

December 14, 1943

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Mr. William A. Challener, Jr.,
Challener and Challener,
708 Plaza Building,
Pittsburgh, Pennsylvania.

Dear Mr. Challener:

In response to your letter of December 8, I am submitting below a quotation taken from "Occupational Lead Exposure and Lead Poisoning," a report prepared by the Committee on Lead Poisoning of the Industrial Hygiene Section of the American Public Health Association, of which Dr. Kehoe is Chairman. This report is in press at present and should be available shortly. It is a publication of the American Public Health Association, 1790 Broadway, New York 19, N. Y.

"The Problem of Associated Disease - The existence of complicating disease in association with lead poisoning may not be ignored, either from the viewpoint of organic disease as a contributing factor in susceptibility to lead poisoning, or in relation to the equally vexed problem of the influence of lead intoxication on the progress and outcome of chronic or acute illness of other types.....

"The influence of lead poisoning in the production or acceleration of chronic diseases is at best a controversial question. That some degree of increase in the rate of lead absorption, above average normal levels, has any effect upon the course of such diseases has not been demonstrated, and is a matter of pure conjecture. As to the role of lead poisoning or lead absorption in relation to the so-called degenerative diseases of middle and later life, opinion differs. The evidence upon which lead has been accused especially by earlier writers, of responsibility for the production of vascular disease, is open to serious question. That localized damage to blood vessels, chiefly capillaries, may result from rapid lead absorption, is without question. Witness, for example, the occasional occurrence of retinal and other localized capillary hemorrhage in lead poisoning. But that general injury to the blood vessels, incurred through lead absorption, results in general hypertensive vascular disease, is a wholly different matter for which there is no adequate evidence at present. Likewise extensive chronic renal damage, as the result of excessive lead absorption, has not been demonstrated, and even in these cases

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of children the production of chronic nephritis, perhaps better described as diffusely scarred kidneys, cannot certainly be attributed to the effects of an episode or multiple episodes of lead poisoning. The facts in these matters must await further careful clinical investigation. It may be expected that the careful and detailed study of workmen who are exposed to lead to some extent over long periods of time will answer these questions."

You may regard these statements as the authoritative medical opinion of the moment concerning the relationship of lead poisoning to chronic nephritis, supported by this Committee on Lead Poisoning, which includes a great number of nationally recognized specialists in this field.

I know of no other information which could be as helpful as this for your purpose. However, if you are interested in a general bibliography or summary of the older literature concerning this question, I shall be glad to do what I can to get such material together.

Very truly yours,

K. V. Kitzmiller, M. D.

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