

September 16, 1947

Mr. H. D. Roffey,
The Associated Ethyl Company Limited,
Artillery House, Artillery Row,
London S.W. 1, England.

Dear Mr. Roffey:

I have your letter of August 1, together with the attached reports on the cases of lead poisoning in Sydney. Since that time I have had a letter from Mark Pryke, giving me additional information, and informing me of Dr. Blackburn's impending visit to the United States.

I am replying to your letter primarily for the purpose of commenting on the treatment employed in these cases by Dr. Blackburn, since I am of the opinion that it is inadvisable for us to be responsible in any way for encouraging or extending the use of this form of therapy in cases of tetraethyl lead poisoning.

I have gone over the reports from Dr. Blackburn with considerable care and in order that I might not be biased or in any way misleading I have submitted the reports without comments to some of my clinical associates for their comments. We are agreed that there is very little evidence that the use of BAL has had any important influence on the course or outcome of these cases. I shall write to Dr. Fairley, and we shall have an opportunity, I trust, to discuss the matter with Dr. Blackburn. However, we believe that his inexperience with the problem of tetraethyl lead poisoning has made him unduly enthusiastic, and has caused him to misinterpret the survival of these men. As you well know, a number of other men have survived after having developed serious illness.

We have been studying the behavior of BAL in a series of cases of heavy metal poisoning, including lead poisoning. We have never administered this material in the treatment of a case of tetraethyl lead poisoning, and I am not at all sure that we shall do so if we are unfortunate enough to have other cases of this type. Our reasons for serious hesitation lie in the fact that the experimental evidence rather clearly suggests that the complex formed with lead is quite as toxic as the lead compound alone, if not more so. Animals subjected to the administration of lead and BAL die in larger number and more rapidly than animals exposed to equivalent doses of lead alone. Moreover experimental work reported to us in which BAL has been used in connection with the administration of tetraethyl lead, have given no evidence of beneficial effect. Our own observations in a series of cases of lead poisoning studied recently, and reported in SCIENCE (of which copies are being sent to you separately) have shown that BAL has an important influence in changing the lead concentration in

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blood and that in the urine. We have seen little or no evidence of clinically beneficial effects, and we doubt if such effects will be obtained. On the other hand, we hope to be able to obtain a less toxic material related to BAL, which it might be feasible to use in hastening the elimination of lead from the body in suitable cases.

All of the above discussion will need to be carried out among medical men. On the other hand, I have considered it wise to indicate to you that Dr. Blackburn's conclusions are at least questionable, and that we should not give support to the idea that there is a dramatically satisfactory treatment for tetraethyl lead poisoning. I know that you and your associates are too wise to give expression or distribution to any such ideas, but I do consider that you should be informed as to the present status of this problem.

Sincerely yours,

Robert A. Kehoe, M. D.

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Original by steamer.

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