July 26, 1956

Dr. Hedwig S. Kuhn
Ophthalmology
112 Rimbach Street
Hammond, Indiana

Dear Hedie:

I am glad you wrote to me about the matter of therapy in the small plants that have the problem of excessive lead absorption among their employees, for this is a vexing situation and one that needs proper handling. It has been created or at least contributed to by the naive viewpoint of the distributors of the therapeutic agent, in that they have encouraged "deleading" as a prophylactic measure. I shall answer your direct questions and add some comments. Let me say first that this is precisely what was in the offing that led to my editorial in the A.M.A. It is one of the most distressing situations that has appeared in relation to industrial hygiene in the lead trades in many a year.

1. There is no part of this therapy of so called prophylaxis which should be undertaken by any layman at any time. The problem is one of medical care and medical judgment, and EDTA should not be given for purposes of prophylaxis except for unusual and carefully chosen medical reasons. I should think that the administration of this agent by a layman would be punishable as illegal. The idea that it is a harmless means of speeding up the elimination of lead from the body, so as to keep pace with its absorption, is naive, erroneous and actually vicious. First because the drug is not harmless, and its effects have not been fully explored, and second because it will not do what is expected of it in this process. It is on the point of becoming a lousy substitute for sound industrial hygiene because of this absurd idea. Actually, this drug is useful for the treatment of lead poisoning, and it is thus that it should be used.

2., 3. I have no idea who there may be in the Calumet area who knows something about this matter and who also understands what should be done to control exposure to lead in industry. I have had the impression, without having much evidence, that the lead trades in the Chicago area generally are not very well handled, medically speaking. I may be mistaken. Perhaps someone there would come to see me and be willing to learn something about it. In any case I would be glad to do anything I can to help. The problem is simple, if an honest and intelligent effort is made to understand it and to do what is required.

4. There is really no excuse except ignorance and carelessness for the occurrence of lead poisoning in modern industry. We know in very precise terms what are the criteria for safety; how to recognize dangerous absorption of lead in the individual and in the group before it reaches the point of causing poisoning. There is no such thing as an unduly susceptible person who, suddenly and without any warning signs, develops lead poisoning. This concept relates to the dark ages of medicine and industrial irresponsibility.

I am about to go on a much-needed vacation for a month. After that I shall be ready to do what I can to help you. If you would like me to come up there and spend a little time with some of the people who are concerned with this matter - medical or management people, so long as the professional amenities are observed - I'd be glad to do it.

If you want to read what I have to say on lead in industry, read the chapter on it in Patty's, Industrial Hygiene, Volume II. I also send you the report of a one-time Committee on Lead Poisoning of the A.P.H.A., which is essentially up-to-date except for the part on therapy. I do this because, in the industrial hygiene of the lead trades, it is essential to ignore all matters related to medical treatment. The occurrence of cases of poisoning and the necessity to resort to the treatment of the disease, so far as these stem from industry, arise only because of failure - ignorant or irresponsible failure - to provide satisfactory conditions under which men work. This is a simple, readily demonstrable truth. Why confuse it with considerations of medical treatment?

We are sending you a copy of the Journal you want, since we have found an extra. You may keep this. I call your attention to the fact that this article deals with the treatment of lead poisoning. Brieger and his group have done good work on this. Our own concern, because of the local situation, has been with the treatment of the infants and young children among whom the disease is manifested mostly as encephalopathy and the mortality is 25 to 30 per cent. Here is where a life-saving type of therapy is urgently needed. Some measure of success has accompanied the use of EDTA, but not as much as one would hope.

Sincerely yours,

Robert A. Kehoe, M. D.

RAK:jw

Enc.

Sent (1) extra copy of May 1955 issue (Vol 24, # 5) of Ind. Med. & Surg
(2) copy. APHA Report - ~~treatment~~ Occ Lead Exp. & Lead Poisoning
(3) Report - a critical appraisal of current practices etc.

Hedwig S. Kuhn, M. D.
OPHTHALMOLOGY
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July 23, 1956

Robert Kehoe, M.D.
Director,
Kettering Laboratory
College of Medicine
University of Cincinnati
Cincinnati, Ohio

Dear Bob:

There are a number of small plants in this area that handle lead. The superintendent of one of them, a very fine young person who is also a neighbor and friend, himself had lead poisoning in his own lead plant, and is tremendously interested in helping to eliminate this toxic hazard in this area. He has informed himself of the so-called EDTA treatment which he seems to be under the impression can be carried out without medical supervision at the time as long as there is medical counseling available.

This is entirely out of my field and I would greatly like to have some direct information. I tried to get a copy of the May '55 issue of Industrial Medicine but as soon as I get my own copies they go overseas, so, I do not have it. I understand there is an article in that issue. I also have a copy of your statement in the AMA, January 22, 1955.

The primary questions I need to have answered are the following?

1. Could any part of such treatment emergency as carried out by a layman immediately at a plant be compared to irrigation of eyes after they get acid in them?

2. Who in the Calumet area, medically speaking, would know most about this sort of thing and could prepare a statement for small industries where there are toxic exposures to lead or other metals for which this substance might be useful? As you know, Dave Johns has retired and gone to California. Ed Carleton does not seem to know anything about this, and I am afraid there are no other doctors in the area that he or I know do know.

3. As chairman of a newly organized Hammond Safety Council, the hazard of exposure to lead has been presented to us by the small industries in the area that handle lead, and I do have to concern myself directly with it.

4. My understanding was that leaden toxication is unnecessary if the proper precautions are taken with reference to apparel and ventilation, and that the existence of a suddenly detected individual who has lead poisoning is out of

line with modern practices. Is this concept correct or not?

Meanwhile, would appreciate having that copy of Industrial Medicine to borrow if you can loan it to me and/or a statement from you that I can give the superintendents of these plants who are interested in protecting their workers, and whose consulting doctors know absolutely nothing about lead, prevention of exposure, or detection, or treatment. Your cooperation would be much appreciated.

Sincerely,

HEDWIG S. KUHN, M.D.

HSK:s