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DAYTON, OHIO

April 9, 1935.

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

My dear Doctor Kehoe:

Thank you for your letter of April 6, in which you call my attention to your findings regarding the toxicity of tetraethyl lead in the quantities as ordinarily handled and the relation of this to industrial poisoning.

We, who do extramural practice in contact with patients who manifest clinical symptoms, cannot depend entirely on laboratory technique, and there are times when such activities are quite outside our field. There are many clinical symptoms which do not slavishly depend upon laboratory corroboration. As you know, there are cases of atropin and quinine poisoning well known and clearly defined occurring in susceptible individuals. I have seen quinine poisoning, in persons who have taken two grains, three times a day, where no laboratory corroboration was available nor even needed; simply withdrawal of the drug and the subsidence of clinical symptoms being sufficient to establish the connection.

I do not insist that this particular case is one of tetraethyl lead poisoning, but where there is a certain series of symptoms, which have, in former times, been observed to occur in poisoning by this material and there is at the same time a history of exposure, no matter to how little of the drug, one cannot be considered entirely unreasonable in calling attention to this connection. I shall read your pamphlet with great interest, in fact I have read some of it already. However, I feel that Capt. Dingman, everything considered, will make an effort to eliminate the use of this material at the Field as a reasonable precaution. If the man makes a recovery later there still will be room for doubt, and yet one might feel that the interdiction of the drug may have played a part in the recovery.

There is a whole field of medicine in which there are ill-defined syndromes, loosely connected, with suspected idiosyncrasies, susceptibilities and allergies which must be taken into consideration by those who do clinical medicine, and the more one does, the more one practices, the more is one inclined to discount leaning heavily on the laboratory. I have never come to the point of allowing the laboratory to assume the major role in diagnosis, valuable as this service may be. You can, of course, easily see the our points of view, perhaps, differs in some respects.

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I still feel that the use of lead gasoline should be forbidden and that this man should be removed from this particular job for a reasonable length of time, and that the lack of laboratory findings should not settle this matter finally.

Yesterday I had a visit from Dr. Schradin and Mr. Norman Siebenthaler and I feel you are well represented, as they presented their view of the subject in quite a sensible and reasonable manner.

I hope that at some future time, when you are perhaps invited to speak to us again in Dayton on some subject of interest to you, I may have the opportunity to discuss this matter with you personally. I am

Very sincerely yours,

E. C. Fischbein

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