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

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

2-15-40

Claim No. OD 14451

NAME [redacted]

ADDRESS 1202 Lakeside Ave.

Akron, Ohio

Dear Doctor:-

We are referring the above claimant to you for examination to determine the claimant's present condition & whether or not same is attributed to lead poisoning which clt. allegedly contracted on 1-18-37.

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

We are enclosing, herewith copy of medical 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,
DR. SIDNEY McCURDY,
Supervisor of Medical Section.

SMH:mpr

IN REPLYING, ALWAYS GIVE CLAIM NUMBER.
NOTIFY THE CHIEF IF YOUR INQUIRIES ARE NOT ANSWERED WITHIN TEN DAYS.

C.D. 14451

[redacted]

1202 Lakeside Ave.,
Akron, Ohio.

Commercial Printing & Litho.Co.

January 5, 1940

REPORT

Claimant alleges lead poisoning. However, after reviewing file, it is questionable if claimant had lead poisoning in view of nature of her employment, namely a press feed operator; in any event, exposure must have been mild.

Dr. Jenkins (apparently Company physician) diagnosed "anemia, secondary type; neurasthenia accompanying menopause." Dr. P. A. Davis examined claimant on March 12 and 17, 1937, shortly after inception of disease. He found a slight mitral murmur (compensation good), B.P. 150/70, no anemia, some leucocytosis and 2% stippling; urine showed a trace of albumen and many bacteria, but no lead. He was of opinion that claimant had a mild case of chronic lead absorption.

She was examined recently (September 29, 1939) by Dr. A. P. Ormond who found some cardiac pathology, definite arteriosclerosis, hypertension, B.P. 220/110, no anemia, some leucocytosis (10,550); and a trace of albumen in urine; also a neurosis. He attributes condition to lead poisoning and was of opinion claimant was totally and permanently disabled due to secondary effects of lead poisoning.

COMMENT:

It would seem that there should be very little residuals present from any possible mild exposure to lead that claimant had at this late date, some two and one-half years after inception of disease.

OPINION:

Recommend that claimant be sent to Dr. R. A. Kehoe, associate professor of Physiology, University of Cincinnati, Medical School, an outstanding authority on lead poisoning, for hospitalization, observation, consultation, review of entire file, etc., for opinion as to present condition, relation to lead poisoning and degree of disability due to same.

Respectfully submitted,

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Respectfully submitted,

Sidney McCurdy, M.D.



T. W. KOEPF, M.D. MM

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

Claim No. O.D. 14451

Claimant [redacted]

# SPECIALIST'S REPORT

Address 1202 Lakeside Avenue - Akron, Ohio

Date of Examination March 10, 1940 Age 47

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. "Hurting in side and neuritis".

P.I. In October 1936 noticed swelling in knees and legs and pain in mid-abdomen aggravated by pressure of "feedboard" in printing machine. There were marked shortness of breath, "blueness" of lips, frequent headache and nausea without vertigo, severe constipation, and epigastric pain with vomiting after meals. At this time, also, there was pain in the back and chest and traveling down left leg. Stiffness in hands was noted, particularly in A.M. Was seen by physician who expressed the opinion that her condition was lead poisoning. All symptoms have persisted to varying degree since 1937 with the exception of vomiting which now occurs only at rare intervals - none in past 3-4 months. For the past few months hands have been stiff and weak with numbness of tips of fingers so that it has been difficult to pick up and hold small objects. Peripheral circulation noticeably poor in winter with coldness of extremities. Sternal pain has been severe past 7-8 months, occasionally radiating to right chest - never to shoulder or arms.

P.M.H. No other illness - In 1936 suffered severe injury to head and back in fall down steps - hospital 1 week - home 3 weeks - returned to work in 1 month.

F.H. Irrelevant

Occup. School till 14. Shoe sorter in factory till 15. Laundry till 17, housewife 3 years, "heel bossing" work in shoe factory till 18. Printing press operator off and on since.

Lead exp. 10-12 years in print shop - lead was melted at end of room where presses were located and deposits of dust were noticeable on machines, ventilation was poor. No other workers in 10 years period ever had plumbism though their work was much nearer to source of exposure.

T.R. Negative - except for P.I.

A.I. Appetite fair only since P.I. - metallic taste in mouth for about 1 year after onset P.I. Does not think sensation of taste has returned to normal yet. Constipation severe past few years - hemorrhoids in that time with frequent bleeding.

P.S. Headache frequent after wakens at night with "spliting" pain. Glasses to read. Full feeling in head at times when patient becomes nervous.

G.U. Nycturia 2-3 x.

M.H. Onset 13, regular 28 days since except for 3 pregnancies (all term). No miscarriages. January and Feb. 1940 flow was unusually great. Bearing down sensations past few months.

Diet Mainly vegetables - 1 glass milk daily - 3 cups coffee daily - no tea or alcohol.

Habits

KE 0016669

N19412.02

NOTE: Submit report under following headings: (1) Complaint. (2) Present illness. (3) Laboratory work, including X-ray and laboratory work. (4) Discussion. (5) Opinion. Mail THREE copies to the MEDICAL SECTION—Retain one for your file.

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abits-Sleep is restless - frequent bad dreams - Insomnia frequent.

ental-Cooperative - well balanced - History apparently reliable.

## Physical Examination

Temp. 98.2 - Pulse: 73 R: 20 B.P. 210/102 - Weight: 170

Obese white woman about 50 years of age - not acutely ill, nervous, slightly excited - is alert, cooperative.

Skin Facial pallor - otherwise clear - healthy, pale.

Head negative

Ears negative - Tympani clear.

Eyes Pupils equal and regular. Reflexes and E.O.M. normal.

Nose M.M. reddened - crusts on both sides.

Mouth Large polyp inside left cheek at occlusal line edentate, gums and ridges clear and healthy.

Throat-Tonsillar area clear, soft palate asymmetrical and distorted by scar.

Neck Negative

Chest Clear

.....M. D.
(Signature of Examiner)

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

KE 0016670

(CONTINUE REPORT DOWN FROM HERE)

Heart — Tones clear - no murmurs. 2-3 extra systoles/ min. R.S.D. 7.0 R.C.D. indeterminate. Right border within normal limits.

bdomen — Obese - numerous striae - point tenderness over right hypochondrium and in small area to left of umbilicus - liver margin barely palpable.

elvis — Lower lumbar spine and sacro-iliac joint are tender to pressure.

xtrem. — Slight superficial edema and cyanosis.

eflex. — Superficial not elicited. Tendon reflexes hyperactive.

nsori- — Unable to cooperate well but there is some glove parasthesia and disturbance of tactile discrimination of fingers and distal half of hands.

-l

## Laboratory Findings

Urine, cloudy, pale amber, Flocculent precipitate. Albumin ++
Sugar - negative
Sp.Gr.- 1.013
Microscopic - numerous pus and epithelial cells - some columnar epithelium
- no casts - no erythrocytes.
Lead analysis: 0.03 mgs per liter.

Blood — Hb 14 gm - 91% RBC 4,750,000 WBC 11,000
Poly 61.5
Stabs 2.5 — Stippled erythrocytes - none per 50 fields
Lymph 26.5
Mono. 6.5 — Lead analysis: 0.02 mgs per 100 grams
Eosin. 1.5
Baso. 1.5

## Discussion

There is no evidence of residual damage due to lead absorption, and from the history there is considerable doubt as to the correctness of the original diagnosis of lead poisoning. There is a well defined atherosclerosis, with hypertension and circulatory impairment. There is no adequate reason for attributing the disability from this condition to occupational illness in the form of lead intoxication. That is to say, the circulatory condition in our opinion is not a residual effect of lead poisoning.

## Recommendations

Patient needs medical attention - history of 5 years ago suggests period of cardiac decompensation. Present slight enlargement of liver, hemorrhoids, albuminuria and edema of extremities indicate low reserve at present. The pain in dorsal and lumbar spine, with vague deep pains and stiffness of back are consistent with presence of spinal arthritis or some residual of the injury sustained in 1936. There is no clinical evidence of menopause. The condition of skin and breasts and the type of cells in urine indicate that adequate estrogenic substance is present. Patient is slightly neurotic and overemphasizes her symptoms, but the existence of symptoms is not questioned.

Patient should receive treatment. X-ray examination of spine and proctologic examination are indicated.

The sensory disturbances of the hands appear to be of circulatory origin and are associated with low skin temperature and slight cyanosis.

KE 0016671

O.D. 14451

Mrs. [redacted]

| | | |
|---|---|---|
| 3-10-1940 | Complete clinical examination (consisting of physical examination, microscopic blood examination (Red count, white count, differential count, haemoglobin determination, count of stippled erythrocytes), urinalysis, lead analysis of urine and lead analysis of blood) . . . . . | $35 00 |

$ 35 00

KE 0016672

N19412.03