OWENS-ILLINOIS
GENERAL OFFICES (O) TOLEDO 1, OHIO

August 14, 1956

Dr. Robert A. Kehoe
Kettering Laboratory
College of Medicine, Univ. of Cincinnati
Cincinnati 19, Ohio

Dear Bob:

At intervals for some years your laboratory has run urine leads and blood leads on a small group of men at our Vineland, New Jersey, plant. They expect to send you another batch of samples soon.

This question has been raised: why is it necessary to run both urine and lead tests on the same individual?

Our impression is you feel the blood test is the more reliable, since it is less subject to contamination. Others seem to concur in this. For example, Frank Patty, whose lab runs thousands of tests per year, uses the blood lead test only, having given up urine analysis completely, if our recollection is correct.

The plant raised the point because they naturally don't want to incur any unnecessary expense. Practically all the men in the group are old-timers and have been examined periodically before. The plant wonders whether the blood lead test would suffice. We told them we'd ask you.

If there are valid reasons for continuing to use both types of tests, we want to do so. There are only about 20 men involved. On the other hand if the plant can save $200, the plant physician would like to do so.

The men, incidentally, are now mixing a glass batch which contains a small percent of litharge. Lead used to be in the form of the monosilicate. However, this is not ordinary litharge; it's pelletized into little balls, and is actually quite dust-free. This plant recently improved its dust exhaust system too, and we don't anticipate any unusual lead absorption by the men.

Personal regards.

W. G. Hazard

W. G. Hazard Industrial Relations Division
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