Henry Ford Hospital

2799 WEST GRAND BOULEVARD
DETROIT, MICHIGAN 48202

SECOND MEDICAL DIVISION
Robert K. Nixon, M.D.
Marvin D. Anderson, M.D.
Guillermo R. Rubio, M.D.
Martin C. Zonca, M.D.

December 4, 1974

Robert A. Kehoe, M.D., Ph.D.
Kettering Laboratory of Applied Physiology
College of Medicine
Eden Avenue
University of Cincinnatti
Cincinnatti, Ohio 45219

Dear Doctor Kehoe:

This letter will express in writing our gratitude for the valuable information received from you during our recent conversation. The matter you may recall was related to the possibility of a patient of ours who, on the basis of outside information, is almost certainly malingering with respect to industrial lead intoxication.

The suspicion the patient may be dosing himself with a high preparatory dose of lead acetate was strengthened by the discrepancy between the high blood value and the normal urine screen for coproporphyrin as indicated on the accompaning chart. These tests were taken during the patient's outpatient visit in October.

On the basis of our phone call with you, we decided to admit him and closely monitor his blood leads. The results appear on the accompaning sheet. No therapy whatsoever was given during his stay in the hospital from the 25th to the 28th of November. There is a chance that the November 25th collection was slightly contaminated.

In summary, we are writing to ask if you feel that the great variations in the level of blood lead, the persistently normal urine screening test for coproporphyrin, and persistent absence of basophilic stippling in the face of a normal hemoglobin and low delta ALA constitute strong supporting evidence that this alledged case of plumbism is facticious.

The patient who worked in a battery company has not had any industrial exposure to lead for the past 18 months or so during which time he has continued to draw disability benefits. It is our understanding that his brother, working for the same company, was the cause of their losing their workman's compensation insurance. Officials from the company assure me that the plant is clean and that every measure is taken to protect the men from undue exposure.

It is my hope to discuss this case with my colleagues in an informal medical conference on Thursday, December 12th, Dr. Kehoe. Consequently, I have taken the liberty to enclose an addressed envelope to facilitate your reply before then, if at all possible. Whatever comments you have would be greatly appreciated.

Unfortunately our laboratory was not able to perform stool determinations for lead, but hopefully we have accumulated enough data to achieve our main objective, which is to dismiss this patient from our care.

Sincerely,

Marvin D. Anderson M.D.

MARVIN D. ANDERSON, M.D.
Second Medical Division

MDA/dg

Form 4545

KE 0019708

N19979.01

PATIENT: El Fahir, Mohamed
152 7321-4

Henry Ford Hospital

GENERAL MEMO

Condition of collection	OFFICE	HOSPITALIZATION				
DATES	10/15/74	11/25/74	11/26/74	11/27/74		11/29/74
Blood Lead/mg%	118	73	56	79		116
URINE SCREEN coproporphyrins	Normal	normal		Normal		
24 hr urine Pb					24 µg/L.	
urine Δ A.L.A.		0.3mg/100ml			<0.5 mg/100ml	<0.5 mg/100ml.
Basophilic Stippling	Absent		Absent			

NOTES

Patient complained of headache, backache & acted demented, infantile. The 11/25 Pb = 73 may have been sl. contaminated due lab is very accurate ≥ blood Leads.

Hemoglobin 15.8 Retic 3.4% Uric acid / BUN Creat / Normal