

October 3, 1968

Professor Ronald E. Lane, C.B.E.
3 Daylesford Road
Cheadle, Cheshire
England

Dear Ron:

I return the final version of the statement on "Diagnosis" with my signature, which I am pleased to do. It should be helpful in resolving some of the difficulties that plague us.

I have only one niggling bit of reluctance to accept the figures representing the upper limit of the values for lead in the blood in Category B as 80 micrograms, especially when it represents the lower limit in Category C. This applies as well to the other values which are identical in more than one category. (I have seen frank cases of lead poisoning at 80 micrograms - rarely, to be sure, but the value is not "acceptable".) But, as a matter of principle, any one value cannot be in both categories, unless one is prepared to accept errors (in analysis or in judgment) based upon human variability, as inevitable, and therefore wishes not to be too precise. I cannot bring myself to be too critical of such a point of view. On the other hand, if for no other reason than to avoid apparent looseness in speech, I would differentiate the one category from the other by numbers. For example, I would set down 40 - 75 micrograms in Category B, leaving C as it is. Likewise, throughout these numerical values, in defining the categories I would lower one, or raise the other, so as not to make them identical. Nevertheless, I will not stand on such a requirement as the price of my signature of approval, since the ideas represented in the statement are altogether too good to quibble about.

I wonder whether you plan to go to Amsterdam for the meeting which Professor Zielhuis is arranging at the end of November. I hope you are, for I should be happy to see you. (I shall go unless something unexpected prevents me.) Moreover, I think someone should be there to put the level of tolerance in the air (or the levels of tolerance, if one is prepared to estimate the variability of the hazards due to the nature of the compound of lead and to the degree of dispersion of the particles) in its proper relationship to the levels of absorption which are now determinable, as well as to the biochemical and clinical indications of danger.

I quite accept the usefulness of analytical monitoring of the air, but not as a reliable indicator of hazard or the lack of it, ^{or} as a substitute for medical and biological monitoring. Some of our European colleagues seem to be prepared to rely unduly upon the results of analysis of the air.

With kind regards,

Sincerely,

RAK:wp
enclosure

Robert A. Kehoe, M.D.
Professor Emeritus of
Occupational Medicine

N22356

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Professor R.A. Kehoe,
Kettering Laboratory,
University of Cincinnati,
Ohio,
U.S.A.

Dear Bob:

The Diagnosis of Inorganic Lead Poisoning

After consideration of the various comments received from those to whom the draft statement on the diagnosis of lead poisoning was sent, we have now drawn up the final version which incorporates several changes, all of a relatively minor nature.

The replies to my letter indicated that the following were willing to join me in signing the document.

Dr. P.S.I. Barry	Associated Octel Co. Ltd., U.K.
Professor R.C. Browne	University of Newcastle upon Tyne, U.K.
Dr. A.J. de Kretser	Vauxhall Motors Ltd., U.K.
Dr. T.G. Faulkner Hudson	Imperial Smelting Corporation Ltd., U.K.
Dr. D. Hunter	Guy's Hospital, U.K.
Professor R.A. Kehoe	Kettering Laboratory, U.S.A.
Mr. E. King	Occupational Hygiene Service, Manchester, UK
Dr. D. Malcolm	Chloride Electrical Storage Co. Ltd., U.K.
Dr. A.R. Thompson	Vauxhall Motors Ltd., U.K.
Professor R. Truhaut	University of Paris, France
Professor E.C. Vigliani	Milan
Dr. M.K. Williams	London School of Hygiene & Tropical Medicine, U.K.
Professor R.L. Zielhuis	University of Amsterdam, Holland

We hope that Professor Cramer of Goteborg and Professor Goldberg of Glasgow University will also accept the statement following the slight

changes that have been made. Professor Beretic of Yugoslavia, Dr. McCallum of the University of Newcastle and Dr. Stopps of Du Pont Co. of America will also be invited to add their names to the list of signatories.

I am enclosing two copies of the final version and should be grateful if you would sign one of these and return it to me. In the meantime I shall be approaching the Editor of the British Medical Journal to discuss the form in which the statement is to be published.

Best wishes

Yours sincerely
Ronald