December 10, 1962

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Dear Frank:

I was very glad to hear from you and to know that matters go well with Joyce, the children and yourself. It has been a long time - much too long - since I have heard from you. Lucile and I miss all of you, and while we have many things to do and think about, it has not been the same without you. Before referring to anything else, let me convey our best greetings to all of you, with our good wishes for the holidays, and may they persist with you throughout the year. I have no present plan to be in California, but I probably shall be there sometime within the next few months. And certainly I shall get in touch with you beforehand.

With respect to the place of EDTA in the therapy of lead poisoning, I can do no better than to send you certain reprints, which tend to cover the situation. In addition I refer you to the references given at the end of these articles and especially to that of Chisolm and Harrison (my reference # 1). Chisolm has had a lot of clinical experience and is a dependable observer. Hugo Smith among our pediatricians has also had good experience and is a man of good clinical judgment. A lot of foolishness has been written and spoken on this subject, and some of the current practices (such as giving Ca Na_2 EDTA in the form of oral tablets to men who are working at potentially dangerous jobs, so as to reduce the rate at which they accumulate lead in their bodies) are about as crude and stupid as can be. Another irrational practice, highly advocated by some people, is that of attempting to justify a diagnosis of lead poisoning by giving the patient a provocative treatment with Ca Na_2 EDTA to see how much lead can be removed from the body. It is all very well to be concerned about a man's body burden as a potential threat. However, this is not the way to measure the body burden, unless certain physiological relationships can be established on a quantitative basis. Moreover, the question at issue in the consideration of an existing intoxication is the precise nature of the illness. There must be illness, and such illness must be compatible with the known effects of lead, if a diagnosis is to be made. It seems strange, but this, for all of

its simplicity, is a hard lesson to learn.

Lucile is flying to Florida on the 11th, and I am following her on the 19th. We hope to have peace, reasonable quiet, warmth and sunshine, instead of snow, ice and sleigh bells. We shall probably not be able to get entirely away from the endless round of Christmas carols given forth indoors and out-of-doors from radio and loud speaker, but there is a stretch of beach above Bal Harbour which is largely unused, along which we expect to walk and where we can sit quietly and look out over the bright ocean. At this moment, when we are in the first clasp of winter, this is a seductive thought.

Sincerely yours,

Robert A. Kehoe, M. D.

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Encl: EDTA Therapy in Persons with Excessive Lead Absorption from Industrial Exposure
Lead Poisoning in Children and its Therapy with EDTA
Value of calcium disodium ethylenediaminetetraacetate and British anti-lewisite in therapty of lead poisoning