November 7, 1935

Dr. Herbert Katzev
Bayonne Hospital and Dispensary
East Thirtieth Street
Bayonne, New Jersey

Dear Dr. Katzev:-

I am replying somewhat tardily to your letter of October 25th for the reason that I have been out of my office for a little while. However, I hasten to reply.

In my opinion the diagnosis of lead poisoning in obscure cases must often depend upon definite laboratory procedures. Of these the most useful and specific is the determination of the lead content of the blood and urine. It is sometimes necessary to prove that lead has been absorbed in abnormal amounts before one can be convinced of the actual existence of lead intoxication. Moreover, if one can establish that no unusual lead absorption has occurred, the diagnosis of lead poisoning can be excluded. On the other hand, if the interval between the cessation of exposure to lead and the collection of samples is too great, such analyses may give no useful information. It is not easy to state offhand, therefore, just what should be done in addition to what you have already done. However, I would suggest the advisability of chemical examination of the blood and urine, if exposure was recent, in order to see just what the lead absorption was. This is a rather complicated procedure and will give useless and entirely misleading results unless it is done by persons who have had a great deal of experience with the available methods. If it is not possible to obtain such information, the diagnosis must be made from the history and the clinical findings. Microscopic blood examinations are useful but they are by no means sufficient, since anemia and stippling of the erythrocytes occur in a number of conditions other than lead intoxication.

The treatment varies considerably with the eype of case. Intoxication which is uncomplicated by nervous system abnormalities, is usually satisfactorily

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treated by the administration of calcium as a gluconate or as a lactate. The administration of calcium chloride by mouth does not serve the purpose. Other than this, general eliminative treatment is the most useful procedure. I make it a point to maintain satisfactory elimination through the use of saline cathartics of which magnesium sulphate in suitable doses is the most useful. In complicated cases the treatment must be modified. Therefore, if there is anything unusual about your case, I should prefer to know some of the details before giving advice.

If you are interested in the experimental basis of my opinions on diagnosis, I would suggest that you read what I have had to say on the subject in the Journal of Industrial Hygiene, September 1933, Vol.XV, No.5. Pages 320-339.

Sincerely yours,

RAK:is

Robert A. Kehoe, M.D.