Medical Consultants - Australia

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PLEASE QUOTE REFERENCE No.

ROYAL PRINCE ALFRED HOSPITAL
SYDNEY, N.S.W.

CLINICAL RESEARCH UNIT
ROYAL PRINCE ALFRED HOSPITAL
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CAMPERDOWN, N.S.W.

TELEPHONE: LA 0444 Ext.....

14th December, 1951

Dear Dr. Kehoe,

Thank you for your recent letter - I was most interested to have your views on B.A.L. in children with lead encephalopathy. I share your views regarding ventricular drainage.

I am now far from the Ethyl group in regard to my work. There is no time for outside activities whilst my Clinical Research Unit is growing up. I have quite a good set-up with 14 beds and small laboratories. My staff is good and keen. We are interested in hemoglobinuria at present and have had some interesting patients with disorders of Ca and P metabolism. We have a lot to do but, so far, little to say - that is for the future I hope.

We see odd patients with Pb intoxication and still have trouble isolating "diagnostic" amounts of lead in the urine. My laboratory does not handle this but, on account of my past association, I usually get to see the cases. I am unfamiliar with chronic plumbism with marked C.V. changes and am suspicious when presented with such a person. Recently I was asked concerning a male onion grower who developed, over 12 months, an insidious lower motor neuropathy with a c.s.f. protein of 250-300 mg %. Only jerk obtained was from the jaw; C.N. intact. He has a blood pressure of 150-160/105-110, a degree of central cyanosis, papilledema and retinal hemorrhages. No appreciable lead in the urine. Put up as Pb ?administered by ever-loving spouse. This story does not seem right to me but may be it is.

I wish you the compliments of the season and hope that 1952 will bring you out here.

Yours sincerely,

C.R.B. BLACKBURN.