August 21, 1973

Ervin B. Shaw, M.D.
Department of Pathology
Medical University of South Carolina
80 Barre Street
Charleston, South Carolina 29401

Dear Doctor Shaw:

I hasten to answer your letter of August 17 - that is "hastening" by my own definition of the word, since time has slowed up a bit for me in recent years.

I am skeptical, in relation to your attitude toward the diagnosis of lead poisoning, following the death of an adult, in whose case no diagnosis has been arrived at during life. (Since you did not refer specifically to lead poisoning in early childhood, I assume, possibly erroneously, that you are speaking of the deaths of adults). Let me say, at the outset, that the diagnosis of lead poisoning in the adult is made not at the autopsy table, or only very very rarely, if at all. The reason is that fatal lead poisoning in the adult is a great rarity, and also that there are no pathological findings (other than chemical analyses) which are pathognomic or even suggestive of plumbism after death. Furthermore, as a former experienced pathologist, I would suggest to you that it is highly unlikely that any such lesions will be found. Cerebral edema may well be associated with fatal lead poisoning in children and even in the adult, but it is also associated with many other things, and, hence, is not, in any sense, specific.

Actually, the knowledge of the quantities of lead in the body and of their distribution in the body is indeed much the most valuable information to have in connection with fatal lead poisoning - which is a very rare situation, except in the case of the infant of three years of age, or slightly more and very slightly less.

The problem of diagnosis in lead poisoning has been investigated fairly thoroughly in the case of both infants and adults, and while it is not well recognized among clinicians and pathologists generally, the facts are better understood in our time among persistent students of the subject, than they have been at any prior time.

I'll be glad to supply you with references on the subject. It will take a bit of time to do this, but I'll get suitable references together shortly and send them to you. I assume that you have access to a satisfactory medical library. I'll also send you a few of my papers on the subject shortly.

Sincerely yours,

N 6301

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

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80 BARRE STREET / CHARLESTON, SOUTH CAROLINA 29401

August 17, 1973

Robert A. Kehoe, M.D.
Kettering Laboratory,
University of Cincinnati
College of Medicine
Cincinnati, Ohio 45219

Dear Dr. Kehoe:

Now having worried over several such cases, I am trying to find out whether anyone has formulated criteria for the diagnosis of lead poisoning as a cause of death in those cases in which the diagnosis was not suspected during life. The tip-off to the pathologist may be the finding of cerebral edema or later discovery of "lead inclusions" in the tubular cells of kidney. It is my impression that the inclusions are very strong evidence that lead poisoning was a great factor in the death. In my experience, I have uncovered several possible cases of lead poisoning but blood lead levels were not definitely outside published normal limits. I have noted your many publications in this field. Has anyone, in your opinion, properly addressed the above problem? If they have and the work is published I would appreciate the reference. Otherwise I would like your comments about the problem and the possibility of my beginning some work to solve it.

Erwin B. Shaw, M.D.

Erwin B. Shaw, M.D.
Chief Resident in Pathology

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