March 23, 1953

Dr. H. Brieger
Professor of Industrial Medicine
and Director of the Division
The Jefferson Medical College of Philadelphia
1025 Walnut Street
Philadelphia 7, Pennsylvania

Dear Doctor Brieger:

I have been more than negligent, it would seem, without any such intention, in acknowledging or commenting on the manuscript and other items of information on the exposure which you and your associates have had with Versenate. Certainly I am grateful for the opportunity of seeing this material. It is more than interesting. Certain aspects of the matter are open to question in my mind, but your contribution to the facts of the matter are much more significant than any others that have come to my attention. I do not question the data presented, and I think that they ought to be published. One thing that bothers me about the situation is the speed with which the lead in the blood and urine reach apparently normal, even sub-normal levels (e.g. Case E). Considering the quantities of lead that are available usually, in cases of lead poisoning, and the length of time required normally to eliminate these quantities, the time seems excessively short. I have not made any calculations to throw light on this point, but I would expect, in many instances, that these levels would shift back virtually to the initial high values, after the cessation of therapy. The comparison here between the effects of this therapy and that of BAL should be enlightening indeed, and I shall be very much interested in this aspect of the subject. Certainly the time factors are different, and I suspect that the entire process is different.

I am also interested in the apparent clinical benefits achieved by the application of this therapy. I am not wholly convinced by the effect induced in the case of the blind child, since rather bizarre clinical behavior, i.e. suddenness of dramatic change, among children, in relation to this disease, occurs not too infrequently. However, the outlook is favorable, and the therapy should certainly be employed. Time will tell the story as adequate numbers of patients are treated. The fact that two of the three children did not show much in way of permanent benefit, in that the sequelae were serious, is not altogether unexpected in any type of therapy.

One of my associates (Dr. James P. Hughes) who read these papers has made penciled notations at various points in the manuscript. I did not ask him to do this, but it was done for my benefit, and I have not eliminated any of these notations, knowing that they were made in entire good faith and believing that they might be useful to the authors. Obviously, I do not assume, for myself or for our staff, editorial privileges, and therefore I trust that neither you nor the authors will object to these notations.

I have used your manuscripts to inform certain of my colleagues in the pediatric services of the Children's Hospital and the Cincinnati General Hospital, in order to encourage them to employ this therapeutic agent, despite some unfortunate experience with it in two instances some time ago. The season is approaching when we can expect to see some cases, and I hope very much that we shall be able to test the efficacy of the agent and so to add to the store of evidence.

Incidentally, in noting that the child first described became comatose during the second period of therapy, I cannot fail to call attention to the fact that a child treated here with the Versenate failed to recover after developing some comparable situation. Was this a reaction to the therapeutic agent? It is difficult to avoid that conclusion at present.

I return the manuscript, since I suspect that you wish me to do so, although you did not say so. If you intended me to keep them for the present, I'll be glad to have them back, along with any other information now available.

Please accept my thanks for your courtesy.

Sincerely yours,

Robert A. Kehoe, M. D.

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