July 30, 1956

Dr. William U. Giessel, Medical Director
Occupational Health Laboratories
211 Milby Street
Houston, Texas

Dear Doctor Giessel:

You may be surprised, and perhaps even displeased, to receive this letter from me. Let me explain, however, that my attention has been called by mutual friends to some of your activities in the field of industrial hygiene in the lead trades. This subject is one on which much of the effort of my professional life has been spent, and since some of the techniques that are being used were developed initially in this Laboratory, I may, perhaps, go out of my way to speak of them, without presuming upon your patience and good will, and without discourtesy. Moreover, it seems wise and proper to say what I have to say to you rather than to speak of it to others.

If you have read the editorial written by me in the J.A.M.A. on the subject of the prophylactic misuse of EDTA, you will, I believe, recognize that I disapprove of your efforts in that direction. I am sure that others, as well as yourself, are engaged in this form of palliative treatment of potential or actual lead poisoning in all good conscience. I am equally certain that you do not understand the medical and therapeutic problem at issue, from the physiological viewpoint, and that you are not aware that you are pandering to the ignorance or, in some few instances, the disregard of industrial management for the welfare of employees. The failure to prevent industrial lead poisoning is one of the most flagrant violations of the known and adequate canons of modern industrial hygiene that can be found in this country. I wonder if you realize that the control of industrial lead exposure in such a manner as to prevent the absorption of dangerous quantities of lead is now so open to technical achievement as to be a moral and social obligation on the part of industry. I wonder, also if you realize that when we physicians undertake to palliate the worst effects of improper environmental conditions in the lead trades, we are contributing to the neglect of appropriate measures of industrial hygiene, and hindering, rather than promoting, industrial health. You may argue that you advise the installation of appropriate and adequate ventilation. So what? That is only an easy gesture of absolution from responsibility. What ventilation? When and how applied, and to what specifications? These are the matters that count, and it is a physician's job to prescribe such specifications and to make every possible effort to see that they are met. This requires knowledge, hard work and a sense of responsibility.

I am not speaking here of responsibility in any hypothetical sense, or of industrial hygiene practice from the visionary ideal of the ivory tower. I've been working in the lead trades for thirty years. I know their problems, I am familiar with the attitudes, and I know the techniques good and bad. I tell you without any fear of possible contradiction, that there is no excuse for the present high incidence of lead poisoning in American industry. It is an expression of almost incredible ignorance, intolerable technical sloppiness, and in a few instances, a thoroughly indecent social callousness. I must also say, in great internal wrath, occasioned by shame, and kept below the surface within the profession, with the patience and forbearance of a long-time medical teacher, that this situation is, to a large extent, due to the ignorance and the irresponsibility of physicians. If the doctors, who work in the lead-using and producing industries, and in professional association with the reponsible people in lead trades, had known, or now know, their jobs, the problem would be understood by industrial management and production people, and it would not exist as a problem, but as an achievement, of industrial hygiene.

If the use of EDTA moves the clock backward in the industrial hygiene of the lead trades, as it is now doing or is on the point of doing, it will have been a distressing incident in medical irresponsibility, rather than a boon to the unfortunate victims of some of the less easily controllable sources of unwitting and more or less accidental exposure to lead.

Because the things I have said above are so evident, and since I am sure that you and many other physicians (Manville is one of these, but there are others) do not fully understand this situation, I write to suggest to you, that if you could find time to spend a day with me, sometime soon, but at your convenience otherwise, I could show you by facts and figures, by the plain-spoken data of experimentation and of industrial experience, just how utterly futile in most instances, is this business of prescribing EDTA, except in the treatment of a man who is actually ill. There are, I believe, a few situations that may properly justify the administration of EDTA to a man who is well. These, however, are very few, and they must be weighed carefully, with all the objectivity of a completely responsible physician, against other factors in the life and associations of the patient - for he must be a patient, and not merely a part of the machinery of industry.

I hope I shall not have given offense in expressing my views so vigorously and so bluntly, and I do hope that you will find it possible to accept my invitation. I shall be on vacation in August, but after then I shall be available except when some engagement takes me out of town.

Cordially yours,

Robert A. Kehoe, M. D.

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