March 30, 1938

Dr. William P. Geraghty
2225 St. Paul Street
Baltimore, Maryland

Dear Doctor Geraghty:

A short time ago I saw your report of a case of lead encephalopathy from the therapeutic use of lead and opium pills as presented in the Journal of the American Medical Association. It occurs to me that you might have obtained reprints of a report as interesting as this, and if you have such reprints available I would very much appreciate having one of them.

The chief purpose of my note is to make the above request. However there is one point in the report which seems to justify a comment, and I am taking the liberty of making such a comment. The report would appear to indicate that the dosage of lead in this instance was quite small. I was somewhat surprised, therefore, to find that this was really not the case for when one figures the lead intake in terms of our present point of view with respect to the threshold dosage for intoxication, this dose seems to me to be very large. I do not consider it surprising that the patient was seriously poisoned and I am disposed to believe that an entirely normal healthy person would have been poisoned by such a dosage. Perhaps this would not have occurred so soon although I think signs of intoxication would probably have occurred in most individuals. Probably the intoxication would not have been so serious in the case of a healthy individual, but even this is conjectural. I am particularly interested in the result since at the present time we are carrying out some experimental observations on healthy persons who are receiving known small doses of lead by mouth. We are staying well within what we consider a safe dose and we are studying the complete intake and output of lead. Consequently I am interested in any and all case reports in which known quantities of lead have been added to the normal lead intake over any considerable period of time. The analytical results in this instance are quire interesting, and it is not at all surprising that a patient

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with the concentration of lead reported as having been found in the blood and urine, should have developed prominent central nervous system symptoms. I consider it very fortunate that these symptoms subsided and that the patient had no apparent permanent sequellae. In any case I am very glad that you took the trouble to publish this case report.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.