October 28, 1968

Hugo D. Smith, M.D.
Children's Hospital
Elland and Bethesda Avenues
Cincinnati, Ohio 45229

Dear Hugie:

I have tried to improve Dr. Chisolm's draft without doing too much violence to it. There are still expressions that I would not use and things I would not say. I am especially sensitive to the implications of acute infectious disease as means of exacerbating episodes of lead intoxication. I have no hesitation in accepting the idea of one toxemia contributing to another, but I simply do not believe that lead intoxication is reexcited by an episode of infectious or other toxemia, after it has really subsided. This is, I believe, a recrudescence of the idea that lead is "mobilized" by such toxic stimuli, and this, I believe, is both false and conducive to unprofitable modes of therapy. This is the only point at which I have altered one of his sentences to change its slant, somewhat, without depreciating the event.

I have even retained as much as possible of Dr. Chisolm's thought in the first page of his draft, although there is little in it to contribute to an understanding of the problem. I enclose a triple-spaced typescript of the first paragraph of the draft, which takes up much of the first page. He and many others continue to speak of "chronic" lead poisoning in the same breath in which they talk about acute episodes of intoxication. I would not object too much to this semantic confusion, were it not for the fact that it continues to render obscure what is happening in prolonged, "chronic" exposure. It is the latter rather than the disease which is chronic.

I presume that you will modify Dr. Chisolm's draft in any manner that seems appropriate to you. If so, you should feel free to accept or reject any suggestions which I have offered, either to the ideas or to his use of the language. How I wish that thoroughly competent physicians and medical investigators would write with a critical view to the precision of their speech and to the various interpretations that can be put on their mode of expression. But then we can't have everything. But whatever you plan to do with this draft, as a responsible member of a committee, make such use of what I have suggested, as you choose.

Sincerely,

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

RAK:wp

enclosure

Lead poisoning in childhood must be regarded as a too frequently occurring, and recurring, disease which is seriously disabling (often lethal), requiring comprehensive, prolonged, pediatric management throughout the preschool years. This is so because of the commonly hazardous exposure of small children to lead in urban areas of dilapidated housing, where the disease is most prevalent, and because of the high incidence of pica among children of pre-school age. While diagnosis and therapy represent important parts of the pediatrician's professional service, they are but a small part of his responsibility to his patients and to the community from which they come. An effective program for the prevention of childhood plumbism requires the coordinated and sustained efforts of health department personnel, pediatricians, medical social workers, including child guidance workers, and the executive, legislative and judicial authorities of the community. Medical surveillance of the health of young children is almost as urgent a requirement, in the case of the asymptomatic child with pica and an increased body burden of lead, as it is for the child suffering from plumbism. Through such surveillance, dangerous conditions in the environment of the child can be discovered and eliminated and the care of the threatened child can be maintained until the threat has subsided. In this manner the incidence of the disease can be

reduced ultimately to the vanishing point; the fatalities, meanwhile, can be prevented, and the damage to the brain of poisoned children, which often follows in the wake of lead encephalopathy, can be greatly diminished. Through involvement in the Comprehensive Child and Youth Care programs in the urban areas of the United States, pediatricians have opportunities to develop preventive techniques and to contribute significantly to the prevention of lead poisoning among children. The elimination of the hazardous conditions in the affected urban areas involves economic considerations of large proportions and requires professional and public understanding of the problems and determination within the community to subordinate immediate financial considerations to human preservation. Freedom from this disease can be procured when enlightened citizens are prepared to pay for the elimination or rehabilitation of defective housing in neglected areas of the cities.