June 1, 1972

Robert M. Woldman, M.D.
Chester Clinic, Inc.
2126 St. Clair Avenue
Cleveland, Ohio 44114

Dear Doctor Woldman:

I am dealing with your letter of May 26 very briefly by reason of the fact that I have not recovered entirely from a recent severe illness, and, therefore, I am spending only a short time in my office each day.

I take up your questions in the order of the numbers.

1. Lead line in the gums is not a permanent change. It disappears slowly. The amount of time required for its disappearance varies with the severity of the exposure to lead which induced it and also to the extent of the complete elimination of this exposure. The time in any case is a matter of months.

2, 3 & 4. Acute infections and organic damage of any type complicates and increases the severity of an episode of lead poisoning. In addition, any type of significant illness reinforces lead poisoning and may have some effect (usually slight), as a rule, upon the rate at which lead is absorbed and excreted. Certain types of illness such as diseases of the liver tend, generally, to increase the susceptibility of indivioduals to lead. There is very little definitive experience or experimentation to enable one to speak definitively on this matter. Very few cases of lead poisoning have been studied with such care as to enable one to determine such effects as you speak of in these questio

5. Lead poisoning and lead intoxication are simply two terms used to denote the same toxic effects of lead. As you will see in my articles (I am enclosing two), the concentration of lead in the blood is in no sense diagnostic. High concentrations of lead in the blood (0.08 mg./100 grams and upwards) are merely indicative of the fact that lead is being, or has been, absorbed in potentially dangerous quantities. The diagnosis of lead poisoning is made on the basis of the clinical findings. This determination of lead in the blood merely tells you that the exposure to lead has, or has not, been sufficient to cause illness. The illness is interpreted as any other illness would be, and it should not be concluded that there is any means to actually prove the diagnosis. In this instance and in many others, one depends upon the judgment of a physician to interpret the nature of the illness.

The best advice I can give you is to make a thorough physical examination, to take a detailed history of the exposure to lead, to have a determination of the lead in the blood which can be trusted, and with this combined information, to determine what is the most likely cause of the illness.

Cordially yours,

Robert A. Kehoe, M.D.
Professor Emeritus of Occupational Medicine

RAK:wb

KE 0007537

CHESTER CLINIC, INC.
2120 ST. CLAIR AVENUE
CLEVELAND, OHIO 44114

J. ABRAMS, M. D.
R. WOLDMAN, M. D.
A. MATA, M.D.

241-2267

May 26, 1972

Robert A. Kehoe, M. D.
University of Cincinnati
Cincinnati, Ohio 45219

Dear Doctor Kehoe:

I have recently become affiliated with an industrial plant where lead exposure is a major problem. I have enjoyed reading your recent articles on lead in the Journal of Occupational Medicine and found them to be very enlightening and helpful. There are still several things that are not clear in my mind even though I have done additional reading.

1. Once a lead line appears on the gums is it a permanent change or does it ever disappear?

2. Do acute infections of any type enhance the absorption of lead?

3. If a person has active hepatitis, would this enhance or decrease the absorption of lead?

4. Are there any chronic conditions such as chronic cirrosis that would enhance the absorption of lead (and presumably increase the risk of lead intoxication)?

5. The more I have delved into this problem, the more confused I become as to how one makes a diagnosis of lead poisoning, or would intoxication be the better term, especially when the blood lead tests are in the range of 0.08mg. per hundred grams, and the patient has symptoms compatible with either a virus infection or an acute gastritis.

KE 0007598

N 7965.01

Dr. Robert A. Kehoe

I would appreciate the benefit of your vast experience in this matter and would appreciate both your comments on these or references to literature you would be aware of where I could find this information. I also would appreciate it if you would give me your thoughts on the matter of setting up an adequate screening procedure indicating which tests should be used (CBC, and/or blood lead, etc.) and at what intervals a patient should be evaluated.

Any help you can give me with any of these matters would be greatly appreciated.

Sincerely yours,

Robert M. Woldman

Robert M. Woldman, M. D.

RMW/dcc

cc

KE 0007599