Lead Industries Association

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DIRECTOR OF HEALTH AND SAFETY

August 14, 1951

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

Dear Bob:

Thank you for your letter of August 9th, regarding the childhood lead poisoning situation. I am, of course, very glad that your local problem is now to have the attention it merits. I feel sure that under your guidance both laboratory and field work will be thoroughly carried through. The importance of latter aspect of the investigation has now been driven home to the group in Boston and they are doing an excellent job, as witness the copies of 2 recent reports enclosed.

You no doubt saw the article on page 3 of Sunday's Enquirer. It came to me yesterday with a little note from Dr. Kotte of which a copy is also herewith and from which I gather that the further meeting which you proposed is being held today.

I am up against a difficult situation as regards our possible financial participation in the Cincinnati study. As our funds are budgeted on an annual basis, we could certainly do nothing substantial during the current year and even thereafter it looks doubtful since I had to pretty much pledge myself to go no further afield in order to secure the appropriations needed for Baltimore and Boston. However, if a couple of hundred dollars would help for some particular purpose, we could probably scrape up such an amount from some unexpended balance.

Sincerely yours,

[redacted]

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LEAD INDUSTRIES RELY ON LEAD ASSOCIATION

LE 03530

COPY

July 23, 1951

Randolph K. Byers, M. D.
Longwood Medical Building
319 Longwood Avenue
Boston 15, Massachusetts

Dear Dr. Byers:

Reference: Karin Searles
16 Gordon Avenue
Hyde Park, Massachusetts
Father: Bert Searles

A visit was made to the home of Karin Searles, and Mrs. Searles was interviewed.

It appears that approximately one year ago, at the age of one, little Karin began to chew on furniture about the house. Her favorite objects were her crib, a leg of the kitchen table and the legs of the dining-room chair. For the past few months, she had been eating plaster taken from a hole in the living-room wall. During the past four weeks, she was repeatedly found eating old paint flakes which had peeled off a painted brick wall on the porch.

Mrs. Searles informed me she had brought into the Children's Hospital a leg from the kitchen table and a leg from the dining-room chair for lead analysis of the painted surface. The crib Karin had chewed on was relatively new and not painted. The wood had been stained and then varnished. I have forwarded to Miss Taylor at the Children's Hospital samples of the plaster and of the paint on the porch wall.

Because of my own interest in the porphyrias, I asked a few questions in this vein. The only thing Mrs. Searles could add was that Karin disliked the sun and when placed in the sunlight would always go to a shaded area and remain there. There did not appear to be any history of pink discoloration of the teeth or nails or skin lesions. Mrs. Searles did not give any information regarding the color of Karin's urine.

When you have the time, I would appreciate learning whether any porphyrin studies were carried out during Karin's illness or on the postmortem tissues.

Sincerely yours,

Clarence C. Maloof, M. D.

CCM:BL
CC: Mr. Bowditch

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COPY

August 7, 1951

Randolph K. Byers, M. D.
The Children's Medical Center
300 Longwood Avenue
Boston 15, Massachusetts

Re: Kenneth Derouin
12 Valley Street
Lawrence, Massachusetts

Dear Dr. Byers:

A visit was made to the home of Kenneth Derouin and Mrs. Derouin interviewed.

The history given by Mrs. Derouin was that Kenneth, now four years of age, began to chew on the window sills and on his crib at the age of 2½ years. In addition to this chewing habit, he was known to eat dirt and chew on objects when allowed to play outdoors. However, this pica stopped at the age of 3, and for the past year he has not to their knowledge been chewing on any objects. Approximately 4 to 6 weeks ago, he was discovered playing about a hole in the plaster in the hallway leading to their apartment. The Derouin's live in a very old house, and the plaster on the wall crumbles quite easily. Little Kenneth would sit by the wall and pick at the plaster. Although he was discovered playing with the plaster, he was never actually seen eating it.

Mrs. Derouin gave me the following history of his illness. On July 6, he experienced an upset stomach with nausea, vomiting and diarrhea. The family physician gave him Coca Cola syrup and penicillin, and in two days he was free of all symptoms and apparently well. On the 8th of July while sleeping on his bed, he rolled and fell from the bed, landing on the floor and striking his head. One hour later his mother noted that his left eye began to "cross." On the 9th, the crossing of the left eye became more marked, and he began having visual hallucinations of snakes, grass growing on his bed, and cuts upon his hands. He became very restless and failed to recognize his parents. On the 10th, he was admitted to the Lawrence General Hospital for X-rays of the skull and observation. The X-rays were negative, but his hallucinations and restlessness increased. The diagnosis of lead encephalopathy was contemplated after Mrs. Derouin told them of the past history of paint chewing. On the 12th, BAL therapy was initiated. Shortly thereafter, the boy began to have convulsions. He had several more convulsions on the 13th, and was transferred to the Massachusetts General Hospital. He was hospitalized one week and returned home on the 20th.

At the present time Kenneth is, to quote his mother, "like a baby again." His language is incoherent, he must be fed, and he has lost control of his toilet habits. He has just begun to recognize his parents.

Samples of the window-sill paint and wall plaster of the hall were collected and sent to Miss Taylor at the Children's Hospital. The crib was stained and lacquered, so a sample from the surface was not collected. The water supply is carried by brass pipes, and no lead pipes could be seen.

I found this to be a very interesting case, and if you have the time,

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would appreciate hearing your views on the following points:

(1) If the paint on the wall plaster does not contain lead, and in view of the absence of pica for one year, what would be the logical explanation for this boy having such a high urinary lead?

(2) Do you believe that BAL therapy might have acted as a de-leading agent and precipitated this episode of lead encephalopathy.

(3) What emphasis would you put on his fall, which seemed to initiate his illness?

(4) What were the results of the later urinary lead and coproporphyrin values, and if a spinal tap was performed, was the spinal fluid analyzed for coproporphyrin?

Again let me say this was a most interesting case, and I enjoyed very much working up the field study.

Sincerely yours,

Clarence C. Maloof, M. D.

CCM:BL
CC: Mr. Bowditch

[redacted]

KE [redacted] 03533

DR. ROBERT H. KOTTE
1710 MADISON ROAD
CINCINNATI 8, OHIO

August 12, 1951

My. dear Mr. Bowditch:

Article on lead poisoning enclosed.

A meeting of those interested in lead poisoning to be held Tuesday AM. Will follow with more details.

Thanks for material.

Sincerely yours,

Sgn/ Robert H. Kotte

KC 03534