OFFINBERRY

HARD H. HILDEBRANT,
SECRETARY

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

IN RE CLAIM NO._____

November 18th, 1942.

Dr. Robert A. Kehoe,
University of Cincinnati,
College of Medicine,
Cincinnati, Ohio.

Dear Doctor Kehoe: -

I acknowledge the receipt of your letter dated November 17th, 1942.

I have given your comments much consideration, and am in complete agreement with the ideas on the quantitative analyses of urine. In other words I realized the difficulties which would be encountered in allowing any laboratory in the state to do lead determinations, both from the laboratory standpoint and also from the standpoint of collecting the urine specimens properly.

It was with the idea in mind to arrive at some satisfactory arrangement whereby a uniform method could be applied by reliable laboratories that we addressed our letter to you on November 6th. Your comments on such a procedure are extremely well taken and we have been attempting to satisfactorily apply an important laboratory aid in considering compensable lead poisoning cases filed with us.

One of the chief problems with which we are confronted in occupational diseases is the proper consideration of lead poisoning cases. The reports which we receive from the greatest majority of physicians in this state are most inadequate, and I am sure you would agree that it is impossible to either diagnose lead poisoning or disprove the presence of lead poisoning from the medical information furnished.

Inasmuch as it is our function to properly compensate the workmen for diseases contracted during the course of their employment, it is our responsibility to accurately determine whether or not the workmen does suffer from an occupational disease. It is a rare exception for us to receive reports from physicians which are complete enough to even suggest the diagnosis of lead poisoning.

I would be willing to conservatively state that in the State of Ohio there are countless numbers of individuals being treated for both acute and chronic lead poisoning, which incidentally have also been held compensable, that do not have lead poisoning at the present time nor have they ever had lead poisoning.

This type of thing causes not only a problem from the Industrial Commission's standpoint, but is also a social and economic factor as far as the workmen is concerned. From our experience, it seems that an individual who handls any lead product regardless of its type who becomes ill regardless of the type of disease, is diagnosed as lead poisoning. The attending physician without using proper clinical judgment or proper clinical investigations diagnoses lead poisoning, and informs the individual that he must never again follow his usual trade or occupation. Obviously, therefore, the individual is untrained for any other type of work, and this creates a serious social and economic situation.

It was, therefore, with such situations in mind that we are attempting to arrive at some solution to the problem which would be fair to the workmen and at the same time fair to the Industrial Commission.

In view of your comments in your recent letter, we are wondering whether or not we could confer with you personally at sometime in the near future and at your convenience to discuss the problems at hand with the idea of arriving at a practical solution.

I am considering saving all applications alleging lead poioning so that you may have a fair understanding of the problem which confronts us in the medical consideration of lead poisoning cases.

We are again thanking you for your fine cooperation and willingness to cooperate with us in the future, and we are looking forward to an early reply.

Very truly yours,

R. M. Andre, M.D.
Supervisor, Medical Section.

BA/MMW.