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December 1, 1948

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Cincinnati 19, Ohio

Dear Doctor:

Carbon copy of Mr. Raycroft's letter to you concerning "the Drs. Haines and Pearson affair", prompts my review of my conversation with them last week. It was disturbing to observe the presumptive conclusions entertained by these men whose prominence in Philadelphia is bound to energize any of their statements and the consequent influences. I shall try to be brief, but the extent of the matters makes it difficult.

Invited to dinner with Mr. Raycroft and Drs. Haines and Pearson, Dr. Haines, a prominent eye, ear, nose and throat specialist, presented the matter. Dr. Pearson, retiring Dean of Hahnemann Medical College and Director of chemical laboratories, offered only a description of his lead analysis method, which he stated has served his purposes the past fifteen years or more. The fact that he will not hesitate to analyze a urine specimen submitted in "various types of containers" chosen by the patient prompted my silent question of his laboratory procedure, presuming this method to be satisfactory. There was no effort to preserve the 24 hour specimens of urine from contamination at any time.

Dr. Haines' interest in the possibility of lead poisoning was precipitated by a case of glaucoma on whom he performed an iridectomy. Post-operatively, the eye worsened in spite of all effort. In desperation tests were searched for any possible cause of degenerative changes. Lead poisoning presented itself to Dr. Haines and his associate, a Dr. Benjamin. They ordered one 24 hour specimen of urine which Dr. Pearson analyzed to find 0.12 mgm. of lead per 1000 cc. This prompted the use of the homeopathic deleading drug, aluminum. Dramatic and continued reversal of the increasing intra-ocular tension followed. No subsequent urine lead determinations were made. No blood lead studies were made in this or other cases. This case prompted them to study all old and new cases in their files, showing failure of recovery. The cases run the full gamut of ophthalmic disorders. Each was studied by a single 24 hour urine sample resulting in from "two to three times normal lead content". No additional studies were made on each case. All cases were given aluminum. All improved, excluding one who then was given platinum. The result of platinum has yet to be determined.

The question of sources of such "evident" lead poisoning does not seem to have entered their minds. In fact, Dr. Haines states "I do not care where they are getting it. All I know is I am getting them well. I know a house was burning down and I have stopped the fire." At most, three of some forty persons classed as lead poisoning cases have "possible" occupational exposure, a welder, a garage man, and a man

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handling tetra-ethyl lead in an unexplained way. The woman is the widow of a man alleged to have died of lead poisoning. Presumably, this is a case of conjugal lead poisoning. Water supply has been analyzed by Dr. Patterson from two origins showing a "high lead content". Again, the care against contamination of samples is disregarded. Cases come from all surrounding areas. The bell ringer is a veteran discharged with a diagnosis of psycho-neurosis. His amblyopic eye has shown vision improvement with aluminum therapy. He too has "two to three times normal lead in his urine", the one time it was analyzed.

In response to the picture drawn I attempted to stress the fact that the diagnosis of lead intoxication had not been established in any case, nor had the purported deleading effect of aluminum been substantiated. At most, interesting changes appeared to have followed the use of aluminum in the cases being treated. To avoid their being embarrassed and spending the rest of their life appearing in court, I begged them to say nothing about lead poisoning to their patients, without instituting substantial studies. I am sure much already has been said by Dr. Haines.

If the mental gyrations of these men is not calmed, it will be a curiosity if a medico-legal smog does not envelop Philadelphia in the not too distant future.

At times I wonder if I will ever learn anything about lead poisoning. Meager encouragement though it is, it is stimulating to find medical men who know less.

Cardinal Mercier is quoted as having wondered about so many persons who believe they know everything about so many things, when he was not sure of knowing anything about any one thing.

Your task seems to be a matter of handling a problem of adult mental delinquency with your patients in a state of euphoria.

In closing, may I ask for two reprints of Mr. Cholak's publication in January issue of THE JOURNAL OF INDUSTRIAL HYGIENE AND TOXICOLOGY.

Very truly yours,

F. B. Lanahan

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MEDICAL DIRECTOR

FBL:RB

Please send these to Dr. Lanahan with the reprint and put a postscript in the letter
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