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MEDICAL SERVICES
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DR. PHILIP BOYD
Chief Medical Officer

OUR REF.

YOUR REF.

July 3 1959

Dr R.A.Kehoe,
The Kettering Laboratory of Applied Psychology,
University of Cincinnati,
College of Medicine,
Eden Avenue,
Cincinnati 19,
Ohio, U.S.A.

Dear Doctor Kehoe,

Thank you very much indeed for your last letter.

First there is an immediate technical point on which I would like to ask your urgent advice, as I have to discuss it at a general meeting called by Mr Bevan for July 20th. It is now becoming apparent that outside North America there is a deficiency of TEL in the front end of gasoline under flash distillation conditions, chiefly due to its low volatility. The oil industry is trying to solve this problem, which is now apparently becoming a serious one, and the idea that they are taking up is that of using either tetramethyl lead itself or a mixture of TML and TEL. The question of the toxicity of the manufacture and use of TML therefore becomes one for serious consideration. I cannot find very much in the literature on this subject either in our own library or in those of the medical societies. It would seem that TML must definitely be a more toxic substance than TEL, due to its higher volatility, although by injection it is less so. What the implications of this might be I find difficult to visualise. If you can let me have, as soon as possible, anything which would help me to form an opinion I would be most grateful.

Secondly, to touch on personal matters: I have written to Dr Murdock to accept the residency there, and will presumably start on September 1, provided all goes well with my emigration visa. I have not declared my intention here yet, as until I know that the visa is in order I shall be too uncertain to make things final. However, from previous discussions, Mr Bevan does know that I am seriously contemplating leaving the company, and I do not think there should be any unfortunate misunderstanding when the time comes.

My concern now from the Company's point of view is to work out the best means of continuing the Company's medical service. In this respect it will have to be quite clear both to the doctors and to the Managing Director that there are serious professional gaps in full-time work of this kind which - in this

country at least - cannot easily be filled. I think my own dilemma would have been solved by my employment at this stage by the Company on a truly part-time basis, but the idea of the Company's medical director having other loyalties and other duties outside the Company seems an indigestible one to the business mind. I think this is a great pity, for the alternative is either the frustration of good men or the mediocre service of doctors of lesser calibre.

I am considering recommending to the Managing Director when the time comes that Barry should be made Senior Medical Officer (avoiding the use of the term Chief Medical Officer for a period of some years so as to prevent placing him in a relatively false position vis-a-vis his colleagues in the industrial medical field) and given the responsibility for the medical services of our establishments in the U.K. This would mean that he would virtually be responsible for the medical programme on the manufacturing side. I should suggest that Doran should continue to assist Barry in this, and that the present administration of the various works should remain in status quo, Barry being located at Ellesmere Port. With regard to overseas medical administration I feel that Doran should take charge of this, being directly responsible to the Managing Director for maintaining our service abroad and keeping up good public relations in respect of this.

I do not of course know if Mr Bevan will accept these recommendations, and I am well aware that both Barry and Doran lack experience on the important diplomatic side of this kind of work.

If there is one point that I would make with regard to this Company's medical facilities it is that in general the management have not really appreciated that the physician and the business mind necessarily think in a different way. I believe that to state this baldly would call forth the immediate reply that the industrial medical officer must make a compromise between his vocational idealism and the needs and purpose of industry, and that in this compromise, because he is in the minority, it is the physician who must accommodate himself to business. I am afraid that this view destroys the physician and in the long run defeats the whole purpose of medicine in industry, and I feel that until management are prepared to allow the physician his proper freedom and to respect his identity, little can be done towards solving the dilemma. I have come to the conclusion that a good industrial doctor cannot work satisfactorily if he is retained merely for providing another service within the technical facilities of a large company. Moreover, he cannot be any sort of a physician if he has no medical challenge constantly before him. The demands of the business layman are founded on an understandable ignorance, which cannot be overcome by even the most tactful explanation.

Perhaps all this really means simply that I have come to the conclusion that an industrial doctor must be allowed to remain an independent spirit within the community which he serves, and that he must be allowed adequate challenge to his vocation.

During the last year I have felt increasingly ill-at-ease as a professional man, and I think this is basically the reason why I have had to make this change. I can only hope that the other doctors in the Company do not feel this problem as acutely, and that perhaps the future will somehow lessen this dilemma for them.

The kindness of your last letter touched me very considerably, and I will take the earliest opportunity of coming over to Cincinnati to talk with you, if I may, once I have settled down in Towson.

With kindest personal regards,

Very sincerely,

Philip.