# Lead Industries Association

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June 1, 1955

Robert A. Kehoe, M. D., Director
Kettering Laboratory of Applied Physiology
University of Cincinnati
College of Medicine
Eden Avenue
Cincinnati 19, Ohio

Dear Bob:

I think you may read with some interest the two enclosed paragraphs from Dr. Chisolm, the first of which refers to the subject of my letter to you of May 24th, on which I hope very much to have your views when you can get around to responding to my miscellaneous recent pesterings.

As to the second, which takes into consideration one of the points I had in mind in my as yet unanswered letter to Randy Byers, I will comment for the moment only that I find quite fascinating the variety of rejoinders elicited from different medical sources by the same query.

While all of this is helpful, and in that respect all to the good, it serves once more to point up the need of some such diagnostic standardizer as that medical film I have proposed. Let us hope that the laboratory survey on which the Cincinnati USPHS boys are embarking will accomplish something to that end.

Sincerely,

MB:MM

Excerpts from letter
dated May 27, 1955
from J. J. Chisolm Jr., M. D.
to Manfred Bowditch.

With regard to the anonymous request for financial support, I think the following comments are justified. The problem the applicant wishes to undertake should be classified as one in basic metabolic research into the biochemical mechanism of lead toxicity. It is the type of problem which may become very complicated and therefore one in which the investigator cannot guarantee that he will be able to finish the work in any specific time limit. In fact one could estimate that he might require at least two to three years to produce anything, particularly if he is starting from scratch. The prospect that the findings would immediately add a useful therapeutic agent to the present armamentarium seem slight. In short it is not the type of problem which is likely to yield a yes or no answer from a few experiments. Whether the LIA wishes to undertake the support which would have to be a continuing one, of basic research is the question, I believe, you must first answer.

I am afraid neither Dr. Harrison or I are able to add very much to the case of the Chinese infant on the basis of the data supplied. There is no comment, for example, about x-rays of the long bones. If broad lead lines are present, they could support the idea of long - and perhaps prenatal - absorption of lead by the infant. If present, a further search for a common source in mother and child is warranted. If on the other hand lead lines are absent or faint, this would indicate exposure of brief duration. This might be explained if the infant had swallowed a leaded foreign body which remained in the intestine. We had such a case in an infant who swallowed the lead weight from a toy doll. The weight was still in the stomach three months later when the infant was hospitalized. Further than this on the basis of the information supplied I fear we have no suggestion.