

February 11, 1962

Mr. Ambrose H. Lindhorst
American Building
Central Parkway at Walnut
Cincinnati 2, Ohio

Dear Mr. Lindhorst:

I am writing to record my observations on [REDACTED], aged 5 years 11 months, whom I saw on 24 January 1962. I had not seen [REDACTED] since July 1959 when she was hospitalized at the Cincinnati General Hospital with lead poisoning.

At the time of my examination last month, the history concerning [REDACTED] was obtained from her father since Mrs. Dixon is currently hospitalized at the Dunham Hospital. In addition to my own history, information was obtained by Miss Cecilia Dwyer of the Children's Hospital Social Service Department, who also interviewed Mr. Dixon and contacted the authorities at the Washburn School.

Although this historical information indicated that [REDACTED] may become tired more easily than do her siblings, that she vomits mildly on infrequent occasions, and that she has intermittently suffered from pains in her calves at night, I could not conclude that these symptoms were in any way related to her previous lead poisoning. A careful search for the type of symptoms that commonly follow lead poisoning among children--such things as temper tantrums, nightmares, school behavior problems or neurologic symptoms--failed to find any such manifestations. It was of considerable significance to note that [REDACTED] exposure to lead containing substances was relatively brief, lasting only the approximately three months time after the family had moved to 744 Richmond Street and ending upon her admission to the Cincinnati General Hospital. By the time [REDACTED] was discharged from the Children's Convalescent Hospital in August 1959, the family had moved to 1401 John Street and the child had stopped her chewing habit. This brief period of exposure to lead without a recurrence is significant since it is generally agreed that the likelihood of permanent damage from lead poisoning increases with the length of the exposure and the number of re-exposures.

The physical examination performed by me likewise gave no evidence of any residual from the previous lead poisoning. [REDACTED] appeared as an alert, cooperative and well behaved little girl, perhaps a little more passive than the average but not unduly so. Her physical growth had been on the low normal side, while her blood pressure and neurologic examinations were entirely within normal limits.

Several laboratory studies were done as a further check for the presence or absence of sequelae. A urinalysis revealed no clue of kidney disorders. An

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content of lead in the blood was analyzed at the Kettering Laboratories with the following interpretation of the results by Dr. Robert Kehoe:

"The concentration of lead in the blood of this child is within normal limits, only slightly above the mean normal level. The difference between the two results is of the expected order of magnitude, being within the variability of the analytical procedures.

"It may be noted that this is the lowest concentration of lead that has been found in the blood of this child. It has not yet reached the mean normal level."

Finally on 31 January 1962, [REDACTED] was examined by the Children's Hospital psychologist, Mrs. Emma K. Fischer, M. A., who reported that [REDACTED] was friendly, seemed to enjoy the test situation, handled herself with adequate confidence, and displayed sustained interest and cooperation. The child's over-all performance was that of a child of dull normal intelligence, the I. Q. being 80 and there being no significant areas of special strengths or weaknesses.

My final conclusion is that with the exception of the results on the psychological tests this child was quite healthy and normal. The dull normal intelligence is a finding observed more frequently in those in our clinic who have had lead poisoning than those who either chewed non-lead containing substances or did not have any unusual ingestions. Although this diminished I. Q. might be a result of the previous lead poisoning, I cannot prove this fact and must state that it could equally well be the result of some other mechanism entirely unrelated to her exposure to lead. It was my impression that among the reasons this child has done so well following her lead poisoning are, first, the fact that her period of exposure was brief and non-recurrent, and, secondly, the fact that her parents have given her excellent parental attention and love and have taken her regularly for medical supervision.

Should you have questions concerning this report, please do not hesitate to contact me.

Sincerely yours,

Hugo Dunlap Smith, M. D.
Associate Professor of Pediatrics

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