May 5, 1941

Dr. Joseph Sklaver
Lilley Building
Waterbury, Connecticut

Dear Doctor Sklaver:

I am very sorry to have to tell you that my supply of reprints of the series of articles published in the Journal of Industrial Hygiene in September of 1933 has long been exhausted. I can send you some other articles and am doing so under separate cover.

So far as the problem of lead poisoning and hypertension is concerned, I know of very little information. Belknap has written one or two articles on his clinical observations on men under exposure, and an article by some Russian observers was published some time ago in the Journal of Industrial Hygiene. The two references here are indicated below. One would have to search the literature very carefully for any work along this line that is of importance, for most of the "evidence" linking hypertension and vascular disease with lead poisoning has been passed down for generations in the various works on the subject, and so far as I can make out, is largely based on statements drawn from inadequate clinical evidence.

The best indirect clinical evidence, and it is quite controversial, which tends to show any specific pathologic lesions of a degenerative type in association with lead poisoning, is found in the discussion of chronic nephritis in children in Queensland in a series of articles referred to in the refefences given below. There are some reasons for believing that this type of nephritis, particularly in children, can arise from lead poisoning. I am exceedingly skeptical, however, and I do not regard the case as proved.

My own observations lead me to believe that although hypertension and vascular disease influence lead poisoning disadvantageously, lead poisoning of itself does not produce hypertension. As a matter of fact, the early effects of lead are to diminish the vascular

tone r ather than to increase it. It is only periodically and intermittently that there is any tendency to vascular spasm. I think we are dealing here with a traditional point of view which arose from the fact that many of the persons who developed lead poisoning in the experience of clinicians, had vascular disease and, therefore, the association was interpreted as a cause and effect relationship. I realize that this is a difficult subject, and it is especially difficult to prove or disprove anything concerning it in the present state of our knowledge of vascular disease.

Cordially yours,

RAK:is

Robert A. Kehoe, M.D.