WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO
MEDICAL SECTION
COLUMBUS 15

May 12, 1952

Claim No. OD 72927

Dr. R. A. Kehoe
University of Cincinnati
College of Medicine
Cincinnati 19, Ohio

Name [redacted]

Address 6506 Dorr Street
Toledo, Ohio

Dear Doctor:-

We are referring the above claimant to you for review of the medical proof and opinion as to whether or not the proof is sufficient to justify allowance of the claim on the basis of lead intoxication.

The only subjective symptoms recorded are "fatigue, nausea and neuritis" and the laboratory reports do not appear consistent with lead intoxication.

There is no mention of colic, constipation or lead line. The basophilic stippling (16%) is much higher than we have ever observed in lead cases and we are inclined to doubt the correctness or significance of it. Apparently there was no anemia or reduction in hemoglobin. The blood and urine lead examinations accomplished at your laboratory some months following disability were well within normal. We are enclosing, for your convenience, forms C-111, Report of Examination, which should be submitted in triplicate, and C-19 Physician's Fee Bill, both of which should be sent directly to the MEDICAL SECTION of the Industrial Commission. May we stress the importance of a prompt report as the claimant's compensation is withheld pending the receipts of this examination.

(cont'd. on reverse side)

~~Please notify the claimant as to the place, hour and date to appear for this examination. A post card is enclosed for this notification. Kindly notify us at once if claimant fails to appear.~~

Yours very truly,

R. M. ANDRE, M.D.
SUPERVISOR,
MEDICAL SECTION.

RMA:mpt
Enc.

Med. 11

KE 0016474

OD 72927 - [redacted]

While our investigators report a lead hazard at this plant over a short period of time, we are unable to arrive at a definite conclusion in view of the absence of more positive findings.

Your prompt consideration will be appreciated and of material aid to us in the disposition of this claim.

The Cincinnati Branch Office will make the file available to you for review.

RMA:mpt

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

Dec. 31 1935.

OD 10043
Claim No. OD 12619

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

NAME [redacted]

ADDRESS 407 S. Montgomery St.,
Dayton, O.

Dear Doctor:-

We are referring the above claimant to you for thorough examination, report, and opinion as to degree of disability now present which can be attributed to the injury.

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

We are enclosing, herewith both files, and request that you return them with your report.

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.

MED. 11—5M—2-35

-7-35-

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

Claim No. OD 10043
OD 12819

Claimant [redacted]

SPECIALIST'S REPORT

Address 407 S. Montgomery St. Dayton, O.

Date of Examination January 6th, 1936 Age 30

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. Cramps in belly. Persistent cough since Sept.1935 - chest constriction dyspnoea - Sore chest 2 months - cold persistent (2 weeks), stiffness of left hip and soreness in the small of the back.

P.I. Onset of present illness night of July 12th, 1935 while at work, with headache, weakness and dizziness. Was able to continue until quitting time. Headache and weakness continued, unable to return to work. Had been working at pouring molten lead 2 to 4 hrs. daily in Linotype operating room, exposed to fume and dust, since August 11th, 1933, without illness or lost time. For a month prior to illness had been feeling badly with cramps, weakness of hands and wrists, loss of appetite, loss of weight, and stiffness and soreness of joints.

Had two attacks of cramps, diagnosed as plumbism, on earlier date, i.e. in the early summer of 1931, at which time he was off a week (not reported to State), and in spring of 1932, when off 2 weeks. In addition to these he was quite ill, after a progressively increasing weakness of a month's duration, in April of 1933. Was under treatment at this time for 4 months, with similar symptoms, diagnosed and compensated as plumbism. Recovered and returned to work Aug. 1933, and has worked since until present illness.

Was reported by Doctor as able to return to work in Sept.1935, but no opening at previous employment. Applied to B and O Railroad whose doctor rejected him as suffering from lead line, and circulatory effects of plumbism. Has continued under treatment of Doctor, who in October gave him KI, which brought on an attack with nausea and vomtting after 2 weeks increasing dosage. Has not improved greatly but is still weak, with pains in chest and hip, with cough and with cramps, especially after eating. For past two months has had frequency of defecation (3 or 4 times daily), especially in mornings. Frequency of urination in daytime, but not at night History of illness otherwise indefinite.

Occupational History.

Farm work as youngster, (general farming), then to Army in Infantry from Feb. 1924 until April 1929. Stationed at Fort Benj. Harrison. Thence to B and O Railroad as fireman and section hand, about 1-1/2 years. Then to Dayton Linotyping in Sept. 1930. Began as janitor but spent 2 hours (average) daily pouring metal. Other duties sweeping office and composing room. There were considerable amounts of metallic dusts, but a dustless sweeping compound was used, and an oily dust cloth. Most of exposure

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Family History

Mother and father died in accident in their forties. One brother and one sister - no information. Married for 7 years - 3 children, ranging from 14 months to 6 years of age. All healthy - no deaths or miscarriages. Wife of 32, in good health.

Previous Illness

Operations etc. Hernia operation 1925 - tonsi any 1928. No memory

(Signature of Examiner) M. D.

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

(CONTINUE REPORT *DOWN* FROM HERE)

of illness for which doctor called - no venereal disease.

ystems G.I. Frequ defecati months. Appe air, all food tastes . Cramps at night. Does not p awake at night - st sleep from pain. No constipation at any time. In Oct. took KI afte als, afte 2nd week became nauseated and vomited. Cramps etc. became e and mor prolonged. Diarrhea for short time Discontinued medic Recently frequent stools especially in A.M.
G.U. Increased frequenc of urination but only in daytime. pain - no hematinuria.
Card.Resp. yspnoea, nal orthopnoea - associated p uctive cough, (visco material) sensitivity phenomena apparent Dyspnoea not necessari associate th exertion - Feet cold but ma - no palpitations angina, no syncope.
General ight now about 152 - Best weight 170, at lowes 133, 2 years ago st illnes About 145 at onset of present ill ss. Has regained ss.

Physical Examination

Height: 68-1/4 Weight: 151 Temp: 99.6 Pulse: 82 Resp. 19
Blood Pressure(seated) 134/70

Well developed, well nourished young man, of good color and appearance, with a bad cough and an active cold.

Eyes No nystagmus. No lid tremor. Some photophobia apparently. React to L and A - Extrinsic muscles Ok - Visual fields not obviously diminished. Fundi unsatisfactorily visualized without paralytic dilitation.

Ears Right entirely normal, left drum covered with cerumen - audition normal.

Nose Mucous membrane red, edematous, inf. turbinates boggy, purulent discharge beneath both. No perforation or obstruction.

Throat Red, edematous m.m. Purulent material on post pharynx. Extremely sensitive yngeal reflexes.

Mouth h are missing above and below, esp. molars, left lower 2nd molar serious Gums retracted. Little purulent gingivitis. No lead line anywhere. ue protrudes in mid line. No gross tremor.

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Chest Heart borders apparently normal. Max. Imp. 5th int. 8 cm. from mid line. No trill. No abnormal sounds. Sounds of good quality. Rather marked sinus arrythmia. The left chest shows some diminution of Kroenig's Isthmus reduction of resonance over the upper lobe posteriorally, and occasional rales and squeaks which disappear on coughing. There is some asymetry of the two sides but no atrophy, and no reduction of motion of the chest wall or of the lower lung borders. There is no evidence of moisture at the base

The abdomen is not remarkable except for a right hernial scar. No masses are palpable - there is no distension, and the liver and spleen are not palpable. Some soreness is complained of on deep palpation but there is no reflex spasm.

Extremities - Not remarkable. No demonstrable weakness or atrophy of muscles.

C.N.S. Tendon reflexes generally elicited with great difficulty - Abdominal and cremasteric active. No paralyses, no sensory disturbances, no ataxia. Neg. Romberg. No demonstrable autonomic instability.

palpitations, no angina, no syncope.
General - Weight now about 15[illegible] - Best weight 170, at lowest 15[illegible] 2 years ago than 1st illness. About 145 at onset of present illness. Has regained some loss.

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See attached sheet

(DO NOT WRITE BELOW THIS LINE)