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Robert A. Kehoe, M.D.
Kettering Laboratory, College of Medicine
Eden Avenue, Cincinnati 19, Ohio.

POSTING DATE	INVOICE DATE	REF. NO. OR DESC.	AMOUNT OF INVOICE	DISCOUNT AND ALLOWANCES	NET PAYMENT
NOV 16 54	NOV 10		25.00		25.00

Reimbursement of the Kettering Laboratory for services of Robert A. Kehoe, M.D. in the case of [redacted] vs. National Lead Co.

11/17/54

STEELOGRAPH, INC., CHICAGO

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KE 0016431

[redacted]

National Lead Co.

November 10, 1954

Mr. C. Wickemeyer
General Superintendent
National Lead Company
900 W. 18th Street
Chicago, Illinois

Dear Mr. Wickemeyer:

I have gone over the information on [redacted] which you sent with your letter of November 8, and I believe that you are dealing with a case which, almost certainly, will be regarded as a compensable sequel of lead absorption. I do not have the information that would enable me to be entirely certain of the correctness of this opinion, but there is nothing in the material which you have sent me that would enable me, as your medical advisor, to tell you how to combat the opinion of the ophthalmologist that this man's optic atrophy may well have been an expression of the toxic effects of lead. This opinion is founded on the fact that a sufficient absorption of lead may cause optic atrophy, either by direct action on the nervous tissue or through indirect effects upon the regional blood vessels. (I have seen bilateral retinal hemorrhage as the principal lesion in lead poisoning, and although the eventual result of such hemorrhage differs in detail from that described here, such effects on other local blood vessels can bring about much the same effects.) For this reason, in combatting a claim of this type, or rather in determining the facts in the case, one is put to the necessity of demonstrating either that there was no significant absorption of lead, or that the disease was caused by some other definitely demonstrable disease, or that both of these facts were true.

As to the first of these possibilities, I know nothing, at first hand, of the severity of this man's exposure to lead in his work, but I must assume, from some familiarity with the lead trades, that during the past twenty years in which he is said to have been working at a furnace, he had the opportunity to absorb a considerable amount of lead. (The material which you have sent me does not go into this properly, and one would assume that none of the physicians has any definitive information on this very vital matter. I can only ask why this is not seen by them to be the crux of the case. It does not appear that your Company had any sound medical basis for the appraisal of the severity of the exposure within the plant. Other-

wise, you would have been in possession of it, I assume, and would have forwarded it to me. In Dr. Symmes' summary report of November 2, and in Dr. Harger's summary report, including Dr. Symmes' findings, appear the only references to any attempt to measure the extent of Mr. [redacted] absorption of lead by analytical means. Apparently both the urine and the blood were analysed, the latter on July 14 (day of reporting). I know nothing of the analyst or the methods of analysis. The results obtained, however, if taken at their face value, show that Mr. Brooks had absorbed dangerous quantities of lead. Of particular importance is the result on the blood. The concentration of 0.10 mg. per 100 grams (given as 0.100 mgm. % in Dr. Symmes' report), if correct, is such as to justify the diagnosis of lead poisoning in the presence of a lesion or lesions which are compatible with the effects of lead absorption. (The normal range is 0.01 to 0.06+, and anything above 0.08 is potentially dangerous.) It is simply not possible, under these circumstances, to say that lead had nothing to do with the optic atrophy. I suspect that it did not, but there is nothing by way of evidence to support this opinion in this case. In summary, then, with respect to the severity of the exposure to lead, the facts are not entirely adequate, but from the information which has been developed, it is necessary for me to conclude that Mr. [redacted] was exposed to lead in his work, and that he absorbed lead to an extent that was potentially hazardous. If you have any evidence to indicate that this was not the case, you should bring it out. I should advise you, at this point, that if the data on the men in this respect are the findings on the stippling of the red blood corpuscles, you may just as well forget about their existence. As an answer to this question, or to any other important aspect of the effective modern medical control of the hygienic situation in the hazardous lead trades, this procedure is obsolete, and in any modern medico-legal hearing in this country such reports are not worth paper on which they are written.

This brings us to the consideration of the nature of Mr. [redacted] illness. The original report of Dr. Alvis says categorically that the disease of the eyes was not industrial, and it is evident that Dr. Alvis believed, as did Dr. Haggard (who is said by Dr. Harger, in his summary, to be the plant physician), that it was syphilitic in origin. Subsequently, Dr. Alvis (letter of Hall Cochrane, November 3, 1954) is said to have admitted that the optic atrophy could have been due to lead absorption. (Just why this factor was not considered by both Drs. Haggard and Alvis at the time the lesions of optic atrophy were first discovered is incomprehensible to me. This was the time to determine the extent of the employee's absorption of lead. This was also the time to institute treatment to preserve as much of the patient's vision as possible, and if the therapy for syphilis had turned out to be

beneficial, one would have had reason to suspect that this disease was the cause of the lesion.) Dr. Harger quotes two other ophthalmologists as believing that lead may have been the cause of the optic atrophy, and then, himself, states that this man had both syphilis and lead poisoning, that his secondary optic atrophy is not due to the syphilis, and thus we are left with chronic lead poisoning as the cause. This conclusion may or may not be true, but it is plausible, it cannot be disproved, and, in my opinion, you are inescapably stuck with it.

Cordially yours,

Robert A. Kehoe, M. D.

RAK ef

C.C.: Mr. E. G. Kestenbaum

Enc.

N O T E

Now since you brought this to my attention, and since you know me well enough to understand my motives in saying what I think about a situation of this sort, I shall go somewhat beyond the ordinary province of professional candor, and comment to you alone, on the real significance of this case. The thing that distresses me about it, beyond my natural humane reaction to a tragic situation, is that this man was permitted to work in a job involving hazardous absorption of lead until he was almost literally blind with optic atrophy. If this is preventive medicine in industry, it barks back to the dark ages. Such a thing might happen, perhaps, as the result of some failure to recognize the existence of a serious exposure to lead in the midst of a manufacturing activity in which lead was only a minor engredient. It might happen in a one-horse plant in which inexperienced or irresponsible and ignorant people were operating in disregard of a potential hazard. But that it should happen to an employee of a large and well known Company, like National Lead, is almost incredible. It is then an evidence of gross incompetence on the part of some responsible person or persons.

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I am not saying this because I believe, necessarily, that the optic atrophy resulted from lead absorption. I suspect from the description of the eyes that it was the result of disease of the blood vessels of the eye. But no man whose vision is failing in this manner should be subjected to the risk of dangerous absorption of lead, whether the risk is that of the man as to his vision and health, or whether if is that of your Company as to its liability. Medical supervision of a potentially hazardous lead plant involves the necessity, as a matter of professional duty and competence, to know the extent of the hazard of lead absorption of the people in the plant, to know the precise extent to which each job involves the likelihood of lead absorption, and to know the physical status of the individuals, in relation to the character and the wear and tear, as well as the hazards, of their job. Nothing less than this type of medical supervision will protect your people and protect your Company's position, and it is quite clear that the time is near when your Company will not be able to accept the financial risk associated with less than effective medical and hygienic supervision.

I take advantage of this rather critical situation to point this out, since these are the only opportunities that present themselves to industry to learn from their mistakes what not to do. If that seems to be unfair, I ask you to remind yourself, if necessary, (and I hardly think it is necessary) that my concern with this matter has come out of long and sometimes painful experience, and that it arises out of a profound interest in the well being of American industry and a justifiable pride in its accomplishments, because of which I am all the more sensitive to its faults.

KE 0016435

N19307.02

Robert A. Kehoe, M. D.
Kettering Laboratory, College of Medicine
Eden Avenue, Cincinnati 19, Ohio

November 10, 1954

To: National Lead Company
900 W. 18th Street
Chicago, Illinois

Attention: Mr. C. Wickemeyer
General Superintendent

For: Reimbursement of the Kettering Laboratory for Services of Robert A. Kehoe, M. D. in the case of [redacted] vs National Lead Company $25.00

KE 0016437

N19307.03