

February 5, 1935

Pillsbury, Madison and Sutro  
Standard Oil Building  
San Francisco, California

Attention: Mr. Felix T. Smith

Dear Mr. Smith:-

I have your letter of February 2nd and have gone over the facts contained in it, and I am quite willing to assist you in every way I can since it is quite apparent from the facts stated in your letter that the claimant did not have any significant exposure to lead, and therefore could not have had lead poisoning as a consequence of the exposure which he claims.

I think you will find it difficult to obtain expert opinion on this subject from any individuals except myself and my associates. No one else whom I know has carried out any experimental work with the exception of ourselves, and no one else has had such clinical experience as would enable them to qualify as experts on this subject.

There is no doubt that the experimental and clinical evidence which is available, is adequate to show that under the conditions described there was not significant exposure to lead. This opinion is based upon the facts demonstrated by experimental work that first, evaporating gasoline does not give rise to the distribution of tetraethyl lead into the atmosphere in appreciable amounts, and second, that the exposure of the skin to contact with leaded gasoline does not result in a measureable absorption of lead through the skin. If you will refer to the article in the Journal of Industrial Hygiene to which you call attention in your letter, you will find a full discussion of these points. You will also find certain references to the literature of the subject which will be useful in establishing certain important related facts.

There have been certain additional experimental observations which have not been published, but which are now in the process of preparation for publication, which provide even more conclusive evidence as to the insignificance of exposure to lead in association

Mr. Felix T. Smith

with gasoline containing tetraethyl lead. It is unfortunate that this material is not already in print, but I will be in position to make use of it in any affidavit that I may make, since the work has all been done in this laboratory. There is no other experimental evidence available since this laboratory is the only place in which experimental work on this subject is still being carried out.

I am at a complete loss to understand how Dr. Baker could have made use of any statement of mine or any opinions given to justify the diagnosis which he made. There is absolutely nothing in the Public Health Bulletin from which he quoted to indicate that there might be any danger of lead absorption as the result of exposure to gasoline containing tetraethyl lead. He must have either mis-understood what I had to say, or he must have mis-quoted me. I dare say what happened is that he confused certain statements of mine as to the toxicity of tetraethyl lead with the experimental evidence on leaded gasoline. This may or may not be of any importance to you, but if you find it possible to present evidence that I have been mis-quoted or mis-interpreted by Dr. Baker, it might be useful to let me know exactly what he has said in order that I may straighten out the points at issue.

To summarize what I have been attempting to say, I think you will find that I am the only person in the country who can qualify as an expert on this particular subject, since I am the only one who combines a knowledge of the clinical aspects of the question with a wide experience in experimental work. (You may have some reservation about my usefulness in this connection because of my connection with the Ethyl Gasoline Corporation. I do not think you need to fear any difficulty in this connection since this laboratory is an independent University laboratory, and since in my capacity as Associate Professor of Physiology in this medical school, I am quite generally regarded by my colleagues as unbiased in the information which I have obtained and disseminated on this question.) There is no doubt in my mind that the claim of lead poisoning in this instance is entirely erroneous, and that the facts to prove this can be presented quite satisfactorily as based on both clinical and experimental evidence. I shall be quite willing to give a deposition in which I make reply to any question of fact which you may choose to raise with regard to the lead exposure of this man. It is possible, of course, that the claimant developed certain symptoms as a consequence of his exposure to the vapors of gasoline. I do not know whether this has been brought into the case or whether it should be, but illness as a result of exposure to gasoline is not likely to produce delayed symptoms of a serious type, though there is likely to be some evidence of a central nervous system irritation for some days or weeks, or even occasionally

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Mr. Felix T. Smith

months after the cessation of exposure. In our experience, exposure to gasoline which does not result in immediate symptoms of dizziness, nausea, vomiting, and unconsciousness, is not likely to produce persistent abnormalities. However, it must be remembered that gasoline is a toxic compound which is almost as dangerous as chloroform, and which, in fact, produces unconsciousness and even death in vapor concentrations in air of from two to two and a half per cent by volume. This has nothing to do with lead, and for the purposes of this discussion you can take my word for it on very sound evidence that there is no reason at the present time to believe that there is any greater danger associated with the handling of leaded gasoline, than there is in handling ordinary gasoline.

If you will let me know what you want me to do, and how you wish to have it done, I shall comply with your instructions promptly.

Very truly yours,

RAK:IS

Robert A. Kehoe, M.D.