

*See letter to Dr. Andre
put in General file*

Q.B37126

[REDACTED]
2104 E. 71st Street,
Cleveland, Ohio
xxxxxxx Opinion - February 3, 1944

An opinion as to the nature of this claimant's illness in August of 1943 must rest upon the statements of Dr. Jerome Gross. In the absence of a satisfactory record of Dr. Gross' examination, the statement that the patient when examined had "abdominal colic, vomiting, constipation, impairment of grip, lead line, stippling of RBCs in smear, must be accepted by this reviewer as true, unless it can be discredited by evidence to the contrary. No such evidence is available, inasmuch as there is no information obtained from other examinations during this period. By the time of Dr. Paryzek's examination on November 6, there had been ample time for the disappearance of symptoms or signs of plumbism.

Granting the occurrence of illness as described, the only basis in the record for differential diagnosis is found in the evidence for or against the significance of this man's lead exposure. The shortness of the claimant's exposure to lead is the only valid reason for question. This must not be taken too seriously in view of the manifest potential hazard of the manufacture of storage batteries. The stippling of the erythrocytes (on our count there were about 43 erythrocytes per 50 microscopic fields), while not providing proof, suggests that there was significant lead exposure. Moreover the analytical data obtained by Dr. Manzol would seem to indicate that there had been significant lead exposure. The report on the analyses from Dr. Gross' office is not very convincing by reason of the statement that 0.09 (no volume or weight relationship given) is normal. If Dr. Manzol obtains such figures on normal persons, his method of analysis is not sufficiently precise, or else he is not taking proper precautions against the contamination of blood samples at some point. The mean value of normal results on the whole blood, by the most sensitive methods of analysis available is about 0.03 mg. per 100 grams, while the highest normal value does not exceed 0.06. Only in the rarest instance do normal values go beyond 0.05 mg. per 100 grams. This appears to represent a certain carelessness in Dr. Gross' report, rather than Dr. Manzol's (the latter's report is not in the record) since the same report (as well as the fee bill) gives the information on the urine as follows: "Urine lead 0.23 - normal 0.3" again without reference to any weight or volume relationship. It may be presumed that this means 0.23 mg. of lead per liter,

and that the normal value was intended to be 0.03 mg. per liter, since the is the average or mean normal value. Actually, any value 0.03 mg. per liter may be regarded as within the normal range the case of samples of one liter or more in volume. All in all, this report demonstrates such carelessness in dealing with these important and pertinent facts as to justify one's serious skepticism as to the accuracy of other observations and statements in the part of the record contributed by Dr. Gross.

A letter of Dr. Andre's, dated December 29, 1943, states that analyses on the blood and urine made on September 29, 1943 gave normal results, to which Dr. Parysek replied, that the blood level was "slightly above normal." This reviewer is not able to consider the significance of this exchange of correspondence, since the analytical results, their source, and the date of sampling are not given.

Conclusion: The diagnosis rests primarily on the opinion of Dr. Gross. This opinion is not too well supported, but it is not discredited as a matter of record. Therefore, on the record the reviewer admits doubt, but accepts the opinion for lack of contrary evidence. The examination of Dr. Parysek justifies the conclusion that the claimant has no present disability.