November 20, 1959

Mr. C. Jack Bark
3408 Fifth Avenue
Pittsburgh 13
Pennsylvania

Dear Mr. Bark:

Despite the improbability, as it seems to me, that the patient, referred to in your letter of November 12, is a victim of lead poisoning, you are entirely right in following up your impression, or perhaps better, your suspicion. Stranger cases of lead poisoning have been seen. Let me suggest, therefore, (although I suspect that the suggested procedure has been followed out) that the first step is that of determining the extent of your patient's present evidence of lead absorption, by means of analysis of the urine, or more importantly, the blood, for its lead content. I dare say this can be done there, but if it cannot be done conveniently, I can provide you with containers and instructions, and we can carry out the analysis for you, and interpret the findings.

There is little likelihood that cosmetic powders in the United States contain lead in appreciable quantities, and while there is a greater likelihood that certain hair dyes may contain lead, this likelihood is not very great. The cases referred to in these relationships have been most numerous, so far as the record shows, in Japan and in India. References to the literature are given in an article in the Journal of Industrial Hygiene 15:299,1933 (there have been others since, but I have not the time to sort them out.)

The second step, if the analytical evidence points in a positive direction, is to determine, specifically, the source of the lead, by obtaining samples of the cosmetics (or other materials) which are under suspicion. Since efforts are made to prevent this sort of thing it is important that the source be identified for the sake of preventing further cases.

The third step, if indeed suitable evidence can be assembled to convict lead, is that of putting the information together for the purposes of publication. Unusual cases should be published for the information of one's colleagues. The diagnosis should not be made, however, in cases of this type without sound evidence, and the clinical findings, alone, without proof of their meaning, are not sufficiently specific to provide such evidence.

One other point might be mentioned, although it is not the only one which

could be made. The colors most likely to be identified with lead in the U.S.A. are the yellows of various tints, which may be lead chromates, or a black, which occasionally in American usage may be lead sulfide.

With best wishes for the satisfaction of your curiosity.

Sincerely yours,

Robert A. Kehoe, M. D.

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