

December 30, 1971

Dr. Scott Clark
Department of Environmental Health
University of Cincinnati
Cincinnati, Ohio 45219

Dear Doctor Clark:

Since this was a reproduced copy of this report, I thought it desirable to indicate in writing (by pencil which can be erased, if desired) my criticisms of the verbal expressions of a variety of kinds.

The factual information and the conclusions drawn from the facts are valid, I think, but the manner of expressing some of the information is faulty.

Several expressions common to other publications in this field are:

(1) Lead poisoning is referred to repeatedly in connection with screening techniques designed to seek evidences of the absorption of lead, when what one is concerned with is primarily the evidence of hazardous or potentially hazardous exposure to lead. The so called cases of lead poisoning which have been reported by certain investigators are not cases of lead poisoning at all, but rather are suggestive evidences of the existence of the threat of poisoning. The differentiation must be made here precisely, for it is not good practice to treat children or adults by chelation to try to prevent the onset of lead poisoning. This simply is not understood by a large number of the people involved in the consideration of this problem. The diagnosis of lead poisoning is made only by the characteristics of the illness of an individual, child or adult.

(2) To what extent were the cases reported in 1959, 60 and 61 to be regarded as cases of actual illness, or in how many instances were they merely children threatened with the possibility or likelihood of future illness? This is not stated, but I suspect that many of these were merely suspected but not found to be ill. Bear in mind, that many of the people who handle these cases do not differentiate between the actually ill and the potentially ill (in the future). I simply do not believe that the incidence of actual cases of illness reached the number indicated by Figures 1 and 2.

You must forgive me if I seem to be unduly critical of this paper, with respect, not at all, to its thesis but to looseness of verbage here and there. It is necessary, I believe, to be unremittingly precise in what one says about this matter. Much has been badly written and said about it, and a large number of the people who are interested are sadly misinformed about the facts, and the severity of the threat that is offered to infants and very young children by the lead in our environment. We in this Department must be extremely careful to speak and write in such a manner that we cannot be misunderstood by anyone. Thanks for letting me see this.

Sincerely,

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Robert A. Kehoe, M.D.

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