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399 EAST CHURCH STREET
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April 30, 1963

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

Dear Mr. Sofie:

As you know it was recommended that the lead strippers, as well as the three men who had been removed from lead stripping, have a routine physical examination which would include a systemic review, history of any symptoms relative to potential lead poisoring, complete blood count, stippling examination for basophilic stippling, urinary coproporphyrn, and a blood and urine lead examinations to be duplicated and sent to Akron and Kettering Laboratory. Following is a report of the physical and laboratory examinations with the exception of the blood and urine examinations.

[redacted] Physical examination and history negative. Blood count revealed a Hb. of 86%, 13.3 Gms., white blood count, hematocrit, and differential normal. No basophilic stipplings noted and his urinary coproporphyrn was negative.

[redacted] Physical examination revealed a small ganglion in the dorsum of the right hand, otherwise his physical and history was negative. Hb. was 86%, 13.3 Gms. with a normal hematocrit, white blood count, and differential. There was no basophilic stippling noted and his urinary coproporphyrn was negative.

[redacted] This man had just recently recovered from the flu and complained of mild tiredness of the legs over the past five months, otherwise his physical examination and history was completely within normal limits. His Hb. was 88%, 13.5 Gms., white blood count, and differential were within normal limits. He had no basophilic stippling and his urinary coproporphyrn was negative.

[redacted] Who had gone on as a lead stripper in January. Physical examination and history were completely negative except for a moderate obesity. He had a normal Hb., white blood count, and differential, there was no urinary coproporphyrn and no basophilic stippling noted.

[redacted] Who had been removed from the lead stripping operation for several months. He had a history of nocturia, two to three times daily, and a mild back ache for approximately four months. He had been treated recently by his family doctor who made a diagnosis of prostitis and the condition was under control according to him. All physical findings were within normal limits. He had a Hb. of 15.5 Gms., 101%. White blood count normal, there was no basophilic stippling and his urinary coproporphyrn was negative, hematocrit 49%, and differential was normal.

[redacted] History revealed a chronic constipation which had not changed for a period of years. His gums were in poor condition but there was no lead line noted. Otherwise, he had no subjective complaints, and all physical findings were within normal limits. He had a 80% Hb., 12.3 Gms. He had a 13,600 white blood count, he had a differential which showed 23% Lymp., 2 Eos., 4 Mono., 70 Seg., 1 Stab. There was no basophilic stippling present and his urinary coproporphyrn was negative. Because of his elevated white blood count, it is being recommended to him that he have his white blood count and differential repeated in two weeks.

[redacted] Negative history, physical revealed teeth in fair repair. He stated he was under treatment by a dentist at this time. Otherwise all physical and history examination was negative. Hb. 88%, 13.5 Gms., white blood count, hematocrit and differential within normal limits. There was no basophilic stippling present and urinary coproporphyrn was negative.

[redacted] History and physical examination was completely within normal limits. Blood count revealed a 94% Hb., 14.5 Gms., hematocrit 47%, white blood count and differential within normal limits. There was no basophilic stippling noted and his urinary coproporphyrn was negative.

[redacted] History negative, physical examination revealed one dental cavity, otherwise all physical findings were within normal limits. Blood count revealed 84% Hb., 12.8 Gms., white blood count, hematocrit, and differential were within normal limits, no basophilic stippling noted and his urinary coproporphyrn was negative.

[redacted] His history of some abdominal discomfort similar to heart burn of 7 to 10 days duration. It was not relieved by foods or antiacids. He had no other complaint in his history, and it was recommended that this difficulty be rechecked. His physical examination was essentially negative other than moderate pyorrhea of his gums. There was no evidence of lead line. He had a Hb. of 17.8 Gms., 110% with a 50% hematocrit. His white blood count was 10,050, his differential was within normal limits, there was no basophilic stippling and his urinary coproporphyrn was negative. With the elevation of his Hb. and hematocrit, it is recommended that his blood count be repeated in 2 to 3 weeks and if no change, be referred to his family doctor for evaluation.

[redacted] Another man who had been removed from the lead stripping operation approximately four months ago. History was negative, physical examination was negative other than poor dental hygiene with moderate caries. His blood count revealed a 94% Hb., 14.5 Gms., white blood count, hematocrit and differential within normal limits, there was no basophilic stippling noted and his urinary coproporphyrn was negative.

In summary, the history and physical examinations of these eleven individuals failed to reveal any evidence of significant pathology which would have any bearing on their blood and urine lead determinations. One man had elevated

white blood count and another an elevated red blood count which was felt should be repeated. One man had some history of some abdominal distress, possibly a gastritis which will be reevaluated in approximately two weeks following this examination.

Hoping this is complete and satisfactory, I remain,

Sincerely,

Daniel M. Murphy, M. D.

DMM/bm

cc Dr. Rex Wilson