iversity of Cincinnati
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Avenue
ncinnati, 19, Ohio

17th March, 1958
US VA Hospital Building 77
Roanoke, Virginia

Attn: Dr. Robert A Kehoe, M. D.

Gentlemen:

I can assure you that my querry of March 6th is not based upon any undue "anxiety" concerning personal health. I must refer you to the Special Enquiry set up towards the end of World War II by Parliament to look into all aspects of the use of tetra-ethyl-lead and similar compounds; in this connection I must refer you to Home Office Reference B.26996. Personal health considerations are secondary importance to the main issue.

It is agreed that the younger medical personnel in military forces at the times stated were not familiar with lead-poisoning; however, Mr. Carte was of advanced age and had assisted in the clean-up of the potteries areas in Britain around the turn of the century and was quite familiar with all aspects of the disease. One found a certain reluctance amongst most British physicians to admit that lead poison in any form existed, and particularly that such could be caused by the lead additives to fuels of any kind.

Officers of the Technical Branch of The Royal Air Force were adamant in their statements that chronic lead-poison did ensue from close association with engines using lead additives, and gave full warning to me in February 1940 that such was the case; it was also stated that few or no service medical officers dared to admit that such was the case. During the late summerof 1944, Air Ministry issued a direct order to medical and other officers to be on the look-out for the symptoms of lead-poison because of indisputable proof that it could be acquired through breathing exhaust fumes of engines using lead additives in fuels, from handing such fuels, or from handling engine parts that had come from engines using such fuels. Air in the vicinity of large airfields was found poluted to a greater extent than had been the air surrounding pottery kilns at the time of the clean-up in the early years of this century. At the end of the war with Germany, Air Ministry Accidents Branch attributed some 16,000 dead to the effects of the use of lead additives in aero fuels. Figures from the Royal Armoured Corps and the Royal Navy have not been divulged. These figures did not take into account those who were in various stages of lead-poisoning, assumed to be accumulative in nature unless remedial measures are taken.

In addition to routine engineering duties, I was given the task of finding some way to render negative the accumulations of lead-compounds in engines and because of this assignment, was constantly handling engine parts on which were heavy accumulations of lead compounds. In addition, through testing engines on which work had been done to off-set these accumulations, was continually taking in more than usual quantities of the products of leaded fuel combustion. By mid 1944, a practical method of engine servicing had been developed and a hastily written treatise was sent to the Royal Aeronautical Establishment at Farnborough upon request.

The "alternative possibilities" which you suggest have been most thoroughly investigated and found to be negative, both in Britain, and in the USA.

Since the end of hostilities, a powerful commercial coallition has been formed which takes the opposite view of the manufacturers of leaded fuel additives concerning effects upon engines and individuals. There are several television programmes which shew vividly the effects upon engines; newspaper advertisements no longer hesitate to call spades exactly what they are in this respect.

Aside from any consideration of the official Parliamentary Enquiry, I am interested, on behalf of The Royal Air Force Association, the Officers Association of Belgrave Square, London, and The British Legion, in locating some simple and positive method of ascertaining the existence of lead-poison, chronic or acute, in individuals so that remedial treatment can be given before any permanent damage is done to the system of the person concerned. I am further interested in establishing the existence of lead-poison as the cause of certain ailments of men who served with me during hostilities, such ailments causing permanent residual effect.

From British sources, I have been made aware that chronic lead-poison can have permanent effect on heart, blood-vessels, kidneys, and eyes. A year ago I had a severe heart attack (coronary thrombosis), and, whilst a fair recovery has been made, I am nevertheless severly ham-strung in activities that I previously enjoyed. Chronic constipation is now present; affirmed recently is an odd kidney characteristic: In an effort to get away from the use of mineral oil because of the constipation, Metamucil was taken in accordance with doctor's orders. Kidneys threw off all excess liquid taken into the system as required when using Metamucil and enema was necessary to clear the bowel.

I will admit that since June 1945 I have taken no medication for lead-poisoning, although until May 1948 I was still handling engine parts on which lead compounds had accumulated. Other than on the sea voyage to the USA in 1948 I have at all times been in areas where there are exhaust fumes from engines that use leaded fuels.

I can refer you to Dr. C. H. Peterson, M.D., a private practitioner in Roanoke, and a well known expert in X-Ray. At various times during the past several years, I have talked with Dr. Peterson and mentioned lead-poisoning to him, although not in any effort to obtain an opinion from him on the subject. I can also refer you to Air Vice Marshal Selway, British Armed Services Joint Staff Mission, Air Force Staff, 1800 K Street, Washington, D. C., to Air Vice Marshal Sir Harry Broadhurst, Air Officer Commanding, Bomber Command, High Wycombe, Buckinghamshire, England; to Senator Wm. Langer, US Senate Judiciary Committee, and to the Hon. Usher L. Burdick, House of Representatives Judiciary Committee should you have any qualms concerning the "alternative" possibilities.

I have the honour to be,

Wayne A. Becker

Wayne A. Becker
Flight Lieutenant (Retired)
Royal Air Force