BUREAU OF ADULT HEALTH
INDUSTRIAL HEALTH SERVICES
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WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

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Dr. Robert A. Kehoe
Kettering Laboratories
University of Cincinnati
Cincinnati, Ohio

Dear Dr. Kehoe:

This bureau has been engaged in a program of education of practicing physicians regarding industrial disease. In the course of this program, we have encountered some questions which you may be able to answer.

Telfer's experience with the use of BAL (British Anti-Lewisite), in the treatment of lead poisoning seems to indicate that this substance acted to delead the patient. Have you had any personal experience with the use of BAL in the treatment of lead poisoning, either acute or chronic? Would you recommend its use or would you advise physicians to treat cases of lead poisoning by more orthodox methods such as the use of a high calcium diet and Vitamin D?

What laboratory procedures would you advise the general practitioner, who does not see a great deal of lead poisoning, to perform in order to help establish a diagnosis? What in your opinion are significant variations from the normal in urinary lead, percentage of stippled red cells, and basophilic aggregations?

I hope that as a result of your wide experience that you can assist us in formulating answers to these questions.

Sincerely yours,

H K Abrams

Herbert K. Abrams, M. D.
Chief, Bureau of Adult Health