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OUR REF K:2.

YOUR REF

DATE 1st August, 1951.

Dr. R.A. Kehoe,
Kettering Laboratory of Applied Physiology,
University of Cincinnati,
College of Medicine,
Eden Avenue,
CINCINNATI,
Ohio,
U.S.A.

Dear Dr. Kehoe,

Thank you very much for your letter of the 30th June, in which you so kindly answered two of the problems recently causing me some interest. I have delayed answering your letter until now, as no doubt there has been much correspondence awaiting your return from your holiday. I hope you had a very successful vacation, and enjoyed a little rest.

I thought you might like to have the opinion of a friend of mine who is an ear, nose and throat specialist at the Middlesex Hospital. He is referring to the question of toxic gases passing through the Eustachian tube. He says,

"When I first read your letter I thought that the point you raised was purely a theoretical one with not much practical importance. However since then I have given it some thought and find it is impossible to give you any real opinion in the absence of any knowledge on the toxicity of the vapours concerned."

The position is that some people have patent Eustachian tubes, and even in the absence of a perforation, one occasionally sees the tympanic membranes drawn in on inspiration and then moved outwards on expiration. If a perforation were present it is conceivable that a small quantity of vapour could be drawn along the Eustachian tube in this way. However, this does not inevitably mean that a patient with a perforation would also have a patent Eustachian tube, which would allow this to happen and even if it did, the amount which could be drawn through such a narrow opening would be, in my opinion, small. However if these products are extremely potent and if a man were working in such an atmosphere for possibly the whole of his working life, well then it is just conceivable that he could absorb enough to be deleterious. Such a patient, however, could almost certainly wear an ear-plug which would prevent this possibility happening, and I can see no possible objection to anyone working under these circumstances with an ear-plug if necessary.

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Kehoe, Cincinnati.

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My knowledge of industrial medicine is nil, but I would have thought this was a problem which did not often happen in practice. I should be very interested to hear your views on this."

In a second letter, he says the following,

"Owing to its solubility and miscibility with fats and oils an ear-plug of cotton wool in vaseline would be unsuitable, but I imagine a large plug of cotton wool itself would possibly be adequate and would possibly be satisfactory as a simple method for people who only occasionally were exposed to the vapour. However, as a permanent thing for people regularly using a plug, I think a rubber one would probably be quite suitable providing, of course, that rubber is not affected by the vapour. Another quite good plug could I think be made to an individual mould for a person from acrylic, similar to the individual inserts made for use with hearing aids, but, of course, without a central hole. Hearing aid firms would probably charge quite a lot to produce them but a dental technician could manage it and here at this hospital our dental technician manages very well."

It would seem that Mr. Ranger's opinion is very much on the lines of your own, and I would be grateful for your comments on the use of acrylic as a substance from which an ear mould could easily be made in the form of a stopper. Since asking your opinion on this question, I have had two or three occasions where men have come up with such defects, and the question of their employment has arisen.

I am very grateful for your comments in the matter of the use of British Anti-Lewisite in the treatment of tetraethyl lead poisoning. I am writing to Dr. J.R.F. Williams of Boots to find out the present situation in regard to B.A.L. glucocide and the present status in this country of this matter. I will let you know about this in due course.

I would be grateful if you would consider the possibility of permitting me to quote you as follows in a small paper describing a clinical case of tetraethyl lead poisoning written by a colleague of mine from the Middlesex Hospital and myself. It is based on your letter of the 30th June, and I suggest the extract could be printed as a private communication from yourself, in the following manner:

"B.A.L. is being used by a number of people for the treatment of lead encephalopathy in children with some alleged beneficial effects. B.A.L. has also been used in the treatment of other cases of tetraethyl lead poisoning..... There is little evidence that the course of the disease has been materially influenced by the use of B.A.L. In addition, the experimental evidence as obtained in animals strongly suggests that the use of B.A.L. is not advantageous in lead poisoning..... Twenty-eight clinical cases of practically identical character were recently treated, fourteen of them with B.A.L. and fourteen with general medical care..... There was no difference in the time required for the subsidence of symptoms and there was no difference in the speed with which the men were able to return to work." Further research in this field is at present in progress in the United States.

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A. Kehoe, mati.

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This paper, which is really a description of one clinical case, is being written. It is hoped, in conjunction with another one on the psychological side by the Deputy Superintendent of the Herrison Hospital, Dorchester, England. I have little authority to discuss the latter paper, but would naturally present you with a draft of our own prior to any publication.

I wonder if I now may open the subject of my approaching visit to America. Dr. Phair very kindly discussed this with me at some length before his return to the United States and encouraged me to think that I had a great deal to learn, both in the specific field of tetraethyl lead and in the general field of industrial medicine. He appeared to think that a great deal of good could be achieved by a limited period of study in this field in the United States, where the subject is considerably more advanced. I would be free to come over towards the end of this year or the beginning of next year, whichever is more convenient to fit in with any plans you may wish to make. I have appointed an Assistant Medical Officer here, who will be able to cope quite satisfactorily for several months in my absence. If you could possibly give me some idea of the date on which you might expect me, and the period of time considered advisable for me to stay, I should indeed be most grateful. I would very much like to make a study of the general industrial medical field while I am in the United States. I have told Mr. Bevan that I shall be writing to you for this information, and he is quite satisfied that I may visit you for as long as you consider advisable.

With good wishes and kind regards,

Yours sincerely,



Philip Boyd.

PRB/jmr