December 28, 1935

Re: Louis DeBernard

Mr. E. R. Alden
Socony-Vacuum Oil Company
Claim Department
26 Broadway
New York

Dear Mr. Alden:

Your situation in the matter of Louis DeBernard is obviously not an easy one. I have looked over our record and have discussed the matter with Dr. Machle who saw him on several occasions and who corresponded with Dr. St.John. Dr. Machle's view is that [redacted] is a psychopathic inferior type and that his record prior to his acute illness demonstrates that this was the case before he received any occupational injury. It is our understanding that Dr. St. John is of the same opinion and that he is prepared to state from his previous experience with the patient that his mental condition as described by him in his last letter was in no wise different from his condition prior to his illness. (In this connection it seems probable that DeBernard's army record might be available since, according to Dr. Machle, there is every reason to believe that it would substantiate the point of view expressed above.)

Dr. Machle's opinion is that this man will take advantage of any kindness that is shown him and that if he succeeds in receiving undue consideration, he will become more and more of a liability. It is his feeling that the case should be allowed to take its regular course through the Compensation Court since that would seem to be the only means by which the matter can be settled. Obviously there may be legal or other reasons for avoiding this course, but that is our best reaction to the problem with which you are faced.

Our previous experience does not lead us to expect residual injury from the type of poisoning from which DeBernard suffered, and in his case there is apparently every reason for believing from clinical evidence that he has no brain injury of residual type. We studied his lead excretion early, found that it was high and that it tapered off to a normal level substantially in a characteristic manner. With the subsidence of his acute symptoms he finally returned to what was for him a normal state. Dr. Sheehan's report indicates that he is not suffering from lead encephalopathy. In this situation lead analyses come to have only an academic value. The

Mr. E. R. Alden

presence of lead in the tissues of the body does not necessarily mean illness. The illness must be established by clinical examination. It is, therefore, faulty reasoning to regard a lead analysis as a factor in the diagnosis. It has been established in this man's case that he did have cerebral symptoms as a result of lead absorption. It would not be surprising, therefore, if lead were to be found in his tissues. That is precisely what would be expected from one's knowledge of the case. On the other hand the finding of lead in the skin by methods which are not too precise, (I am quite familiar with Dr. Gaul's work) is almost wholly without significance. In the first place we know little about the behavior of the skin as regards lead compounds. We do know that its behavior is somewhat erratic. In the present state of our information it is not possible to draw useful conclusions from lead analyses made on the skin by the current methods. If one suspected that lead were an active factor in this man's present condition, it would need to be demonstrated that there was an unusual amount of lead in the circulatory blood and in his excreta. From our observations on this man and from the period of time which has elapsed since his exposure, I am quite certain that no such finding could be obtained. But as I have pointed out in all my publications, even the finding of lead in unusual amounts does not establish a diagnosis. Lead may exist in fairly high concentrations in the body without producing symptoms. Therefore the physical findings and the symptoms constitute important items in the interpretation of a patient's disability.

There is one other point in connection with this man and with patients of this type, which is a matter of some interest. We have established that fact that when organic compounds of lead are absorbed into the nervous system, they tend to remain there in relatively high concentration for indefinite periods of time after all symptoms have disappeared. There is little doubt, therefore, that if one had the means of examining this man's central nervous system, abnormal quantities of lead would be found. As an example of this, we had occasion to examine the brain of a man who had had a lead exposure similar in general type to that of DeBernard, and from which he recovered completely. I knew him and saw him frequently over a period of eight years, and took care of him in his final illness which was the result of an acute infection. During this entire period there was not the slightest suggestion of any recurrence of his cerebral intoxication, and yet when he died we found a concentration of lead in the brain which was very high. This means, of course, that lead compounds remain in the brain in an inactive form and in an essentially insoluble form, and without producing any injury for a long time. You may see from this how silly it is to attempt to interpret symptoms on the basos of the lead concentration of a tissue. Now it may be that the skin behaves in some

manner like the brain in retaining lead for long periods of time. I do not believe this is the case for our experimental results on animals do not give us any reason for believing that the skin behaves in this manner. In fact the only tissue in the body which we have found capable of retaining lead for long periods of time is the central nervous system. However it is possible to imagine circumstances in which the skin might retain moderate quantities of lead for a considerable period after the cessation of exposure. If this should be the case, I can only ask what of it and what relation does it have to the interpretation of a disability.

I have gone to some lengths to explain my point of view in order to make my attitude quite clear. I can only repeat that from the information available in this case, and from our considerable experience with similar cases, I do not believe this man has any disability as a consequence of his acute illness of some years ago. If this case were presented to the Ohio Industrial Commission, I should merely state essentially what I have said to you and leave the responsibility for compensation in their hands. Not knowing the details of the procedure in your state, I am, of course, unable to give an opinion on the advisability of this same procedure in Connecticut.

Very truly yours,

RAK:is

Robert A. Kehoe, M.D.