

March 6, 1943

Mr. H. R. Bryant,
Robert F. Coleman, Inc.,
948 Union Trust Building,
Pittsburgh, Pennsylvania.

Dear Mr. Bryant:

In response to your letter, I have reviewed the file in the case of DeVitto vs Johnson Bronze Company, and am returning the file to you at once.

First, let me say that I do not believe this man died as the result of lead poisoning. In my opinion there is no satisfactory evidence of any causal relationship between the disease process from which he died, and prolonged lead exposure, or even repeated episodes of lead poisoning over a period of years. Death ensued, as it commonly does, without any complicating factor, as the terminal picture of the well-known cardio-renal syndrome. The relationship between this disease and lead poisoning was never well founded, and in recent years, as the result of careful studies made on exposed workmen, it seems fairly clear that they are not very directly related, except to the extent that the existence of this general vascular degeneration causes somewhat greater susceptibility to the toxic effects of lead. Incidentally, the best evidence of the occurrence of renal damage in lead poisoning has come from Nye's study of children in Queensland. The subject has been hotly controversial, however; other clinicians holding that the effects ascribed to lead were, in fact, due to scarlet fever in early life.

Second, despite my opinion, which I could support vigorously, and with good evidence, I think this case has a very poor defense. I have examined the data carefully and I conclude that this man actually suffered from low grade intoxication over a period of years, with acute episodes periodically. The record may or may not be a fair presentation of the facts, but it leaves one with the feeling that the hygienic and medical supervision given him was hopelessly inept, and as viewed in these days, was almost criminally negligent. There is no record that he ever had a decent physical examination at the hands of his employer, while the blood observations, made with wholly inadequate frequency, gave evidence of actual lead intoxication throughout the entire period for which reports are available. No man with such blood findings should be permitted to work under conditions of lead exposure. Moreover, from my experience in plants that do somewhat similar work, I doubt greatly if this

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man's last period of work was free of significant lead exposure. Theoretically, the washing job does not involve much exposure; actually, for a variety of reasons, it usually does.

Third, and for the reasons given above, this is not a case in which I should like to appear for the defense. If my present viewpoint were not neutralized by clear evidence to the contrary, I should feel that I was aiding a negligent and guilty employer in escaping the just consequences of his negligence (or perhaps his ignorant and ill-advised conduct of his business), regardless of the technical interpretation of the employee's disease process and the actual cause of death. Bear in mind also, that the technical interpretation, no matter how honestly made, is bound to be controversial. A considerable weight of medical authority (if not evidence), could be brought to bear on the opinion I have expressed.

Finally, the answer to the problem which presents itself in this plant, is careful hygienic control and capable and socially sensitive medical supervision. The nature and severity of the lead exposure should be known and if it is hazardous, it should be brought under control by suitable and effective engineering means. Medical supervision should be provided to see that safety actually is maintained. If, because of present war stringencies, this is not possible, then as a makeshift, the medical supervision should transfer men out of hazardous exposure as soon as circumstances indicate that this is advisable, not on the rule of thumb basis of blood changes, but rather for sound clinical reasons which can be ascertained only by adequate medical examination. By this means the worst consequences of hazardous lead exposure could be avoided. Such a regimen is urgently required in relation to present problems of man power. I repeat, however, that in the final analysis such a function on the part of the medical man in industry is only a makeshift, and should not continue beyond the period of emergency. In normal times, lead exposure can be controlled by engineering and medical means, and the industry that does not do so deserves to be heavily penalized for its ineptitude and irresponsibility.

I have expressed myself above in a manner which under other circumstances, might be regarded as gratuitously offensive by the management of this plant. However, it would seem that any useful service to you would require complete frankness on my part, and therefore, I have not pulled my punches.

Very truly yours,

Robert A. Kehoe, M. D.

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