December 27, 1966

Daniel C. Braun, M.D.
United States Steel Corporation
525 William Penn Place
Pittsburgh, Pennsylvania 15230

Dear Dan:

I have reviewed the records of the medical information on the case of [redacted]. You are quite right in believing that many cases of this type have come to my attention over the years. It is especially familiar in that there is a lack of completely reliable information obtained at the crucial time - that is, at the onset of the alleged illness - when it would count for most in relation to the diagnosis. I am not satisfied, therefore, with the record, and I have to take certain matters for granted, since they are part of the record for medico-legal purposes.

As an aside, and while I have the matter in mind (having just looked it up in my files), I had an inquiry from a physician in Conrad, Montana, while I was on a fishing trip last summer, for information about lead poisoning. I was unable to make direct contact with him, but talked with him over the telephone after my return home. His name is Robert S. Hamilton, M.D., and he appeared to be a sound doctor. I wrote to him and supplied him with some literature on the subject. If Conrad is near the site of the construction of the bridge concerned in this episode, it may have been the reason for Dr. Hamilton's inquiry. Unfortunately, I have no record of our telephone conversation, and all I remember about it is a question concerning the treatment of a man (or men) who appeared, from his story, to have been exposed to lead, but was not suffering from lead poisoning when he saw them. Since Conrad is not far from Great Falls, the possibility that this inquiry arose out of this same situation seems reasonable. I would not even remember it, in all likelihood, but for my surprise in learning of it while I was in my favorite fishing haunt. He might, by this coincidence, be a source of further information.

But to return to the issues in this case. First, let me dispose of the matter of further examination of the man, here or elsewhere. We would be perfectly willing to see him and give him advice (and treatment, if indicated), if you so desire. I would suspect that a trip here for that purpose, regardless of the outcome, might convince this man still further that he has a serious illness; or alternatively, if he is a designing person, he may conclude that he has his employer at his mercy. If he is a plain, straightforward man, and not neurotic, he might, on the other hand, be all the more convinced of our competence, and prepared to follow our advice. This is not the usual outcome of such cases, as I hardly need remind you. These considerations have nothing to do, however, with our willingness to do for this man what seems to be appropriate.

From the medico-legal viewpoint - and that I suspect, at this point, is your principal concern, since the man does not seem to be the victim of a serious illness - I doubt that there is anything we can do that will settle the question of whether

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or not this man had lead poisoning originally. There are two (local) medical opinions that appear to be in agreement on the principal point, that is, that the man suffered from lead poisoning. The analytical findings at the Columbus Hospital appear (assuming their approximate accuracy, which cannot now be challenged without much effort), while not complete, with respect to the lead content of the blood, to be clearly indicative of a very severe exposure to lead. They do not confirm the diagnosis for no such findings can do that, but they appear to show that all of the men examined had absorbed definitely abnormal amounts of lead, while three of them had absorbed large and dangerous quantities. Unfortunately, your own (Ken Morse's) results came a month later than the onset of Crosswhite's illness, and there is always a prompt decrease in the concentration of lead in the blood in the first few weeks after the termination of the exposure. Consequently, the blood levels are not indicative of the earlier situation. Moreover, the concentration of lead in the urine of this man remained unduly high for several months (5 out of 7 results from April until the middle of August).

Whether this man's symptoms have persisted for this length of time, and whether they have now, or have ever had, any relation to lead poisoning, are questions which cannot be answered convincingly now. Against the weight of local evidence, our opinion would have little weight with the Industrial Accident Board, unless we could find adequate means for substantiating the presence of a disease process (not lead poisoning) that would explain adequately and convincingly his initial and present state. I would consider this to be an unlikely outcome of our clinical investigation of this man.

Under these circumstances, I would conclude that this man will be compensated for having had lead poisoning in consequence of his work. Your only recourse, it would seem to me, would be to keep this compensation within the limits that are appropriate to an occupational disease that can hardly be taken seriously, at this time, from the aspect of persistent or residual effects.

If, despite what I have said above, you wish us to see this man, please call me up so that I can inform George Roush and leave the matter in his competent hands. I shall be leaving Cincinnati for some weeks, at least, on January 3rd. I'll be at the address indicated below, with also the telephone number.

With kindest regards and the season's best greetings,

Sincerely yours,

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

RAK:wp

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