UNIVERSITY OF CALIFORNIA

LOS ALAMOS SCIENTIFIC LABORATORY
(CONTRACT W-7405-ENG-36)
P. O. Box 1663
LOS ALAMOS, NEW MEXICO

IN REPLY
REFER TO: H

May 31, 1955

Dr. Robert A. Kehoe
Kettering Laboratory of Applied Physiology
University of Cincinnati
College of Medicine
Eden Avenue
Cincinnati 19, Ohio

Dear Bob:

Manfred sent me a copy of his note to you of May 25. I confess that the advertisement to which he referred had slipped my notice.

While my opinions on the subject are fairly strong, I refuse to be drawn into the hassle over intravenous versus oral dosage. I have two principal objections to what they say, however. First, they recommend the intravenous use for "prophylaxis against symptomatic exacerbations in chronic lead poisoning." I believe that this statement is somewhat misleading and possibly could be construed as a recommendation for prophylaxis in preference to more catholic methods of control.

Second is their statement that "This complex is nontoxic to adults and children alike, and is excreted intact." For this statement they refer to a 1951 paper by Rubin. There is increasing evidence, some of it as yet unpublished, that the first half of this statement at least is not strictly correct. We have recently interested ourselves in two cases, one here at Los Alamos and one at Berkeley, California, of patients being treated with EDTA following exposures to certain heavy metals. In both of these cases, treatment was continued two weeks or longer without interruption, and in both cases the patients eventually showed indications of kidney damage. Harry Foreman not only confirmed this fact with rats but indicated that the kidney changes, for the most part, are reversible and that the animal recovers quite promptly after dosage is stopped.

This fact is no argument against the intelligent and controlled use of EDTA as a therapeutic agent. It clearly indicates, however, that the stuff should not be used rashly or without keeping the patient under observation by someone who knows what to look for.

It is our current feeling here at Los Alamos that the optimum dosage schedule is to give treatment for 4 or 5 consecutive days and then permit the patient to rest (or permit his kidneys to rest) for 2 or 3 days. You will note that this arrangement permits a vacation from dosage on Saturday and Sunday. This material will probably be published in the very, very near future.