IRVING GRAY, M.D., F.A.C.P.
FORTY-ONE EASTERN PARKWAY
(COPLEY PLAZA)
BROOKLYN, NEW YORK

April 13th, 1934.

Dr. Robert A. Kehoe,
University of Cincinnati,
Cincinnati, Ohio.

My dear Dr. Kehoe:

It is with a great deal of interest that I have been reading your articles on the normal absorption and excretion of lead which have appeared in the Journal of Industrial Hygiene during the Fall of 1933.

During the past few years, I have been very much interested in industrial medicine particularly the lead poisoning group. Lead poisoning cases have been referred to me by a number of the insurance companies for the purposes of treatment. I have been using the high-phosphorus diets recommended by Shelling of Johns Hopkins and a low calcium diet as recommended by Aub and his co-workers.

The entire problem of lead poisoning and the treatment is fascinating and at present I am particularly interested in the attempt to de-lead a group of individuals who have been exposed to the ingestion of a large amount of lead. In view of your important findings showing that lead exists in the tissues and in the excreta in all people, it will probably be impossible for me to completely de-lead these individuals. However, from the stand-point of medical compensation and scientific accuracy, it is interesting to obtain data on the question of diet and duration of treatment to rid the system of most of the lead.

Quite recently, the Standard Oil Co. of New York, through Mr. A. W. Wilsdon, referred the record of a young man who was alleged to have died under peculiar circumstances. In view of the fact that he worked at a gasoline station and in view of the scant findings at autopsy other than a slight congestion of the viscera, chemical examination of the tissues was made and traces of lead found. I did not feel that the man died of lead poisoning and I understand the case was submitted to you for opinion and that you also felt that lead was not a cause of death.

In the article published by you and your co-workers in which the organs were examined for lead (autopsy of child and male adult)

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it was interesting to note the wide distribution of lead (in individuals not exposed to lead). Such studies are important in arriving at a proper interpretation of the factor of causal relationship between lead intoxication and pathological findings. The clinical history, as you state, is exceedingly important.

The paper I am to present at the Industrial Section of the A.M.A. meeting in June is entitled, "Progress in the Treatment of Plumbism". I am most anxious to have the three articles that appeared by you and Drs. Thamann and Cholak. If you can send these off to me immediately and also the following articles, I would greatly appreciate it.

"Excretion of Lead by Normal Persons"- J.A.M.A., 1926 - 87 - 2081.

"The Excretion of Lead" - J.A.M.A. - 1929 - 92 - 1418.

"The Diagnosis and Treatment of Lead Poisoning" - Cincinnati Jour. Medicine - 1930 - 11 - 3.

I hope to see you at the meeting this June and have the opportunity of discussing several problems in connection with the treatment of lead poisoning with you. Any information or guidance that you can give me will be very much appreciated.

Sincerely yours,

Irving Gray

IG:MN

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