

Jefferson Hospital

PHILADELPHIA

HOBART A. REIMANN, M. D.
PROFESSOR OF MEDICINE

February 6, 1940

Dr. Robert A. Kehoe
University of Cincinnati
Medical School
Cincinnati, Ohio

Dear Doctor Kehoe:

I have a problem on my hands to decide in which I thought you could give me a word of advice.

The case concerns a man of 45 who is applying for compensation because of heart disease caused by lead poisoning. He works in the Exide Battery plant, and has also a rather clear history of acute rheumatic fever. It is my opinion that he has rheumatic heart disease. Can you give me any advice as to where to look for references concerning lead poisoning as a cause of myocardial disease? I have found a few vague statements concerning it in White's and in Levine's book on the heart.

With kind regards, I am

Sincerely yours,



P. S. I have not as yet been overwhelmed by the labor involved in caring for the Cincinnati contingent at Swarthmore.

AR.

N 6221

February 12, 1940

Dr. Hobart A. Reimann
Professor of Medicine
Jefferson Hospital
Philadelphia, Pa.

Dear Doctor Reimann:

After receiving your letter concerning the case which has been brought to your attention, I went rather carefully through our file of papers and reprints. I also examined what I regard as the most comprehensive review of the scientific literature on the effects of lead absorption, namely Flury's chapter on lead in Hefter and Heubner: Handbuch of Experimental Pharmacology - Vol. 3, Part III, pp. 1575-1889. I can find nowhere authentic evidence that lead absorption is capable of producing cardiac disease except by the questionable and indirect means of producing vascular disease with its secondary effects upon the heart. I refer to the latter mechanism as questionable because I have never been able to find any adequate evidence that lead absorption and lead intoxication produce vascular disease. The linkage of lead poisoning with vascular disease, in my opinion, is purely traditional, and is the result of the association of two unrelated phenomena rather than a cause and effect relationship. Numerous studies have been made comparatively recently in an effort to find out whether vascular disease or hypertension occur with undue frequency and severity among lead workers. We have been making observations along this line for a period of fifteen years and our own observations, as well as the results of the above investigations, completely fail to give tangible evidence of any such relationship. Therefore I doubt the relationship. My own feeling is that men who long have been exposed to serious lead absorption are more prone to develop intoxication if they are laboring under the disadvantage of progressive vascular disease. Consequently any of the older workers who appear with lead intoxication are found to have more or less generalized vascular disease.

Be all this as it may, I am quite unable to establish any relationship in the literature or in my experience between cardiac disease unassociated with vascular disease, and lead absorption. Thus my reply to your direct question is that I can not give you any references because I can not find them.

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I am certainly grateful to you for your willingness to take care of the representatives of the Kehoe and Blankenhorn family in Swarthmore, but I am also glad that you have not been unduly burdened with your care of them. I hope they will continue to remain healthy.

With kindest personal regards, I

am

Sincerely yours,

RAK:is

Robert A. Kehoe, M.D.