

IRVING GRAY, M. D., F. A. C. P.
FORTY-ONE EASTERN PARKWAY
(COFLEY PLAZA)
BROOKLYN, NEW YORK

April 10th, 1935.

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

My dear Dr. Kehoe:

May I ask your opinion relative to a patient I now
have under my care?

A young man of 22 developed weakness in the left wrist
four months after employment as a painter. He now has atrophy of the interossei
muscles of the left hand and the neurologists believe that there is a pathological
lesion in the anterior horn cells.

By a process of exclusion they believe that lead is the
causative agent. This young boy never had an acute toxic lead episode and to
date has shown neither lead in the urine nor stippling of the red blood cells.
Biospectrometric analysis of the skin properly obtained and competently analyzed
has shown a four plus line. The neurologists have stated that this has been
shown to indicate an abnormal degree of lead retention and have therefore
argued that lead is probably responsible for the clinical findings.

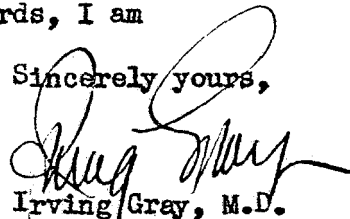
Clinically a diagnosis of lead poisoning does not
seem justified to me. On deleading therapy we have never been able to find
lead in the urine. Is it reasonable to assume that lead may be retained in
the skin and at no time be present in the urine after deleading therapy?

I believe that it is reasonable to assume that if
lead cannot be drawn from the bones and subsequently found in the urine that
there is no abnormal storage in the body unless we assume that lead may be
stored in the skin in abnormal amounts and not be stored in the skeletal
structures.

I would greatly appreciate knowing what your opinion
is in this matter. The article by Gaul and Stahd on Clinical Spectroscopy
which appeared in the Journal of Nervous and Mental Diseases, March, 1935 is
of great interest on this subject.

With kindest regards, I am

Sincerely yours,


Irving Gray, M.D.

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