

Lead Industries Association

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May 15, 1958

Robert A. Kehoe, M. D.
Director, Kettering Laboratory
University of Cincinnati
Eden Avenue
Cincinnati 19, Ohio

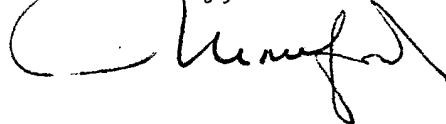
Dear Bob:

Herewith are a copy of a recent letter to Harriet Hardy and an excerpt comprising the pertinent part of her reply.

The paper by S. Moeschlin, translated by Brugsch, is a double-spaced affair of 19 pages, with the title "The Clinical Picture and Therapy of Lead Intoxication with Report of a Fatal Case of Toxic Nephrosis Treated with Calcium Versenate," the German version having been published in a Swiss medical journal last August.

I think it well worth consideration by you, with the possibility of the publication of all or some part of the translation in one of our journals in mind, but I find it of enough value right here not to want to let it out of my hands for too long. Do you feel that you could read and return it to me with your comments reasonably soon? If not, I can submit it elsewhere, pending a time when you are less rushed, assuming that so miraculous a circumstance ever transpires.

Sincerely,



MB:GP

Enclosures



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LEAD INDUSTRIES ASSOCIATION

60 East 42nd Street

New York 17, N. Y.

MANFRED BOWDITCH
DIRECTOR OF HEALTH AND SAFETY

May 2, 1958

Harriet L. Hardy, M. D.
Massachusetts General Hospital
Boston 14, Massachusetts

Dear Harriet:

Thank you for the copy of the paper by Koeschlin, translated by Brugsch, which I note that you have marked "this is important I think."

Being rather more than rushed, I cannot pretend to have read the 19 pages in full, but I have gone through it sufficiently to be of two minds, or perhaps three or four.

Causation of the first two of the four cases is attributed to lead tetraethyl residues in plane and automobile engines, and this may be correct. But there has been so much irresponsible published talk about lead hazards to the public from motor exhausts that I would want to see this differentiation stressed.

In the last of the four cases, the occupation of the patient is not stated, which seems unfortunate.

As to therapy, that in the first case is not stated, that in the second appears to have been sodium citrate, followed by EDTA, that in the third a combination of EDTA and BAL, and that in the fourth EDTA alone, the last two being those that wound up fatally. Quite a therapeutic assortment.

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Harriet L. Hardy, M. D.

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May 2, 1958

Granting that lead tetraethyl has its hygienic drawbacks and that we have our reservations as to EDTA, is the author justified in his two quite emphatic recommendations (1) that the lead tetraethyl in motor gasolines be replaced by benzol, and (2) that we abandon EDTA and go back to sodium citrate?

Incidentally, the EDTA used in these cases was apparently the Swiss product, Calcium Hausmann. I have a single ampule of this. Would it be worth while to turn this over to a highly competent chemist, to look for possible differences between this and the American product?

I have discussed the paper briefly by telephone with Hervey, and we may talk further about it while I am in Boston next Monday, Tuesday and Wednesday, on what I anticipate to be something of a whirlwind trip. He apparently knows nothing of the author, and doubts if Dr. Brugsch does either. I would be glad to commune with you also, if your interest is such as to warrant it.

Finally, what would you think of seeking Kehoe's reaction to this rather singular document?

Sincerely,



MB:GP

cc: Dr. Elkins

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