August 9, 1963

E. A. Irvin, M.D.
Ford Motor Company
The American Road
Dearborn, Michigan

Dear Bud:

I have just dealt with another case from your Company's plant in Norfolk, Virginia, having had a telephone call some days ago from a seemingly level-headed physician named R. Cecil Chapman, M.D., 301 Medical Tower, Norfolk 7, Virginia, who recited the history of the case to me and requested that samples of urine and blood be analysed. It seems likely that you have all of the information on this case, but I think it best to pass along certain essential facts about it, since these are not confidential. Moreover, I am not sure just how you would like me to handle the charge for the service which we have rendered in this case. I shall make this point clear below.

The man about whom Dr. Chapman was concerned was [redacted] who seems to have had no specific complaints or signs of lead intoxication, but rather an anemia and a considerable degree of lassitude. Dr. Chapman planned to investigate the case and specifically the anemia, further, but was concerned by the analytical findings of Mr. Morano, whom you will remember as the Virginia State toxicologist, whose analytical result in the blood, was, I believe, of the order of 0.10+ mg. per 100 grams. (I do not have his report, but was told that both the urine and blood were significantly high in their lead content, and the value in the blood was as indicated above.)

I sent containers along and we received the samples (the urine was lost in transit, but the two tubes of blood were intact, yielding 0.06 mg. and 0.085 mg., respectively, per 100 grams of whole blood). As I explained to Dr. Chapman, the weighted average of these two results is nearer the 0.085 than to the 0.06 (because of the intrinsic variability of the two methods, the dithizone method being closer to the truth, as a rule, than the spectrographic), but the relationship of lead absorption to this man's physical state must be regarded as highly dubious. There is no doubt, however, that he has absorbed appreciable quantities of lead while at work, and that he is very close to the threshold value. He should not return at once to the work which he has been doing.

This case is sufficiently like certain others to add weight to my previous interpretation of the situation, and to emphasize my recommendations. Just what will come of it, I do not know, although I should expect Dr. Chapman to handle it with discretion. I think,

however, that we should go ahead with some cross-checking with Morano and also with your industrial hygiene laboratory. I have not pressed the point, not having heard definitely from you as to your wishes, and not having a formal authorization to incur the expense of additional analyses. However, my principal reason for not pressing it was that I've been very busy with other matters. Now that the issue has been raised again, perhaps we should not delay longer. I shall do nothing about it, however, until I hear from you.

I raise the further question, as a matter of your policy, concerning the cost of the analysis of the blood of the latest employee, [redacted] I sent a bill for this to Dr. Chapman, but told him that I hardly thought it necessary for the patient to pay this bill, and that I would expect him (Chapman) to advise me about it. This is in accord with our usual practice in dealing with patients. We always follow the wishes of the patient's physician in the matter of the charges.

I am not suggesting that this is, necessarily, the responsibility of the Ford Company, but in a matter of this sort, which involves employee relations, I don't want to do anything that would run counter to your wishes or those of your people in Norfolk. At the same time, I must deal in an entirely straightforward manner with Dr. Chapman, who consulted me on behalf of his patient.

Sincerely yours,

RAK:vr

Robert A. Kehoe, M.D.