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August 21, 1941

U. S. Fidelity & Guaranty Co.,
43 Kilby Street
Boston, Mass.

Att. Mr. R. J. MacDonald:

Assured: Lowell Motor Sales

Employee: [redacted]

Address: 948 Broadway Rd., Dracut, Mass.

Age: 27, white, male, single.

Occupation: Employed eight years as lubrication man.

Date of onset of complaints: "About a year ago", characterized by lack of ambition and fatigue.

Disability Began: July 28, 1941.

Alleged Cause of Disability: "Lead poisoning".

Treatment from: Dr. Arakelian of Lawrence.

Date of Examination: Aug. 18, at my office.

REPORT

Past History: Measles, mumps, whooping cough in early childhood. Denies diptheria, scarlet fever or rheumatic fever. Denies illnesses, operations, or hospital entries. "Cannot recall when I consulted a Doctor before this." Injuries: Hurt back in auto accident in 1931, not disabled. Back was sore for two or three weeks. Denies cough, night sweats, afternoon temp. and never jaundiced. No complaints of headache. Denies venereal, no genito-urinary complaints. Habits: One package of cigarettes daily, rare beer, tea three times a day (one cup); no drugs. Family history negative.

Present Illness: He states that he has been employed for eight years as a lubricating man; that the staion is busy and that he frequently uses regular Socony gas to clean hands of grease and oil; and at times may do this many times a day, "sometimes as often as sixty times a day." He says the station handles from 400-450 cars a month. His hours are from 8:00 A.M. to 6:00 P.M. with one hour for lunch.

About a year ago he began to notice lack of ambition and sense of being tired. About Apr. 1, 1941 began to notice lack of appetite and pains across the lower abdomen. On Apr. 19th he consulted Dr. Arakelian of Lawrence. He reports the Doct as questioning him as to his work and after learning he used gasolene (regular Socony gas contains some tetra-ethyl lead) stated that the patient had lead poisoning. The patient reports that he made some remark about a blue line on the gums. There was no urine examination and no blood examination. Treatment was with pills and medicines. The patient denies constipation but about the middle of April for a period of two weeks there was nausea and occasional vomiting after meals. No blood in vomitus and it is not described as being sour.

Since the Doctor had told him he thought he had lead poisoning he stopped using gasolene to clean his hands and since then he has used fuel oil or kerosene. He went to the Doctor's once a week. He stopped work on July 28th and says that his Doctor told him that a rest would do him good. The patient says he felt as tho he needed a rest that he had no ambition to work. (This is the first time off in eight years except for one week two years ago that he took on his own time.)

His weight which was 152 fell to 143½. His appetite fell off; it is now coming back.

Present Complaint: Pain in lower abdomen (now and then" no localized; more of an ache than a pain, may last a day or so. Does not take laxatives. Appetite was poor; now improving.

Physical Examination: Reveals a healthy appearing well developed and nourished white man of twenty-seven. Height five feet, five and a quarter inches; weight 144. Pulse 84 regular. Blood pressure 120/80. Head, eyes, ears and nose and throat are negative. The teeth are in good condition with the exception of a carious upper left molar. Tonsils are small.

Careful examination of the gums under direct light and with a magnifying apparatus fails to disclose any sign of lead lines at this time. There are no gland enlargements; thyroid negative, temp. normal. No clubbing of fingers. Careful examination of heart and lungs fails to disclose anything abnormal. Examination of the abdomen reveals it soft without tenderness, masses or spasms. He has a definite small left inguinal hernia. Right side negative. He tells me that his work does not involve heavy lifting; that he has had no sudden strain, wrenching or pain located in the left groin, and apparently was unaware of the small left hernia now present. The genitalia are notherwise negative. Extremities normal. Reflexes normal. There has been no weakness of wrist or hand grasp complained of.

At this time I referred him to the Leary Laboratory for a complete blood examination and urinalysis, and Hinton test.

I am now in receipt of the report of this investigation and copies of the reports are attached. They reveal the blood picture without stipling (usually seen in lead poison or marked lead absorption.) There is no evidence of anemia in fact the red blood count is 1,530,000 above the normal 5,000,000.

I might say at this point that his appearance does not suggest a polcythemia. Hinton test reported negative, and urine entirely negative except for least possible trace of albumen.

Comment and opinion: I am unable to find anything the matter with this young man with the exception of a small left indirect inguinal hernia that has apparently progressed slowly and so far as I can determine has no accidental cause. It is quite possible that this is the cause of his rather vague lower abdomen pains and might attribute the the feeling of lassitude and easy fatigue. I cannot connect this hernia with anything about his work. The blood and urine examination do not suggest lead poison. He has no lead line at this time. At the time of the Laboratory examination I suggested that he submit a twenty-four hour urine sample to be examined for lead; thus far have not heard from him on that point.

He does not impress me as a case of lead poisoning nor does his examination reveal adequate cause for disability extending beyond this time. I think it quite reasonable that the man who has not had a vacation for eight years might feel that a rest of a few weeks would do him good.

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WILLIAM A. BISHOP, M.D.

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Laboratory Reports by Leary Laboratory

HINTON: Negative

URINE: Amount approximately 145 cc
Color - straw
Odor - normal
Reaction - acid
Spec. grav. - 1.022
Albumen - least possible trace.
Sugar - absent
Sediment:- small amount. Acetone absent.
Microscopic - few squamous cells and round epitheseal cells. Numerous calc. oxal. crystals. Very small amount of mucus.

BLOOD: Hemo. 16 grams. 100% Dare.
Red count: 6,530,000
White " 9,550

Poly. nuclear leukosis	72%
Meta.-myelocytes	6%
Eosinophiles	2%
Mast. cells	0%
Lymph.	19%
Mono.	1%
Myelo.	0%
Anisocytosis	Slight
Poikilocytosis	Very slight
Polychromasia	None
Achromia	None
Blasts	None
Platelets	Numerous
Stiplings	None