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RE 0016779

N19459



WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

4/26/44
Revised file
J. B. [signature]
75

Claim No. O. D. 20533Claimant [redacted] Dec d.
[redacted], widow-claimant

SPECIALIST'S REPORT

Address 440 East 157th
Cleveland, Ohio.Date of Examination of File - April 22, 1944

Age _____

NOTE: Submit report under following headings: (1) History. (2) Complaints. (3) Examinations, including X-ray and laboratory work. (4) Discussion. (5) Opinion. Sign and mail THREE copies to the MEDICAL SECTION—Retain one for your file.

REPORT OF EXAMINATION TO BE RETURNED WITHIN TWO WEEKS
FOLLOWING REQUEST.

HISTORY - Factual background

The review of this case file discloses the following general statements of fact:

(1) The deceased [redacted] suffered an illness in 1936 which resulted in his being off work for some months. The diagnosis of pulmonary tuberculosis was made at this time, and apparently on adequate medical evidence. The possibility that there was concurrent lead poisoning has been suggested, but there is no basis in evidence for such an assumption. The reported occurrence of stippled erythrocytes in the peripheral blood is without point, in this connection. There had been occupational lead exposure for nearly twenty years prior to this period of illness, but there is no evidence as to its severity, and there is no claim of any previous illness due to lead absorption.

(2) After returning to work, following the apparent arrest of the tuberculous process, the deceased continued his occupation until December of 1940, at which time he became ill with a condition that was diagnosed as lead poisoning by more than one physician. The record, however, does not provide adequate proof of the correctness of the diagnosis. After being off work for about four months he returned to a light job for about two months, but was unable to continue because of illness. At this time his condition became clearly recognizable as pulmonary tuberculosis.

(3) From this time on the case ran a not-unusual course, death occurring in September of 1943. Necropsy disclosed the existence of advanced disseminated tuberculosis.

(4) Samples of certain tissues were analysed for their lead content and are reported as having had an high lead content.

(5) The argument was advanced in June of 1940 that the recurrence of the tuberculous process was activated by the lead absorption associated with the occupational exposure, and that the tuberculosis was in fact due to the lowered resistance induced by lead intoxication. On this basis, compensation for temporary total disability of occupational origin was granted and was continued until the claimant's death.

NOTE: Submit report under following headings: (1) History. (2) Complaints. (3) Examinations, including X-ray and laboratory work. (4) Discussion. (5) Opinion. Sign and mail THREE copies to the MEDICAL SECTION—Retain one for your file.

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The review of this case file discloses the following general statements of fact:

(1) The deceased [REDACTED] suffered an illness in 1936 which resulted in his being off work for some months. The diagnosis of pulmonary tuberculosis was made at this time, and apparently on adequate medical evidence. The possibility that there was concurrent lead poisoning has been suggested, but there is no basis in evidence for such an assumption. The reported occurrence of peripheral blood is without point, occupies al lead exposure for near of illness, but there is no evidence no claim of any previous illness due to lead absorption.

(2) After returning to work, the tuberculous process, the deceased resumed his occupation until December of 1940, at which time he became ill with a condition that was diagnosed as lead poisoning by more than one physician. The record, however, does not provide adequate proof of the correctness of the diagnosis. After being off work for about four months, he got job for about two months, but was unable to continue. At this time his condition became clearly recognizable as pulmonary tuberculosis.

(3) From this time on the case ran a not-unusual course, death occurring in September of 1943. Necropsy disclosed the existence of advanced disseminated tuberculosis.

(4) Samples of certain tissues were analysed for their lead content and are reported as having had an high lead content.

(5) The argument was advanced in June of 1940 that the recurrence of the tuberculous process was activated by the lead absorption associated with the occupational exposure, and that the tuberculosis was in fact due to the lowered resistance induced by lead intoxication. On this basis, compensation for temporary total disability of occupational origin was granted and was continued until the claimant's death.

(6) Now, on the same basis, an illness which resulted in death is thought to have originated in occupational lead poisoning, and a death claim is presented.

Discussion

The first feature that requires consideration is that of the analytical data and their relation to any opinion that might be formulated. These data, in the reviewer's opinion, shed no pertinent light on the original question or the terminal one, for the following reasons;

(a) The presence of lead in the tissues is pertinent in relation to

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

illness or death only when the character of the terminal illness justifies a clinical (ante-mortem) diagnosis of lead poisoning. In this instance the cause of death clearly was tuberculosis.

(b) The lead concentration in the skeletal tissues was not in keeping with the fact that occupational lead exposure ended in 1940. The lead concentrations in the skeletal tissues were not in fact within the normal limits given by observers. The lead concentrations in the kidney and liver, on the other hand, were moderately high, being about the same as those in the bone, which were of such relative magnitude as to have no probable or reasonable relationship to the occupational lead exposure. It must be concluded, therefore, (1) that there had been some unknown recent source of lead exposure, or (2) that the tissues had been contaminated before they were analysed, or (3) that the analytical procedures were not sufficiently accurate. It is likely to be argued that the demobilization of lead from the skeleton, by reason of the wasting disease, tuberculosis, released lead from the soft tissues and caused lead intoxication as a terminal condition. However, the fact is not the slightest evidence that any such situation could have brought about more than three years. The reviewer discards such an hypothesis in view of the known facts as to the behavior of lead, and refers it only to the explanation of bizarre findings. Analytical results that do not fit into the pattern of lead metabolism as it has been delineated by extensive study, are usually found to be incorrect. The analytical data available in this case should be confirmed by unquestionably precise methods if they are to be given significant weight.

The original role of lead poisoning in the etiology of the tuberculous process in this case is a matter of pure conjecture. The writer knows of only one toxic compound in industrial use, which when taken into the body is definitely and demonstrably responsible for the activation or excitation of tuberculosis - namely silica. The theory of non-specific reduction of resistance as an exciting factor in the invasion of the tubercle bacillus and other pathogenic microorganisms is an attractive generalization, but it has little meaning in the specific instance, except as a convenience. There is nothing in this case that would justify the application of this theory except one's natural sympathy for an unfortunate workman and for his widow. On this account the reviewer believes that the original grant for occupational disability was unsound, and that the further extension of compensation is unjustified.

Robert A. Kehoe, M. D.

FAK ef

Results found by Dr. Hengel

Dried Tissues

$$\text{Kidney } \frac{6.43}{5} = 1.22$$

$$\text{Liver } \frac{4.42}{5} = 0.88$$

$$\text{Pits } \frac{5.79}{3} = 1.93$$

$$\text{Elbow } \frac{4.16}{5} = 1.54$$

$$\text{Lung } \frac{5.72}{3} = 1.91$$



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

STATE'S COMPENSATION
COMMISSION OF OHIO
MEDICAL SECTION
COLUMBUS 15

M No. O.D. 20533 - [REDACTED], Dec'd.

April 15th, 1944.

nati,

Cincinnati, Ohio.

Dear Doctor: -

We are forwarding the above captioned file to our Cincinnati Branch Office to be delivered to you for review and opinion as to relationship of decedent's death to his occupation, your opinion to be based only upon the medical proof which is found in the file.

Form C-111 is enclosed for your report, together with Form C-19 for your fee bill.

Very truly yours,

R. M. Andre

R. M. Andre', M. D.,
Supervisor, Medical Section.

BA/MMW.

Enc's.

RE 0016783

N19459.01

LAKE, CHAIRMAN
A. WHITE, VICE CHAIRMAN
OFFINBERRY

PH KLAPP, SECRETARY



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

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

IN RE CLAIM NO. O.D. 20533 - [REDACTED]

Dec'd.

April 15th, 1944.

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

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We are forwarding the above captioned file to our Cincinnati Branch Office to be delivered to you for review and opinion as to relationship of decedent's death to his occupation, your opinion to be based only upon the medical proof which is found in the file.

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Very truly yours,

R. M. Andre

R. M. Andre', M. D.,
Supervisor, Medical Section.

BA/MMW.

Enc's.

KE 0016784

C. B. 25533

[REDACTED] Dec'd.
Amalya [REDACTED] widow-claimant
Willard Storage Battery Co.,

April 22, 1944 Review and Report on the above Case

19 00

19 00

KE 0016785

KE, CHAIRMAN
WHITE, VICE CHAIRMAN
FINBERRY

KLAPP, SECRETARY



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

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

IN RE CLAIM No. O.D. 20533 -

Dec'd.

April 15th, 1944.

Mr. Raymond M. Clifford,
Branch Office Deputy,
Industrial Commission of Ohio,
41 Duttonhofer Bldg.,
Cincinnati, Ohio.

Dear Sir: -

We are sending you herewith the attached file to be delivered to Dr. R. A. Kehoe, University of Cincinnati, College of Medicine, Cincinnati, Ohio, for review.

Will you kindly see that he receives this file, and also see that it is returned to this office as soon as it has served its purpose.

Very truly yours,

R. M. Andre

R. M. Andre', M. D.,
Supervisor, Medical Section.

BA/MMW.

Enc. Entire File

KE 0016786