

December 7, 1956

Mr. Dana Brown  
Standard Oil Company, Inc. (Kentucky)  
Starks Building  
Louisville 2, Kentucky

Dear Mr Brown:

I regret that my delay in replying to your letter of November 9 has put you to the necessity of writing again on December 4. The affairs of this Laboratory, together with certain unavoidable professional responsibilities, have taken me away from my office much of the time lately, and my correspondence has been neglected of necessity.

The question raised in your initial letter is not easy to answer satisfactorily from the records supplied with it. I think I can sort out the information and arrive at a reasonable conclusion, but the facts are very much confused and at no point is there a straight forward account of the actual character of this man's work, or a clear statement of the nature of his illness. I believe, but certainly on inadequate clinical evidence, that he probably suffered an episode of "metal fume fever," but when and how he acquired such an illness is not apparent. Certainly he did not have lead poisoning. There is nothing in the pattern of his illness to suggest such a diagnosis. I should point out, parenthetically, in this connection, that the concentration of lead found in Mr. Smith's urine, at the time (July 30) the analysis was made by the Industrial Hygiene Division of the Georgia Health Department, was within normal limits. If this analytical result is to be trusted, it provides no evidence whatever of any unusual absorption of lead on his part, and suggests, without proving the point beyond question, that no such exposure or absorption occurred.

Now as to the merits of Mr. [REDACTED] coming to Cincinnati for examination at this time. It appears that he is not ill now, and it also seems unlikely that we shall be able to determine, by any present inquiry or examination of Mr. [REDACTED] just what happened to him in July. It is probably too late for this.

What we can find out is the present state of his health, and if it is desirable to establish this and to advise Mr. [REDACTED] as well as yourself, on this score, we shall be glad to do what we can. I may say, however, that the diagnosis of his illness in July hinges on the character of his exposure during the few days immediately preceding the onset of his illness. If he had "metal fume fever," he must have had a severe exposure to zinc fumes. Where and when did this occur? If he had no such exposure, this diagnosis is probably incorrect. One is not justified in making any assumption on this point. It

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should be possible to establish the facts on inquiry into the nature of his work on the day or two before the onset of his illness. It seems apparent, from the fragmentary records, that he had no knowledge that enabled him to understand the nature of his exposure, and it seems equally apparent that none of his doctor's (unless they neglected to record what they knew) had any real knowledge of these matters. We cannot learn anything reliable about such things by examining or questioning Mr. [REDACTED]

If there is a question as to Mr. [REDACTED] present disability, we can answer it. If there is a question as to whether he should resume his work as a welder, we can answer that. I should point out, I believe, that welders, in the course of their work, depending on what they are welding, may be subjected to a significant degree of exposure to a fairly wide and increasing variety of materials. If they weld metals painted with lead paints, they may, in time, absorb enough lead to be poisoned thereby. If they burn metallic lead (or lead alloys), they sustain even greater exposure to lead. If they weld pipes or metal sheets or plates coated or lined with cadmium, they may become acutely ill with cadmium pneumonitis. And so it goes. The question is, therefore, "What did the man weld? When? How long? How often and over what period of time?" Continuous daily welding is one thing. Intermittent welding operations or welding with a variety of changing materials and conditions is something else entirely. No physician can find out these facts by examining a workman, although, occasionally, he may be able to recognize the pattern of a disease if it is specific and characteristic. The facts concerning the exposure are known in a well-operated industrial organization, by technical, craft or hygienic supervisors, who provide proper instructions for the work, and precautionary measures for the avoidance of health hazards. Such instructions and precautions do not come out of inspiration or guess work, but rather out of sound technical information and knowledge of materials and processes. Perhaps I should not be making these comments to you, and certainly I have no wish to proffer unsolicited criticism or advice. I find it very difficult, however, when I am confronted with such a hodge-podge of fragmentary occupational and medical information as that afforded by these records to conceal my dissatisfaction with it. Just how you, an attorney, or I a physicians and medical investigator, can be expected to make any sense out of such information and to act on it in any useful or sensible manner is a bit beyond me. This will not prevent me from doing what I can to assist you or Mr. [REDACTED] if you so desire, and it is probable that, if I were not hard pressed for time, I should refrain from this betrayal of my impatience and irritation.

I trust you will accept the foregoing comments for what they may be worth to you and your own work. If, under the circumstances, you wish us to see and examine Mr. [REDACTED] please let me know.

Very truly yours,

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P.S. I return the record herewith. If you should send Mr. [REDACTED] to us, I would appreciate your supplying us with any and all pertinent information, occupational or medical, that may be available.

RAK