April 16, 1937

Mr. W. A. Lovell
Assistant Counsel
The Legal Aid Society
312 West Ninth Street
Cincinnati, Ohio

Dear Mr. Lovell:

Your letter of April 13th concerning [redacted] finds me somewhat at a loss in giving you proper advice.

I saw Mr. [redacted] in September of 1933 at the request of the Ohio Industrial Commission. At this time I arrived at a diagnosis of lead poisoning on the basis of Mr. [redacted] history of employment and by a process of exclusion. He had discontinued his occupation some time before so that it was not possible to be certain of the exact character of the illness which was responsible for his discontinuance. That is to say, the diagnosis of lead poisoning could not be proved on the basis of clinical signs and laboratory evidences of abnormal lead absorption. It seemed apparent that the symptoms which he described had been due to lead absorption, and the clinical picture which he showed when I examined him was compatible with that diagnosis. On the other hand Mr. [redacted] had rather extensive evidence of chronic infection in the mouth and throat and it was entirely possible that his illness was wholly or in part the result of this infection. Since his story presented the possibility of lead absorption, I gave him the benefit of the doubt and reported to the Commission that in my opinion he was suffering from the residual effects of an occupational lead exposure.

I saw Mr. [redacted] again in January of 1934 and in April of 1934. His condition had materially improved and this led me still further to believe that his illness had been due in part to his occupation. However, in my experience uncomplicated cases of lead poisoning recover much more promptly than did Mr. [redacted] and I felt that his obvious infectious lesions were in large measure responsible for his delayed recovery. I sent him to a colleague of mine, a dentist, for an opinion and for treatment of his oral infection. I am not certain of the extent to which adequate treatment was given, and I have

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no precise knowledge of the progress of his illness since April of 1934. However I doubt very much the likelihood of any permanent disability from his occupational lead exposure, and I would not be willing to express an opinion as to the character of his present disability without seeing him again.

My sympathies have been very deeply aroused by the unfortunate circumstances of Mr. [redacted] illness and of his life since his illness. I should be very glad to see him and to do anything further in a medical way that is possible. If his present disability is such that it might reasonably be explained as a sequel to lead poisoning, I should, of course, be willing to present these facts to the Industrial Commission. However I am much more inclined to suspect that his present disability is due to chronic disease unrelated, or at least indirectly related to his former occupation.

I have been told several times lately that the present policy of the Ohio Industrial Commission is to deny compensation in doubtful cases. I can not vouch for the accuracy of this statement but if this is the case, it would be necessary to present better evidence than is now available to substantiate Mr. [redacted] claim of primary occupational injury.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.