

FROM ANN. REV. MEDICINE - FABER ET AL. p. 411
VOL 9, 1958

BRADLEY, J. E., POWELL A. E., NIEMANN W., MCGRADY, K. R. & Kaplan E.
J. PEDIATRICS 49: 1-6, 1956

CHISOLM J. J. & HARRISON H. E. PEDIATRICS 18: 943-958 1956
19: 2-20, 1957

BRADLEY ET AL.: 44.4% of 333 children tested in metropolitan pediatric clinic
showed abnormal blood levels of lead

Used screening test (STIPPED RED CELLS, long bone films & coproporphyrinuria.
did not correlate well w/ blood levels & were unreliable

(HEMIGLOBIN an expect sign of lead = lead "in transport"?)

FROM ANN. REV. MED. 1966 Vol. 17. - NYHAN, WILLIAM L. + PAUL TOCCI "AMINOACIDURIA"
pp 133-160 - p. 154

"This condition has also been described as an acquired disease resulting from the
toxic effects of uranium, cadmium, copper, lead (ref. 183), oxalic acid etc..."

→ apperant = "Fanconi syndrome, or de Toni - Fanconi syndrome without cystinosis,
generally implies a hereditary disorder of proximal tubular function"
Reference #183;

Chisolm, J. J., Jr. J. Pediatrics. 60: 1-17, 1962

FROM ANN. REV. MED. 1965 Vol. 16 Gurney, CLIFFORD W. Polycythemia vera &
some possible pathogenetic mechanisms pp. 169-186.

p. 172. In polycythemic vera:

"Hyperuricemia, leading to a secondary form of gout, is observed frequently.
The disturbance of uric acid metabolism in gout is attributable to increased
formation & destruction of erythrocytes & leukocytes, and to increased
metabolism of the nucleic acids in the hematopoietic tissues with increased
elaboration of intermediate products of purine metabolism (67).
Distinctive patterns of uric acid formation differentiate primary gout
from gout secondary to polycythemia vera (68)"

67: Talbot, J. H. MEDICINE 38: 173, 1959

68: Yü, T. F., WEISSMAN, B., SHARNEY, L., KUPFER, S. & Gutman, A. B.

Am. J. Med. 21: 904, 1956



TITLE OF PROJ OR STUDY _____ PROJ OR STUDY NO _____

SUBJECT _____ WORKS _____

COMPUTER _____ DATE _____ 19 _____

FROM ANN REV MED. VOL. 15, 1964

 Paul ROTIN & HANS L. FAIR. ~~ATMOSPHERIC~~^E POLLUTANTS. pp 233-254.

p. 246: "LEAD".

"ACUTE LEAD TOXICITY WITH CHARACTERISTIC SIGNS OF CHRONIC LEAD POISONING HAVE NOT BEEN OBSERVED AS A RESULT OF EXPOSURE TO LEAD CONCENTRATIONS IN THE AIR (73,74). Nevertheless, the ubiquity of lead in our general environment (food, beverages & household products) indicate the need to assess the potential hazard of lead in relation to the total body burden. Hofreuter et al (75) analyzed blood & urine levels of lead in urban and rural populations and were able to confirm earlier studies on the body burden of lead in relation to residence."

- #73. CHOLAK, J., SCHAFER, L.J. & HOFFER, R.H. ARCH. IND. HYG. 2:443, 1950
- #74. CHOLAK, J., SCHAFER, L.J. & HOFFER, R.F. ARCH. IND. HYG. 6:314, 1952
- #75. Hofreuter^{Fer}, D.H., Catcott, E.J., KEENAN, R.C., & XINTAROS, C. ARCH. ENVIRON. HEALTH. 3:568-574, 1961.

FROM ANN. REV. MED. VOL. 14, 1963

Theodore N. POLLMAN, A.R. LAVENDER & MARVIN FORLAND. "SYNTHETIC Chelating Agents in Clinical Medicine" pp 175-194.
p. 186.

LEAD.

EDTA: regarded as moderately successful.

following EDTA: alleviation of symptoms, improvement in neurological & hematologic manifestations, diminution of coproporphyrinuria, & augments urinary excretion of lead (48)

- #48 FOREMAN, H. FEDERATION PROCEEDINGS. 20. suppl. 10, 191, 1961
- #62 Ohlsson, W.T.L. Brit. Med. J. II, p. 1454, 1962 (abstracts Penicillamine)



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SUBJECT _____ WORKS _____

COMPUTER _____ DATE _____ 19 _____

RADOSEVIC, Z., M. SARIC, T. BERITIC & J. KNEZEVIC. THE KIDNEY IN LEAD POISONING.
BRIT. J. INDUSTR. MED. 18: 222-30, July 1961

SKINNER, H.L. JR. THE LEAD PROBLEM. AN OUTLINE OF CURRENT KNOWLEDGE AND OPINION.
J. OCCUP. MED. 3: 429-435, Sept. 1961

GARDNER, F.H. & D.B. NATHAN. SECONDARY GOUT. MED. CLIN. NO. AMER. 45: 1823-82, Sept. 1961

SMITH, C.C. & W. KEMPER. A CASE OF SECONDARY GOUT. J. GEN. MED. ASS. 59: 45-46, Jan 1961

GREEN, W.J. AN UNUSUAL ASPECT OF LEAD POISONING. TEXAS J. MED. 55: 829 Oct '59

JACOBZINER, H. & H.W. RAYBIN. LEAD POISONING IN YOUNG CHILDREN - FATAL & NON-FATAL.
NEW YORK J. MED. 60: 273-277, Jan. 15, 1960

BYERS, R.K. LEAD POISONING; REVIEW OF THE LITERATURE AND REPORT ON 45 CASES.
PEDIATRICS 23(3): 585-603, Mar. 1959

BRIEGER, H. & F. RIEDERS. CHRONIC LEAD & MERCURY POISONING: CONTEMPORARY VIEWS ON
ANCIENT OCCUPATIONAL DISEASES.
J. CHRONIC DISEASES (ST. LOUIS) 9(2): 177-184, Feb. '59

KEHDE, R.A. RESPONSES OF HUMAN SUBJECTS TO LEAD COMPOUNDS; PROGRESS REPORT ON AN EXPERIMENTAL
INVESTIGATION OF FACTORS WHICH INFLUENCES THE RESPONSES OF HUMAN SUBJECTS TO FINELY DIVIDED
LEAD COMPOUNDS IN THE ATMOSPHERE.
INDUST. MED. SURG. 28(3): 156-161, March 1959

HOFFMAN, W.S. SOME UNSOLVED PROBLEMS OF GOUT. MED. CLIN. NO. AMER. 43(2): 595-606, 1959
NOTHING RELATES TO LEAD CHRONIC POISONING.

TARA, S. & FRANCON, F. DEUX CAS DE GOUTE SATURNINE A MODALITE MINEURE.
RHUMATOLOGIE. NO. 5 SEPT-OCT 1957 pp 238-243

GRAHAM, W. & R. MOORE. DISEASES OF BONES AND JOINTS. ANN. REVIEW OF MEDICINE (STANFORD). 9: 421-32
1959

LUDWIG, G.D. SATURNINE GOUT; A SECONDARY TYPE OF GOUT. AMA ARCH OF INTERN MED. (CHICAGO) NOV. 1959
100(5): 602-612



TITLE OF PROJ OR STUDY _____

PROJ OR STUDY NO. _____

SUBJECT GRAM CHEM ABSTR.

* Reference to Saurmin font

WORKS _____

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DATE _____

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75526 nr. 63

DAGG, J.H., A. GOLDBERG, A. LOCAHEAD & J.A. SHITH. THE RELATION OF LEAD POISONING TO ACUTE INTERMITTENT PORPHYRIA. Quart. J. Med. 34(2): 163-175, 1965

3604g nr. 61

✓ * RICHET, G., C. ALBAHARY, R. ARDAILLOU, C. SULTAN & A. MOREL - MAROGER. THE KIDNEYS IN CHRONIC LEAD POISONING. REV. FRANC. ETUDES CLIN. BIOL. 9(2): 188-196, 1964

17008 g nr. 57

✓ BELKNAP, ELSTON L. REVIEW OF TEN YEARS OF PUBLISHED EXPERIENCES OF TREATMENT OF INORGANIC LEAD ABSORPTION IN THE ADULT WITH EDATHAMIL OR CALCIUM SODIUM ETHYLENEDIAMINETETRAACETATE. PROC. INTERN. CONGR. OCCUPATIONAL HEALTH, 13th, NEW YORK, N.Y., 1960, 217-226 (PUBL. 1961).

13195c nr. 56

✓ CIRKSENA, WILLIAM J., JOHN J. DELLER & JOSEPH L. MARCARELLI. ADULT CHRONIC LEAD INTOXICATION. AN UNUSUAL SOURCE. ARCH ENVIRON. HEALTH 4: 183-190, 1962

✓
SEND

14313 f nr. 53

BYERS, R.R. LEAD POISONING. REVIEW OF THE LITERATURE AND A REPORT ON 45 CASES. PEDIATRICS 23: 603, 1959



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FROM CIS cards.

USPHS 248-1961 CIS 970-1961 OVO Gce 470P

LOWASER, E.O. G.P. 22(4); 82-84, Oct '60

Painter - 3 wk prior admission, top: anorexia & pains in joints & muscles



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MACHLE, WILLARD F. TETRAETHYL LEAD INTOXICATION AND POISONING BY
RELATED COMPOUNDS OF LEAD.

JAMA 105: 578-585, 1935

"ALCOHOLISM & DEBILITY MAY BE EXPECTED TO INCREASE THE LIKELIHOOD OF ILLNESS FOLLOWING
A GIVEN EXPOSURE JUST AS THEY INFLUENCE THE RESPONSE TO OTHER NOXIOUS AGENTS"

FREQUENT COMPLAINTS: weakness, tremor, muscular pains & sense of fatigue -

with 6
Stewart, 778 patients: of 16, 14 had muscle pains, 2 did not.

✓ ASHE, WILLIAM F. INDUSTRIAL LEAD POISONING as a CLINICAL SYNDROME.

J. INDUST. HYGIENE & TOXICOLOGY. 25:55-59, 1943

p. 56 - Table 1. 30 cases Pb poisoning -

16 of 30: general aching - p. 57 comments affected the joints

10 " " STIFFNESS, particularly of joints

Joint tenderness: 4 of 30 [a common symptom even in young men]

DREESSEN, WALDEMAR C., THOMAS J. EDWARDS, WARREN H. REINHART, RICHARD T. PAGE,

STEWART H. WEBSTER, DAVID W. ARMSTRONG & R. P. SAYERS. "THE CONTROL OF THE LEAD

HAZARD IN THE STORAGE BATTERY INDUSTRY." PUBLIC HEALTH BULLETIN # 262.

U.S. PUBLIC HEALTH SERVICE. U.S. GOVERNMENT PRINTING OFFICE. WASHINGTON: 1941

p. 62 [p. 62 TABLE 3]:

% OF MEN WITH DIAGNOSIS OF PLUMBISM: 8% had joint pains (14 men) of 174

1% " " ~~diagnosed~~ NOT AFFECTED (plumbism): 2.6% " " (15 men) of 583

Most men complaining of joint pains over 35 yrs of age

29 men total

about 10% of the men between 15-34 complained of joint pain.

(174: diagnosed as plumbism)

[indicating side of occurrence, in shoulder, knee, hips, elbows]

583: NOT affected by lead)

& about 1/2 of the 29 who complained had ^{diagnosed} plumbism