

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

C.D. 13581

SPECIALIST'S REPORT

Address Cincinnati, Ohio.

Date of Examination Age

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. "Lead Poisoning"

P.I. April 1936 began to have pain and cramps in abdomen, most severe about umbilicus. Left work and went to home. That night colic was much worse and had nausea and vomiting. Remained in bed 5-6 weeks with almost continuous abdominal pain, weakness, anorexia and marked constipation. Seen by company physician Dr. Matuska who cared for patient over a 4 week period. In May 1936 about 4-5 weeks later was able to leave bed. After several days placed self in care of another physician who continued to treat patient over 2-3 weeks period. At this time was ambulatory and weak with especial weakness in legs and forearms. Suffered 2nd attack colic in January 1937 some months after discontinuing treatment with family physician. This attack lasted about 2 weeks with anorexia, weakness and colic.

Since January 1937 has been feeling better and is gradually regaining strength although has occasional attacks of indigestion after eating solid food and tends to be markedly constipated - requires cathartic 2-3 x week.

Since beginning 1938 is definitely better than in 1937 but still feels unable to work. Can do light work about house but usually feels ill the following day. Lost 25-30 lbs in 1936, has regained about 15 lbs, past 2 years. Gives history of fleeting joint pains, numbness and tingling in extremities during period of acute illness but history is vague on this matter and is not entirely reliable.

I.H. School till 21. Pipe foundry till 26. Tannery worker till 28 - no work till 30 when came to Cincinnati and began work at Eagle Picher fall of 1935 or early 1936 - worked 2-3 weeks in yard and then on pans, shovelling white lead into carts wore respirator which fitted well - no dust accumulated in nostrils - did not taste the compound.

P.M.H. Negative except for childhood disease.

F.H. Mother 61 living and well. Father died cause and age unknown. 2 siblings living and well - 1 sibling died age 25 - cause unknown - is unmarried.

C.R. Seldom has colds - otherwise negative.

G.E. Appetite poor since P.I. - frequent constipation since P.I. Indigestion and vomiting only since onset P.I.

G.W. GO 1928 - 2 months.

N19503

Poisoning"

April 1936 began to have pain and cramps in abdomen, most severe about
 umbell. Left work and went to home. That night colic was much worse
 and had sea vomiting. Remained in bed 5-6 weeks with almost continuous
 abdominal pain, weakness, anorexia and marked constipation. Seen by company
 physician Dr. Sawuska who cared for patient over a 4 week period. In May
 1936 he later was able to leave bed. After several days placed
 self in physician who continued to treat patient over 2-3
 weeks at this time was ambulatory and weak with especial weakness
 in leg arms. Suffered 2nd attack colic in January 1937 some months
 after treatment with family physician. This attack lasted
 about 4 weeks with anorexia, weakness and colic.

Since January 1937 has been feeling better and is gradually regaining
 strength although has occasional attacks of indigestion after eating
 food and is markedly constipated - requires cathartic 2-3

Since beginning 1938 is definitely better than in 1937 but still feels unable
 to work. Can do light work about house but usually feels ill the following
 day. Lost 25-30 lbs in 1936, has regained about 15 lbs. past 2 years. Gives
 history of fleeting joint pains, numbness and tingling in extremities during
 period of acute illness but history is vague on this matter and is not
 entirely reliable.

I.H. School till 21. Pipe foundry till 26. Tannery worker till 28 - no work till
 30 when came to Cincinnati and began work at Eagle Picher fall of 1935 or ear-
 ly 1936 - worked 2-3 weeks in yard and then on pans, shovelling white lead
 into carts, wore respirator which fitted well - no dust accumulated in
 nostrils - did not taste the compound.

P.M.H. Negative except for childhood disease.

F.H. Mother 61 living and well. Father died cause and age unknown. 2 siblings
 living and well - 1 sibling died age 25 - cause unknown - is unmarried.

C.R. Seldom has colds - otherwise negative.

G.E. Appetite poor since P.I. - frequent constipation since P.I. Indigestion
 and vomiting only since onset P.I.

G.W. GO 1928 - 2 months.

N.M. Frequent headaches since P.I. - usual time onset in A.M. after exertion of
 walking. No paralysis - no insomnia or dreams.

Wght. Usual Weight 170 - B.W. 170-1936. L.W. 145, 1936. P. W. 156.

Habits Sleeps average 8-10 hours nightly - restful. Eats poorly balanced diet -
 1 vegetable daily - little milk in past year or two. No alcohol - few
 cigarettes a day.

KE 0016924

Robert X. Keller
 (Signature of Examiner)

M. D.

Outlook - Is cooperative but not very bright and is somewhat confused on several points in his medical history. Feels that he is improving and can do

Physical Examination

Well developed, fairly well nourished young negro about 30 years old - listless, below par, grayish facial pallor.
 Temp: 97.8 Pulse: 64 R: 18 B.I.P. 138/88 Grip Right 110
 Weight: 148 Grip Left 80

Head Negative - old scar over right supramastoid region.
Ears Both drums slightly retracted.
Eyes R equal L - mod. ref. reflexes and EOM ok - Light reflexes normal
Nose Septum deviated to right - several spurs present - passages small. m.m. reddened.
Mouth Teeth and gums in poor condition - small granuloma at extraction site lower right 3rd molar - gums heavily pigmented - faint marginal deposit both upper central incisors - otherwise neg. for lead-line. Tongue badly coated. Breath fetid. Tonsils small and edematous - anterior pillars reddened -
Neck Tonsillar nodes palpable and tender - post cervical chain shoddy.
Chest R.S.D. 6.5 - R.O.D. 2.5 x 12.0 - K.L. left 8.0 D.E. right 6.5
 H:
 per

Abdomen Scaphoid - doughy - Cecum distended with gas and is tender on palpation.
Pelvis Normal
Extrem. Normal
Musculature - well developed - symmetrical - muscle power normal - no atrophy
Reflexes Tendon normal ++ Superficial +++ Equal.
Gait Normal - No static or locomotor ataxia
Sensorium Normal
Mental Is dull - cooperative but dim, memory fairly good - orientation - judgment good.

Laboratory Record

Blood: HB 94 WBC 4550 RBC 5250000

On the basis of 200 cms. counted

Analysis for Lead

- 0.06 mgs/100 grams

Lymphs 40. Band Polys 0.5
 Polys 42.5 Monocytes 10.5
 Eosinoph. 5.5
 Basophil. 1.

Urine

Sp.G. not enough sample

Reaction - PH 5.5 - 6.0

Sugar - negative

Albumin - trace

Sediment - W.B.C. and some epithelial cells.

Analysis for Lead

8-20-1938 Pb found - 0.19 mgs.
 Pb/Liter - 0.07-mgs.

8-8-1938 Pb/Liter - 0.055mgs.

Feces

Lead Found - 0.39 mgs. - Lead/gm. ash

Head Negative - old scar over right supra-orbital area.
Ears Both drums slightly retracted.
Eyes R equal L - mod. neg. reflexes and conj. sk - Light reflexes normal.
Nose Septum deviated to right - several spurs present - passages small.
Mouth m.m. reddened.
Teeth and gums in poor condition - small granuloma at extraction site lower right 3rd molar - gums heavily pigmented - faint marginal deposit both upper central incisors - otherwise neg. for lead-line. Tongue badly coated. Breath fetid. Tonsils small and edematous - anterior pillars reddened -
Neck Tonsillar nodes palpable and tender - post cervical chain shoddy.
Chest R.S.D. 6.5 - R.C.D. 2.5 x 12.0 K.I. left 8.0 D.E. right 6.5
K.I. rt. 7.0 E.D. left 7.5
Heart and lungs normal. B.S. soft vesicular heart tones clear - On percussion heart appears to be slightly large for build.
Abdomen Scaphoid - doughy - Cecum distended with gas and is tender on palpation.
Pelvis Normal
Extrem. Normal
Musculature - well developed - symmetrical - muscle power normal - no atrophy
Reflexes Tendon normal ++ Superficial +++ Equal.
Gait Normal - No static or locomotor ataxia
Senses m Normal
Mental Is dull - cooperative but dim, memory fairly good - orientation - ment good.

Laboratory Record

Blood: HB 94 WBC 4550 RBC 5250000

On the basis of 200 cms. counted

Analysis for
Lead

- 0.06 mgs/100 grams

Lymphs 40. Band Polys 0.5
 Polys 42.5 Monocytes 10.5
 Eosinoph. 5.5
 Basophil. 1.

Urine

Sp.G. not enough sample

Reaction - PH 5.5 - 6.0

Sugar - negative

Albumin - trace

Sediment - W.B.C. and some epithelial cells.

Analysis for Lead

8-20-1938 Pb found - 0.19 mgs.
 Pb/Liter - 0.07-mgs.

8-8-1938 Pb/Liter - 0.055mgs.

Feces

Lead Found - 0.39 mgs.

Lead/gm. ash of sample 0.18 m

Analysis for lead

Lead/100 gm

dry sample - 3.61 mgs.

(DO NOT WRITE BELOW THIS LINE)

Discussion: Patient has some disability as evidenced by constipation, other gastro-intestinal disturbances and failure to regain weight and strength. He has also some elevation of blood pressure, some apparent cardiac enlargement and some evidence of organic kidney damage. The degree to which the disability and the physical abnormalities described are residual effects of a previous and apparently bona fide episode of plumbism cannot be determined with certainty, but in the absence of other organic bases for the present condition, one is not justified in ignoring the occupational factor. The lead analyses, as would be expected from the time which has elapsed since the cessation of employment, indicate that the lead content of the blood and excreta (as well as the other tissues of the body)

due
still
lead

(The pigmentation of the gums is not
pinion.) Therefore, whatever illness
it of abnormal quantities of
to lead, is the residual effect of

previous toxic injury.

Opinion: The patient is able to carry on light work and should be so employed. The extent of his actual disability can best be determined by his response to employment. Compensation for partial disability, in our opinion, should be awarded to such an extent and for such a period as will not relieve the claimant of possibility for making an effort in his own behalf.

Signed

Robert W. Kelver, M.D.