DR-4378 REV. 11-64

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April 27, 1970

Robert A. Kehoe, M.D.
Professor Emeritus of
Occupational Medicine
345 Resor Avenue
Cincinnati, Ohio 45220

Dear Dr. Kehoe:

RE: [redacted]

This is merely a follow-up note to keep you appraised of the overall health course in this patient concerning whom you were so kind as to give me your expertise relative to his manifestations of alleged excessive lead exposure.

Referring to your last communication to me in the latter part of 1969, and using the American Medical Association guidelines to permanent impairment, I concluded this employee had a 10 percent permanent partial impairment relative to modest mental changes, which by my calculations was equivalent to a 15 percent permanent partial disability.

Since fall, 1969, this man was remaining away from work much more than being at work. He was under treatment by a personal physician for a moderately severe hypertension (blood pressure - 180/100 and sometimes a little less), tachycardia, weight loss, anorexia, insomnia, and irritability. The personal physician attempted to control this with Dilantin, tranquilizers, antihypertensive agents, and thyroid inhibitors. This was seemingly to no avail.

Abruptly on January 1, 1970, this man was rushed to the hospital with all the appearances of an acute myocardial infarction. By the time of his arrival, he was in cardiac arrest. The usual heroic measures were employed; and after a period of at least 10 minutes in asystole, the heart finally responded to electrical stimuli. I am uncertain whether or not there was one subsequent bout of cardiac arrest; but, nonetheless, he did survive and has left the hospital.

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The doctor in attendance states the man, although lucid, has persistent irritability and talks incessantly. Additionally, now, at a period of time of four months postcoronary, he is still complaining of weakness, shortness of breath, and chest pain. On this cardiac basis, I will be making a recommendation to my management for medical pension.

Now, I do not believe that there is cause and effect between his lead exposure and the occurrence of a myocardial infarction. However, I do feel that any further mental deterioration he may have experienced is due to the extended period of cerebral anoxia which occurred during his 10-minute period of cardiac arrest. I would imagine you can suspect the medicolegal implications and the form of litigation to which I will be exposed as this case continues to evolve.

I hope this will give you an additional facet to add to your voluminous knowledge concerning lead problems and their complications.

Respectfully,

W. E. Needld, Jr., M.D.
Director, Medical Division

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