February 12, 1938

Dr. M. A. Blankenhorn
Director - Dept. Internal Medicine
Cincinnati General Hospital
Cincinnati, Ohio

Dear Marion:-

Thanks very much for your letter of February 8th, with which I am in full agreement. I am always willing to encourage the curiosity of students and internes, and for that reason I am disposed to be very charitable toward their requests for information on their patients, so long as there is any useful purpose served either on their behalf or on behalf of the patients. On the other hand I feel very deeply that analytical work in this laboratory done at the request of any of the hospital staff involves an exchange of information. Otherwise we assume the capacity of merely technical workers. I am sure you recognize, as I do, that any type of laboratory service which becomes available has a tendency to be applied to all types of patients without regard to clinical discrimination or real scientific curiosity. I have no wish to encourage this type of work since I regard it as one of the prime stupidities of medical practice.

With reference to further work on mercury, I may say that at the moment my associate, Mr. Cholak, has been interested in the development of methods for accurate analysis of mercury in biologic material. This is in line with his work on various other metals by somewhat similar technical methods. To this extent we have not been averse to making certain observations on various types of specimens. There is now no further specific interest on our part and unless we subsequently undertake a systematic investigation of the absorption, distribution and excretion of mercury, there is no advantage to us in the study of random samples. I suggest, therefore, that there is no point in our study of specimens except to the extent that we can be useful to your staff in diagnostic work. If the diagnosis is in doubt, and if we can supply useful data, we will be pleased to do so merely as interested parties in the rendition of effective diagnostic service. In all such cases we would appreciate very much having the pertinent clinical data for our own immediate and subsequent information.

We are doing some work at present with the dermatological service on arsenic. I expect to go over our analytical data promptly and to attempt to outline the general direction which it would seem most useful to follow in subsequent work.

With reference to lead, we are interested in any and all types of cases in which there is sound clinical reason for suspecting that lead may be a factor. Our knowledge of the normal findings is adequate for our present purposes and thus we are not interested in the study of random samples from patients of all types. However, in this instance I have not been unwilling to analyse samples supplied on vague clinical suspicions, provided the samples had been obtained with the precautions necessary to avoid contamination. In a few instances I have discouraged the collection of samples where my conversation with the house staff indicated that no useful purpose could be served thereby, but in general I have been quite willing here to satisfy a suspicion even though in my opinion it seemed scarcely justified.

I hope this makes my attitude quite clear and I also hope that neither you nor your colleagues will feel any hesitation in calling upon us when we can be of service to you.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.