November 13, 1964

W. B. Mayer, M.D.
The Nalle Clinic
1350 South Kings Drive
Charlotte 7, North Carolina

Dear Doctor Mayer:

I had expected to meet and talk with you when I visited Charlotte, and I was disappointed that you were out of town, without being unduly surprised, for I know how difficult it is to arrange one's time so as to meet the schedules of other people. However I can transmit to you in published form more than I would have had time or opportunity to discuss with you, and therefore I'm sending a sheaf of publications, on various aspects of the lead problem in industry and in the community generally.

It has taken a long time and much tedious and detailed work to get at the information that was needed to take care of people who work in the lead trades. It was equally difficult to learn the truth about the behavior of lead in the human body as a basis for an understanding of the clinical features of lead poisoning. I do not suggest that these things have been achieved solely through the investigations of this Laboratory. We have contributed, as have many others. What I do say is, that when I came into this field in a responsible professional manner, I was greatly distressed by the lack of knowledge and technical procedures whereby the differential diagnosis of lead poisoning could be made, and through which safe conditions could be differentiated from dangerous. Having the facilities for investigation, I and my associates started out to fill in some of the voids in our knowledge, and to obtain quantitative information on which to base reproducible diagnostic methods and to develop specific procedures of industrial hygiene with a sound foundation in physiology. There is still much to be done, and many questions to be answered, of which the most intriguing to me is the precise mechanism whereby lead in the tissues of the body comes to be active in inducing symptoms of intoxication. The phenomenon of two men working side by side, with approximately equivalent quantities of lead in their tissues, one of whom comes down with an acute episode of lead colic while the other appears to be free of any ill effects, is not strictly unique in the field of toxicology, but it is baffling and it is one of the things that makes it difficult to establish and maintain satisfactory standards of safety in the industry. The idea has persisted for a long time that the problem of human variability is so great that there is no hope of overcoming it. This is now known to be untrue, for one can identify the danger of illness, but not the time of its conversion into actual illness. It is necessary, therefore, to eliminate the impending danger, and thereby we can prevent the illness, disability and the entire train of unhappy circumstances associated with this illness,

including labor-management strife that arises out of this specific problem. These principles, as well as much information of clinical significance will be presented in the articles which I am sending you. You will be too busy, no doubt, to go through these at once, but I am sure, from your letter and from the discussion which I had with the Willard brothers, that you will be interested.

Cordially yours,

RAK:vr

Robert A. Kehoe, M.D.

Encl. - Occupational Lead Exposure and Lead Poisoning
Industrial Lead Poisoning - Chapter XXVI from Industrial Hygiene and Toxicology
Symposium on Lead
Experimental Studies on the Inhalation of Lead by Human Subjects
Experimental Studies on the Ingestion of Lead Compounds
Exposure to Lead
Value of Calcium Disodium Ethylenediaminetetraacetate and British Anti-lewisits in Therapy of Lead Poisoning
Methods for the Prevention of Lead Poisoning in Industry
The Harben Lectures, 1960