March 13, 1937

Mr. W. J. Maxwell
Socony-Vacuum Oil Company
Claim Department
26 Broadway
New York

Dear Mr. Maxwell:

I have your letter of March 9th and the medical records on one [redacted] which I have examined. Before commenting on the available findings, I think it should be pointed out that practically all of the available data refer merely to the condition of the eyes, giving inadequate information as to the general systemic condition of this patient. In as much as it is quite probable that the visual picture is a part of the systemic disease, it is obviously of primary importance to know this man's entire clinical picture. As a first step, therefore, I should recommend the complete detailed examination of this man from head to feet at the hands of a competent internist. For your purpose I should suggest the selection of a man who occupies an unassailable position in the profession, since the opinion of such a man will be both useful not only at arriving at the facts, but in presenting the facts in a dis-interested manner.

It appears that the most satisfactory information about the eyes is contained in the report of Dr. Allan C. Wood. Dr. Wood seems to have been entirely dis-interested, his examination seems to have been thorough within the limits of his own field, and his conclusions seem to be justified except that, in my opinion, he has given undue weight to the lead content of the blood. So far as the report indicates, there was only one analysis of one sample of blood and no analyses of urine or faeces. Obviously if it had been shown adequately that this patient had abnormal lead findings in the blood, then Dr. Wood would have been entirely justified in considering lead from some source as a possible factor in the optic atrophy. Knowing the methods of analysis that have been in use previously at the Johns Hopkins Hospital, I am somewhat skeptical of the accuracy of the result. If the analysis was made in this instance by the spectrographic method which they have described, there is a possible error of from 10 to 20 percent in the result. Thus a single analysis would not put this outside the range of normal values. Moreover it is our experience that there is considerable variation in the

findings in the blood. In our opinion this result, even if absolutely accurate, would not be accepted as definite evidence of abnormal lead absorption but only suggestive evidence which would have to be corroborated by other supporting evidence, and additional analyses. I need not point out to you that in my opinion the history of lead exposure is insignificant and that, therefore, from this point of view only the most certain evidence could be accepted in proof of significant lead absorption.

This might very well be a difficult case for although optic atrophy is a rare sequel to lead intoxication, it has been described and is generally accepted as one of the possible lesions. You are, therefore, placed in the position of having to prove that this could not have been lead poisoning because there was no significant exposure to lead in the occupation, unless it can be shown that the lesions are a part of a central nevous system process that is still progressing. It is for this reason that I suggest the necessity of having a thorough-going systemic examination of this man that will lead to a logical conclusion.

Perhaps I should point out additionally that further lead analyses at this time will very likely be valueless because of the long period that has elapsed between the cessation of employment and the present time. For this same reason it will be quite impossible to obtain results which would tend to check those reported by Dr. Wood since in a year's time the blood level would have returned to normal in any case. However, if anyone whom you select as a doctor in the case should wish to have additional lead analyses made, we will, of course, be glad to carry them out after furnishing containers and suitable instructions for the collection of samples.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.