March 19,1936

Dr. W. E. Obetz
The Industrial Commission
Columbus
Ohio

Dear Dr. Obetz:

I am enclosing herewith a series of reports and extracts of reports of examinations made on James Hamblin, who has been under my observation for a period of several months. The illness of Mr. [redacted] has been an unusual one and it is not easy to determine its precise nature. By reason of my interest in the problem presented, and also because I have wished to clarify the diagnosis and to do something for this man, I have recommended hospitalization and consultation advice. But for his having been sent to me, the case would certainly have been diagnosed finally as lead poisoning, and he would have been compensated on that basis. Accordingly I have considerable hesitancy in arriving at an opinion which may have the effect of depriving Mr. [redacted] of compensation. I may also point out that the hospital and medical expense would have been borne by the Commission if it had been incurred after their acceptance of the case as one of lead intoxication. Since this would have occurred but for my intervention, so to speak, it is my feeling that this man should be given the benefit of any doubt which may exist in the minds of the Comission. Moreover, it would appear that the hospital bill and the consultation fees constitute an equitable charge for services rendered to the Commission, if they can be allowed legally. In suggesting the allowance of such awards, I must disclaim any interest in compensation either for myself or for the services rendered by this laboratory, since what we have done has been in the line of our investigative interests. The hospital expense, on the other hand, which was incurred on my recommendation, and which was necessary in arriving at a conclusion from the point of view of lead absorption, is a matter of some difficulty.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

March 19,1936

Dr. W. E. Obetz
The Industrial Commission
Columbus
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Dear Dr. Obetz:

I am enclosing herewith a series of reports and extracts of reports of examinations made on [redacted] who has been under my observation for a period of several months. The illness of Mr. [redacted] has been an unusual one and it is not easy to determine its precise nature. By reason of my interest in the problem presented, and also because I have wished to clarify the diagnosis and to do something for this man, I have recommended hospitalization and consultation advice. But for his having been sent to me, the case would certainly have been diagnosed finally as lead poisoning, and he would have been compensated on that basis. Accordingly I have considerable hesitancy in arriving at an opinion which may have the effect of depriving Mr. Hamblin of compensation. I may also point out that the hospital and medical expense would have been borne by the Commission if it had been incurred after their acceptance of the case as one of lead intoxication. Since this would have occurred but for my intervention, so to speak, it is my feeling that this man should be given the benefit of any doubt which may exist in the minds of the Comission. Moreover, it would appear that the hospital bill and the consultation fees constitute an equitable charge for services rendered to the Commission, if they can be allowed legally. In suggesting the allowance of such awards, I must disclaim any interest in compensation either for myself or for the services rendered by this laboratory, since what we have done has been in the line of our investigative interests. The hospital expense, on the other hand, which was incurred on my recommendation, and which was necessary in arriving at a conclusion from the point of view of lead absorption, is a matter of some difficulty.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

Date of this Report: March 19, 1936

[redacted]

Age: 27

O.D. 12,907

Patient became ill on October 21st, 1935, and was sent to hospital October 22nd, at night, remaining there until October 25th. Was seen at Kettering Laboratory November 4th at which time the examination as described in the appended sheets was made.

He was seen again on November 15th, at which time the clinical picture was essentially unchanged. Some improvement began to take place shortly after this, and he was seen frequently in varying states of slow improvement over a period of weeks until he was sent to the Good Samaritan Hospital for further study on December 28th, 1935. During this ambulatory period and during the subsequent stay in the hospital, the lead excretion was watched, both under normal conditions and under various types of therapy designed to promote lead excretion. In all 31 urine samples and 16 fecal samples were examined. At no time were abnormal quantities of lead found in the excreta or blood.

Various consultants have rendered opinions and have prescribed treatment, as noted on the appended reports.

In order to form a judgment as to the potential magnitude of the lead exposure experienced by the patient, the plant in which he was working at the onset of his illness was visited and subjected to detailed examination. Among the pertinent facts established by the examination, the following are of greatest importance. (1) The men engaged in the same work as Hamblin, had been employed as long or longer than he, and had experienced no symptoms, and gave no clinical evidence of significant lead absorption. (2) An air line mask ventilating system used by this group of men was in good working order and was so designed as to prevent the possibility of significant contamination of the air supply with lead dusts. (3) The general hygienic conditions of the plant were such as to safeguard the men against the more severe types of lead exposure. (4) Routine blood examinations on the men, checked in this laboratory, failed to indicate the existence of significant lead exposure.

Discussion of Case

The symptomatology at the onset, and the physical findings at the initial examination were not convincing evidence of lead intoxication. In the absence of blood changes, and with the acute onset and the neurological findings, it was necessary to postulate the absorption of considerable quantities of lead, if the latter were the causative factor. The lack of evidence of significant exposure, and the failure to find an abnormal lead excretion, disprove the occurrence of any considerable lead absorption. (Attention is called to the fact that the blood and urinary lead were analyzed on November 4th only 2 weeks after the onset of illness and the cessation of the exposure. In our experience the blood and urine levels remain elevated for weeks or months after the cessation of severe exposure)

[redacted]

On the other hand the patient maintained an elevated temperature over a period of weeks, and gave other evidences of an infectious process in the upper respiratory tract. The existence of an ethmoiditis (See report of consultant) during the last period in the hospital, fits into this pattern. The present absence of organic neurological involvement (see report of consultant) provides little aid in differential diagnosis, since an acute intoxication either from lead or bacterial agents may so result. On the whole, however, I believe the illness is best explained as an infectious process, with an encephalitis of bacterial origin, this process clearing up without significant central nervous system damage.

Robert A. Kehoe, M.D.