

May 15, 1954

Dr. Durand Benjamin
7430 Virginia Avenue
St. Louis 11, Missouri

Dear Doctor Benjamin:

I feel it wise, even necessary, to comment on your letter to Doctor Smith, a copy of which you were good enough to send to me. The point I wish to make is so important in relation to clinical and industrial medicine as to require emphasis, and therefore I do not wish to leave any question in your mind as to my purpose in commenting. I refer only to your statement, perhaps inadvertent, that the levels of lead concentration in the blood of two of your men, as reported by the Department of Health of the City of St. Louis, were well above normal, "and these individuals should have shown some signs of lead poisoning." This statement is so utterly incorrect as to be a red flag before my eyes. When the concentration of lead in the blood is 0.08 mg. or more per 100 grams, the individual concerned may develop symptoms. The situation, therefore, involves danger, and the individual should not be permitted to be subjected to further occupational exposure to lead lest he become ill. The higher the figure above this critical level, the greater the danger of the onset of illness and the more severe the illness is likely to be if it develops. However, there is no implication of the actual existence of illness in any analytical finding, regardless of level, whether in urine, blood or the tissues of the body. The analytical findings are never diagnostic of illness, but are only measurements of the potential significance of the exposure to which the individual has been subjected. If then the clinical findings point to the diagnosis of plumbism, the analytical findings will show whether or not such a diagnosis is tenable. One must always make the diagnosis by appropriate clinical means, since otherwise much more serious types of illness may be missed and the consequences may be tragic.

You may think I am splitting hairs, but such is not the case, since not only the methods of clinical diagnosis but also the validity of the medical measures of preventive medicine are based fundamentally on these facts. This is, therefore, one of the most important aspects of the entire problem of occupational medicine in the lead trades, in that we can recognize the existence of danger and determine its degree before any actual illness occurs. It is precisely for this reason that I go to great deal of trouble to interpret all of our analytical findings with great care, on the background of our vast experience with the problem of industrial lead poisoning. Unless the meaning of the analytical data comes to be incorporated into industrial medical practice,

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there is no valid means, medically, of preventing occupational lead poisoning. On the other hand, if the principle is understood and applied, occupational lead poisoning can be eliminated completely.

Sincerely yours,

Robert A. Kehoe, M. D.

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