

April 17, 1935

Dr. E. C. Fischbein
620-630 Fidelity Medical Building
Dayton, Ohio

My dear Doctor Fischbein:-

Please accept my thanks for the courtesy of your letter of April 9th, and the expression of your point of view. I am describing my position further because I should not wish you to feel that I disagree at all with your general attitude toward laboratory procedures as diagnostic criteria. I deplore as much as you or any other doctor the increasing tendency to substitute laboratory tests for sound clinical study and judgment, and I have so expressed myself in relation to the recent trends in the problem of lead intoxication. There is no laboratory procedure which is specifically diagnostic of lead poisoning, and if you examine everything I have said on the subject you will find that I have always insisted upon the necessity of basing judgment on a complete study of the patient, and not on his blood or excreta.

Your point as to variation in susceptibility is also well taken and cannot be passed over lightly, although in my judgment it is not as important as it is often thought to be in the case of lead. We have yet to see a case of plumbism in which we have been unable to demonstrate the existence of significant lead exposure and absorption, when the time interval between exposure and examination has been brief. There is, to be sure, a considerable variation in the amount of absorption required to produce illness, but in our rather wide experience it is always well above the level of normal lead intake.

This brings me to the point of this letter. I think you have misunderstood, perhaps, what our studies of normal and abnormal lead absorption have been working toward. It is not that we have been primarily interested in a diagnostic procedure per se, but rather that we have been learning something of the physiology of lead absorption and excretion, so as to be able to interpret diagnostic procedures. One thing has become quite clear, in these studies, namely, that even slight changes in lead absorption are accompanied

Dr. E. C. Fischbein

by corresponding changes in the transportation and excretion of lead. Therefore we can use lead transportation and excretion as an adequate measure of the magnitude of exposure, if observations are made in close time relationship to the exposure.

Now in the case of tetraethyl lead in gasoline we find that exposure to high concentrations of lead in the gasoline either by way of skin contact or by inhalation results in lead absorption. However when the dilution is sufficiently low (1 part of tetraethyl lead to 1000 parts of gasoline) there is no evidence that absorption occurs even after intensive and prolonged exposure. The question is not whether intoxication occurs as the result of specific degrees of absorption, but rather whether any lead absorption occurs. The evidence which has been obtained by extremely sensitive methods of study indicates that no lead absorption takes place as a result of contact with commercial leaded gasoline which contains not more than 1 part of lead in 1200 parts of gasoline. This evidence is in agreement with the results of some ten years of clinical experience. I do not believe, therefore, that I am being oversanguine in regarding it as sound and well established. Obviously, if there is no lead absorption, the factor of susceptibility to lead does not enter into the question.

Despite all these considerations I consider leaded gasoline to be a relatively unsatisfactory cleaning agent for a variety of reasons, and I see no reason why it should be used for such a purpose. It is intended as a fuel and is so labeled. I am glad, therefore, that you have advised against its use in cleaning parts, tools and similar objects.

I enclose herewith a copy of a single analytical result obtained on the blood of Mr. Fogel. The result is within the limits observed for normal individuals with no lead exposure. Out of a group of 71 medical students there were 21 whose blood lead was of this magnitude. There is no reason for believing from this result, that Mr. Fogel has recently absorbed any abnormal amount of lead. The other results will be sent to you when they have been obtained.

Cordially yours,

HAK:is

Robert A. Kehoe, M.D.