February 27, 1931

Dr. Morris Fishbein,
Editor, Journal Amer. Med. Assn.,
535 N. Dearborn Street,
Chicago, Ill.

Dear Dr. Fishbein:

I am taking the liberty of criticising rather severely a syndicated article which has appeared over your name in several newspapers, a copy of which was sent to me by a man who is familiar with the work which I and my associates have been doing and who felt that I might be interested in the article. I enclose a copy of it herewith.

I do not ordinarily regard such articles very seriously, but since this one is given the authority of the Journal of the American Medical Association it seems worth while to point out certain rather misleading statements. I do this not in the interest of obtaining any retraction, for in this I am not interested. It seems, however, that it is not wise to permit certain misunderstandings to continue in the minds of men whose influence is wide as that of important leaders of medical thought.

There are three definitely misleading statements in the article. The fourth paragraph makes the categorical statement that lead poisoning from anti-knock gasoline containing tetraethyl lead is one of the most serious forms. I and my associates, as well as certain members of the staff of the United States Public Health Service, have been studying this problem from the point of view of the public health and the health of gasoline handlers in the United States over some period of years. Every attempt has been made to determine notoonly whether poisoning has resulted from this cause, but also whether there is any evidence that men so engaged are absorbing appreciable quantities of lead. The evidence thus far has been entirely negative. We have been unable to find cases of lead poisoning

from this cause, despite the existence of situations in which the prescribed precautions have in no way been carried out. Our careful studies have further failed to show that men who are subjected to the most serious exposures of this sort are absorbing significant quantities of lead as a consequence of their occupation. We have followed up numerous complaints of injury, have investigated them carefully, and we see no evidence at this time to indicate that there have ever been any cases of lead poisoning as result of distribution of lead-containing gasolines. We recognize that the matter has not been followed long enough so that it can be said with certainty that no danger exists. Our feeling therefore, which is shared by the Public Health Service and also by various other persons whose experience and knowledge qualifies them to judge, is that the precautions which have been prescribed should be followed to every extent possible, while the investigation of the matter continues to try to uncover the facts. It is our further hope that continually calling attention to these precautions will have a tendency to educate the public to regard all gasolines as a source of danger. The inhalation of gasoline in high concentration is dangerous. Gasolines in general are injurious to the skin and have a tendency to produce dermatitis. There are certain individuals unusually susceptible to gasoline, who have a considerable difficulty with it as result of even a meagre exposure. Furthermore, the fact that many gasolines contain benzol brings about another hazard of some consequence to gasoline handlers. Thus it is inadvisable that gasoline handlers and the public in general, should believe that careless handling of gasoline or motor fuels is a safe proposition. It is partly for this reason that the precautions were issued in the form in which they now appear, and it should be understood that these precautions were a recognition of potential danger and not the result of actual experience with cases of lead poisoning. If any cases of real or presumed poisoning have escaped our attention and have come to your attention, I should deeply appreciate any information that will lead to the disclosure of further facts.

The consequence of the above misinformation from the point of view of public health is not as serious as that which is contained in a further paragraph, which states that there is little lead hazard today in the painting industry. As a matter of fact

painters still contribute the largest number of cases of lead poisoning, and the serious and fatal cases of poisoning among them are all too numerous. The use of spraying methods has contributed considerably to this situation, and it may be safely said that spray painting is today among the two or three most dangerous lead hazards in existence. This is so much the case that where unions are strong, spray painting is specifically prohibited. Elsewhere, however, this practice continues, and takes a serious toll of life and health. It should be recognized by the lay individual that painting is a dangerous occupation. It should also be recognized that some of the most serious lead hazards in the community arise in connection with paint problems. Therefore, to advise the public incorrectly in this matter is rather serious.

I should take issue also with the last paragraph of the article, which has a tendency to give a false sense of security on account of the activities of industrial physicians. It is true that there are many industries in this country in which lead hazards are very well controlled. It is equally true that there are an enormous number of industries in which the hazards are glaringly large, and in which there is a very considerable inactivity both to recognize and to eliminate these hazards on the part of industrial management, and equally on the part of industrial physicians. That lead poisoning should still continue to be the most frequent of industrial poisons, is a very good index of the activity and knowledge of present day industrial physicians. There is no lead hazard known which cannot be controlled in such a way as to practically eliminate lead poisoning as an industrial disease. When this fact is known it is no less than a social crime that there should be as much lead poisoning as there is. The situation exists by virtue of a placid attitude on the part of the public, which is salved into the belief that preventive medicine is doing its job well in this regard. It is abetted by physicians who either do not know the facts, or are not very much interested in them after they know them.

I wish to assure you that there is nothing personal in the somewhat caustic remarks that I have made. I am assuming that the purpose of these articles is to raise the educational level of the public in health matters. Such an article as this not only fails to do so, but defeats the purposes of education.

I therefore feel justified in criticising it as severely as it deserves.

Very truly yours,

RAK:EJ