June 25, 1937

Mr. O. B. Lewis
Ethyl Gasoline Corporation
Chrysler Building
New York City
New York

Dear Mr. Lewis:

Some time ago you transmitted to me the request of the Texas Company for a copy of my letter to Dr. Bonnard Teegarden, the physician who was caring for an employee of the Texas Company named [redacted] I asked Dr. Teegarden's permission to transmit the information which he gave me in a personal conversation, and also for permission to send a copy of my letter to the Texas Company. Dr. Teegarden has very gratiously granted my request so that I am enclosing herewith a copy of my letter, a copy of our analytical report to Dr. Teegarden, and I am noting below the salient points in Mr. [redacted] illness.

I send you herewith a copy of this letter which will enable you to transmit the information without further inconvenience to yourself.

The onset of Mr. [redacted] illness was some months ago when he developed a considerable degree of neurosis and melancholia. The mental symptoms increased somewhat in severity and the patient also began to develop what seemed to be a polyneuritis with weakness and some pain in all of the extremities. No certain diagnosis was established at this time but the condition slowly progressed and some atrophy of the muscles of the hands and feet became apparent. I am not quite sure of the dates, but shortly before I saw Dr. Teegarden, early in April, he had consulted Dr. Foster Kennedy who made a tentative diagnosis of lead poisoning after having made an examination and after having had an analysis of the patient's urine made by Dr. DeSanto of New York. Dr. DeSanto reported on one occasion a concentration of 0.11 milligrams of lead per liter. It was solely on the basis of the neuritis plus the lead analysis, which suggested abnormal lead absorption, which resulted in the diagnosis of lead poisoning. Dr. Teegarden himself was apparently never convinced of the correctness of this diagnosis, and when I discussed with him the observations which had been made over a period of years on the magnitude of exposure associated with leaded gasoline, he apparently became convinced that lead was not the etiologic factor.

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However he readily agreed to obtain samples of blood and urine a further analysis at our hands as a check on the correctness of my opinion. The samples were obtained and analyzed, the results indicating no abnormality with respect to lead excretion. Dr. Teegarden informs me that a further analysis made in New York indicated normal findings.

According to a letter from Dr. Teegarden, dated June 15th, Mr. [redacted] has shown some slight improvement after a series of six hyperpyrexia (fever) treatments. He is not certain of the cause of Mr. Parente's illness, but the condition is now tentatively diagnosed as a progressive muscular atrophy. In any case lead seems to have been abandoned as the causative agent in the illness.

I trust the above paragraphs will give the representatives of the Texas Company the information which they desire. If there are any further questions in their minds, I suggest they write to me directly.

Very truly yours,

Robert A. Kehoe, M.D.

RAK:ia

extra copy Mr. Lewis