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November 14, 1962

Mr. John Sofie
B. F. Goodrich Company
Marion, Ohio

Dear Mr. Sofie:

At your request the following is a summary of the case of [REDACTED]

Mr. [REDACTED] states that he had been well until one morning about the 20th of October 1962 when he awoke at 2:30 in the morning with pains in his upper abdomen. The pain consisted of a steady aching and soreness and continued to bother him in the following days. Several days after the onset of the abdominal pain he also noticed pain in his lower mid-posterior chest region. On October 29th he went to Dr. Feistkorn, who when told of the man's work history, obtained a blood for lead determination. This determination showed .081 miligrams of lead per 100 grams of blood. Dr. Feistkorn also had a blood smear made at Marion General Hospital and this showed occasional red blood cells with basophilic stippling. During the time that McNeal was having abdominal pains he also had generalized weakness, aching and weakness of his legs, some decrease in appetite but no weight loss. He denies having headache or constipation during this period.

Lead determinations as done by B. F. Goodrich on 10-5-62 were: urine .02 miligrams per liter; blood .05 - .06 miligrams per liter. On 11-13-62: urine .15 miligrams per liter; blood .08 miligrams per liter. Because of symptoms which were suggestive of a very early stage of lead intoxication and the result of .081 miligrams of lead per 100 grams of blood on a October 29th determination by Dr. Feistkorn, it was recommended on November 13th that he be removed from the lead stripping operation. Since that time he has worked around lead.

He stated that the abdominal ache continued until about one week after removal from the operation but now he is gradually feeling better. He is not having any abdominal or back symptoms at the present time and states that his strength and energy are now normal. He was never really anemic, had a hemoglobin of 14 grams in October and 15 grams in November as determined by Dr. Feistkorn. However, Dr. Feistkorn has been giving him vitamin shots for his general condition. He has also been giving him calcium gluconate and atropine tablets for his abdominal pains.

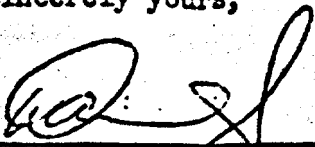
In summary it can be said that [REDACTED] had non-specific symptomatology, two determinations of lead in blood which were within the dangerous range (.08 11-13-62, .081 10-29-62). His symptoms persisted until one week after

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moved from the exposure at which time they cleared up and he has
is asymptomatic. It is believed that a cause and affect of relation-
ship between the absorption of lead and the symptomatology did exist and
that the diagnosis is mild lead intoxication.

Sincerely yours,


Daniel E. Murphy MD
Harold R. Imbus MD

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