File with lead cases
alph letter file
cross file Dr. Sunderman
of prev file, but I
want to keep all such
reports of analyses in
case file rather
than in correspondence

February 19, 1946

Dr. F. William Sunderman,
701 Maloney Building,
Hospital of the University of Pennsylvania,
Philadelphia, Pennsylvania.

Dear Dr. Sunderman:

I am sending you herewith the analytical results obtained on the blood and urine of your patient [redacted] It appears from your record that this man has had no occupational lead exposure since 1940. On the other hand, the lead concentrations in both blood and urine are somewhat above normal levels. This means either that the man has not yet eliminated all the lead that he absorbed during the period of his exposure or that he is continuing to have some slight occupational lead exposure. The results are not such as to suggest symptomatology at present, although they are just of borderline significance. Your record does not state when he discontinued his work to come under your observation, but I assume that the interval between his last day of work and the collection of these samples was not very long. In any case, I should consider it worth while to look carefully into the conditions of his present occupation so as to make sure whether there is or is not some continuing exposure. It is a bit unusual for a man to continue with elevated lead concentrations in the blood and urine for five or six years. It is not at all unusual to have this continue for eighteen months or more. For this reason I think it is worth while for you to establish the facts with respect to present exposure beyond peradventure. This, I think, will be much more important than the therapy which you have in mind using. I should tell you, I think, that we have carefully investigated the possibilities of deleading by means of ammonium chloride and a low calcium diet in the most favorable cases that we have been able to find for this type of therapy, and quite without any success. Indeed we have not been able to find any means of materially increasing the lead concentration in the blood or the rate of lead elimination in the urine. One slight exception can be taken to the last part of this statement in that we have found that the quantity of lead excreted per day in such cases varies to some degree with the quantity of water available for excretion. This is a fact, but it is of little practical therapeutic importance, being only of interest in the physiological sense. Consequently I warn you not to anticipate any beneficial effect from the therapy you have outlined.

Cordially yours,

Robert A. Kehoe, M. D.

RAK ef

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[redacted]

Samples of Urine and Blood submitted by Dr. F. William Sunderman, 701 Maloney Building, Hospital of The University of Pennsylvania, Philadelphia, for lead analysis.

Urine

Analysis Number	-	46A-253
Volume	-	100.0 ml.
Mgs. Pb/Liter	-	0.11

Blood*

Analysis Number	-	46A-238
Grams	-	18.6
Mgs. Pb/100 Grams	-	0.06 (Spectrographic)
Mgs. Pb/100 Grams	-	0.07 (Dithizone)

*One sample was submitted.

Samples Collected: 2-1-46

Samples Received: 2-8-7-46

Samples Reported: 2-13-46

KE 0007446