RIKER LABORATORIES, INC.
LOS ANGELES, CALIFORNIA
Ethical Specialties

WEBSTER 3-6111

MAIL ADDRESS:
P. O. BOX 3157 TERMINAL ANNEX
LOS ANGELES 54, CALIFORNIA

December 7, 1953

Robert A. Kehoe, M. D.
University of Cincinnati
The Kettering Laboratory
College of Medicine
Cincinnati 19, Ohio

Dear Dr. Kehoe:

As part of our overall investigation of the effectiveness of versene therapy, we have been studying the intramuscular administration of this agent. With the thought that you might have a special interest in trying Calcium Disodium Versenate prepared for intramuscular use, we should be most happy to make clinical testing supplies available to you.

When first tried, intramuscular injections of Versene proved somewhat painful, so procaine hydrochloride was added to the solution. Preliminary results have since indicated that, with the addition of procaine, intramuscular injections are quite well tolerated, particularly if given slowly so as to avoid painful distention of the tissues by volume of fluid.

We have prepared ampules of Calcium Disodium Versenate for intramuscular administration containing 1.0% procaine, and 0.5% procaine. Otherwise, the product is the same as the intravenous solution, i.e., each 5cc. ampule contains 1 Gm. (20%) of Calcium Disodium Versenate.

Since you have mentioned that your cases of plumbism are primarily in children, I wish especially to point out the procaine content of these intramuscular versene preparations.

Because of your own work with oral EDTA, it will interest you to learn that we are continuing to receive evidence that urinary lead can be increased by oral Versene. In view of such reports, it is most important to determine whether this increase in urinary lead excretion might possibly represent a simple diversion of fecal lead to the urinary route of excretion.

Preliminary reports of a decrease in blood lead level following oral calcium EDTA therapy in several patients would appear to indicate that this is not so. However, balance studies are the only way to find out, and it would seem that a few studies on fecal lead excretion during the period of increased urinary excretion with oral EDTA, therapy are warranted. I realize, of course, the technical difficulties involved, but am hoping that you will

be interested in undertaking such an investigation. The question of possible lead diversion is bound to be raised, and work along these lines is well worthwhile. The results of such a study will be important in evaluating oral Versene therapy.

I shall be most interested to learn how you feel about the matters mentioned above, and shall look forward to hearing from you. Your co-operation in the past is greatly appreciated Dr. Kehoe, and I hope that you will not hesitate to let me know if I can be of service.

Sincerely yours,

RIKER LABORATORIES, INC.

Norman W. Karr

Norman W. Karr, M. D.
Director of Clinical Research

NWK:sjd