Boston, Massachusetts
February 5th, 1942

Dr. E. E. Evans,
Medical Dept.,
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Penns Grove, N. J.

Dear Bob:-

I talked with Howard Gehrmann and Joe Stecher about the proposed changes in record card for the lead examination, and the possibility of carrying a running record on the entire group. Howard had some ideas on the scheme and wanted to consult with Foulger about it before the plan was finally put into effect. I think it will be a very good idea to have the plan gone over by as many people as possible, even though Joe is anxious to go ahead with it soon.

The changes in the examination record that seem desirable to me have been indicated on the attached record. After you have made any changes that seem desirable to you, you can advise Howard and he can then proceed to make his and Foulger's contributions.

It seems quite unimportant to me which method we use for following these men as long as we express our results in quantitative terms. Howard suggested the possibility of developing some type of scoring arrangement similar to that used for E. G. D. workers which may or may not offer any advantages. The important thing is to have some means whereby we can measure change in quantitative data from month to month, since in the last analysis your opinion of the clinical status of the men will have to be the guide for the management in their handling of the employees. I rather think that both you and Howard should stress the careful follow-up of clinical condition of the questionable men that you are now carrying out and point out to the management that, with this type of careful clinical supervision of border line cases, there is little to be gained by furnishing the management with more than a bare outline or summary of the over-all picture in the lead area. Anything more than that would put them in the extremely awkward position of having to make decisions in a highly technical field, for which they have had no training, and I am quite sure they would wish to avoid this.

Notes on the card changes are itemized below, and are marked on the attached card. First of all, it would seem desirable to simplify the card and eliminate meaningless headings and repetition. There also should be an instruction sheet for the physicians which would determine the criteria by which they judge the findings.

Item 1. It would be a good idea in view of the variabilities in blood pressure, following week ends, picnics and holidays, to note the day of the week, or day after holiday in addition to the date and time as is now done.

Item 2. The general headings for statements such as digestive, muscular, etc., can be omitted. They seem to serve no good purpose, and if the medical officer does not know to which system the findings refer, it needs to be worked on.

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To Mr. E. E. Evans

Item 3. Pallor can remain, but the criteria should be set.

Item 4. Anemia and emaciation can be omitted since the record of the weight is kept.

Item 5. Colic or abdominal pain. - Few people can differentiate between the two, and they can be considered together, particularly since it is extremely unlikely that we will encounter any genuine cases of clear-cut saturnine colic.

Item 6. Breakfast anorexia can remain, and should cover the loss of appetite.

Item 7. Vomiting is so non-specific and unusual that it seems to me can be omitted. The same is true for convulsions and tinnitus.

Item 8. Arteriosclerosis can be omitted for reasons we discussed during our meeting.

Item 9. A separate heading might be made for laboratory findings under which quantitative data and plus or minus findings - such as albumen, sugar and urinary acidity - can be noted. One might consider whether or not it is desirable to include a volume index record on these men. If too much work is not involved, it would be profitable to include this study on the seven men in the blender group that we will be following this year, since this will give us an idea of the value of this.

Item 10. As discussed in our meeting for coding purposes, one might include a few columns for reference to findings in the various systems.

I believe the shortened form, particularly when rearranged in order, will have definite advantages, from your point of view, as well as for statistical purposes, and moreover will probably leave enough room at the bottom of the card for notes on the particular examinations that the physician may wish to make.

I would appreciate getting your reaction to the foregoing suggestions.

With best regards, I am

Very truly yours,

M/M
Enc.