

HARRISON

HARRISON RADIATOR DIVISION

GENERAL MOTORS CORPORATION

LOCKPORT NEW YORK

December 2, 1938

Doctor Robert A. Kehoe
Laboratory of Applied Physiology
College of Medicine
University of Cincinnati
Cincinnati, Ohio

Dear Doctor Kehoe:

Your letter of November 21 with analytical results on the case of Mr. [REDACTED] was received and noted. Because of the low finding in the blood analysis and the otherwise negative history except for the one particular feature of the present illness we believe that it is not advisable to put this employee through the routine of obtaining a large sample of urine and a sample of feces.

His history is as follows:

He has been employed as a solder-off man in our Service Department for the last nine years. During this time he has been perfectly healthy, and on physical examination at intervals he has been found to have no signs of lead intoxication.

On Saturday night, November 12, 1938, he went to sleep with his head on his arm, on the table, while at home. When he woke up his right wrist was numb and was functionless. He went to see his doctor at 11:00 that night, who advised him to use hot soaks, which he has continued to do with apparent benefit.

He came in to report off work sick two days later, on Monday morning, November 14, 1938. At this time he had a weakness of the extensors and flexors of his right hand and wrist, with quite marked involvement of the elbow extensors and flexors also.

He has had absolutely no other symptoms or signs of plumbism. He eats and sleeps normally and has no gastro intestinal symptoms of any sort, no headaches, and no neuritis of any sort in any of his other extremities.

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Blood studies made here that morning, showed hemoglobin 82%, RBC 4,200,000, WBC 8,450, differential count - stabs 4%, segmented form 65%, monocytes 13%, lymphocytes 17%, eosinophiles 1%; stipple cell count 4 in 50 fields. Wasserman was negative, also.

He has reported in here once each week to let me examine his hand, and when I saw him this past Monday he had recovered to quite a degree the function of extension and flexion of the arm, wrist and hand. He has had at times some pain over the extensor surface of the forearm.

Unless you feel that it is important to the welfare of this employee that we should make further tests we will not do so, as I feel that if his paralysis or paresis was due to plumbism he would certainly show other signs and symptoms as well as more abnormal findings in the laboratory studies both here and in Cincinnati.

Yours very truly

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C. M. Hillenbrand, M.D.
C. M. Hillenbrand, M. D.
Plant Physician

CMH:SB

G.S.  did not appear in Compensation Court on Wed. and if he does not show up for the next hearing the case will be closed. *CMH*

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