February 25, 1947

Dr. W. E. Obetz,
Medical Investigator,
Safety and Hygiene Division,
Industrial Commission of Ohio,
Columbus, Ohio.

Dear Dr. Obetz:

I am writing to you concerning a situation which in my opinion is more than trivial to us both. It concerns the hygienic situation in the plant of Magnus Metal Division of National Lead Company in Cincinnati. This plant came to our attention recently through the occurrence of a case of lead poisoning some weeks ago, and it was our report of this case to the Department of Health of the State of Ohio, which led, I believe, to your visit on December 27. By reason of our several contacts with the people representing this company, in an effort to inquire concerning the conditions in the plant, which we always do when the opportunity affords itself, we came upon their interpretation of your statement to them, following your visit, that the conditions in this plant were not such as to have caused lead poisoning, and therefore we might well be mistaken.

I have encountered this situation once before following a visit on your part to the Eagle Picher plant in Cincinnati in which white lead was being manufactured by the Old Dutch process. I had reported certain cases of lead poisoning as occurring in that plant, following careful study of a number of referred cases and some further checking up on the operations. I was surprised greatly at the occurrence of such an issue at that time, and I am even more surprised by it at the present time. It just does not seem to me to be credible that you could feel that I or my clinical associates have made a diagnosis of occupational lead poisoning without having wholly adequate evidence on which to base our conclusion. In any case I have determined to write to you and to call your attention to certain matters which, in my opinion, are worthy of your consideration.

First let me point out, in connection with the plant of Magnus Metal Division, that we have under our observation at present in the General Hospital or elsewhere at least seven proved cases of lead poisoning among the employees of this plant. It appears that there are several others. These cases vary from relatively mild lead poisoning of the gastro-enteric type, to severe disabling and persistent lead colic, and even to a perfectly typical case of bilateral wrist drop. The diagnoses in these cases have been made on the basis of unequivocal clinical and laboratory evidence, in association with such information about the plant conditions as

we have been able to obtain. The officials of this company have corresponded with State agencies, and have sought an investigation at the hands of the Department of Health. Ultimately they have been referred to us by virtue of the inability of the State industrial hygienists at this time to carry out the plant survey that is necessary to appraise the significance of the entire situation. We have responded to the request from the company officials for advice and have recommended to them what should be done, and how much of it we are prepared to do. It seems probable and also that the hesitation on the part of these officials to follow through on this necessary procedure, is occasioned by their uncertainty as to our competence and good faith. To the extent that this is true, it has been implemented in part by your letter to them of January 2, of which I have a copy. It may well be that the interpretation which has been put on your letter is not precisely what you would have intended. On the other hand, I believe you have expressed an opinion which is substantially counter to our own, and on evidence which was in no wise capable of justifying your conclusion. I am not sure as to just what you were shown in this plant, or just what the conditions were when you saw it, but I think your conclusion rather obviously leaves something to be desired in view of the fact that we have found a surprising number of cases of acute lead intoxication among the employees of this plant within the last few weeks. I am quite sure that you would not question the correctness of these diagnoses on the basis of the evidence available. There is no one of them about which there is the slightest question, since they fulfill all of the classical clinical as well as the modern physiological criteria. I am sure that you are quite familiar with the extent to which we have developed these latter criteria out of clinical and investigative work and broad industrial experience.

You will gather from what I have said above that I am somewhat irked by this situation. You are quite right. In addition, however, to some personal and professional irritation, I am led to these comments by much more significant considerations. Our public and professional responsibilities are quite as great as yours, and yours are certainly not to be ignored. You and your associates, as well as ourselves, can ill afford a conflict of this type. Such a conflict can only have the effect of injuring us both, and more importantly, of militating against the accomplishment of our purposes in terms of the health of people employed in hazardous trades. With the information that is available at the present time in relation to industrial lead hazards, the problem of industrial lead poisoning could be eliminated for all time, if we had but had the intelligent understanding of physicians, public officials and responsible industrial management. It is quite possible to measure occupational hazards in relation to lead in precise terms. It is quite possible to define safe occupational lead exposure. It is also quite possible to diagnose lead intoxication and to differentiate it from other disease processes in most

instances. Any controversy on matters of this type between officially responsible persons such as yourself and publicly and professionally responsible people like myself and my associates is foolish and wholly unnecessary. You should know if you do not, that we do not make diagnoses of occupational or non-occupational lead poisoning without having complete and satisfactory clinical and laboratory evidence. You should also know, if you do not, that we have never convicted any plant of being hazardous in terms of lead exposure, without having the cold evidence on which to speak. I am not saying by this that we are infallible. What I am saying is that we do not come to a conclusion at all, unless we are prepared to support it by adequate evidence. Therefore, I should say that when you walk through an industrial plant and look at the surroundings and presume to say, against our evidence, that it seems unlikely that a man was poisoned at his work, you are doing us, yourself, and more importantly the exposed personnel, a heedless and unnecessary injury. Even with the years of experience that I have had in the lead trades, I should feel the necessity for more precise information than can be obtained by such means.

I am being blunt, but I am talking directly to you and not to any third party. I trust you will not regard what I am saying as anything other than an honest effort to arrive at a satisfactory basis for the consideration of our mutual public and professional responsibilities. I have appreciated the direct contacts with you which I have had in the past, and I trust that there will not be misunderstanding and personal or professional unpleasantness in the future. It is to this end primarily, and to the improvement of industrial health in the community and elsewhere, that I make these somewhat pointed comments.

Cordially yours,

Robert A. Kehoe, M. D.

RAK ef

C.C.: Dr. Henry W. Ryder
Dr. Wm. F. Ashe