N19350

C-111—5M—3-39

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

Claim No. O.D. 12,362

Claimant [redacted]

SPECIALIST'S REPORT

Address Transient Bureau - 411 Laurel St. Cincinnati

Date of Examination March 27,1940 Age 33

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

P.I. "Pain in stomach","weakness","unable to work", "feet hurt".
Onset about 1 month prior to April 19, 1935, when began to feel sick, with cramping pain, loss of appetite, inability to retain food (vomited frequently, and could not retain milk taken while at work), when employed in "shake out", at Eagle-Picher Lead Company, Cincinnati, Ohio. Usual routine of employment at this plant, in manufacture of white lead by "Old Dutch" process. Quit work on April 19th, was treated by physician for lead poisoning and has continued to be ill since. Has essentially same symptoms now as at onset.

Occupational
Employed as above from Sept. 1934 to April 1935. Prior to that time was a truck driver from 1931, and prior to that was employed by B and O R.R. No previous lead exposure. No previous occupational illness or injury.

Previous Medical -
Unimportant - no venereal history.

F.H. Irrelevant, except that is married but no longer living with wife.

Physical Examination

General Well developed, well nourished, large and muscular negro, fairly alert, [redacted]

fundi are not seen clearly.

Ears Canals clear, drums normal.

Nose No obstruction, some scarring and irregularity of lower septum without perforation. Muco-purulent discharge at left inf. meatus.

Mouth Teeth and gums in poor condition. Left lower 2nd bicuspid and molars, 1st and 2nd lower right molars and1st and 3rd upper right molars missing. There is slight caries and excessive sordes, and, in the upper incisor region, a purulent gingivitis. The gums show the normal racial pigmentatic but no suggestion of a lead line.

Tongue Large, flabby, pink and moist, with a whitish coat on the dorsum. Protrudes in the midline without tremor.

Pharynx-Pale, with some adherent muco-purulent material. Tonsils small, Volumtary and reflex muscle function normal.

Neck No abnormalities, pulsations or masses. Cervical glands normal size. Trachea in midline.

Heart No shock or thrill. P.M.I. 5th i.s. 9 cm. from M.S.L. R.C.D. 4.5 x 10.0 R.S.D.6.00. Sounds clear, good quality, no murmurs. Apex rate 84 two minutes after 25 hops. Normal sinus arrythmia.

to the MEDICAL SECTION—Retain one for your file.

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Previous Medical -
Unimportant - no venereal history.

F.H. Irrelevant, except that is married but no longer living with wife.

Physical Examination

General Well developed, well nourished, large and muscular negro, fairly alert and cooperative, not apparently ill, oriented as to time and place.

Eyes Pupils small, equal, react to L and A. EOM normal. There is some increase in the intraocular tension, a slight haziness to both lenses and the fundi are not seen clearly.

Ears Canals clear, drums normal.

Nose No obstruction, some scarring and irregularity of lower septum without perforation. Muco-purulent discharge at left inf. meatus.

Mouth Teeth and gums in poor condition. Left lower 2nd bicuspid and molars, 1st and 2nd lower right molars and 1st and 3rd upper right molars missing. There is slight caries and excessive sordes, and, in the upper incisor region, a purulent gingivitis. The gums show the normal racial pigmentatio but no suggestion of a lead line.

Tongue Large, flabby, pink and moist, with a whitish cast on the dorsum. Protrudes in the midline without tremor.

Pharynx-Pale, with some adherent muco-purulent material. Tonsils small, not remarkable. Voluntary and reflex muscle function normal.

Neck No abnormalities, pulsations or masses. Cervical glands small. Thyroid normal size. Trachea in midline.

Heart No shock or thrill. P.M.I. 5th is. 9 cm. from M.S.L. R.C.D. 4.5 x 10.0 R.S.D. 6.00. Sounds clear, good quality, no murmurs. Apex rate 84 two minutes after 25 hops. Normal sinus arrythmia.

Lungs Excursion free and equal, normal fremitus, normal diaphragmatic excursions.

Abdomen and Pelvis -Sl. scaphoid. Liver and spleen not palpable. No palpable masses. Small umbilical hernia. Complaint of tenderness on palpation in epigastrium and right hypochondrium. Inguinal rings small and intact. External hemorrhoid present. External genitalia normal except for a small cyst at base of scrotum on left. No penile scars.

Robert A. Kehoe M. D.
(Signature of Examiner)

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

(CONTINUE REPORT *DOWN* FROM HERE)

Skin - Dryish with scattering of small papules on anterior chest. Pubic and axillary hair scanty. Small papilloma on left shoulder at neck line.

Lymph Nodes - Cervicals not enlarged; axillaries not palpable; rt. epitrochlear palpable (4 mm) not tender (no lesion on hand), left epitrochlear not palpable; inguinals palpable, discrete, small, not tender.

Neuro-Muscular - Romberg negative, no past pointing. Right shoulder higher than left, slight facial asymmetry. No local or general muscle weakness or atrophy. No disturbance of touch, pain or thermal sensibility. Diminished plantar sensation and reaction. Not reversed. Gait normal. Hand grip right 80 - left 50 (right handed).

Laboratory

Urine - clear, medium dark amber, and without shreds or sediment. Alkaline to methyl red, albumin and sugar negative. Microscopic - negative. Lead analysis 0.035 mgs. per liter.

Blood - RBC 3,950,000 Hb 91 Stippling 2 per 50 F. WBC 5,500 Polys 42.5% Stabs 3.0% Lymph. 42.0% Mono.8.5% Eosin. 4%
Wasserman and Kahn tests - negative.
Lead analysis - 0.05 mgs. per 100 grams.

Discussion

The matter of initial diagnosis is open to question, but the exposure of the occupation was very severe, and compatible with plumbism of the more severe types. Diagnostic procedure was inadequate but patient may be assumed to have been poisoned. There was no lesion at that time of the type associated with residual injury, and there is no present evidence of residual disability due to lead absorption. The present lead analyses, as would be anticipated at this time, fail to reveal evidence of abnormal lead absorption or excretion. No medical treatment is required.

April 2, 1940

Dr. Sidney McCurdy
Supervisor of Medical Section
The Industrial Commission of Ohio
Columbus, Ohio

Dear Doctor McCurdy:

I am enclosing herewith [redacted] dings and opinion in the case Claim No. OD 12362.

I am enclosing also with the report, a fee bill for my services.

Very truly yours,

Robert A. Kehoe, M.D.

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