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cc: Mr. P. B. Hofmann
Dr. John Henderson
Mr. A. B. Kennison
Dr. A. J. Vorwald

return to

January 3, 1949

Dr. F. C. Frary, Director
Aluminum Research Laboratories
New Kensington, Pa.

Dear Doctor Frary:

Again I am indebted to you for your letter of December 24, and the translation of the 1948 paper on therapeutic uses of aluminum foil and aluminum powder in dressing wounds. Our Cleveland representative sent me a newspaper clipping on that case, which was noted also in Time for August 30, 1948. I believe I had not heard of the Toronto uses. The January 1949 McCall's Magazine has a short note on the use of the foil.

Recently one of my associates was considering whether we should undertake to offer surgical aluminum foil. I note the French doctors used 0.1 mm. (.004"), and 0.02 mm. (.0008"). Do you have any more useful information as to the most useful forms? The 0.0005" tantalum foil proved very useful, and I anticipate something like one mil would be about right in aluminum.

You will recall that, early in the use of aluminum against silicosis, I suggested that the therapeutic agent was actually the surface film of aluminum oxide, with which any particle of aluminum is promptly covered. You have been active in showing that this is true, and that the most effective forms are hydrated oxides. I am, therefore, most interested in the report (p.8) that aluminum powder is more effective than the sheets, in that similar reactions are noted and the powder conforms closely to contours of the wound. I predict that you may already have supporting data to the effect that a suitable aluminum oxide will be more useful than either aluminum sheet or powder. You will recall that I reported good results from the oxide powders you supplied my son for the Princeton experiments. These have been confirmed by Dr. Butler, who expects to write them up. There is a good summary of aluminum against silicosis in Charles in J. A. M. A. p. 1256, December 25, 1948.

I am convinced that aluminum foil over areas wounded by burns, ulcers, etc., will produce an accelerated healing. This investigation is following exactly the same lines as Dr. Olson's use of tantalum foil, which ended with a choice of tantalum oxide as the agent of choice. I predict that a thorough investigation (which you may already have under way) will show still better effects from the right form (maximum hydrated) of aluminum oxide. Do you think that this aluminum oxide might be beneficial on tubercular lesions?

Please be assured of my continuing interest in this program, and count on me for any possible assistance.

With best regards for the New Year,

Dr. Vorwald
Thank you for the Holiday greeting.
The same to you. I interested in

Sincerely,

Herbert L. Davis