

May 27, 1947

Dr. J. J. Farnsworth,
The Electric Storage Battery Co.,
129 Belmont Boulevard,
Kansas City 1, Missouri.

Dear Dr. Farnsworth:

I send you herewith signed reports, giving the analytical results on your patient, Mr. [REDACTED]. I also enclose a bill as usual to cover the cost of the analytical work.

As I have indicated in the report, the analytical results are quite compatible with the onset of symptomatology, and ^{from} what you have told me of the clinical aspects of this situation I consider it highly probable that [REDACTED] is having some symptoms referable to lead absorption. I would suspect that he has run into somewhat more severe lead exposure than would ordinarily be suspected and that his lead absorption has been occurring rather rapidly during the past several weeks.

You raise certain questions about the hemoglobin and the stippling. I certainly see no objection as to the manner in which you are carrying out your hemoglobin determination. The Leitz Photo Electric Cell method, in our hands, is generally quite satisfactory so long as the standards are properly maintained. As to the matter of stippling, we frankly do not take it too seriously, unless changes occur rather abruptly and progressively. A good many men have put a great amount of dependence upon the examination of the blood for stippling. Our objection to it is not so much that it is a somewhat erratic phenomenon, although this is a logical objection, but rather because a sizable group in any exposed plant population will continue to yield quite normal values when their exposure is considerable. In other words, in our opinion, stippling of the erythrocytes, as a measure of lead exposure, is too crude and unreliable to give the desired results. We have been following a good many people systematically for a good many years. We have never yet found such a degree of correlation between stippling and lead absorption as to justify any confidence in this phenomenon as a measure of lead exposure. What we do find with considerable frequency, is that when an individual becomes ill, his stippling increases rather markedly.

Cordially yours,

Robert A. Kehoe, M. D.

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Name: [REDACTED], Electric Storage Battery Company,
129 Belmont Boulevard, Kansas City, Missouri.

Materials: Blood and Urine

Submitted: 5-8-47 by Dr. J. J. Farnsworth

Required: Lead Analyses

URINE

Analysis Number - 47A-3180
Volume - 100.0 ml.
Specific Gravity - 1.024
Mg. Pb/Liter - 0.46

BLOOD

Analysis Number	-	47A-3181	
		<u>Spectrographic</u>	<u>Dithizone</u>
Grams	-	18.4	20.0
Mg. Pb/100 Grams	-	0.075	0.08

The lead concentration in the urine is indicative of recent hazardous lead exposure. The lead concentration in the blood is somewhat above normal levels. The two results taken together, in conjunction with characteristic or suggestive symptomatology, justify the diagnosis of lead intoxication. Considering the low lead concentration in the blood one might anticipate that the symptomatology would be mild, and probably of brief duration.

Robert A. Kehoe, M. D.

Samples Submitted: 5-8-47

Samples Received: 5-12-47

Samples Reported: 5-20-47

Name: [REDACTED], Electric Storage Battery Company,
129 Nelson Boulevard, Kansas City, Missouri.

Materials: Blood and Urine

Submitted: 5-8-47 by Dr. J. J. Farnsworth

Required: Lead Analyses

URINE

Analysis Number - 474-3180
Volume - 100.0 ml.
Specific Gravity - 1.024
Mg. Pb/Liter - 0.46

BLOOD

Analysis Number	- 474-3181	
	<u>Spectrographic</u>	<u>Dithionite</u>
Grams	- 18.4	20.0
Mg. Pb/100 grams	- 0.075	0.08

The lead concentration in the urine is indicative of recent hazardous lead exposure. The lead concentration in the blood is somewhat above normal levels. The two results taken together, in conjunction with characteristic or suggestive symptomatology, justify the diagnosis of lead intoxication. Considering the low lead concentration in the blood one might anticipate that the symptomatology would be mild, and probably of brief duration.

Robert A. Kehoe, M. D.

Samples Submitted: 5-8-47

Samples Received: 5-12-47

Samples Reported: 5-20-47

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