June 28, 1963

Dr. B. D. Dinman
Department of Preventive Medicine
Ohio State University
410 West Tenth Avenue
Columbus 10, Ohio

Dear Bert:

I enclose herewith a copy of the report of the results of the analysis of the urine and blood of your patient, [redacted] as interpreted for medico-legal purposes. I also enclose a notation of the somewhat more exacting interpretation which I have made for you. In general, persons who have never had any unusual exposure to lead at any time, have lead in their blood in concentrations of the order of 0.02 mg. per 100 grams, or even less, while those who have had a significant degree of exposure rarely go below 0.03. This is a tenuous situation, but I have learned to attach significance to it. The findings in the case of this man in September 1960, were 0.03 in the urine, and 0.10 and 0.12 in the blood.

Sincerely,

Robert A. Kehoe, M. D.

Encl: 2 copies of report and one extra interpretation

RAK:ss

N 5270

INTERPRETATION [redacted]

The concentration of lead in the urine is at the mean normal level. The concentration of lead in the blood is very near the mean normal level, but the result obtained by the dithizone method (the more precise of the two methods, as a rule) is somewhat above the mean value, as is also (slightly) the average of the two results here reported.

Taken together, these results suggest, but do not prove, that this man had sustained some occupational (or other abnormal) exposure to lead some time, many months or perhaps years ago. Certainly, at present, there is no reason to suspect that he has hygienically significant quantities of lead in his body.

Signed: _____
Robert A. Kehoe, M. D.

June 28, 1963

O.D. 116218

[redacted]

1963

7 2 For reimbursement of The Kettering Laboratory for the analysis of the urine and the blood of Eugene Dyer (submitted 6/26/63) for the determination of lead.

2 analyses at $12.50 each 25.00

[redacted]

CLAIM NO. C.D. 11[illegible]
June 20, 19[illegible]

History

The claimant gives a history of working as an acetyline torch cutter of scrap, in particular, locomotives and railroad cars. This work was done on the outside rather than in an enclosure, but on the other hand, it requires getting in under locomotives or under or in freight gondolas or into fire boxes to cut the metal. Under these conditions, without any forced ventilation, it is probable that concentrations of lead, if any was present in the metal, could have reached significant airborne concentrations. He had worked from March, 1938 through 1940 doing such work, and was well until August, 1940. In July, he noted that a weakness that before had been gradual before this was now becoming noticeable, and in late July or early August, he began having stomach cramps with vomiting and anorexia. The cramps were epigastric in location, and lasted anywhere from one-half hour to several hours, remitting and then reoccurring. These were severe "doubling-over" type cramps, and were not relieved by the use of Bams or other home remedies. The patient denies to the best of his memory, any constipation during this time, having normal bowel movements. There were other complaints such as aching in the bones, weakness, nervousness at this time. In August he visited Kentucky, and while there, had an acute recurrence of these abdominal cramps for which he was hospitalized for three days. He reports that blood samples were sent to Cincinnati (Kettering Laboratory?) in August of 1940. During or just after this episode, he had noticed that he slept poorly and would awaken in the middle of the night quite frightened, and on one occasion, remembering a nightmare. The claimant did not return to work, and evidently these complaints subsided as they refer to the gastro-intestinal tract.

Since that episode, however, he has continuing aching of the legs bilaterally which felt as if they were deep within the muscles or bones. There was no burning, paresthesia, anasthesia. The complaints noted were constant, and became worse with walking, as he recalls. He also notes that he had headaches during this time bilaterally, and points to the temporal region. These were not constant but rather were intermittent. There were episodes of occasional dizziness, and occasional blurring of vision although he states an eye examination at this time resulted in no need for refraction or no detection of any eye abnormality. Also during this time, he complains of nervousness and shaking. He states that he is not able to work because of the fatigue and nervousness which occurs soon after he starts working. He still occasionally has nightmares and does not sleep too well according to his report. These complaints were volunteered, and after given, the patient

was drawn out as to other potential symptomatology. He reports that he has had spells of vomiting which are occasional, and not associated with any abdominal pain. These may occur before eating, but usually occur after eating. He further reports that he does not have any constipation, and still has the regular two or three bowel movements per day.

Physical Examination

Review of systems does not reveal any abnormalities referable to the head and neck, cardiovascular system, genito-urinary system. We find a somewhat thin, slight, white male who states that his usual weight is 171 pounds, but was now found to weigh 157½ pounds. He does not appear particularly pale. He is shy and positionably withdrawn, but volunteers information without hesitation. Pulse, 78 per minute and regular, blood pressure 100/68/64, respiration 16. Examination of the head and neck is within normal limits. There is no particular pallor of the mucous membranes. The heart and lungs are normal. There are no abdominal masses or tenderness, nor any guarding to palpation. The external genitalia are normal male. The upper and lower back is normal in contour, and there are limitations of motion found. The muscles of the extremity are normal to palpation, and do not have the doughy feeling associated with chronic lead intoxication. Muscular strength is adequate in both extremities, in both flexor and extensor groups. There is a questionable weakness of extension in the right lower extremity, but this is accentuated because of pain on extension against force, localized in the knee. Neurological examination shows the cranial nerves to be grossly intact, there is no motor weakness or incoordination of the upper or lower extremities. There is no diminution of tactile perception or vibratory sense and position sense. Cerebellar function is grossly normal. Deep tendon reflexes are hyperactive throughout, and bilaterally equal, to the extent of ++. There are no pathological reflexes, and the Romburg is absent. There are no pathological reflexes.