

April 7, 1954

Dr. Robert C. Page
Standard Oil Company (N. J.)
30 Rockefeller Plaza
New York City 20

Dear Bob:

I return to the subject of our conversation on the night of the 29th in order to make a few comments and to ask for some additional information.

After leaving you I talked to George Gehrmann, and having given the matter some careful thought since, I am prepared to discuss the entire subject with the members of the medical staff of Ethyl Corporation whose work will be affected, and to recommend a policy and procedure for accomplishing the desired results. Before doing so I'd like to be sure of the scope of the problem, so far as you and your group are concerned, since this matter has fairly broad significance, and I want to deal with it effectively and fairly. I presume from what you have said that Dr. Wade is concerned about the matter. I shall wish to deal with him and with any others whose position and attitude are similar, but I wish, for the sake of future direct professional relationships, to be quite sure what their wishes are. My associates will wish to deal with the local refinery physicians directly, and to establish mutually satisfactory procedures and relationships, these to be clearly defined in advance between them and their medical directors, to such extent as Dr. Wade and/or other medical directors may desire.

In a general way, I shall keep Dr. Gehrmann and his associates informed as to what we are doing, and from a professional (and personal) viewpoint there will be no lack of courtesy between ourselves and the Du Pont medical group, but there are several very good reasons why I do not wish to arrange these matters through a joint discussion with them and you and your associates. I cannot set up any blanket policy for this matter at present, and the precise nature of our procedure will have to depend on the joint judgment of our staff, whose acquaintance with the local and general situation is better than mine. However, I do wish to assure you that we are prepared to develop procedures that will meet the full approval of the medical directors and local physicians of the Jersey companies and others as well. I have believed in the closest and best professional relationships that could be achieved among physicians generally, both in and out of industry, all of my life, and we shall not fail to fulfill our

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responsibilities for such courtesy and cooperation. I have also believed in the acceptance of responsibility for the health and safety of people, to the extent that this was properly entrusted to physicians. The two sets of responsibilities are not often in conflict, and I cannot believe that they need be in conflict as between your medical associates and mine.

May I say, in the above connection and in explanation of my vigorous and somewhat defensive comments of last Monday night, that I was surprised and shocked by your disclosure of the depth of feeling among some of your people concerning our apparent encroachment upon what they believe to be their proper province. I have never heard a murmur of complaint or criticism from any of the medical men in the petroleum industry in relation to our activities, and in view of my personal and professional acquaintance with them, I should not have suspected that any such feeling could have arisen without their bringing it directly to my attention. Undoubtedly, I have been too preoccupied with specific problems and general professional considerations to recognize this development, but I am still surprised not to have had any consciousness of it. Clearly the time has come to recognize this by appropriate action, and in all good faith and willingness, we shall do so. However, this will not be automatic or immediate, and there must be a corresponding willingness, on the part of the physicians in the industry, to recognize that the responsibility which we have assumed for twenty-eight years cannot lightly be abandoned without our finding effective means for its partial or complete assumption by others.

The relationships of medical and hygienic representatives of Ethyl Corporation with the medical, hygienic and operating people of the oil industry have been too intimate a means of exchanging information and of coordinating action (on such matters as tank cleaning, the hygienic aspects of manufacturing, transporting and marketing leaded gasoline, container problems, utilization of leaded fuels for various purposes by military personnel and civilians in various parts of the world) in relation to industrial and public safety to be allowed to suffer undue attenuation. If this were to occur, the benefits of the long-term investigations which have been carried out in the Kettering Laboratory would largely be lost. (Incidentally, I have never been able to find the time to make the results of these investigations available in medical and hygienic literature. The most important matters have been published, and the effective procedures have been applied in the practices of the industry, but the documentation is sadly deficient. I have been working toward a comprehensive monograph on the subject, in which problems, methods and results would be set down adequately, but the currents of professional activity in the general fields of professional training, research and practice in occupational medicine have been too strong for me and have taken so much of my time and energy that this job has been held in abeyance. It must be done before long, and therefore you can understand, I am sure, why I am ready and anxious to relinquish any job or responsibility which I can put in other hands.

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As I visualize the present situation, it will be feasible and desirable for members of the staff of Ethyl Corporation to delegate the conduct of the physical examination of mixing plant personnel to physicians of the oil companies when and where the facilities for so doing are satisfactory and when and where an agreeable and mutually beneficial relationship of professional consultation can be achieved locally and also at higher levels in the medical organizations concerned. Just what should be the relationships and duties of the associated non-medical personnel, i. e. Ethyl Corporation's industrial hygienists (safety engineers by present title) and oil company industrial hygienists, is not entirely clear to me at the moment, but since these are under the general direction of the medical personnel of both Ethyl Corporation and the Jersey affiliates, this should create no very serious or insurmountable problem in respect to these companies. After these matters have been worked out, further developments can be considered as they seem to be required.

This has turned out to be an unduly long letter, but I have felt it necessary to expound the subject rather carefully, since neither you and your associates nor I, can justify a hurried abandonment or an ill-considered modification of a medical and hygienic program which, applied to a highly hazardous industrial situation, has evolved out of experience, while achieving complete and uninterrupted success for more than a quarter of a century. I am not even slightly interested in its unmodified continuance as a matter of precedent, but I am deeply concerned that it shall not suffer the attenuation that follows inevitably when a too-much subdivided responsibility becomes no one's responsibility. I have lived too long and too closely in the midst of a variety of hazardous industrial operations not to recognize this as the primary problem in these hazardous trades. With notable (and increasing numbers of) exceptions, the industrial physician does not take with sufficient seriousness his responsibility for the safety of persons who work in jobs that involve lethal and insidious hazards. He accepts a formula, not of his own making, for the routine of his day's work, and he does not keep actively alive in his consciousness the vital importance of knowing, in the effective technical sense of toxicology and physiology, the significance of what men do and the precise conditions under which they do it. He is much too smug in his conventional idea of his competence, and is content to turn these matters over to "industrial hygienists," when in fact he is the only one who is, or in the nature of these matters can be, the industrial hygienist equipped with physiological tools and concepts. If I do not trust this situation far, it is because my experience has not permitted me to do so, and therefore I shall move gradually and on the basis of the evidence of achievement of the desired end, in this situation.

With best regards,

Sincerely yours,

Robert A. Kehoe, M. D.

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