March 15, 1958

Mrs. Ann Tourtellot
Assistant to the Editors
A Textbook of Medicine
449 East Sixty-eighth Street
New York 21, New York

My deal Mrs. Tourtellot:

I attach hereto a revised list of references in compliance with your note of March 11. I should appreciate it if you would bring the following comments on the references to the attention of Drs. Cecil and Loeb, since they are entitled to some doubts as to why I did not include certain references to the therapy of lead poisoning with edathamil in my original list.

I believe the article by Chisolm and Harrison to be far the best discussion of the clinical aspects of the matter, and so I include it without hesitation. I would have done so, on my own initiative, but for the fact that this article leaves certain aspects of the mechanism, as well as some of the facts (with particular reference to the analytical data) insufficiently explored. Numerous other articles deal with certain items of analytical information as though they were sufficient in themselves, and gloss over the clinical observations, or make unwarranted assumptions about them, forgetting, or perhaps not realizing, that most of the cases of industrial lead poisoning, of the type that are not seriously disabling, clear up spontaneously and sometimes with astonishing rapidity, when exposure is terminated. In short, I very much disapprove of the large portion of the early crop of publications (essentially uncritical case reports) on this subject for a number of both scientific and practical reasons, and many of the more recent ones are little better. The ground is covered, as well as it will be until a comprehensive, systematic physiologic (metabolic) examination of this subject has been made, by the one reference.

Consequently, I would use this reference, and then, perhaps, include the article by Foreman et al, which I have listed for consideration, for the reason that it points out one of the dangers associated with the uncontrolled and indiscriminate use of this agent. This, I think, despite the infrequency of difficulty, justifies some attention.

A serious abuse is being perpetrated by certain physicians in the use of edathamil by mouth as a prophylactic procedure in substitution for apprppriate measures of industrial hygiene. I have spbken of this elsewhere and, therefore,

have omitted discussion and reference. However, because Belknap has reported certain attempts of this type, calling them "emergencies," and apparently not recognizing that his acts, as published, speak louder to many doctors than does his lip service to good industrial hygiene, I have been loathe to include his clinical article among the references. I regret the necessity of speaking of a personality, but I cannot ignore the significance of an influence of this type.

Unfortunately, there are scores of references of a sort, and the choice among them is difficult to make. I think, in this situation it is necessary to provide either a very extensive list or a very small and non-controversial one.

Cordially yours,

Robert A. Kehoe, M.D.

RAK ef

Enc.

First reference crossed out

1. Chisolm, J.J., and Harrison, H. E.: The treatment of acute lead encephalopathy in children. Pediatrics 19:1-20, 1957.

(May be used if editors agree, in which case the numbers 2, 3, 4 and 5 become 3, 4, 5 and 6.)

2. Foreman, H., Finnigan, C., and Lushbaugh, C.C.: Nephrotoxic hazard from uncontrolled edathamil-calcium-disodium therapy. J. Am. Med. Assn. 160:1042-6, 1956.