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THE INSTITUTE OF CHILD HEALTH

(Commonwealth Health Department) *(The University of Sydney)*

D.K.G./WD.

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ROYAL ALEXANDRA HOSPITAL FOR CHILDREN
CAMPERDOWN, N.S.W.

27th December, 1956.

Dr. Robert A. Kehoe,
Kettering Laboratory,
College of Medicine,
CINCINNATI 19, OHIO, U.S.A.

Dear Dr. Kehoe,

Thank you very much for your letter of October 26th, 1956, and for the booklet "Methods for Determining Lead in Air and in Biological Materials" which arrived yesterday.

In the State of New South Wales it has been, and still is, the customary practice to rely upon estimations of lead in urine rather than in blood, in the investigation of both children and adults suspected of suffering from lead intoxication. However, it is possible to arrange for blood analysis by the State Government Analyst, who also performs the urine analyses on children attending the Royal Alexandra Hospital for Children. I do not know why this state of affairs obtains - certainly, in my small experience here, the results of the urine analysis in any individual instance may, for a variety of reasons, be extremely difficult of interpretation. From a study of hospital records, blood analysis seems only to have been done on very rare occasions.

In fact, lead poisoning does not appear to be a very common condition in this State, but, in the absence of reliable blood lead estimations, it is just not possible, I should think, to make a true assessment of the position. I have traced the records in this Hospital of only twenty children in the past ten years in whom a final diagnosis of lead poisoning was made. The average number of admissions per year is approximately 11,500.

Apart from the work carried out in the laboratory of the Government Analyst, urine lead estimations are also performed in the Department of Dr. Gordon C. Smith of the School of Public Health in the University of Sydney. A main reason why blood lead levels are not done in Dr. Smith's Department is for want of additional adequately trained staff - the present staff being fully occupied with their current commitments.

I wonder, Sir, if I may ask your further advice and help, this time in relation to the use of oral Edathamil Calcium - Disodium. It has seemed to me that it might be a resonable project to attempt to de-lead completely children symptomatically recovered from lead poisoning if it can be done without risk to the child. This is because of the possible hazard to the child from the mobilization of stored lead in times of pyrexial illness or of metabolic stress. However, I have not seen any published reports of such an undertaking, and I do not know if it is feasible. My main concern is whether the use of repeated courses - or continuous dosage - of oral edathamil calcium - disodium over a potentially long period will have any undesirable side-effects. I should be most grateful for your advice here.

Once again, with many thanks for your letter, and wishing you the Compliments of the season,

I remain

Sincerely yours,

(Dr. D. Kerr Grant).

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