

July 20, 1956

Dr. B. B. Reeve
Medical Director
Standard Oil Company (Indiana)
910 South Michigan Avenue
Chicago 80, Illinois

Dear Doctor Reeve:

We are entirely willing to help you out by analysing samples of blood and urine obtained by suitable means from any reasonable number of your company's employees under your supervision. I hope that my letter to Mr. Halley was not regarded by him as a personal criticism, for I have great respect for his knowledge and judgment. Instead it was intended to head off, so far as we are involved, a survey made under non-medical auspices, the results of which might be handled, or, as we have seen frequently, mishandled, so as not to have the usefulness that they should. So long as the results are reported to a physician (or his direct representative) and dealt with as medical data, I have no objection to the procedure. However, in our previous experience, the procedure has not been applied properly, in lay hands, and we have had enough embarrassing incidents to demonstrate the need for strict medical handling. For example, the finding of evidence of excessive absorption of lead, within certain specified limits, means that a man should be removed promptly from all exposure for a period determined by the results of further analysis. Attempts made by laymen to explain this situation to a man and to provide for his transfer to other work have led to misunderstanding, resentment, union grievances and other difficulties, all of which can be attended to without any trouble by a properly informed physician. It is, in short, from every aspect, a medical problem and a medical responsibility both organizationally and legally, and it cannot be handled otherwise satisfactorily or with propriety. This and a series of other problems arise whenever one resorts to these analytical procedures for the purposes of industrial hygiene, and therefore I insist upon their being handled strictly as medical data if we have any share in them.

For practical purposes, if you can arrange to have the samples collected in our containers by the means we prescribe, and if you handle the findings through your office with properly instructed persons at the various refineries who are responsible to you, we will certainly not "shut the door" on your efforts.

The cost of our analysis is a unit cost for the service which the Laboratory pro-

N 6270

Dr. B. B. Reeve (2) - July 20, 1956

vides in that connection. It is as low as it is for the reason that we handle a large volume of such analyses for ourselves and others. It includes no special charge for consultation services as such, but it does include, or is intended to include, its share of all of the overhead expense of the conduct of the work, including, of course, secretarial service and something for administrative cost. This is in line with every other charge for any kind of service rendered by the Laboratory. It is probable that it does not carry its full weight of overhead expense, since it has not been changed for a number of years, but it is close enough so as not to be a burden on the other types of work done by the Laboratory. We never perform purely analytical services for anyone, except occasionally as a special favor for some colleague or for some industrial organization that needs just that and only that and has no facilities for doing it.

All of the analytical work done on lead (and on certain other metals) for diagnostic purposes or for purposes of industrial hygiene in the Laboratory, goes through my hands. Comparable work involving other materials for similar purposes is handled by one of the physicians on the staff, since this is a medical laboratory in a medical college in a medical center within which we maintain complete professional responsibility. This does not mean that the members of our technological non-medical staff are not fully respected and called upon for their special knowledge and skill, nor does it mean that they do not carry the full weight of their proper responsibilities. It does mean that any responsibility which they assume in medical matters is delegated to them under the direct guidance or supervision of physicians. This, I may say, is what we teach as the proper principle in industrial medical organization and function, and it is what we practice. In doing this we are not concerned to maintain the prestige of the physician in his organization or in his general performance. We are intent, however, on seeing to it that the workman in industry is treated as a person or a patient should be in circumstances in which his problem of health and welfare is, properly speaking, a medical problem.

I think you would be wise to have the containers sent to your office for distribution to your people at the respective refineries. Alternatively they can go to people whom you designate at these places. Since blood has to be drawn, some proper person should do this and all of the other work incidental to the collection of the samples. The reports should go to you only, or to physicians only, together with such advice as we can provide.

I have gone to some length to convey my point of view on this matter. I have been working in a close relationship with quite a number of the lead trades for a long time. I may not have seen everything, but probably almost everything, and my present attitude is the result of such experience. We in medicine have excellent tools for handling the lead problem in industry with completely satisfying results. However, in the collective sense, we are not making proper use

Dr. B. B. Reeve - (3) - July 20, 1956

of these tools, in consequence of which we still have more lead poisoning in industry than any other specific occupational disease. So far as I am able to do so with our facilities, I wish to see that they are used properly.

Sincerely yours,

Robert A. Kehoe, M. D.

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