December 21, 1971

Mr. David R. Elliott
Faculty of Arts and Science
Department of History, Room SS 617
The University of Calgary
Calgary, Alberta, Canada

Dear Mr. Elliott:

Your letter of December 16, addressed to the Director of Kettering Laboratory (who is Raymond Suskind, M.D., also Head of the Department of Environmental Health of which the Kettering Laboratory is a part), was referred by Dr. Suskind to me, since I was the Director when Dr. Gilfillan came to us for assistance, some years ago.

I was interested, of course, in Dr. Gilfillan's idea, although I was skeptical about the samples which he would provide. Among other things, I thought it necessary that the analytical work should be accurate, and I wanted to know all I could learn about the origin of the specimens, the conditions under which they had been buried and collected. I wanted also to be in position to advise him as to their worth in answering his questions.

I cannot, in all fairness, in dealing with Dr. Gilfillan, convey to you the information about the specimens, generally, or about specific specimens. Nor can I provide you with the results obtained. On the other hand, I would not mislead you. Some of the results were high, and some were not, and those which were high could not be interpreted to mean that any of the persons involved had been the victims of lead poisoning. There are several factors which could have resulted in gross contamination of these bones, so that one could not be sure of the validity of the findings. Moreover, no quantity of lead found in the skeleton of a man or woman is proof of illness. Certainly, the cause of the death of any individual cannot be determined by the analysis of his skeleton, nor can any finding be equated with the presence of illness of any kind. The significance of the results obtained in this instance was further obscured by the very small portion of bone that was available, which made it impossible to determine from what part of the skeleton it had been taken.

You can be assured that I discussed these matters with Dr. Gilfillan and advised him of the dubious character of the evidence relating to his hypothesis. Nevertheless, he was convinced of the truth of his hypothesis and was little influenced by my views. I say this not unkindly, or even critically, in the personal sense, for Dr. Gilfillan is, I believe, a fine gentleman, who would not, purposely, mislead his readers with fraudulent data. His thesis, however, has not been strengthened by the analytical work done for him in this Laboratory, so that it is still necessary to rely upon historical information, for what it may be worth, in interpreting to Roman experience.

As you may, or may not know, I and my associates in this Laboratory, have been studying the metabolism of lead in relation to human health and disease, for many years. I still continue to work in the Laboratory on these and similar matters relating to the mineral metabolism, and have long been concerned professionally with many aspects of the problem of human lead poisoning, in industry and elsewhere.

I would advise you, if I may be so bold, not to be too much concerned about this matter. A more important matter is what the situation is at this time among the people of the world - what we know about it, and what we can learn by future investigation.

Sincerely yours,

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

RAK:wb

cc: Raymond R. Suskind, M.D.