WORKMEN'S COMPENSATION

The Industrial Commission of Ohio

Claim No. O.D. 14,593

Claimant: [redacted]

Address: 1030 Mound Street - Cincinnati, Ohio

Date of Examination April 20, 1937 - Age: 33

History

C.C. Weakness, constipation, pain down left neck and arm with disability of arm.

P.I. Onset of acute illness February 13, 1937, continuing through 14th, 15th and 16th with obstinate constipation, vomiting, anorexia, colic and with sweetish, unpleasant taste in mouth. Illness said to be without fever. Remained in bed about four weeks, then went to physician for treatment. Has received injections (intravenous) daily to March 15th (From March 5th). The abdominal pain disappeared and was "driven into his arm and shoulder" where it has persisted since with improvement and relapses. Has numb at first with formication, now aches especially when moved, with feeling of "soreness in bone". Involves neck and outer arm especially. Has apparently improved somewhat. Has lost weight, he believes, from looseness of clothing. Has lost all sexual interest since onset of illness.

F.H. Married since 1929, 2 children of 2 and 5 - No deaths, miscarriages or abortions. Wife in good health. Mother alive and well. Father dead of unknown cause at 40. No brothers or sisters.

Occupational: Irrelevant except for period beginning spring of 1935, when employed at Eagle-Picher Lead Company. Has been engaged in "shaking out gang" for about two years to time of illness.

P.H. Had occasional abdominal discomfort from time to time during second year of work, with tendency to increasing constipation. Took Epsom Salts once to twice per week since summer of 1936. Never actually ill until present illness which necessitated cessation of work.

General health previously excellent, with good appetite, good habits as to sleeping, drinking. Best weight about 175 lbs. No serious illness remembered. Has never had care of doctor other than plant physician until present illness.

P.C. Limited essentially to weakness and disability of left arm, with pain on abduction. Some weakness of general type especially in morning, and some persistence of constipation. Takes cathartic once or twice per week.

Physical Examination - Fairly well developed and nourished young negro, with ill and depressed appearance, sluggish muscular movements, slow speech (with effort) and considerable lassitude. The head is held rigidly, somewhat rotated to right, with left arm maintained inactive at the side. There is a scar on the right temporal region extending down into the cheek, with similar scars, said to be healed burns, on the right arm. Several scars on the right leg are said to be shot wounds.

Temperature: 98.6 Pulse: 70 Resp: 22 Bl.Pr. 134/60

Ears — Not remarkable. The lower turbinates in either nostril are hypertrophied and boggy but no other abnormalities are seen.

Eyes — React to L and A, pupils equal, regular -

Throat — Red and the mucous membrane is somewhat edematous. The gums are deeply pigmented at certain points, especially between the upper central incisors. There is similar pigmentation of the buccal surface and running up toward the gum margins of other teeth. There is nothing that can certainly be called a lead line of the gum margins either inside or outside, but there are faint lines that appear to be residual evidences of earlier lead lines.

Heart — Normal in its dimensions, the first sound is quite prominent, and the apex beat as well as the pulsations in the supra- and infra-clavicula fossae are visibly strong. No murmur or thrill is demonstrable. The chest is symmetrical and there are no physical signs of abnormality of the lungs.

Abdomen — Negative except for slight discomfort on deep palpation in the left lower quadrant. The liver and spleen are not palpable.

Musculature -Fairly well developed, there is some increase in myotactic irritability, but there is no evidence of atrophy of any muscle groups. The muscles of the right shoulder girdle and arm are somewhat better developed than those of the left. The reflexes of the two sides are equal and present, the abdominal being quite active while the tendon jerks of both arms and legs are elicitable only with difficulty.

There is definite tenderness of the cervical muscles of the left side, along the greater occipital nerve, and along the outer nerve trunk of the left arm. There is no hyperaesthesia, and no areas of complete anaesthesia, but heat and cold and tactile discrimination are definitely impaired over the shoulder area and over the left arm, as well as over the left trunk. It is difficult to estimate the degree of impairment. On one occasion there was a definite temperature difference in the two arms, the left being distinctly cold. There is no certain evidence of muscle weakness, there is no atrophy, no ataxia - in fact, no suggestion of motor involvement of arm, wrist, or fingers. There is no cervical or axillary adenopathy.

The lower extremities are not remarkable.

Discussion and Opinion

The history of exposure and the description of the onset and course of illness justify the original diagnosis of lead intoxication, when confirmed by the present evidences of abnormal lead absorption. At the present time, two months after the cessation of exposure, the urinary lead excretion is still sufficiently high to give adequate evidence of a significant degree of lead exposure. Other evidences of lead exposure are lacking, in that there is no definite lead line, and no blood changes specifically characteristic of plumbism, nor are there any characteristic clinical signs. It seems probable that the moderate anemia is a residual expression of lead intoxication, but aside from that no other indication of serious lead absorption is present except the abnormal lead findings. These findings, checked to insure their correctness, coincide with my knowledge of the conditions under which the patient worked, and for that reason I accept the patient's description of his illness as credible and valid. On the other hand the condition of the left neck and arm, in my opinion, is not related in any direct way to lead absorption or lead intoxication, and should not be given undue weight in determining the patient's compensable disability. Every effort was made to arrive at a diagnosis of the nature of the lesion of the neck and arm. X-ray examination of the cervical spine fails to show evidence of a destructive lesion in this region, while spinal fluid examination does not disclose the existence of disease of the cord in the cervical region. The lesion is thus peripheral, apparently, and because of the purely sensory character of the abnormality, lead may be almost certainly excluded. Moreover the severity of the manifestations was reduced by heat and salicylates, suggesting an infectious basis for the ailment.

For the above reasons I conclude that the claimant suffered from an episode of lead intoxication from which he may be expected to recover, and from which in fact he has largely recovered. I should expect him to be substantially free of symptoms referable to lead in the course of a month or six weeks from the present date, and by that time I should expect the unrelated radiculitis or neuralgia to have abated more or less spontaneously.

Signed: Robert A. Kehoe
Robert A. Kehoe, M.D.