendency for the occurrence of re-occurrences and remissions in the disease.

Under the circumstances I am somewhat at a loss in giving advice as to what might best be done in this case. If another examination fails to disclose any present evidence of disability, or any basis for present diagnosis, I should feel that it would be wise in all likelihood to settle the case on as fair a basis as is possible. The situation of the Oldsmobile Company is not the best since in the purchase of gasoline containing either benzol or lead, it was not exercising the precautionary measures which are of right to be expected in the selection of a cleaning material. Moreover, the company did not take the steps which were necessary to arrive at a definite diagnosis on a sick employee at a time when the diagnosis could best be made. They are, therefore, lacking in evidence whereby they might be able to clear themselves of any responsibility for the origin of the man's illness in occupational conditions. With the absence of a definite diagnosis, it would seem that they would be unable to defend themselves and they would in all likelihood, therefore, be required to make some settlement to compensate for either temporary disability or for both temporary and present disability if the latter can be shown to exist, or if it can not be disproven.

I should be very glad to have copies of the available clinical information which appears in the plant dispensary record and of the record of examination at the University Hospital. I should like also to have a copy of any further record of examination which might be obtained. It may be possible that further examination will provide some basis for a conclusion which is not apparent at the present time.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

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