

Lead Industries Association

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April 8, 1939

Dr. Robert A. Kehoe
College of Medicine
University of Cincinnati
Cincinnati, Ohio

Dear Dr. Kehoe:

I received yesterday from the author, a reprint of an article entitled, "Chronic Lead Poisoning" by Dr. Horatio B. Williams which appeared in the February 11, 1939 issue of the Journal of the American Medical Association, and I took it home last night to study it.

Ordinarily I would let pass this type of "scientific" contribution to the medical arts, but I find that Dr. Logan Clendening is referring to it in his syndicated health column and making it a basis for a caption, "Recommends Lead Poisoning Control". I therefore think it needs to be given some attention for it promises to do us considerable damage. Won't you kindly read the paper and let me have your comments?

There are several points which immediately popped up in my mind, as I believe they will in yours, when I read this article, that open his results to questioning.

In the first place, if lead was responsible for the condition of his family and animals where did it come from? He ascribes it to the vegetables he used and also to the lead paint used by plumbers in joining his pipe together. Now I don't know whether lead paint was actually used but if so, only a small part of it could be exposed to the water. Moreover, if the amount of lead he gives as having been present in his hot water system, namely, 0.18 milligrams per liter, a quick and easy calculation, assuming that some 300 gals. of water were used daily, would indicate that some 75 grams of lead per year were dissolved from his plumbing system, and as he describes a two-year period this would mean roughly 150 grams. I venture to say, however, that if he were to examine his plumbing system carefully he would find the paint film is just about intact and there has been nothing like this amount of lead dissolved.



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Dr. Kehoe:

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In the second place, he talks about the corrosive quality of his water, which I do not question, but if that is a fact, the water in his copper tank (unless it was tin lined) unquestionably must have taken up extraordinarily large amounts of copper and yet I can not find any reference at all to the copper content of the water he used or the copper content of the vegetables his family consumed.

Another question I would like to ask: While he lived in the Adirondacks, did he analyze his lead excretion?

Last, but not least, he tries to put the blame for his condition on the spray residues and there he omits completely, so far as I can find out, any adequate consideration of arsenic as a factor in his condition.

But what puzzles me no end is that he shows the lead content of the water to be 0.18 milligrams per liter and his urinary excretion to be fairly closely balanced. His retention of lead must have been either nil or so low as to be in the third or fourth decimal place.

It looks to me as if Dr. Williams, in his anxiety to make a lead case, has overlooked several important factors to prove his point.

In any event, I hope some one in the medical profession will answer Dr. Williams in the same columns he uses to make an attack on lead. I would be glad to do it if the columns of the medical associations' journals were open to me but it does seem far better to have him answered by some one who has spent years in studying this lead problem.

With kindest regards,

Sincerely yours,

J. H. Dunsen
Secretary.

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