

September 29, 1942.

Dr. R. C. Page,
Standard Oil Company,
30 Rockefeller Plaza,
New York City.

Dear Dr. Page:

Thanks very much for the information concerning the accident in Cutucc, San Salvador, and for your letter of September 25.

I have looked over the information, and it appears to me that the condition of these men as referred to in the second paragraph of Mr. A. Saravia's letter, is not especially remarkable. Quite in addition to the intoxication, which was probably suffered by these men, they have had a pretty bad fright. It would not be surprising, therefore, if they had a combination of real and imagined symptoms, all intensified by their apprehension. Some of the symptoms as reported appear to bear no relationship to tetraethyl lead poisoning. The insomnia, the fatigue and the nervousness are more or less to be expected. If the men actually had a severe exposure, these symptoms will continue until most of the absorbed lead has been excreted, and until the lead concentration in the blood and urine returns substantially to normal. The erratic heart action has nothing to do with the poisoning, and is probably an expression of apprehension. This is equally true of the dyspnoea. Moreover, the anemia reported in the data was either in existence before this exposure took place, or else it is due to some other factor than their exposure to lead. The blood changes associated with tetraethyl lead poisoning are never of any consequence. In a rather large series of cases we have never seen a single case of anemia. I would judge that these men had not had blood counts previously and that they were suffering from anemia prior to the accident.

Lacking definite information concerning what happened, and having only the knowledge that these men probably had exposure and that they had symptoms which resemble tetraethyl lead poisoning, I should say that all of these men will recover without any sequelae and that they should be so assured by their doctor. If they are treated properly in this sense, it is improbable that any of them will give difficulty since they will be able to return to their work without any residual effect. I base this opinion on the fact that although the illness progressed for some

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days, it did not reach the acute encephalopathic stage in any case.

There is no specific treatment for this condition, and in the present state of these men, all they need is symptomatic treatment, encouragement and reassurance, adequate diet, and a reasonable amount of rest and supervision until they have complete recovery. They should not be pampered, and they should not be given any reason to doubt that they will recover completely. On the other hand, they should not be pushed back into hard work until it is certain that they have recovered. Recovery should take place in most instances in from four to six weeks, but we have seen an occasional case with persistent symptoms for as long as ten weeks, these symptoms being associated with high lead findings in the blood and urine.

I regret very much that we do not have a physician stationed anywhere near San Salvador. Consequently, I should have to ask one of my associates here to make the trip if it should appear that such a trip is necessary. Our chief difficulty is that none of the men whom we have engaged as consultant in the Central and South American countries have had any experience at all with tetraethyl lead poisoning. It is also quite apparent that the doctors mentioned in your reports have little or no knowledge of the matter and that they have not read the articles that are available. I have copies of articles in Spanish which could be sent to them, and if you wish, I shall be glad to forward these articles either directly or through you.

Cordially yours,

Robert A. Kehoe, M. D.

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