MERCK & CO. INC.

RAHWAY, N. J.

MEDICAL DEPARTMENT

June 10, 1943

Robert A. Kehoe, M.D.
University of Cincinnati
College of Medicine
Kettering Laboratory of Applied Physiology
Eden Avenue
Cincinnati, Ohio

1 needle
2 Tubes
1 Bottle
Sent 6/14/43 EL

Dear Doctor Kehoe:

Dr. Carlisle has requested that I give you the clinical data which we have on the case of lead poisoning which Mr. Crutchfield mentioned to you.

This man, [redacted] is 60 years of age and has worked for Merck & Co., Inc. for the past 43 years. He is a lead burner, but I am unable to determine from his record how long he has been occupied in this way. He has been doing it for at least the past nine years and perhaps very much longer.

On his first routine examination in April, 1934, his blood pressure was 150/100; he was edentulous, but there were no significant abnormalities. In February 1936 his blood pressure was 138/96. The first blood count we have on record was February 12, 1937. The smear was normal. Hemoglobin and red blood cells are not noted. At that time his blood pressure had risen to 146/80. In February, 1938, he was again examined. At this time the optic fundi showed a small area of retinitis and diagnosis of bilateral optic neuritis was also made. The blood pressure had risen to 174/110. Blood count showed: hemoglobin 95%, RBC 5,100,000, white cells 7,000 and a normal smear and differential. Urine showed a one plus albumin. Laboratory studies were again done in October, 1941. The hemoglobin was 88%, RBC 4,018,000, white cells 7,000 with a normal smear and differential count. The urine again showed one plus albumin. A 24 hour specimen contained 0.0276 mg. of lead per 1,000 cc.

Our latest examination was made on May 26 of this year. At this time he was complaining of daily cramp-like pains in his lower abdomen but otherwise felt quite well, He was questioned about precautions and it was found that while he observed meticulous personal cleanliness, he did not employ any measures to

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prevent inhaling lead fumes while at work. Blood pressure 180/118. His urine showed a trace of albumin. No lead line was noted in the gums. Reflexes were normal and there was no sign of neuritis. Blood count was as follows:

Hemoglobin	75%
Red blood cells	3,790,000
White cells	6,100
Polys	55%
Lymphocytes	38%
Monocytes	6%
Eosinophiles	1%

Occasional stippled red blood cells were seen.

We felt that this man showed definite evidence of toxicity from exposure to lead and, accordingly, have removed him from this exposure.

We thought that perhaps you could assist us in the following manner: First, if there are any laboratory tests such as analysis of blood, urine, or feces for lead which would aid us in establishing a diagnosis and prognosis in this case, we should like to have them performed. The charge, of course, for such an analysis would be borne by Merck & Co., Inc.

Also, we are interested in knowing whether you feel there are any really worthwhile therapeutic measures to take, aside from preventing further exposure.

If there is any other information which we can give you which would be of interest, we shall try to secure it for you.

We appreciate your interest in this case.

Very truly yours,

AG:MGD:d

Augustus Gibson

Augustus Gibson, M.D.

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