

"NORWOOD"
BRAND

TO DUPLICATE THIS FOLDER ORDER

Globe-Wernicke

NO. 91-1, '3

MADE IN U. S. A.

June 7, 1943

Dr. G. V. Mitchell,
Medical Supervisor,
Remington Arms Company, Inc.,
Bridgeport, Connecticut.

Dear Dr. Mitchell:

I am sending you herewith the analytical results on four sets of samples recently sent to us. A word of comment is justified in each instance. In the case of [REDACTED] there has been a satisfactory drop in the concentration of lead in both the blood and urine. The urinary lead concentration is still high, however, and evidently this employee had a rather severe exposure to lead.

In the case of [REDACTED], the low lead concentration in the urine suggests that the present symptoms are not due to lead. Unfortunately, the blood sample was lost, but it is probable that the blood is not high in its lead concentration. (There has been some tendency among these women to have disproportionately low urinary concentrations, and consequently I cannot be too certain in my interpretation of the urinary values. This is certainly an unusual feature in the case of adults, and therefore I suggest the advisability of obtaining blood samples in every instance where possible.) The history of this patient, and especially the fact that she has persistent symptoms, despite her lack of exposure since May 1, leads me to suspect that her symptoms were never due to lead absorption. The other laboratory findings rather strengthen this opinion, and I strongly suspect that it will be found that she has some other illness unrelated to lead absorption.

[REDACTED] has a significantly high blood lead, and one which could be associated with symptoms of intoxication. Again in this instance the lead concentration in the urine is low, thereby justifying what I said above. I wonder if it could be that these women are drinking an unusual quantity of some beverage in preparation for the collection of the sample. If not, we shall certainly have to give some additional consideration to the variable response of women with respect to urinary lead excretion. The results obtained in the case of [REDACTED] rather suggest that she is still having some lead exposure. The blood concentration is but little lower than that previously obtained, whereas the urinary concentration is higher than it has been previously. The two sets of results are in good agreement at present, thereby indicating that this patient has no renal injury that is interfering with her lead excretion. It would certainly be worth while

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in this case to establish beyond any doubt the existence or non-existence of present occupational lead exposure.

I enclose herewith an invoice to cover the cost of these analyses.

Cordially yours,

Robert A. Kehoe, M. D.

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