

November 19, 1863

Harold C. Hodge, Ph.D., Chairman
Department of Pharmacology
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260 Crittenden Boulevard
Rochester, New York (14620)

Dear Harold:

I hope you will forgive me for my delay in replying to your letter of October 8th, concerning the addition of new material to your contribution on Beryllium in Drill's "Pharmacology and Medicine." I simply have not had the time, since my return from Madrid on September 20th to devote to other than immediately urgent matters. Even now I cannot take the time to give really serious consideration to your inquiry. For this reason I would not wish you to take what I have to say with great seriousness. On the other hand, there has not been any earthshaking discovery or new contribution to our knowledge since you wrote the paragraphs in the edition of 1954.

I have reread the latter with some care, and unless you are prepared to enlarge the discussion by the addition of considerable discussion of the "pros and cons," there is not much more to be said, for certain, and there is little reason for deletion.

I am sure that you are aware of the belief that exists in some circles that the present allowable limit is lower than it need be. This may well be true (I think it likely), but the evidence required to justify the relaxation of the present standard/ and I, for one, would not favor any upward change without valid evidence. I do not believe, therefore, that any useful purpose would be served by any reference to this matter.

s inadequate,

Some things could be said about the diagnosis of the disease, but this text is not intended to deal with such matters in any detailed or definitive manner. There might be some virtue, in indirect relationship to this matter, to point out that traces of beryllium may be found in the pulmonary tissues of persons whose exposure to beryllium has been limited to that in the ambient atmosphere in at least some areas of the country (coal burning areas). This would tend to take the specific significance out of the finding of minute quantities of beryllium in the lungs of persons suspected of having the chronic pulmonary form of the disease. Much too much has been made of this finding.

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It is pleasant to hear from you, and I hope you will not give up hope of a prompt reply from me some time.

With best regards.

Sincerely,

RAK:vr

Robert A. Kehoe, M.D.