



BALTIMORE CITY HOSPITALS

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June 19, 1963

Robert A. Kehoe, M.D.
The Kettering Laboratory
College of Medicine
Eden Avenue
Cincinnati 19, Ohio

Dear Dr. Kehoe:

I am certainly most appreciative of your thought of me and wish to thank you for the bound copy of your Harben Lectures. I read these with great interest. A couple of comments come to mind.

I note on page 58 that you mention the difficulty of obtaining duplicate urine samples. Several years ago we designed a urine stream splitter based upon a double siphon principle which will give duplicate volume within 2 to 3% of each other.

My next comment concerns the analysis of brain for lead. In reading the literature I have always been confused about the great variations reported. I have thought, in view of our own experience, that some of this must be due to difficulty in analyzing brain for lead. I note that your report gives lead content of brain based upon fresh tissue weights. In view of the great and variable edema of the brain in acute lead encephalopathy I wonder whether more uniform values might be obtained if one used dry tissue weight. I am enclosing a reprint which shows some of the data we obtained.

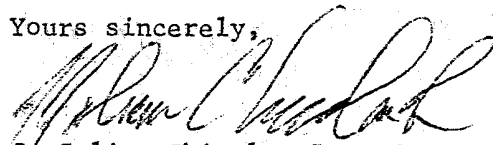
I was most interested in your thought that the absorption of lead from the intestine may be accelerated in the lead-intoxicated patient. I wonder if you care to elaborate on this point.

It might also be of interest to you to know that we have recently found that the combination of BAL and EDTA seems far more effi-

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cacious for the treatment of acute lead encephalopathy than either drug alone. We hope to submit this for publication in the fall. In the meantime, I am sure that Hugo Dunlop Smith is familiar with the findings which we reported at the 1963 Pediatric spring meetings.

Yours sincerely,



J. Julian Chisolm, Jr., M.D.
Associate Pediatrician-in-Chief

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