LEAD POISONING

A. Diagnosis of Lead Poisoning

1. Significant exposure to lead compounds by inhalation, ingestion, or skin contact (fat soluble liquid compounds)
   Whether from knowledge of environmental conditions or inferred from history of employment

   Type of information that justifies such inference

   Assumption not justifiable

2. Clinical picture compatible with known effects of lead absorption - tissues and organs involved

   (a) Subjective vs objective

   (b) Clinical types
      (1) Gastro-enteric
      (2) Neuro-muscular
      (3) Encephalopathic
      (4) Mixed types
      (5) Bizarre effects and their interpretation

   (c) Onset, course, and result

3. Laboratory results, concerned primarily with evaluation of the exposure

   (a) X-Ray evidences of lead absorption

   (b) Hematologic evidence of lead absorption

   (c) Analytical evidences of bad absorption
      (1) Lead in feces
      (2) Lead in cerebro-spinal fluid
      (3) Lead in blood
      (4) Lead in urine
      (5) Lead in tissues

B. Prevention of Lead Poisoning

1. Limitation of lead exposure by engineering means

2. Limitation of lead exposure by controlling duration of exposure

3. Limitation of lead exposure by personal hygiene

   (a) Instruction of workmen

   (b) Regulation of workmen

   (c) Supervision of workmen

4. Limitation of worst effects of toxic absorption

(a) By elimination of diseased persons with increased susceptibility

(b) By selection of mature male workmen

(c) By prevention of intercurrent disease, undernutrition and fatigue

(d) By early recognition of incipient toxic effects

C. Management and treatment of lead poisoning

(a) During acute episode

(b) During convalescent period

(c) Subsequent disposition