WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO
MEDICAL SECTION
COLUMBUS

Oct. 22, 1935.

Claim No. OD 11589

NAME [redacted],

ADDRESS 27 Wuest St.,
Cincinnati, O.

Dr. R. A. Kehoe,
University of Cinn.Collegeof Medicine,
Cincinnati, O.

Dear Doctor:-

We are referring the above claimant to you for examination, diagnosis, report, and opinion as to whether or not claimant is now suffering from the effect of lead poisoning.

You may notify the claimant at the address given above when to appear at your office for this purpose.

We are enclosing, herewith copy of med. exam. 7-25-35

which will give you a history of the case, as shown by our files. Kindly send your report in TRIPLICATE, together with your fee bill, direct to the Medical Section, as soon as possible. The extra form enclosed is for your files.
In preparing your report, please use the following subheadings in the order given:-

(1.) HISTORY—of injury and treatment, past medical history, previous injuries, family history (if applicable).

(2.) PATIENTS COMPLAINTS—describe in detail even if they have no apparent connection with the injury.

(3.) EXAMINATION—include all objective findings, clinical, laboratory and X-ray.

(4.) DISCUSSION—summary and treatment indicated.

(5.) OPINION—extent of disability (total or partial). If total how soon will he be able to work. If partial, estimate degree on percentage basis if possible.

Use the Form (C-111)enclosed and continue your report on the reverse if necessary.

Very truly yours,

H. H. DORR, M. D.,
Chief Medical Examiner.

WEE/ eh

IN REPLYING, ALWAYS GIVE CLAIM NUMBER.
NOTIFY THE CHIEF IF YOUR INQUIRIES ARE NOT ANSWERED WITHIN TEN DAYS.

OD 11569

[redacted]
37 West 8t.,
Cincinnati, Ohio.

obt. Dorsey Co., Cincinnati, Ohio.

7/30/35

7/25/35

[redacted]: 44

[redacted] OF INJURY: Onset- 3/10/34

[redacted]: "Lead poisoning with secondary anemia and B. I. symptoms of basophilic granules in the blood cells."

COMPLAINTS: "Poor appetite - constipation - gas and weakness."

[redacted]: Claimant is a fairly well developed and rather poorly nourished white male. His skin is of a sallow caste and his lips are moderately pale. The mucous membrane of the mouth and throat are pale and the teeth are artificial. Heart sounds are of rather poor quality and radial arteries are thickened. Blood pressure is 134/76. Tenderness is complained of in the right upper quadrant, as well as the left lower quadrant of the abdomen. There is no muscular rigidity. Abdominal reflexes are present. All tendon reflexes are present and normally active. Pupils react to light and there is a slight icterus tinge of the sclerae.

COMMENT: Claimant relates symptoms of the onset nearly one year ago, which consisted of stiffness of the knees and a tight feeling about the chest. A diagnosis has been made of lead poisoning. Claimant at first attributed these symptoms to extreme heat, until this diagnosis was made. In the past three or four weeks he has noted some discomfort and feeling of heaviness after eating. This is particularly true following ingestion of fats or greasy foods. He denies dyspepsia prior to the onset of lead poisoning. In June of this year, a nasal operation was done because of furunculosis of the nares. This has relieved the local, symptoms but he does not admit any improvement in general health. The time element in the onset of his digestive symptoms is not in favor of a causal relation to the lead poisoning. It may be well to refer [redacted]

N19508.01

KE 0016833

[illegible]

DATE OF INJURY: Onset - [illegible]

NATURE OF INJURY: Lead poisoning with secondary anemia and G. I. symptoms of basophilic granules in the blood cells.

COMPLAINT: "Poor appetite - constipation - gas and weakness."

EXAMINATION: Claimant is a fairly well developed and rather poorly nourished white male. His skin is of a sallow shade and his lips are moderately pale. The mucous membrane of the mouth and throat are pale and the teeth are artificial. Heart sounds are of rather poor quality and radial arteries are thickened. Blood pressure is 134/78. Tenderness is complained of in the right upper quadrant, as well as the left lower quadrant of the abdomen. There is no muscular rigidity. Abdominal reflexes are present. All tendon reflexes are present and normally active. Pupils react to light and there is a slight icterus tinge of the sclerae.

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OPINION: Temporary total, re-examination six months.

Suggest that he be referred to an internist.

Respectfully submitted,

H. H. DORR, M. D.

E. M. KANE, M. D. Bl

KE 0016834

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

Claim No. OD 11589

Claimant [redacted]

Address 27 Wuest Street

SPECIALIST'S REPORT

Date of Examination October 24th, 1935 Age 44

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

C.C. "Weakness and logy feeling".

P.I. Has been painter for 25 years. Was in good health till June 1934 when there gradually began weakness and stiffness in legs and arms. It became difficult to rise from stooping position or to negotiate stairs. Was working usual 8 hour day but condition became worse with pronounced malaise, sense of constriction in chest and gastric discomfort particularly after eating. Appetite was poor for breakfast as has been true for years. About August 20, 1934 stopped work because of symptoms - particularly the stiffness in the arms and legs. Consulted physician and has been under treatment for lead poisoning since then. Made little progress till August 1935 when he began to improve somewhat. At present time has some weakness, aching and itching in legs with general malaise. Gastric symptoms have disappeared. Appetite good except for breakfast. No history of colic, wrist drop etc. Headaches have been frequent and annoying particularly at time of onset. Insomnia was annoying - no terrifying dreams. Constipation has been severe in recent years - takes saline cathartics regularly. No numbness or tingling, no chills, fever or metallic taste.

I.H. School till 13. Woodworker 2 months. Leather and hair worker on carriage seats 2 months. Paint shop worker, paint and putty mixing, cleaning, glazing etc, 2 months. Carriage painter 2 months. Upholsterer 1 year, painter since.

Pb.H. Has been working with lead paints almost continuously since age of 18, all types of work, sanding, mixing, glazing, interior and exterior painting. Averaged usually 8 hrs. daily. In 1928 and 1929 worked as long as 12-14 hours daily. Since 1930 has worked 8 hour days for about 7 months of the year. Prior to onset P.I. had six months steady employment. No unusual exposure - no dry lead compounds, etc.

F.H. Father died 52 - C.U.R. 1 brother living and well.
Mother died 82 - senility. 3 sisters living and well.
1 sister died 22 tuberculosis.

H.I. Nasal operation June 1935. Frequent colds lasting 2-3 days.

C.R. Negative

G.I. Appetite usually good except for breakfast. Constipated - catharsis 1 x 2 weeks.

G.U. Nycturia 1 - 2 x before and during early part of P.I. No venereal disease.

N.M. Frequent headaches prior and [illegible]

KE 0016835

N19508.02

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G.I. Appetite usually good except for breakfast. Constipated - catharsis 1 x 2 weeks.

G.U. Nycturia 1 - 2 x before and during early part of P.I. No venereal disease.

N.M. Frequent headaches prior and during P.I. Has had tired feeling in feet for 3 months prior to onset P.I; gradually spreading up legs.

Habits Averages 8 hours sleep nightly - not restful during P.I. No tea or coffee - no spirits.

Weight U.W. 180 B.W. 200 (1910) L.W. 159 (1934) P.W. 169

3.Examination

General Fairly well developed and nourished white man about 48 years of age - prematurely gray. Not acutely ill but with pasty pallor and unhealthy

.....M. D.
(Signature of Examiner)

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

KE 0016836

(CONTINUE REPORT *DOWN* FROM HERE)

appearance. Alert and cooperative.
Temp: 98.2 Pulse: 69 R: 26 Weight: 161 B.P. 130/86

Head Not remarkable - Wei
Ears Drums whitened - otherwise Ok
Eyes R equal L med, reg. - react well. E.O.M. Ok.
Nose Septum deflected to right - m.m. dusky red both sides - left turbinates hypertrophied - evidence of chronic nasal disease.
Mouth Edentulous - m.m. good color - tonsils very small - submerged - glossae somewhat injected.
Neck negative
Skin soft, pale, dry
Nodes Not remarkable
Chest R.S.D. 7.0 R.C.D. 2.5 x 12.0 K.I. Rt. 8 D.E. 4
K.I. Lt. 8 D.E. 5
Lungs are normal - Heart tones soft, clear. Reaction good in 2 minutes - accelerates 15/ min. after 23 hops -
Abdomen lax - slight tenderness over cecum on deep pressure - sigmoid full and palpable - belly is negative
Pelvis normal
Ext. skin pale and dry. Scattered superficial abrasions from scratching - pulse poor in dorsalis pedis - 2nd degree pronation both feet. Syndactylism 3 and 4 fingers left.
Reflexes Tendon reflexes hyperactive +++. Superficial normal.

Sensorium - normal. Tactile disc. exceptionally good.
Muscular system normal - well developed - coordination good - gait and speech good - Cranial nerves Ok.

Laboratory

Hb 82% RBC 5,030,000 WBC 8,920

Poly. 66%
Lymph 30%
Eos. 2%
Bas. 2%

Stippling 3 per 50 fields

Urine 0.02 mg/Liter

alb. negative Sugar negative Microscopic negative

4 Discussion

The patient is now defintely convalescent and in a fairly good state of health. There is no evidence of any permanent injury or residual effects of the episode of lead intoxication. The urinary lead which is within normal limits, indicates that he has eliminated such abnormal quantities of lead as may have been absorbed. While the present state of health is below the normal, it is believed that the symptoms now in evidence are associated with other causes. The nasal disease is the probable cause of the few general symptoms remaining, while most of the difficulty referred by the patient to the legs is associated with pronation of the feet and should be improved by corrective measures. Disability may be considered to be of the order of 50% of total for the next 30 days at the end of which time it appears that it will be proper for him to return to his occupation. We have recommended care of the nose and correction for the feet.

Robert A. Kehoe, M.D.

OD 11589

[redacted]

June 1934

10-24-1935	Complete clinical examination (consisting of physical examination, microscopic blood examination (Red count, white count, differential count, haemoglobin determination, count of stippled erythrocytes), urinalysis, lead analysis on urine.	40 00

$ 40 00

KE 0016838

N19508.03

[redacted]

Dr. Machle

Urine: Received 10-24-1935

Mgs Pb/liter - 0.02

Reported: 10-26-35

Spectrographic

KE 0016839

N19508.04