C O P Y

THE CHILDREN'S HOSPITAL RESEARCH FOUNDATION

CINCINNATI, OHIO

October 24, 1952

Dr. Elston L. Belknap
231 West Wisconsin Avenue
Milwaukee 3, Wisconsin

Dear Dr. Belknap:

Rumors seem to fly far and fast. I do not feel that we are in a position to say very much about the possible dangers of Versene therapy in lead poisoning from a very limited experience. To be very brief, in two dramatically ill small children with symptoms of lead encephalopathy we did try Versene therapy very briefly. In both instances we were led to stop the therapy because of the development of hypertension. With one child the blood pressure rose to 170/130 and in the other to 150/120. The first child exhibited some hypertension, 120/80, before Versene therapy was started. With the other child no blood pressure reading is found in the record for the pre-treatment pressures. There is, however, a statement that the pressure was normal before treatment was started and returned to normal rapidly after treatment was discountinued. The first child died and probably would have died whether or not Versene therapy was used. The other child survived.

We do not intend to publish this experience because it is inadequate. Rather, I am giving the complete case histories to Dr. Robert Kehoe of the Kettering Laboratories here in Cincinnati. Dr. Kehoe will see that the experience is distributed in the proper place. Obviously the management of acute lead encephalopathy in small children presents a very different problem from that of chronic lead intoxication in the adult. Personally I have not given up the idea of further trial with Versene therapy but before using it again will want to see the accumulation of more experimental work in connection with what can be expected. Such work is now underway in Dr. Kehoe's laboratory and probably in other places.

With best regards to a former schoolmate,

Sincerely yours,

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A. A. Weech, M.D.

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