BERNARD L. KREILKAMP, M. D., F.A.C.P.
MAGIC VALLEY MEDICAL CENTER
676 SHOUP AVENUE WEST
TWIN FALLS, IDAHO

February 18, 1963

COPY

Robert A. Kehoe, M. D.
Director
The Kettering Laboratory
College of Medicine
Eden Avenue
Cincinnati 19, Ohio

Dear Doctor Kehoe:

Thanks for your detailed letter concerning my patient [redacted]. This patient was a hospital patient in Magic Valley Memorial Hospital, Twin Falls, Idaho. Doctor Birdsall Carle, pathologist and director of our laboratory had apparently obtained the containers and forms from your laboratory. I believe that inasmuch as the concentration of blood in the urine was a low normal I think that we can dismiss the lead neuritis possibility. I am well aware of the fact that wrist drop without sensory disturbances is the usual picture for a lead type of neuritis. However, I go on the presumption that anything can happen in this business, and there is always the unusual type of picture. Inasmuch as he had stopped his exposure to lead one month before that urine collection was made I do not believe that it would be necessary to check on the blood right now as there has already been another 30 days elapse between the time the sample of urine was collected and the present time during which time there has been no exposure to lead. This patient has obtained other employment now involving less severe exercise with his hands. I believe that he should be able to pay your $12.50 charge and you can send that charge directly to his address, 405 Broadway North, Buhl, Idaho. Since January 18 I have referred this patient to Dr. Madison Thomas, neurologist in Salt Lake City. He feels that his complaints can best be explain ed on a "carpal tunnel syndrome" even though there is no previous history of trauma to the wrist. He advised a trial of steroid therapy, which I have since placed him on.

Thanks again for your interest and efforts.

Sincerely yours,

B. L. Kreilkamp M.D.

February 11, 1963

Dr. B. L. Kreilhany
Magic Valley Memorial Hospital
650 Addison Avenue West
Twin Falls
Idaho

Dear Doctor Kreilhany:

I am sending to you herewith a report of the analysis of a specimen of the urine of [redacted], which was forwarded to this Laboratory by yourself, I believe. The report has been at hand since February first, and during this period of time I have been attempting to find out from the physicians of our staff (two of whom were out of town) what they might know about this patient and this specimen of urine. Having been unable to learn anything except that which appears on the request sheet which accompanied the specimen of urine, I presume that you obtained one of our containers and the request sheet from some near source, and dispatched the urine to us without any prior correspondence.

The situation calls for some discussion, however, because of the apparent problem which is presented by the condition of your patient. It is unfortunate that you did not write to me, for we could have obtained some information for you which will now take further time to elicit.

You will note that the concentration of lead found in the urine of Mr. [redacted] is in the low normal range. If this evidence were wholly acceptable, one would say, categorically, that this man has not absorbed abnormal quantities of lead from any source for a considerable length of time. Unfortunately, the analysis of a sample of blood is necessary to establish that point with certainty, and if you are willing and the patient is still available, I shall send you suitable containers and instructions for collecting the blood in two duplicate samples.

In view of the result on the urine it is highly improbable that Mr. [redacted] has absorbed any significant quantity of lead, but the rate of the excretion of lead in the urine is sometimes interfered with by various illnesses, and the blood is needed to prove the facts in the matter.

I think we can say, without any shred of doubt, that the occupational exposure to lead which is suggested on the request sheet, i.e., exposed to gasoline while filling station attendant, is entirely lacking in any hazard of lead absorption. This problem has been investigated repeatedly over the years, and there is ample experimental and clinical evidence that lead cannot be absorbed through the skin out of gasoline which contains the maximum concentration of tetraethyllead. There has been no case of lead poisoning among the tens of thousands of service station employees in the history of this type of gasoline.

There is another clinical point in this problem. Your patient appears to have a peripheral neuritis with sensory disturbances. In the first place, there has never been a case of peripheral neuritis in association with the absorption of tetraethyllead poisoning in the entire series of cases that have occurred since the early 1920s in the manufacturing operations and in the cleaning and repair of gasoline storage tanks (the latter cases result not from exposure to gasoline containing tetraethyllead, but from exposure to the vapor of tetraethyllead rising from the bottom of such tanks.

Secondly, peripheral neuritis due to lead does not attack the flexor muscles but only (and invariably) the extensors, and there is never, or perhaps I should say, hardly ever, any sensory disturbance. Under these circumstances, the diagnosis of tetraethyllead poisoning is wholly untenable, and the occurrence of classical poisoning from the absorption of inorganic lead compounds is highly improbable. Despite the latter statement one should not fail to determine whether any unusual amount of inorganic lead has been absorbed by this man recently, and I repeat that I am willing to have the analyses made if you will obtain samples of blood. Please let me know if you so desire, and I'll see that the containers are sent to you.

From your statement of [redacted] economic status I judge that he may now be hard pressed financially, and I shall not send a bill for the analytical service, or for any further analyses, except upon your advice. Our charge to cover the actual cost of these difficult analyses is $12.50 for the urine and $12.50 for duplicate samples of blood (analysed as a check on each other to make sure that no contamination of the sample has occurred. If in your opinion he should pay for this service or some part of it, please so indicate and I'll send the bill. This is a research laboratory, and we try to preserve our funds for research, by being reimbursed for what we do for clinical purposes as a service to the profession. We do not wish to burden patients with costly procedures, however, beyond their ready capacity to pay. If however, the hospital is in position to pay for such services, it should do so.

Very truly yours,

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RAK:ss

Robert A. Kehoe, M.D.