Dr. Adrien Ver Brugghen
122 South Michigan Avenue
Chicago 3
Webster 9-7171

February 24, 1955

Dr. Robert A. Kehoe
University of Cincinnati
Department of Preventive Medicine
and Industrial Health
Cincinnati 19, Ohio

Dear Dr. Kehoe:

It was very kind of you indeed to look up the statistics on lead poisoning. It casts a very new light on it as far as I am concerned and I intend to look into the matter more carefully.

Thank you very much for your consideration.

With kind regards, I am,

Yours sincerely,

A. Ver Brugghen

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February 21, 1955

Dr. Adrien Ver Brugghen
122 South Michigan Avenue
Chicago, Illinois

Dear Doctor Brugghen:

On looking into the matter, following our conversation in the University Club in Chicago, I find that we (and our associates in Cincinnati) have published little or nothing on the problem of lead poisoning in children since 1933, at which time I put together an accumulation of data on the normal lead metabolism of lead in infancy and childhood. During that period, however, we have done quite a bit of investigative work on case material, ourselves being largely in the position of collaborators on the diagnostic (more recently on the therapeutic) approach to the problem. Our principal contribution has been that of the application of sampling and analytical techniques as means of interpreting the significance of the exposure to and absorption of lead. These have grown out of our extensive work on industrial lead poisoning, its diagnosis and prevention. It is because of these developments, no doubt, that the incidence of lead poisoning among children in Cincinnati (as well as in Baltimore) appears to be much higher than it is in most cities, i.e. the diagnostic technique, to which pediatricians have been alerted in this medical center, is such that case finding, while not entirely certain, has been greatly improved. I send you a list giving the numbers of cases by years, in which it is possible to see the effects of lapses of interest (based on more concentrated attention to seemingly more urgent matters) on the part of the staffs of the two principal hospitals to which our cases have come. I have no doubt that the actual flow of cases over the last fifteen or twenty years has undergone but little change. I could be wrong in this, but I hardly think so.

I cannot send you the reprints of the articles which may be of interest to you in this connection, but I cite the references on the attached sheet. I have induced the people at the Children's and the Cincinnati General hospitals to begin to get their data together so as to publish a series of articles on their cases. This, I hope, will be done in the near future. Meanwhile I can give you the figures which Sam Trufant gave me a few days ago, which bear on the matter which we touched on in Chicago. These also are listed in tabular form on the attached sheet. I can also say that the group here is of the opinion,tentatively, that the use of disodium calcium

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ethylenediaminetetraacetic acid (officially known as edathamil calcium-disodium), has been more beneficial in these cases than has any other method of therapy employed. Obviously the careful examination of the data from a series of cases will be of much more value than these impressions.

I regret that our information is not in better form, but such as it is, I send it.

Cordially yours,

Robert A. Kehoe, M. D.

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Enc.

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DATA ON CASES OF LEAD POISONING (CHILDREN)

Mild Cases

Cases involving surgical decompression	Result	Cases not involving surgical decompression
2	Favorable outcome	3
1	Some benefit	
5	No benefit	5
8	Number of cases	8

Severe Cases

1	Favorable outcome	0
4	Some benefit	2
4	No benefit	3
9	Number of cases	5

Note: The sad set of results, especially in the more severe cases, convinced the neurosurgeons that their therapeutic intervention was essentially futile, and the procedure has been abandoned.

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KE 04302

References

On the Normal Absorption and Excretion of Lead IV. Lead Absorption and Excretion in Infants and Children; Journal of Industrial Hygiene 15: 301, 1933.

(See the other articles in this series (page 25 through 340) for sources of lead absorption, amounts in normal tissues, etc. Later articles give more information on adults but not on children.)

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