COMMENTS ON DR. GIESSEL'S LETTER TO MANFRED BOWDITCH, JUNE 18, 1956

"The literature is not at all clear either as to the mechanism of action or the potential hazards of using this drug by mouth."

"I believe he could in one sense say that he is not giving EDTA prophylactically. This, however, is a question of semantics. Evidently he considers all individuals with urine leads of 0.2 mg lead per liter of urine as sick with lead poisoning, regardless of their clinical status and, therefore, deserving of therapy. With this premise he is giving treatment and not prophylaxis. I think this is the point at which we all take issue with him. While it is desirable to remove an individual with high urinary lead excretion from further exposure, there is still a question as to whether treatment should be given unless there is actual clinical indication. Furthermore, if treatment is warranted, it certainly should be pursued vigorously, namely with adequate doses of intravenous therapy and not oral therapy."

"The other point at which I would like to take exception with Dr. Giessel is that a single urine analysis at the end of three or four weeks of therapy is certainly not adequate. An individual requiring any EDTA therapy, from our present knowledge, should be followed daily or at least twice weekly with urine analysis. The fact that he has not seen any evidence of kidney irritation to date may be purely fortuitous. I think that he might be able to get away with giving 125 g of drug over several weeks, provided that rest periods are interspersed, but I do think that the patient should have more close control."

"I am one of those who questions the propriety of administering any drug in any manner without a clear-cut reason for so doing. I do not regard a urinary lead level which is slightly above an acceptable limit as sufficient indication if there are no symptoms present. I feel, furthermore, that any drug with an established ability to produce injury in therapeutic doses should be given only with extreme care and with close supervision of the patient. Lastly, I feel that no drug should be administered by a mode of administration where its effectiveness is doubtful. There is, of course, the comforting fact that absorption of EDTA by mouth is so imperfect that the possibility of harmful results to the kidney may in this way be eliminated."

"It would apper to me that Dr. Giessel is more interested in doing something than he is in actually treating a sick patient. This philosophy impresses workers and employers alike but I cannot regard it as good medicine."

"He is not one who has merely erred scientifically but rather is fully convinced that, from the standpoint of economics, he is doing the right thing for his patients and his pocketbook."

COMMENTS ON DR. GIESSEL'S LETTER TO THE HOUSTON BATTERY SALES CO., JULY 5, 1956

"Actually, in some places it is believed, or at least hoped - in any case the idea is being toyed with if not actually carried out - that this procedure of keeping the excretion of lead up to the level of absorption, by the regular passing out of tablets to workmen by laymen, without benefit of any medical advice or supervision, is a good practice."

"I agree that the M.D. in Texas has what is referred to in medical circles as a cash register mind. I am afraid all of us have had experience with such individuals. They are particularly difficult and potentially dangerous when they have convinced themselves, as I think this man has, that they are doing the right thing. The economic factor is apparently completely buried in his subconscious."

"Since receiving the copy of Dr. Giessel's letter to the Houston Battery Sales Company, I am more than ever convinced that nothing can be done with this young man. The last paragraph of his July 5th letter to the Houston Battery Sales Company, which starts out, 'We appreciate your cooperation' is ample evidence that this doctor is an all-out business man and intends to gain business in any way that he can. I feel that he knows the error of his ways as well as you do, but he is not about to diminish the delightful ring of the cash register."

"If I interpret the implications of this letter correctly, we have here a rather classic example of the worst type of mail-order medicine. In essence, this is the situation: On the basis of a single laboratory test and apparently without benefit of history or physical examination, a physician is advising a layman to administer a drug. The drug has been shown to be potentially dangerous, while the mode of administration is of questionable effectiveness. (these two factors may cancel each other out). Presumably, the physician in the case will learn the results of this so-called treatment by means of another laboratory test six months later. It is quite obvious to me that this is about as far as one can get from either the healing art or the practice of intelligent preventive medicine."

July 5, 1956

Houston Battery Sales Company
1311 Bingham Street
Houston Texas

Gentlemen:

These are the results of the latest tests in your lead absorption control program. For comparison, I am listing the results found last year after the results of the tests in June of this year.

1.	Mack Miller	6/29/56 - .23 mgs. lead per liter of urine 6/27/55 - .095 mgs. lead per liter of urine
2.	L. J. Hooper	6/29/56 - .19 mgs. lead per liter of urine 7/ 1/55 - .03 mgs. lead per liter of urine
3.	Kenneth Ford	6/29/56 - .04 mgs. lead per liter of urine 7/21/55 - .25 mgs. lead per liter of urine
4.	Charles Green	6/29/56 - .09 mgs. lead per liter of urine 7/ 1/55 - .18 mgs. lead per liter of urine

By comparing these urinary lead values, with the biological thresh-hold limits of lead in the urine, as listed on the second page of the enclosed Occupational Health Bulletin No. 3, one can see that Mack Miller is in the danger range, in view of the fact that his urinary lead finding is .23 mgs. lead per liter of urine. L. J. Hooper's urinary lead findings are also significantly elevated, but not as much so as Mack Miller's. It is suggested that Mack Miller be given E. D. T. A. tablets .5 grams in strength. It is suggested that he take two tablets four times daily, every day of the week except Saturday and Sunday. He should continue to take Heptuna-Plus one capsule three times a day.

While Miller is taking the white Versenate tablets, all efforts should be made to install adequate exhaust ventilation at his work positions, as previously suggested and recommended by the Occupational Health Laboratories and by your insurance carrier, The Texas Employers Insurance Association. It is not enough to remove the lead from his tissues with the E. D. T. A. tablets. At the same time, adequate exhaust ventilation must be installed, or Miller will continue excreting excessive amounts of lead in his urine.

We appreciate your cooperation, as does your insurance carrier. Be assured that we have only the best interests of you and your employees in mind when we request that these urinary lead tests should be repeated on these workers in six months' intervals at a minimum.

It is our pleasure to be of service to you.

Sincerely yours,

/s/ William U. Giessel, M. D.

William U. Giessel, M. D.
Medical Director
Occupational Health Laboratories
211 Milby
Houston, Texas

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