April 11, 1963

Dr. Hilbert L. Harris
700 East Jefferson Street
Syracuse 3
New York

Dear Doctor Harris:

The report of the results of the determination of the lead content of the urine and blood of your patient [redacted] together with the sheet on which your notes were inscribed, has come to my desk, since your request for our help came through my office.

I am not sure of the substance of our conversation, but I think I should say for the record what I would have said (and possibly did) to you at that time. The analytical data, as indicated in the report, give no evidence of the absorption of any unusual quantity of lead by this man at any time within recent months. Indeed, they are in the low normal range, and, therefore, are indicative of the patients freedom from any unusual source of exposure for a long time in the past. One does not reach such low levels for many months, and sometimes for years following the absorption of enough lead to cause intoxication, unless the period of absorption has been very brief.

As to the significance of the alleged exposure to lead in a gasoline service station , the facts are as follows:

(1) There has never been an authenticated case of lead intoxication in service station attendants in the United States (where the matter has been under observation and periodic investigation since 1926). Nor has there been any occupational absorption of lead by these men that will differentiate them from ordinary normal persons in the general population. In short, this is known not to be a source of occupational lead poisoning. The history, therefore, of such work carries no implication of such exposure or hazard. The notion, still held by many physicians, harks back to t he early period of the 1920's, when this problem was confused with that of the handling of tetraethyllead in its manufacture.

(2) The absorption of tetraethyllead never gives rise to gastroenteric symptoms of any type (except that the ingestion of concentrated tetraethyllead, which has occurred by accident on several occasions causes diarrhea). It induces an acute irritation of the

central nervous system which may well be confused with intoxication by alcohol and certain drugs.

(3) The absorption of tetraethyllead never causes hematologic abnormalities - neither "stippling," nor porphyrinuria - the apparent reason being that the degradation products of tetraethyllead in the body do not enter into combination with hemoglobin precursors.

It is obvious, from these considerations, that if this man had lead poisoning in September, he did not acquire it at his work in a service station. There must have been some other source of exposure, or the diagnosis was completely unjustified. On analytical grounds it is most improbable that he had absorbed abnormal quantities of lead. It is, therefore, most unlikely that he had lead poisoning at any time.

If you have any further question about this man or these findings, or as to the documentation of what I have said above, do not hesitate to let me know.

Cordially yours,

Robert A. Kehoe, M. D.

P.S. I presume the insurance company will pay this bill so I forward it to you in order that the Laboratory may be reimbursed for its cost. The patient should not in any case be asked to pay it. He, apparently, has had enough trouble.

R. A. K.

RAK:ss

Encl: 2 copies of report
Statement of account