December 2, 1935

Dr. E. R. Hayhurst
Consultant, Industrial Hygiene
State of Ohio Dept. of Health
Columbus, Ohio

Dear Dr. Hayhurst:

In reply to your letter of November 20th concerning [redacted] I am glad to make certain additional comments on the case.

Mr. [redacted] has continued to improve and although he is not entirely recovered, he is apparently on the way to recovery unless he has some recurrence or ascerbation of his cerebral condition. The diagnosis is a matter of considerable question and if he recovers completely, I do not see how a diagnosis can be arrived at. I am quite certain that lead was not a significant factor in his illness. I am not quite certain what was reaponsible. We shall keep in touch with him and we are still carrying on certain studies. Despite the fact that we shall not be able to make a diagnosis, I certainly hope that he recovers without any residual damage.

As to the significance of laboratory evidence in a[illegible] diagnosis, I think the case can be stated in comparatively simple terms. I have previously called attention to the fact that the presence of abnormal amounts of lead in the blood or the excreta indicates merely that there has been an abnormal lead exposure. It is also my experience after rather wide study of the problem, that if there is no excretory evidence of abnormal lead absorption, one is justified in concluding that no abnormal lead absorption has occurred provided the examination in this rexpect is made in close time relation to the exposure. We have never yet seen a case of lead intoxication (unless this man is the exception) in which the examination of the blood and the excreta immediately after the cessation of exposure has not shown a measureable elevation of the lead level. It is my opinion that it is not possible for a man to absorp significant quantities of lead without showing an immediate and for a time persistent elevation of his blood level and of the level of his lead exdretion. This brings me to state my definite opinion that although abnormal lead findings do not prove the existence of lead

. Hayhurst

intoxication, yet the absence of abnormal lead findings in immediate relationship to exposure disproves the existence of lead intoxication. You will note that I am not speaking here of residual injury, but I am speaking rather of active symptoms of intoxication.

I have previously discussed the general problem of lead analyses with you and I have indicated that I do not believe you can put much confidence in them for diagnostic purposes. This is not because proper laboratory work can not be adequately interpreted by a man who is competent to do so. It is rather that at the present time the methods of analysis are so variable in the hands of different men and the bases of interpretation have in many instances been so poorly worked out, that reliable information and trustworthy opinions are not generally available. Actually the present situation is such that I do not trust laboratory methods taken alone. What I would wish to base my opinion on is a thorough-going study of the patient in which the whole question of the nature and duration of the exposure, the clinical picture including the laboratory findings are all lumped together in an adequate interpretation in the hands of one who understands both the clinical and laboratory aspects of the problem.

With reference to [redacted] I would certainly not urge any handling of his case which would deprive him of compensation. It is my point of view that in cases of this type experimental study and diagnosis from the point of view of experimental investigation are one thing, and a clinical diagnosis for medico-legal purposes is something else. I repeat, it is my opinion that this man does not have and never did have lead intoxication. However, unless I could prove that point to the satisfaction of the average clinician, I would wish to see this man have the benefit of such doubt as there is as a basis for industrial compensation. This may seem to be drawing a very fine line, but it is one which I consider justifiable.

With kindest personal regards,

Cordially yours,

RAK:is

Robert A. Kehoe, M.D.