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United States Senate

COMMITTEE ON PUBLIC WORKS

WASHINGTON, D.C. 20510

July 8, 1969

Dr. Robert A. Kehoe
University of Cincinnati
Cincinnati, Ohio

Dear Dr. Kehoe:

I was pleased to serve as the session vice-chairmen during your presentation of your paper at the annual meeting of the Air Pollution Control Association.

Subsequent to your presentation the attached questions were asked by members of the audience and submitted to me. These questions will be printed following your paper in the Journal of the Air Pollution Control Association. Should you desire to reply to these questions, please respond directly to the Air Pollution Control Association:

Mr. Harold M. Englund
Journal of the Air Pollution
Control Association
4400 Fifth Avenue
Pittsburgh, Pennsylvania 15213

I found your presentation informative and would enjoy being kept informed on your work in this field.

Sincerely,

Richard D. Grundy

Richard D. Grundy
Professional Staff

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69-145 Toxicological Appraisal of Lead

Robert A. Kehoe, University of Cincinnati, Cincinnati, Ohio

Question 1: (Dr. Patrick R. Atkins, Assistant Professor,
University of Texas, Austin)

Much of the data that I have seen indicates that smokers tend to have 20 to 50 percent more blood lead than non-smokers. Assuming food and liquid intakes are essentially constant, it appears that smoking causes this increase. Since cigarettes contain relatively small amounts of lead (e.g. 0.8 ug per cigarette) the absorption rate of inhaled lead in the smoke must be high. Does this indicate that inhaled lead is much more important than lead in food and liquids, since such a relatively small amount of lead in food and liquids has such a large effect on blood lead levels?

Question 2. (Dr. J. W. Ford, Cornell Aeronautical Laboratory,
Buffalo, N.Y.)

Dr. Kehoe, do you feel the data based on lead exposures is well enough established for us to go ahead?

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