WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

SPECIALIST'S REPORT

Claim No. O.D. 13661

Claimant [redacted]

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 umbelicus. 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 continuou 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 unabl 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 ea 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

N19503

Poisoning"

April 1936 began to have pain and cramps in abdomen, most severe about umbellicus. 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 continuou 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.U. 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 - E.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.

Robert H. Kelso M. D.
(Signature of Examiner)

KE 0016924

(CONTINUE REPORT ON REVERSE OF SHEET—NOTE INSTRUCTIONS)

(CONTINUE REPORT *DOWN* FROM HERE)

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 light work.

Physical Examination

G.A. Well developed, fairly well nourished young negro about 30 years old - listless, below par, grayish facial pallor.
Temp: 97.8 Pulse: 64 R: 18 Bl.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. reg. 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.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 - musele 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 REC 5250000

On the basis of 200 cmm. counted

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

Analysis for Lead - 0.06 mgs/100 grams

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. 8-8-1938 Pb/Liter - 0.055mgs.
Pb/Liter - 0.07 mgs.

Feces

Lead Found - 0.39 mgs. Lead/gm.ash of sample 0.18 m
Lead/100 gms

Head — Negative - old scar over right supraorbital area.
Ears — Both drums slightly retracted.
Eyes — R equal L - med. reg. reflexes and ROM 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.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
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

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

Analysis for Lead - 0.06 mgs/100 grams

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

Analysis for lead
Lead Found - 0.39 mgs.
Lead/100 gms dry sample - 3.61 mgs.
Lead/gm. ash of sample 0.18 m

(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) are within normal limits. (The pigmentation of the gums is not due to lead deposit, in our opinion.) Therefore, whatever illness still remains is not the result of abnormal quantities of circulating lead at this time, but, if due 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 responsibility for making an effort in his own behalf.

Signed
Robert D. Kehoe, M.D.