June 16, 1969

W. E. Neeld, Jr., M.D.
Director, Medical Division
E.I. du Pont de Nemours & Company
Deepwater, New Jersey 08023

Dear Doctor Neeld:

I shall be glad to review the records of the case of one of your Company's employees, as referred to in your letter of June 12, 1969, and to give you my opinion concerning his illness and the apparent sequelae.

The prolonged persistence of mental aberrations in association with severe intoxication from the absorption of tetraethyllead is not unknown. Should it develop from the records, now or in the future, that there is definite evidence of a destructive lesion (or of more diffuse brain damage) in this case, it will be the first to be credited to tetraethyllead, so far as my knowledge of the record is concerned. (I have detailed records of quite a series of cases which have been studied, approximately, I believe, 100 cases.) It would be strange, after all of these years, that such a case should turn up. I think, therefore, that you are fully justified in your skepticism. The crux of the matter, therefore, lies in the neurological findings, and there may still be some hopeful outlook for adequate therapy, if it develops that tetraethyllead intoxication was (or is) the probable cause of the presenting condition.

Cordially yours,

Robert A. Kehoe, M.D.
Professor Emeritus of
Occupational Medicine

RAK:wp

P.S. In view of my long association with your Company, my fee for this consultation will be nominal, but will depend, to some extent, on the time required of me.

RAK

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DUPONT
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NT DE NEMOURS & COMPANY
INCORPORATED
CHAMBERS WORKS
DEEPWATER, NEW JERSEY 08023

TELEPHONE
AREA CODE 609-299-5000

June 12, 1969

R. A. Kehoe, M.D.
Kettering Laboratory
College of Medicine
Cincinnati, Ohio 45219

Dear Dr. Kehoe:

I am writing to request whether or not you might be interested in giving me your medical opinion concerning the physical status of one of our tetraethyl lead workers who had an unusually large exposure to tetraethyl lead in August, 1968 and who persists in showing insidious mental changes.

He had been seen at the request of his personal physician by an internist, psychiatrist, and a psychologist at Temple University School of Medicine in Philadelphia, Pa. They have concluded that with the clinical picture appearing as it did in a time relationship with the organic lead exposure that he has intracellular brain damage due to lead poisoning.

Being aware that it is possible yet cognizant that a fellow employee had the identical exposure and the latter has suffered absolutely no ill effects, I am reluctant to accept his organic brain syndrome as due to his lead exposure.

If my thumbnail sketch interests you and you would agree to review this case and render your opinion, I would be quite pleased to aggregate all of our available records including lead-in-urine and lead-in-blood excretion levels plus our treatment program we had given.

Obviously, your fee for consultation would be rendered upon receipt of your statement for services rendered. Thank you for your interest.

Very truly yours,

W. E. Neeld, Jr., M.D.
Director, Medical Div.

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