OFFICIAL CORRESPONDENCE SHOULD BE ADDRESSED TO THE DEPUTY COMMISSIONER

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION
LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT
FOURTH COMPENSATION DISTRICT
~~ROOM 52, POST OFFICE BUILDING~~ 1261 Calvert Bldg.
BALTIMORE, MARYLAND

COMMISSIONERS
JEWELL W. SWOFFORD
CHAIRMAN
JOHN M. MORIN
JOHN J. KEEGAN

E. V. PARKER
DEPUTY COMMISSIONER

In reply refer to File No. 355-1042

May 4, 1943.

Dr. Robert A. Kehoe, Director,
Kettering Laboratory of Applied Physiology,
University of Cincinnati,
Cincinnati, Ohio.

Dear Dr. Kehoe:

I am writing you again with reference to the case of Warren Nofsinger, in which you reviewed the record at my request and sent me your opinion under date of April 17, 1943.

After receiving your report I forwarded a copy thereof to Dr. Nofsinger for his information. In sending the report to him I told him that if he wished I would accord him the privilege of testifying again, or that he himself could send the record to any other specialist or authority in the field of metal poisonings for a further opinion, which I would be glad to consider. Dr. Nofsinger has now replied to my letter, stating that he does not think it is necessary for any further medical opinion or testimony to be given. I am enclosing herewith a copy of Dr. Nofsinger's letter to me under date of April 30, 1943. You will note that in his point No. 2 he refers to the fact that you were not aware that the blood smear which contained the largest number of stippled cells was made within sixty minutes after the first hemorrhage, and states that this would be too short a period of time for the bone marrow to throw out such a large number of stippled cells. Of course, this statement was not in the record, since Mr. Rouse, attorney for the Bethlehem Steel Company, and myself, who were the only ones asking questions, as laymen, did not know enough to make any inquiries along this line; and Dr. Nofsinger evidently overlooked mentioning it. I do not know what weight you would give to this fact or whether it would influence to any extent the opinion which you expressed. However, in order to be eminently fair, I informed Mr. Rouse that I would send you a copy of Dr. Nofsinger's letter and ask if you would be good enough to comment further upon this point.

Also, since I am asking you this question, I would appreciate it if you would be good enough to answer another question of mine in connection with your report. In Paragraph No. 3 of your conclusions you state as follows:

"Assuming that the lead exposure was [illegible]

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with exposure to zinc, would not have exceeded four to eight weeks in a case such as this in which there was neither paralysis nor cerebral intoxication."

Do you mean by this that you would expect his disability for work from these causes to have lasted from four to eight weeks from the time that he stopped work following his last employment on the vessel on which he had been engaged in burning paint for a period of about one month? Also, as a layman, this further thought occurs to me: If this man had the complaints and symptoms which he described for a period of four or five weeks immediately prior to his stopping work and for some earlier intermittent periods, and such illness was an industrial one because of zinc fume fever, perhaps combined with some slight exposure to lead, is it likely or probable that this illness weakened or lowered the man's general resistance so that from such standpoint at least the illness hastened the hemorrhaging of the duodenal ulcer? In other words, is it only a pure coincidence that the ulcer hemorrhaged at the time it did so that it is likely it would have happened at that time even if the man had had no previous illness from metal fumes, or would such illness tend to lower his resistance to the extent that it is probable the ulcer would not have hemorrhaged when it did but for the experience undergone.

I trust that I may not be taking up too much of your valuable time with these further questions or trespassing upon your good nature, but you will appreciate my desire to have as much information as possible in order to arrive at a fair decision.

Thanking you for your patience and assistance, I am

Very truly yours,

E. V. Parker,
Deputy Commissioner.

EVP:R
Enc.

Copy to: John G. Rouse, Jr., Esq.,
Maryland Trust Building,
Baltimore, Maryland.

COPY

LEWIS-GALE HOSPITAL

Roanoke, Virginia,
April 30, 1943.

Mr. E. V. Parker,
Deputy Commissioner,
1261 Calvert Building,
Baltimore, Maryland.

Dear Mr. Parker:

I received your letter of April 24, including the report of Dr. Kehoe in the case of [redacted]

Dr. Kehoe is an excellent man and a recognized authority in certain fields. After reviewing his report, I probably would have given a similar one as Dr. Kehoe's, since his report was compiled from a clinical case record; however, after actually treating a patient from the beginning and throughout his illness, there are many factors present which would enable one to arrive at a more correct decision, and this fact was also mentioned in Dr. Kehoe's report. One who reviews a clinical record in regard to a patient's illness cannot as a rule evaluate the findings as well as the individual who actually treated the patient and observed him during his illness.

In Dr. Kehoe's report, there are several points which I would like to discuss.

1. In the first instance, he admits that [redacted] initial illness was due chiefly to zinc fumes; however, lead fumes might have been present.

2. In the second instance, it was Dr. Kehoe's opinion that the stippled erythrocytes resulted from the hemorrhage. In this instance, Dr. Kehoe was not aware of the fact that the blood smear which contained the largest number of stippled cells was made within sixty minutes after the first hemorrhage, and this would be too short a period of time for the bone marrow to throw out such a large number of stippled cells. I would also like to state that I have seen quite a number of cases of severe hemorrhage, including hemorrhage from a duodenal ulcer, and in none of these cases have I ever seen a stippled cell count which exceeded 11,000 which was the situation in Warren's case.

3. As to the origin of the duodenal ulcer and the source of the hemorrhage in this instance, I thoroughly agree with Dr. Kehoe; as was stated in my testimony. It was my impression that Warren undoubtedly had an inactive duodenal ulcer before this illness, and the hemorrhage was from the duodenal ulcer. It was also my impression that the duodenal ulcer was inactive before this illness and the initial illness caused by the metal fumes aggravated the ulcer rendering it more active, thus

causing the hemorrhage. It is perfectly true that in many instances of active duodenal ulcer, a hemorrhage will result; however, just prior to [redacted] illness, he apparently was having no symptoms referable to the duodenal ulcer and during the course of the illness cause by metal fumes, he developed the hemorrhage. It would then be reasonable to assume that his initial illness, caused by metal fumes, aggravated the ulcer which resulted in hemorrhage, since a toxemia from such metal fumes would be capable of aggravating aduodenal ulcer.

In conclusion, it is quite evident that [redacted] initial illness was due to metal fumes, and it would be of little difference whether these fumes were zinc or lead; however, I am still of the same opinion that lead was present and that his initial illness aggravated an old duodenal ulcer, which resulted in a hemorrhage.

In [redacted] case, I do not think it i s necessary to offer any further medical testimony, and we are leaving the decision to your judgment.

Should you be in Roanoke at any time, please drop in to see us.

Sincerely yours,

(Signed) C. D. Nofsinger, M.D.

CDN:K