September 5, 1935

Dr. Keith Fairley
107 Collins Street
Melbourne, Australia

Dear Dr. Fairley:

I have just returned to my desk after a vacation to find your letter and also the article on chronic nephritis which you so kindly sent me.

The problem which you have dealt with is an extremely interesting and important one, and I have been following this matter with a great deal of interest.

I think you have done wisely in the appointment of Dr. Hunt in west Australia. It seems much better to me to limit one's responsibilities to those which can be most adequately borne, and I think the new arrangement should be quite satisfactory.

I have been somewhat surprised at the fact that certain of the mixing personnel in Australia have shown some apparent evidence of lead absorption in that their basophilic counts have ranged somewhat above the normal figures. It seems almost incredible to me that there should be any significant lead exposure in this occupation if the equipment is as it should be, and if the regulations are adequately followed. We have been watching this problem in the United States for a period of years, and although at present the mixing equipment here is adequate and the control is quite satisfactory, there was a time when certain of the plants were not as good as they should be. Despite this fact we have never been able to find evidence of significant lead absorption in the mixing personnel. As you doubtless know, we have been studying the stippling question in these men very carefully and in addition we have studied representative groups in the matter of their lead excretion, with negative results. It is for this reason that I find it difficult to understand wherein the opportunities for actual exposure arise in the mixing operations in Australia. Is it possible that the man are careless in the use of their masks, or that the management has not given attention to the supervision of the men?

Dr. Keith Fairley

Your question as to the relative significance of very fine and coarse basophilic stippling in lead workers is one which I hesitate to answer flatly. Our general experience would lead us to believe that coarse stippling is somewhat more common in severe exposure and particularly in incipient intoxication, but this is not necessarily true, I think. I am inclined to the belief that they represent different stages of the same process in many instances. If this is the case, then the one has no necessarily greater significance than the other. However, there is so much that is unknown about the mechanics involved in this type of change as well as many others of a microscopic nature, that I am very hesitant in expressing any dogmatic conclusions. As a matter of fact we have found it so difficult to correlate the extent of stippling with the magnitude of lead exposure in individual cases, that I am led to feel at present that individual variation is the most striking phenomenon of the whole process.

Sincerely yours,

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Robert A. Kehoe, M.D.

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