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IN REPLY REFER TO:

February 2, 1966

Dr. Robert A. Kehoe
Kettering Laboratory
College of Medicine
University of Cincinnati
Eden Avenue
Cincinnati, Ohio 45219

Dear Dr. Kehoe:

Thank you so much for your letter of January 24. I do believe that we are substantially in agreement on the question of "mobilization of lead". I am enclosing a reprint of an article I recently prepared. This expresses my thoughts on some ideas that we have discussed recently. In particular, I should be most anxious to have your comments on the portion of the reprint on page 5 that I have marked in ink beginning with the sentence "This is because BAL but not EDTA removes significant amounts of lead from the red cells . . . . .". I might add that I am trying this idea out at present and it does, indeed, appear to be possible to maintain blood lead concentrations within the normal range immediately following their recovery from acute lead encephalopathy. At present, we are treating the acute episode with BAL-EDTA and immediately following it with the institution of long-term oral penicillamine therapy at a dosage of 250 to 500 mg daily. At the moment, I am interested to see whether we are going to encounter significant drug toxicity. So far this has not been a problem. Indeed, it seems in some patients we were able to maintain blood lead concentration at a subnormal level. I am wondering whether this might accelerate the mobilization excretion of excess body lead in comparison with the rate at which this process occurs normally. If it does not appear that we will encounter serious drug toxicity we plan to commence a study of this problem in a more formal fashion in the summer of 1966. I should be most appreciative of any comments you care to make on this point.

Sincerely yours,

J. Julian Chisolm, Jr., M. D.
Associate Professor of Pediatrics
Johns Hopkins University School of Medicine

JJC:jb