



MICHIGAN DEPARTMENT OF HEALTH

ALBERT E. HEUSTIS M.D., State Health Commissioner

June 6, 1958

LANSING 4, MICHIGAN

HIGHWAY M-174

TEL. IVanhoe 4-1491

Dr. Robert A. Kehoe, M.D.
Director
Kettering Laboratory
College of Medicine
University of Cincinnati
Cincinnati, Ohio

Dear Doctor Kehoe:

As a member of an industrial hygiene organization engaged in public health work, I have been very interested in the articles published by yourself on the subject of lead poisoning. I am sure you are quite aware of the industrial problems involving lead which exist in this area of the country. Most often it involves the use of solder in body manufacture and lead oxide in battery manufacture.

I am particularly interested in medical programs for the control of lead hazard in industry at this time. I find in talking with many physicians that there has been a tendency to rely upon the use of calcium disodium versenate for the treatment of those persons who have absorbed abnormal quantities of lead. I have read your article which appears in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, January, 1955 issue with great interest. I am interested in knowing if there is further evidence to indicate a problem resulting from the use of this material. I am thinking of a plant which has found it necessary to treat a rather large number of individuals with this compound on a more or less regular schedule. Their experience to date has been that when the material is given orally for a period of about one week, they are able to show substantial reductions in the lead absorption as measured by their porphyrin testing procedure. In rare instances they have given intravenous treatment of calcium disodium versenate to certain individuals. In each case they have shown a marked reduction in the porphyrin excretion level. I have just completed a rather extensive study of the environmental conditions within this particular plant and have found rather high lead-in-air concentrations. I am prepared to write a report to this company outlining what I believe to be the required control procedures in order to minimize lead absorption.

From what I have been able to learn in reading articles in the literature, I have come to the conclusion that the use of the porphyrin test is not a satisfactory means of evaluating the lead absorption in workers. In this particular plant the nurse is involved in the collection of the samples.

I would appreciate having your opinion as to what you may consider an adequate medical program for a plant involved in the use of large amounts of lead. Any comments or criticisms you wish to make regarding the use of calcium disodium versenate would be sincerely appreciated. I thank you for your help in this matter.

Very truly yours,

Irving H. Davis

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