



J. Earl Smith, M. D., Acting
~~XXXXXXXXXXXXXXXXXXXX~~
HEALTH COMMISSIONER

OFFICE OF THE
INDUSTRIAL HYGIENE SECTION
62 Municipal Courts Building

CITY OF ST. LOUIS

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF HEALTH

October 25, 1948

Dr. Robert A. Kehoe, M. D.
Kettering Laboratory
University of Cincinnati
Cincinnati, 19, Ohio

Dear Doctor Kehoe:

Perhaps you could be of assistance to us in the problem of "blood lead" values, versus "urine lead" values, as indices of lead absorption.

In making surveys of industries where there is a lead absorption hazard, it has been our practice to obtain blood samples for chemical analysis.

However, in some cases, management, and many employees. object to venapuncture and for other reasons as well, prefer to have the data obtained from urine samples.

We have always thought that the probability of contamination of urine samples from employees clothing and skin, from dusty atmosphere in the plant, etc., was a factor having great weight. We refer to the practice of collection samples in a plant or factory, or plant dispensary and not in a hospital or in a physician's private office.

The difficulty in obtaining reliable urine samples from female employees was another reason for us to use the "blood lead" test.

Recently, there has been an increase of urine samples submitted to our laboratory, from both industrial physicians and physicians in private practice.

This has led us to contemplate the idea of dropping the "blood lead" test for industrial surveys, and to substitute the "urine lead" test therefor.

Any advice, or suggestions you could give us, in this matter, would be greatly appreciated.

Very truly yours, .

B. W. Lewis

B. W. Lewis, M. D.
Industrial Hygiene Physician
Industrial Hygiene Section

N13953

BWL:D