BALTIMORE, MARYLAND
TIDEWATER ASSOCIATED OIL COMPANY

KE 0021133

January 28, 1941

Dr. Raymond Hussey
Medical and Chirurgical Faculty
1211 Cathedral Street
Baltimore, Maryland

Dear Doctor Hussey:

I am replying belatedly to your letter of January 14th for the reason that I have been out of my office for a week with an acute upper respiratory infection. I hope my delay in replying has not occasioned any considerable inconvenience.

As to the cases of tetraethyl lead intoxication which have come to your attention, we have no information that would indicate that these were in any way unusual or atypical. I am sending you two reprints on the subject of tetraethyl lead poisoning, which will convey most of the information which is available. There is nothing in these articles or in our experience to indicate that tetraethyl lead produces a chronic type of poisoning, or that there are serious sequelae following the subsidence of the acute symptoms. We have seen a series of cases and there has been a very considerable uniformity in the clinical picture. It is possible, of course, that unusual cases might develop of a type we have not seen, but up to the present the picture has been characterized by uniformity.

The exposed individual develops an acute central nervous system intoxication with almost nothing else to account for his illness. The clinical picture may be that of very great irri/tability or excitation of the nentral nervous system, or the condition may be prompt predominantly mental in character. In either case it is confined almost exclusively to the central nervous system. Death may result, and it would appear from our experience when it does occur, it is chiefly from exhaustion. Very acute sases treated early with symptomatic and supportive treatment, have survived and have shown no subsequent ill effects. There is a tendency,

however, for mental symptoms to continue until the blood and the excreta reach substantially normal levels of lead concentration. In one or two instances with delayed symptoms, we have feared that we were dealing with permanent damage. Nevertheless when analyses demonstrated that the lead had been removed from the circulation and largely from the tissues and excreta, the symptoms subsided and the man recovered. The period required for recovery seems to depend in large measure on the magnitude of the exposure, and the period required to eliminate the lead.

As far as our information goes, the cases which have come to your attention had a rather severe exposure. In one instance, at least, in a man named Witter, high lead findings have persisted over a considerable period of time, thereby, in our opinion, accounting for the persistence of his illness.

There is every reason to believe that this man will recover completely without permanent damage. Incidentally we have never seen a case of peripheral neuritis in connection with tetraethyl lead poisoning, nor have we ever seen colic either at the height of the illness or subsequently.

I hope this information will be of some assistance to you, but if there are any further questions which you would like to raise, I shall be glad to answer them if possible.

Sincerely yours,

RAK:is

Robert A. Kehoe, M.D.

P.S. I have your letter and have also received your wire on the date of my talk in Baltimore. I shall be glad to be there and no apology is necessary in connection with the slight delay in notifying me. RAK.