December 24, 1963

Katharine R. Boucot, M.D., Chief Editor
Archives of Environmental Health
Woman's Medical College of Pennsylvania
3300 Henry Avenue
Philadelphia, Pennsylvania (19129)

Dear Katharine:

I am intrigued by the article of Sonkin in the New England Journal of Medicine, but I have my fingers crossed, and I have more than a little reluctance to say anything about it in either a review or an editorial. As to my doing "whatever.....should be done," I'd like to see or obtain some confirmatory evidence. It seems very strange to me, considering the numbers of excellent clinicians who have examined patients with severe plumbism, that this sign has not been observed and described previously. Of course, I am not referring to ophthalmologists, but many, if not most, of our internists do a reasonably good job of examining eye grounds. It would surprise me greatly, if this sign occurs with considerable regularity. Two of the internists who have been associated with me (Bill Ashe and Henry Ryder) have seen quite a number of uncomplicated cases of lead poisoning and have not observed such phenomena, despite their careful examination of the ocular fundi.

Quite apart from the fairly obvious unfamiliarity of Dr. Sonkin with the problem of lead poisoning, I cannot overcome a certain skepticism as to the diagnostic significance of the lead content of a single sample of urine, or of its meaning in relation to the extent of the absorption of lead. Only one of the several results recorded in the table (Table 1) is highly significant, and in view of the others, this one result (1.56 mg. per liter) may well be the effect of contamination. This is especially likely when a further sample, obtained only 4 months after the termination of the exposure, was found to contain only 0.08 mg. per liter. There are other strange features of these "cases" such as the alleged fact that there was little or no erythrocytic stippling, and that, despite poor oral hygiene there were no "lead lines."

Since I am unconvinced, I prefer to hold my peace instead of engaging in "destructive criticism," both because of the stature of the Journal, and the inexperience of the author. It would ill become me to jump with both feet on this author, and since I cannot commend him for the acuity of his observations, it would be better not to comment at this time.

The summoning of "statistical evidence" in support of these observations is the capstone of absurdity. I'm writing this in long hand on a belated vacation (after a week of rest that has restored me to some semblance of life), and am sending it to my secretary to transcribe. On my return after

January 1st, I'll look up this author. If you know (or learn) anything about him, let me know at your convenience.

Sincerely yours,

Bob
Robert A. Kehoe, M.D.

RAK:vr

Dictated but not read.