June 23, 1947

Dr. Austin Evans
Imperial Oil Limited
Medical Department
50 Church Street
Toronto 2, Canada

Dear Dr. Evans:

Please accept my thanks for your letter of June eighteenth in relation to the case of [redacted] I have gone over all of the information as supplied from Dr. Mc Kenzie and Dr. Roach, and I share your reservation as to the adequacy of their opinions. The only difference between your view and mine is that I am quite prepared to go the whole way and to say that they are talking nonsense. It would be helpful if some of these men would read some of the literature of this subject. In the first place no case of lead poisoning has ever been seen in connection with the type of work that this man was doing. We have studied these occupational conditions with great care over a period of many years. It can be said categorically that this man's work did not subject him to measurable lead exposure. I do not have the previous history of his employment, but now ~~that it~~ from that which is available, it is apparent that the first step in the diagnosis of lead poisoning, namely, the establishment of lead exposure, has not been taken. Indeed, it may be said that if the occupational history in this instance is correct, the diagnosis of lead poisoning may be excluded on the history alone.

Second, clinical findings and the reputed character of the illness do not suggest tetraethyl lead poisoning. For your information, I may point out that our observations during the war demonstrated clearly that chronic lead poisoning of the classical type is not to be experienced as the result of exposure to tetraethyl lead. If poisoning occurs at all, even as the result of gross carelessness in handling leaded gasoline, the clinical picture that is to be expected is that which we have described previously under the heading of tetraethyl lead poisoning. In this condition blood changes, including stippling of the erythrocytes, are never seen. Consequently, the finding of these forms in the blood in a questionable case is of no possible significance in relation to lead absorption.

This leaves in this case a most questionable clinical picture, in which the alleged presence of a blue line on the gums is the only point at issue. This I do not take seriously. The average clinician has never seen a lead line, has no idea of what to look for or where to look for it. Therefore if he sees a bluish line of congestive gingivitis, he thinks it is a lead line.

This case could be closed up, so far as the facts are concerned, were it not for the ideas which have now been implanted in the mind of this man. I am at some loss to know what we can do, beyond obtaining samples of his blood and urine and analyzing them, if you believe that it would be feasible. It might help, if only psychologically, to establish the facts in this regard, and if they turn out as I anticipate, to assure this man that he has no lead, beyond normal levels, in his body. If you think this can be done, I will send you containers with suitable instructions for collecting the samples. If there is anything else which we can do at this time, such as having one of our associates examine him, please let me know and I shall arrange for it.

I continue to wish that doctors would not be so quick to express opinions on matters about which they know nothing. Incidentally, if you consider that it might be worth our while for me to write to Dr. McKenzie and Dr. Roach, I shall be glad to do so. Obviously I shall not repeat the foregoing comments in any such correspondence.

Cordially yours,

Robert A. Kehoe, M. D.

RAK:KK