CLINICAL MEDICINE

A Medical Journal Devoted to the Advancement of General Practice

Professional Building Waukegan, Illinois

June 16, 1947

Dr. Robert A. Kehoe,
University of Cincinnati,
Cincinnati, 19, Ohio.

Dear Doctor Kehoe:

Thank you for your note of October 10, and permission to publish your information on lead poisoning in children. This is a much overlooked subject even though a number of cases have been reported in the literature and I well remember cases occurring in the University of Chicago clinics some 12 or 13 years ago..

Did you receive copies of the issue containing the original illustrations of convulsions in the newborn?

Sincerely,

R. L. Gorrell

R. L. Gorrell, M. D.,
Editor

ELG/elk

VE 00340

October 10, 1946

Dr. R. L. Gorrell,
Editor, CLINICAL MEDICINE,
Professional Building,
Waukegan, Illinois.

Dear Dr. Gorrell:

In further reply to your letter of September 11, I am glad to report that our filing system yielded up our exchange of correspondence when my secretary went to work on it. Consequently I have had a chance to see what I wrote to you on September 5, 1945. I find that this is a very satisfactory statement of our present position and that I am quite willing to accept the full responsibility for its quotation in your journal if you care to make use of it.

Cordially yours,

Robert A. Kehoe, M. D.

RAK ef

September 17, 1946

Dr. R. L. Gorrell
Editor, CLINICAL MEDICINE
Professional Building
Waukegan, Illinois

Dear Dr. Gorrell:

I have looked in vain for a letter addressed to you on the subject of lead poisoning in children. I presume that our system of filing may have sprung a weakness, although it is more likely that I am responsible for short-circuiting the filing system by having put this letter in some illogical place.

In any case I cannot check up on what I said to you, and although I have no objection to being quoted in print, I like to be very sure that what I have said in a letter or a conversation is so said that it cannot be misunderstood, and also that it represents my latest judgment on the matter at issue.

Accordingly, if you will be good enough to send me a copy of my letter, I shall be glad to edit it, and I may find it possible to improve upon what has been said. I take this precaution because this problem has been surrounded by a great deal of discussion and no little controversy. There is already quite enough misunderstanding about it, and anyone who takes it upon himself to speak publicly should see to it that what he says is clear and to the point.

Very truly yours,

Robert A. Kehoe, M. D.

RAK:kk

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September 11, 1946

Dr. Robert A. Kehoe,
University of Cincinnati,
College of Medicine,
Eden Avenue,
Cincinnati, 17, Ohio.

Dear Doctor Kehoe:

On looking through my correspondence, of last year, when I was attached to the U. S. Public Health Service, I came across a very interesting letter from you in regard to lead poisoning in children. Would it be possible for you to give us permission to print this in our Medical News column?

We have just published some original illustrations on intracranial hemorrhage as a cause of convulsions in the newborn. I will have the publications office send you a copy of the July issue in which we printed these illustrations. To further the series, we plan to present the different causes of convulsions in infancy and childhood as they should be remembered by the clinician.

I am a general practitioner who spends about half his time in general practice in Iowa and the other half trying to shape a magazine that will be a stimulation to the men in average practice to do a better job of diagnosis and treatment. Some of our material is now tending toward the basic science aspect, including physiology, biochemistry, pathology, and so on. If you are interested, I will have copies sent to you.

Please advise me if you wish this material on lead poisoning in children published as a medical note.

Yours very truly,

R. L. Gorrell KE 00343

R. L. Gorrell, M. D.,
Editor

RLG/elk

September 5, 1945

Dr. F. L. Gorrell,
City-County Health Unit,
Las Animas County,
Trinidad, Colo.

Dear Dr. Gorrell:

In response to your letter of August 17, to which my reply has been delayed by reason of my absence from my office, I am sending you a copy of a publication of the American Public Health Association, which I trust will answer most of the questions you have in mind and which at the same time will give you a fair statement, I believe, of the public health problem of lead poisoning.

There is perhaps one exception, in that the report deals with industrial lead poisoning and says very little about the sources of lead poisoning in the general population. I shall attempt briefly to outline certain aspects of the problem of lead poisoning in children.

In general children's toys, play pens, high chairs and other furniture, as manufactured in this country are not painted with paints of high lead content. The manufacturers in general have recognized the hygienic problem and have avoided it for a number of years systematically by this means. It happens, however, that small shops do not always recognize this situation, and therefore there may be a small distribution of articles of this type painted with lead paint. Industry in general has attempted to inform all of its representatives so as to reduce this danger so far as possible to the vanishing point. However, there are other sources of lead absorption in the case of children. For example, baby's cribs and play pens may be repainted by the owner, and here there is nothing but the owner's knowledge, combined with the chance of what is available in the local paint market, to prevent the use of paints of high lead content. Certain imported toys, particularly those painted with bright yellow colors have been found to be sources of danger. Moreover certain toys provided for children, especially molding sets in which metal is melted and poured into molds to make small objects, are sources of danger. We have seen one or two cases of lead poisoning in children from the use of lead nipple shields by nursing mothers. Another source of poisoning in children, and also in adults, has been the use in poor households of battery boxes for fuel. This wood, heavily impregnated with lead salts when burned in a stove or fireplace under suitable conditions gives rise to lead fumes in the atmosphere, exposure to which has produced a rather large proportion of cases in this country. We have seen a number of cases in Cincinnati, one or two

of which have been fatal. Quite a series of cases of lead poisoning in children have been seen in Queensland, where they are believed to have resulted from the common practice of a number of years ago of painting the verandas of houses with lead paints. Small children kept enclosed on these verandas are believed to have ingested considerable quantities of lead following the contamination of their hands, toys and food by lead compounds which "dusted out" on the painted surface as the result of the weathering of this paint under unfavorable prevailing climatic conditions. I cannot vouch for the correctness of this interpretation of lead poisoning among Queensland children some time ago. However, the suspicion of this situation ought to lead individuals in general to be careful to avoid the use of lead compounds in any large extent on surfaces within the environment of small children. Small children crawl about on the floor and contaminate themselves pretty generally with any kind of dust or dirt that is within their environment. Eventually everything they get on their hands goes into their mouths, and therefore considerably greater opportunities exist for the dangerous exposure of small children of a variety of materials that have no important influence on the adult with more circumspect personal habits. Perhaps some point should be made of one other potential hazard. Water supplies in some parts of the earth, not so much so in the United States, are likely to be contaminated appreciably with lead compounds. It is well known that children are more susceptible to the effects of lead absorption than are adults and also that clinical lead poisoning as seen in the child is a more serious disease than it is in the adult, generally speaking. Therefore, contamination of household water supplies with lead compounds is more likely to affect children than the adults. I repeat that this is not an important matter in the United States, for our water supplies are generally handled in such a way as to avoid significant lead contamination. However, improvised and homemade arrangements for the storage and distribution of water in the household may result in the significant contamination of the water with lead compounds, and therefore this point needs to be taken into account.

I regret very much to have to tell you that the therapy of lead poisoning, especially in the case of children, is not in a very good way. There is no specific treatment that offers any hope for very dramatic results. The avoidance of lead poisoning is still the only satisfactory treatment in the case of children. Treatment consists in the main of the complete elimination of exposure. Otherwise the treatment consists in taking care of presenting symptoms as adequately as possible during the period required to eliminate the large portion of the absorbed lead compounds.

I trust this information will satisfy your purposes.

Very truly yours,

LEB 00345

Robert A. Kehoe, M. D.

RAK ef

R. L. GORRELL, M. D.
DIRECTOR

723 ARIZONA AVE.
TELEPHONE 506

CITY-COUNTY HEALTH UNIT

LAS ANIMAS COUNTY
TRINIDAD, COLORADO

August 17, 1945

Robert A. Kehoe, M.D.
University of Cincinnati College of Medicine
Cincinnati, Ohio

Dear Dr. Kehoe:

In what types of patients should the physician be alert for signs or symptoms of lead poisoning? Are children's toys being painted now-a-days with lead paints? What is the most effective treatment of lead poisoning?

This information is desired for our general practitioner's bulletin.

Yours very truly,

R. L. Gorrell

R. L. Gorrell, M.D.

RLG/mw