September 8, 1939

Mr. Lee
Liberty Mutual Insurance Company
431 Main Street
Cincinnati, Ohio

Dear Mr. Lee:-

I am sending y
copy of my examination report on Mr. [redacted]
whom you referred to me for examinat.

I am also enclosing a bill to cover the cost of our services in this connection.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.

Dr. Robert A. Kehoe
Kettering Laboratory
College of Medicine
Cincinnati, Ohio

September 8, 1939

To Liberty Mutual Insurance Company
431 Main Street
Cincinnati, Ohio

For complete physical examination, diagnosis
[redacted] in the case of
. . . . $25.00

[redacted]

September 6, 1939

Interval History: Has been largely inactive since last seen April 13, 1939. Greatest effort has been in mowing grass in yard, taking about one hour if done all at once, but actually done piecemeal, working a while, then resting. Seems to become weak on exertion. Has had no further attacks of dizziness, but finds self weak and short of breath, when subjected to any tension whether mental or physical. Is greatly improved but still has feeling of internal shakiness. Is nervous and uncomfortable when out with other people. Has not fainted. No vertigo. Believes he might feel better if could work out of doors.

Has been sleeping regularly and well, sleeping also in daytime. Appetite quite good for all things. Has had no indigestion, constipation, or other illness of alimentary type except some heart burn, usually after supper in evening. Has been eating well. Toast and egg for breakfast, cheese or meat sandwiches or cooked lunch with meat at noon. Potatoes, meat, gravy for dinner. Boiled dinner at times. No diminution of sexual libido. Wife states that no change in personality has occurred.

Physical Examination

Height 6 ft 3/4 inches Weight: 208.25 lbs. Temp: 98 Pulse: 84 to 120

Blood pressure variable - Sitting systolic 118-124

Diastolic 84-76

Eyes - react to L and A. Pupils equal, regular. Vision Ok. Sclerae injected and light sensitive at night when attempting to read. Reads little, however, now or previously. No nystogmus.

Ears - Normal except for uncleanliness. Audition Ok. Drums clear.

Nose - Some irregularity of septum. No obstruction. No exudate. Sense of smell Ok bilaterally.

Throat - Tonsils large, rough, with inspissated white material which can be expressed from crypts, especially of left. Surface m.m. injected. Pharynx somewhat injected. No acute inflammation. Pillars (musculature) reactive.

Mouth -Teeth somewhat dirty. No considerable caries. No pigmentation of gums or margins. Slight gingivitis. Tongue protrudes in mid-line. Slightly coated. No tremor.

Neck No palpable adenopathy. Not remarkable in any way.

Chest- Clear as at previous examination.

Circulatory response to posture and exercise adequate. Apex rate 110 standing, 126 after 25 hops,110 one and one half minutes later.

On repeated test apex rate 120 standing, 140 after 25 hops, 112 one and one half minutes later.

Blood pressure	sitting	124-76
	standing	134-96
	lying	140-96
Pulse	sitting	96-120
	standing	110-120
	lying	84

Abdomen - negative.

Pelvis and Extremities - negative

Neurological Examination

Cranial nerves and cord segments intact. There is no suggestion of diminution of cutaneous sensibility to touch, tactile discrimination, pain and temperature. Superficial and deep reflexes are elicited and are normally responsive. There is no muscular tremor, atrophy or increased myotactic irritability. No ataxia is present and position sense is normal.

Laboratory

Blood - RBC 5,260,000 Hb 104 Stippling 4 per 50 fields

WBC 10,300 (9-6-1939) 8,450 (9-7-1939)

Differential (2 counts) Polys 50-55% Band forms 5-9%

Lymphocytes 29.5 - 30.5 % Eosinophiles 0.5 - 6.0 %

Mononuclears 5 - 8.5% Basophiles 0-1%

Urine

2 examinations. Alkaline to Methyl Red

Sugar and albumin negative.

Microscopic - not remarkable, an occasional leucocyte in centrifugalized sample.

Discussion and Interpretation.

There is no evidence of physical disability of any organic type at the present time. There is, however, a psychic and neuro-circulatory instability which the examiner believes to be neurotic in origin. It is believed that this man can go to work, but that he is not likely to avoid the recurrence of his former symptoms in acute form if he returns to his former occupation.

Recommendations.

It is believed that this man can engage in work out of doors of a type he is familiar with, such as, for example, the operation of a truck. Under such employment his present symptoms should disappear completely with the restoration of his confidence in his physical soundness. He should, without undue pressure, be given an opportunity to find congenial employment, after which his compensation should be discontinued unconditionally, or without any conditions of which he is aware.

Robert A. Kehoe, M.D.
Kettering Laboratory

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