April 24, 1959

Dr. J. F. Hammond
The Journal of the American Medical Association
535 North Dearborn Street
Chicago 10

Reference JH

Dear Doctor Hammond:

I have examined the article which you sent to me for comment, with your letter of April 21. As a report of an interesting case which raises a series of questions the article would be worthy of presentation for discussion in a clinical conference. Here is a provocative clinical problem, but the author appears to think he has solved it instead of recognizing that it is insoluble on the basis of the available information. Unusual case reports may, of themselves, be worthy of presentation in the Journal, but I should think they should illuminate a problem or illustrate a valid method for its solution. This does neither, and in my view it is not suitable for publication.

Let me indicate, for what it may be worth to you, how I react to the author's statements, and how, I believe, others who are reasonably well informed will react.

First, the patient is said to have been suffering from lead poisoning. He was not suffering from such intoxication at the time the analytical observations were made, and there is no satisfactory evidence in the article that he had lead poisoning at a previous time. The analytical data, which, as Dr. Green states, were obtained in this Laboratory, do not provide the necessary evidence, as I pointed out in my interpretation of these data. This is a fairly fundamental point in the argument.

Second, the effects of the therapy on the excretion of lead were predictable. They prove nothing, so far as lead poisoning is concerned, and the author's belief that the lead in this man's body was stored (presumably in the skeleton) in a "dormant" manner, is more than a little naive, in view of the fact that edathamil disodium calcium does not "mobilize" the skeletal lead, but rather chelates and promotes the prompt excretion of only that which is in the soft tissues of the body. It is possible, of course, that through its effect on other aspects of the mineral metabolism, the therapy influenced the state of the knee joints. This, of course, is pure speculation.

The report, therefore, whatever may be its significance otherwise, concerns itself with a case of idiopathic effusion in the knee joints. I do not believe, from my general knowledge of the subject, that these lesions were induced or effected by lead, nor do I think the author has supplied any

evidence that would influence my opinion in this direction. His reasoning is, I think, a less than usually convincing example of an association, in the same patient (but not at the same time), of two diseases. In short, I do not think the recital of this case contributes to our clinical or scientific information, and I certainly would not offer it for publication, if it were in my hands.

Sincerely yours,

Robert A. Kehoe, M. D.

RAK:ss

Enclosure