LEAD INDUSTRIES ASSOCIATION
420 Lexington Avenue
New York 17, N. Y.

MANFRED BOWDITCH
DIRECTOR OF HEALTH AND SAFETY

June 27, 1956

James H. Sterner, M.D., Medical Director
Eastman Kodak Company
343 State Street
Rochester 4, New York

Dear Jim:

You may recall my letter to you of November 1, 1955, with copies to Harriet Hardy, Red Johnstone, Bob Kehoe and Tom Shipman, with which was enclosed a copy of "Occupational Health Bulletin No. 3" put out by Dr. W. U. Giessel of Houston.

To my great satisfaction, this resulted in admirable letters to Dr. Giessel from you and Tom, under dates of November 4th and 3rd respectively, with copies to me. I judge that Harriet wrote him even more caustically, though she sent me no copy of what she said, and Red, while he apparently wrote nothing to Giessel, made plain to me what he thought of the ethical aspects of the man's activities.

Because of what seemed to me its material importance, I secured a substantial supply of reprints of the recent paper on "Nephrotoxic Hazard" by Foreman et al. (J.A.M.A. 3/24/56), mainly for distribution to our members, but also sent copies to some 25 miscellaneous individuals who I thought should surely see it, among them Dr. Giessel.

Quite to my surprise (I had supposed that I was permanently off his list) this brought from your former pupil the letter of which a copy is herewith, along with another copy of his unfortunate "Bulletin No. 3," which he is obviously still distributing. In the light of what I know, or think I do, and particularly after the misgivings voiced by Harriet when I saw her in Boston last week, I find all this pretty distressing, and words fail me when I think of that dose of 250 tablets.

However, for reasons which I hope are made plain therein, I have replied to Dr. Giessel only as per my second enclosure, with the hope, as I have told him, that he will again hear from those so obviously better qualified than I, and in no uncertain terms.

I am sorry to have to burden my good friends with this buck passing, but I think you will agree that it is the only proper thing to do.

Sincerely,

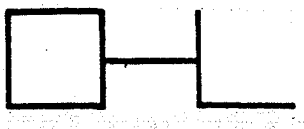
MB:GW
Enclosures
cc: Dr. Hardy Dr. Kehoe
Dr. Johnstone Dr. Shipman

PS: Did you read the paper by Shiels et al. in the May Archives? He is a good man and I was not a little taken aback.

OCCUPATIONAL HEALTH LABORATORIES

211 MILBY ST. HOUSTON 3, TEXAS PHONE CAPITOL 7-5708

June 18, 1956



Manfred Bowditch, Lead Industries Assoc.
420 Lexington Avenue
New York 17, New York

INDUSTRIAL ENVIRONMENTAL

Dear Sir:

CONTROL

"No substance is so toxic that it cannot be used—no substance is so non-toxic that it should be used without caution." These words by Dr. James Sterner, of the Eastman Kodak Company, have certainly again been proven correct in the case of E. D. T. A. I wish to thank you for the reprint of the article by Dr. Foreman et al, and I wish to request that you forward me any reprints you might have relating to E. D. T. A. and the lead problem. I am sure that you have seen the recent papers by Manville and Moser, and by Shiels et al, from Australia, recently appearing in the A. M. A. archives of Industrial Health.

FOR:

EMPLOYEE HEALTH

THROUGH:

INDUSTRIAL HYGIENE

The indiscriminate use of any chemical agent from aspirin to Prednisolone to Ethylene,-diamine,-tetracetic acid used to be condemned. I do not recommend the injudicious use or the prophylactic use of E. D. T. A. It is certainly a useful drug when used as indicated. Most of the potent and highly useful drugs used every day, such as, Quinidine, Digitalis, steroids, Morphine, Prodine have undesirable side effects. I am using E. D. T. A. in those workers with high urinary lead values (over .2 mgs. of lead per liter urine), some with and some without evidence of acute clinical lead poisoning. A routine urinalysis is performed before a man is placed on chelating therapy. If I were to find evidence of renal damage, I do not believe I would place that man on Ethylene-Diamine-Tetracetic Acid. So far that question has not arisen, and those men placed on oral E. D. T. A. therapy I have found no evidence of renal involvement. So far, I have placed thirty-two workers on E. D. T. A. therapy. In almost all of them there was an immediate increase in urinary lead as determined on the chelated urine specimen. I realize that some of this urine may represent increased lead absorption from the G-I tract. I use eight $\frac{1}{2}$ grams tablets daily for five days a week, with a rest day on Saturday and Sunday. Each man is given a potent vitamin-mineral capsule twice daily to prevent trace element depletion. No man is allowed to take over 250 tablets during any one course of treatment, and he is not allowed to have more than one course of treatment per year. At the completion of each course of treatment a urinalysis is required, which so far have revealed no evidence of lower nephron damage, as determined by a routine check for albumin, sugar, blood, and a microscopic examination

WITH:

HEMATOLOGY

BIO-CHEMISTRY

TOXICOLOGY

ENGINEERING

AIR POLLUTION CONTROL

RESEARCH

PREVENTIVE MEDICINE

BACTERIOLOGY

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for red cells, white blood cells and casts. I do not believe that a patient with normally functioning kidneys will be damaged by this type of oral interrupted E. D. T. A. therapy, at least I have found no evidence in any of my patients up to this time. They are removed from lead exposure during treatment, and an all-out effort is made in the plant to prevent further exposure when he returns. It is explained to management that the installation of adequate exhaust ventilation at those positions where the workers show abnormally high lead values in their urine or where the maximum allowable concentration in the air is constantly being exceeded, is of the utmost importance in preventing a recurrence of clinical increased lead absorption or poisoning.

The solution of the lead problem requires the cooperation of management, labor, engineering, industrial hygiene and medicine.

In the half dozen lead plants now following the program as outlined in the Occupational Health Bulletin No. 3, no cases of clinical lead poisoning have occurred since the inception of our program in 1952. I feel that these good results are not due to any one factor, but due to a combination of factors, using adequate preplacement examinations, correct placement of employees, enclosures of certain processes, adequate local exhaust ventilation, the routine use of iron by mouth to correct nutritional anemia prevalent in the South, removal of workers with high urinary lead values from sensitive employment positions, treatment of workers with high urinary lead values with E. D. T. A., while the cause of their increased lead absorption is being corrected, education of the workers to the potential health hazards involved, and due to cooperation with local and state health authorities.

I thank you again. Please be assured of my interest in matters which affect the lead industries.

Sincerely yours,

William U. Giessel, M. D.
Medical Director
Occupational Health
Laboratories
211 Milby Street
Houston 3, Texas

WUG:bt

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