

Claim No. OD 14593Claimant [REDACTED]

SPECIALIST'S REPORT

Address 1030 Mound St. Cincinnati, O.Date of Examination February 22nd, 1938 Age 34

NOTE: Submit report under following headings: (1) History. (2) Complaints. (3) Examination. including X-ray and laboratory work. (4) Discussion. (5) Opinion. Mail THREE copies to the MEDICAL SECTION—Retain one for your file.

HISTORY

Complaint. Loss of appetite, pain in epigastrium, occasional vomiting after meals, persistent constipation, weakness and fatigue, weakness of left arm (improving).
(See previous report dated April 20, 1937 for onset and cause of illness, family history, personal history.)

Present Illness - Since last seen has been unable to work. Has tried to work on several occasions for a local coal company but has been unable to complete a day's work. Abdominal discomfort (dull ache) with some distension at times, has continued without relief. Continues to vomit after meals, with no blood at any time in vomitus. Has not had tarry or coffee-ground stools. Has been eating lightly, tolerating milk better than other foods. Is weak, spending most of time at home in bed. The weakness of the left arm, previously complained of, has been gradually disappearing according to patient. Has had no symptoms referable to genito-urinary tract, or to lower extremities, or to heart or lungs. Has not had headaches.

Denies any exposure to lead since cessation of employment in Feb. 1937.

PHYSICAL EXAMINATION

Present condition much same as previously described. Temperature 98 - Pulse 68 - Resp. 22. Blood Pressure 130-60. Eyes, ears, nose and throat not remarkable. There is a pigmentation of the buccal mucosa and the gums, but there is no certain lead line. Some of the pigmentation along the upper left molars may be lead line but is questionable.

There are no demonstrable abnormalities of heart or lungs. There is tenderness in epigastrium and upper abdomen. There is no muscle spasm, the abdominal muscle being relaxed. The liver and spleen are not palpable.

The lower extremities are not remarkable and there are no painful joints.

The left arm appears to be somewhat weak, but without obvious atrophy the degree of weakness may be questioned i.e. apparently largely subjective. The sensory disturbance previously described is less definite.

N19355

HISTORY

Complaint. Loss of appetite, pain in epigastrium, occasional vomiting after meals, persistent constipation, weakness and fatigue, weakness of left arm (improving).

(See previous report dated April 20, 1937 for onset and cause of illness, family history, personal history.)

Present Illness - Since last seen has been unable to work. Has tried to work on several occasions for a local coal company but has been unable to complete a day's work. Abdominal discomfort (dull ache) with some distension at times, has continued without relief. Continues to vomit after meals, with no blood at any time in vomitus. Has not had tarry or coffee-ground stools. Has been eating lightly, tolerating milk better than other foods. Is weak, spending most of time at home in bed. The weakness of the left arm, previously complained of, has been gradually disappearing according to patient. Has had no symptoms referable to genito-urinary tract, or to lower extremities, or to heart or lungs. Has not had headaches.

Denies any exposure to lead since cessation of employment in Feb. 1937.

PHYSICAL EXAMINATION

Present condition much same as previously described. Temperature 98 - Pulse 68 - Resp. 22. Blood Pressure 130-60. Eyes, ears, nose and throat not remarkable. There is a pigmentation of the buccal mucosa and the gums, but there is no certain lead line. Some of the pigmentation along the upper left molars may be lead line but is questionable.

There are no demonstrable abnormalities of heart or lungs. There is tenderness in epigastrium and upper abdomen. There is no muscle spasm, the abdominal muscle being relaxed. The liver and spleen are not palpable.

The lower extremities are not remarkable and there are no painful joints.

The left arm appears to be somewhat weak, but without obvious atrophy the degree of weakness may be questioned i.e. apparently largely subjective. The sensory disturbance previously described is less definite.

Laboratory Observations

Blood	2-21-38	3-15-38
RBC	3,220,000	2,980,000
Hb (Dare)	71%	65%
Stippling (50 Fields)	25	74
WBC	4,300	4,600
Polymorphs.	46.0%	50.0%
Band forms	1.5%	2.0%
Lymphocytes	46.0%	41.0%
Mononuclear	2.5%	5.0%
Eosinophiles	4.0%	1.0%
Basophiles	-	1.0%

Robert M. Lehman
(Signature of Examiner)

M. D.

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

KE 0016550

(CONTINUE REPORT DOWN FROM HERE)

(CONTINUE BELOW ON REVERSE OF SHEET—FOLLOW INSTRUCTIONS)

Lead in milligrams per 100 grams in blood

2-21-1938	0.22	(compared with 0.055 one year ago)
3-15-1938	0.16	

Urine

Alkaline to methyl red - Albumin and sugar negative
Microscopic - considerable debris and a few pus cells.

Lead in milligrams per liter in urine

2-21-38	0.08	(Compared with { 0.26 on 4-20-1937
3-15-38	0.35	{ 0.18 on 4-28-1937

Feces

Lead analysis on feces obtained 3-15-1938

In entire sample	1.95 mg.
Per gram of ash	0.14 mg.

Discussion and Opinion - On April 22, 1937 a large sample of urine and a sample of feces were brought to the laboratory by this patient, these having been collected by him at home on our instructions. The urine sample on analysis yielded 17.35 milligrams of lead, or 10.7 milligrams per liter. The fecal sample yielded 193 milligrams by actual weight, corresponding to 16.4 milligrams per gram of ash. These findings are impossible and fantastic as an expression of lead excretion. One of them might have been contaminated by accident, but the combined results suggested that the samples had been tampered with by the patient or by someone else. Insufficient knowledge as to the proper quantities of lead to add, in order to simulate plumbism, had defeated the purpose of the act and our attestation was called to the likelihood that either the patient was a malingerer being assisted by someone, or that someone was fooling both him and us. These analytical results became available only after my initial report had been sent in. A few days later Mr. Gast was called in for a talk, but since this talk yielded no information, and since it was believed that the blood and urine samples taken in the laboratory on April 20th had given results definitely pointing to a significant occupational lead exposure, no supplementary report was made to the Industrial Commission. On June 23, the patient returned voluntarily to the laboratory, at which time additional blood and urine analyses were carried out as follows:

Urine - 0.13 mgs. lead per liter

Blood - 0.085 mgs. lead per 100 grams.

At this time the patient had the same complaints as those previously described. This fact and the further fact that the blood and urinary lead concentration had remained so high, was quite unusual. However further questioning elicited little information as to the patient's activities, and no evidence of any further opportunities for lead exposure since the cessation of his employment was obtained.

With Mr. [REDACTED] latest return for examination and study, it now becomes all too apparent that the lead content of his blood, urine and feces have been maintained at an inordinately high level through some means which has no relation to his occupation of a year ago. T analytical results have been checked and there is no doubt of their accuracy. Further, there is no doubt that they indicate the recent

In entire sample 1.95 mg.
Per gram of ash 0.14 mg.

Discussion and Opinion - On April 22, 1937 a large sample of urine and a sample of feces were brought to the laboratory by this patient, these having been collected by him at home on our instructions. The urine sample on analysis yielded 17.35 milligrams of lead, or 10.7 milligrams per liter. The fecal sample yielded 193 milligrams by actual weight, corresponding to 16.4 milligrams per gram of ash. These findings are impossible and fantastic as an expression of lead excretion. One of them might have been contaminated by accident, but the combined results suggested that the samples had been tampered with by the patient or by someone else. Insufficient knowledge as to the proper quantities of lead to add, in order to simulate plumbism, had defeated the purpose of the act and our attention was called to the likelihood that either the patient was a malingerer being assisted by someone, or that someone was fooling both him and us. These analytical results became available only after my initial report had been sent in. A few days later Mr. Gast was called in for a talk, but since this talk yielded no information, and since it was believed that the blood and urine samples taken in the laboratory on April 20th had given results definitely pointing to a significant occupational lead exposure, no supplementary report was made to the Industrial Commission. On June 23, the patient returned voluntarily to the laboratory, at which time additional blood and urine analyses were carried out as follows:

Urine - 0.13 mgs. lead per liter
Blood - 0.085 mgs. lead per 100 grams.

At this time the patient had the same complaints as those previously described. This fact and the further fact that the blood and urinary lead concentration had remained so high, was quite unusual. However further questioning elicited little information as to the patient's activities, and no evidence of any further opportunities for lead exposure since the cessation of his employment was obtained.

With Mr. [REDACTED] latest return for examination and study, it now becomes all too apparent that the lead content of his blood, urine and feces have been maintained at an inordinately high level through some means which has no relation to his occupation of a year ago. The analytical results have been checked and there is no doubt of their accuracy. Further, there is no doubt that they indicate the recent intake of rather large quantities of lead. Moreover the clinical condition of the patient, as to symptoms and as to other laboratory evidence of lead absorption (anemia and stippling) have shown no improvement over a period of a year, but in fact have progressed.

(Continued on separate sheet)

(DO NOT WRITE BELOW THIS LINE)

SPECIALISTS BEFORE

THE INDUSTRIAL COMMISSION OF OHIO
DO NOT WRITE BELOW THIS LINE

(DO NOT CONTINUE TYPING FROM THIS END)

KE 0016552

(continued from yellow sheet)

It is conceivable that the present lead exposure is due to some accidental factor in the patient's environment. This is highly improbable but it will be investigated as a matter of scientific interest. There is no reason, however, to ascribe this patient's present condition to the effects of his employment prior to February of 1937, and therefore your examiner has no hesitation in concluding that there is no justification for the further compensation of this claimant. It may even be doubted if the original high lead concentrations in blood and urine, which were taken as evidence of significant occupational lead absorption, were due to occupational factors. It seems probable (from the results obtained on the large samples of urine and feces as noted above) that even at this time some tampering with the patient's lead intake had occurred.

wholly

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

KE 0016553