November 15, 1962

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

Dear Mr. Sofis:

This is in regard to our telephone conversation yesterday concerning [redacted] and [redacted]

As you will recall [redacted] had a level of .17 mg. of lead per 100 gms. of blood on a specimen taken October 5th. At that time it was decided that he should be removed from exposure to lead immediately. However, this result was only the first of duplicate samples that were analyzed. Yesterday we received the result of the duplicate specimen which was .08 mg. of lead per 100 gms. of blood. This, of course, is high, but in view of the fact that he had absolutely no symptomology suggestive of impending lead intoxication, and that corrective measures to control the environment exposure to lead had been taken, I believe that it will not be necessary to remove him from exposure at this time.

On the other hand [redacted] has at this time symptoms suggestive of early lead intoxication. He has .06 mg. of lead per 100 gms. of blood as done by the B. F. Goodrich Laboratory, and .081 as done by the Bio Science Laboratory in California. Even though the level of lead in his blood is not alarmingly high, I believe that he should be removed from exposure to lead immediately.

I have talked this over with Doctor Rex Wilson by telephone yesterday and he is in accord with these recommendations.

Sincerely,

Harold R. Imbus, M. D.

HRI/jj

cc: Doctor Rex Wilson

KE 0005608

N 7376

DANIEL M. MURPHY, M.D.
INDUSTRIAL MEDICINE & SURGERY

HAROLD R. IMBUS, M.D.
OCCUPATIONAL MEDICINE

300 EAST CHURCH STREET
MARION, OHIO
DU 3-7188

October 5, 1962

Report of Medical Examination on [redacted]

Present History The patient, a thirty-seven year old white male, states that at about 8:00 A. M. on Friday, September 28th, 1962, while at work, he had a sudden onset of intermittent cramping pains in the lower mid-abdomen. The pains were moderately severe, and at times "almost doubled me over"; however he was able to continue working for the rest of the day. After arriving home from work he noticed fever and sweating, but no chills. The pains continued and he was hospitalized on October 1st, 1962 at Marion General Hospital.

He had a normal bowel movement Friday night, and had no constipation, diarrhea, or abnormally colored stools prior to his present illness. He was nauseated and forced himself to vomit once on the first night of the illness. He denies frequency of urination, dysuria, hematuria, or other genitourinary symptoms. Mr. Hawkins states he has felt tired and run down for three to four weeks, and has had a mild "cold" for one week and occasional transient sharp lower abdominal pains for several days prior to the onset of the cramps.

Past History He has had asthma since age eight, usually quite mild but worse in the fall. He has used a vaporizer and asthma nephrin almost every night prior to retiring, and one to two times during the night for many years. He states that this is routine, however, and the asthma has not really been very severe in recent years. He was rejected from military service because of the history of asthma. Past history is otherwise essentially negative.

Occupational History He has worked for the past eight years at the B. F. Company in Marion, Ohio. He started working at nights as a lead stripper a lead stripper consists of cutting the ends of a sheath of lead surround and bending the cut ends outward from the tubing. The bare end of the tu placed between two rollers and the lead is stripped off as the tubing is rollers. According to him, there is no metallic dust in the area, and he while on the job. He does not smoke or eat in the area of his work.

Approximately three years ago he took a job as helper on the lead press a job involved melting lead slugs and pouring it into molds. The molds, when cool, then placed in the press where upon the metal is again pressed cold around the He wore no respirator while doing this work but states that the area where melted and poured is well ventilated with a hood type exhaust system.

job was daytime work, and 7 months after starting it, when he had enough seniority to get back to lead stripping on a daytime basis, he returned to it. He did not feel ill at anytime while working on the press. He continued on the lead stripping job until 10 months ago when he was transferred to testing tubing. There was no lead exposure of any kind on this job. Four months ago he was again transferred back to the lead stripping job where he has remained until the present illness.

The company has a definite program to control absorption of the lead in men working with it. This program consists of requiring the men to eat in the company cafeteria and wash their hands prior to eating. Smoking and eating on the job are prohibited and gloves are worn while working. A shower and change to street clothes which are kept in a locker separate from the work clothes is required when leaving work at the end of the day. Work clothes, continually provided by the company, are changed frequently, and the patient, for the past four months(because of the warm weather) has worn freshly laundered cover-alls every day.

In addition, the company takes specimens of blood and urine from employees periodically for analysis of lead. The patient had a result of .07mg lead per 100ml of blood in 1959 apparently when he was working on the press. He has had normal determinations since then. He has not had a blood or urine analysis for lead since returning to work as a lead stripper 4 months ago.

The patient has a part-time job after work which consists of delivering propane gas cylinders to homes. This usually takes him 2-3 hours several nights a week. He denies doing any other work, and specifically denies doing any recent painting, of any other house work or hobbies which might involve contact with lead or other chemicals.

Prior to working at B. F. Goodrich Company he worked for 6 months at Motor Products Company, Marion, Ohio packing glass windows in boxes. Prior to this he worked for 2 years at Tecumseh Products, Marion, Ohio testing pump motors. Prior to this he worked with his Father driving a truck in West Virginia.

Family and Habits He is married and has 2 children. He does not smoke or drink. He drinks well water at his home in Green Camp, Ohio.

Physical Examination The patient is a well developed, well nourished white male appearing well. Blood pressure was 146/94, pulse and respirations normal. There was a small area of subconjunctival hemorrhage medially on the right eye. Examination of the teeth and gums reveals mild pyorrhea of the lower gums and several dark areas on the gum margins. However these are not the lead line of plumbism. Examination of the heart, lungs, abdomen, deep tendon reflexes and motor functions were all normal.

Laboratory Results (done at hospital)

Blood count:
WBC - 15,092
HB - 11.9gm
RBC - 4.21mil

Indices were normal. There were rare red cells with basophilic stippli
amylase normal and glucose normal.

Urine:
WBC - 3-4 HPF
RBC - 0-1

Urea nitrogen 17.5(normal 15). Direct VanderBerg .60 and Indirect .90. porphyrin negative. X-ray of the flat plate of the abdomen revealed no pathology noted.

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[redacted] admitted to Marion General Hospital on [redacted] atropine, and gastric suction. He has [redacted] the time of this examination on October 3rd, was virtually asymptomatic. His blood pressure was 190/110 on admission, 174/90 on October 2nd, and 146/94 on October 3rd. Temperature on admission was 98.8° and went as high as 99.8° the first day.

Discussion and Impression The clinical course is somewhat atypical of lead intoxication in that it was characterized by low grade fever and leucocytosis. In addition, the hypertension, the slightly elevated BUN, the finding of several WBC's in the urine, and the positive direct VanderBerg reaction makes one suspicious of the possibility of other diseases.

There appears to be little reason, based upon his occupational history, to believe that absorption of abnormal amounts of lead have occured recently. He has only been working at lead stripping for the last 4 months out of the last 10 months. This work does not involve exposure with lead fumes or lead dust in significant quantities and it appears that the necessary precautions to avoid undue exposure are being taken in the plant. One cannot, of course, positively rule out a completely unsuspected source of exposure.

It is my impression that the diagnosis of lead intoxication is unlikely; however one must await the results of the analysis of blood and urine which will indicate whether or not unusually large amounts of lead have been absorbed. It is difficult to say just what Mr. [redacted] does have. If symptoms persist further tests would be necessary for a diagnosis. At any rate, it appears that he may very well be asymptomatic before a diagnosis is made.

Sincerely yours,

Harold R. Iebus MD

HRI/sw