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September 3, 1940

Dr. Thomas Parran, Surgeon General
U. S. Public Health Service
Attention: Dr. L. R. Thompson, Director
National Institute of Health
Washington, D. C.

Dear Doctor Thompson:

From time to time requests for information and instructions have come to officials of The Ethyl Gasoline Corporation, from representatives of oil companies licensed by the Corporation to manufacture and distribute gasoline containing Ethyl Fluid, with respect to the leaflets mentioned in paragraph 2 of the "Proposed Regulations for Distribution of Ethyl Gasoline", of the Public Health Service. This matter was brought to a head recently when, pursuant to an interpretation of a recent U. S. Supreme Court decision by the Department of Justice, it became necessary for the Ethyl Gasoline Corporation to revise its practice of dealing directly with resellers of leaded gasoline. My advice was sought in the formulation of instructions which licensees of the Corporation might pass on to their customers, in keeping with the recommendations of the Public Health Service. I wish to acquaint you with the advice I gave and the reasons which led me to give it.

I enclose herewith a copy of the instructions as finally adopted for distribution to licensees of the Ethyl Gasoline Corporation. These instructions will, presumably, be passed on in similar form to resellers of leaded gasoline. No change has been authorized with respect to the use of signs on pumps and containers. However, there is no mention of the use of leaflets describing "the possible dangers and precautions to be taken in the use of Ethyl Gasoline". I advised against the issuance of such leaflets, and against any reference to their use. At one time I was disposed to feel that these leaflets might do some good, and in any case, could do no harm. This, in my opinion, is no longer true, for the following reasons:

(1) During the past fifteen years there has been no indication of lead poisoning among persons who dispense or use leaded gasoline, or who repair automobiles that use such fuel. Indeed, with the exception of one well recognized

hazard, - that of cleaning gasoline storage tanks - , there is no reason to believe that the use or handling of leaded gasoline involves any danger which is not characteristic of any gasoline. On the contrary, there is sound experimental evidence that the occupations which involve the greatest exposure to such lead hazards as may arise from the general distribution of leaded gasoline, (with the exception of the one specifically mentioned above), namely, bulk and filling station dispensing, and the repair of motor cars, are free of hygienically significant lead exposure. The drivers and owners of automobiles are not exposed to hazard, therefore, in the use of leaded gasoline, and although they are entitled to information which enables them to avoid the use of leaded gasoline, if they so desire, they cannot honestly be warned against its use, or advised to take precautions.

(2) It is necessary, I believe, to clarify the hygienic issues involved in the distribution and use of leaded gasoline. To do this, it is highly advisable to maintain control where control is necessary, and to dispense with activities which only confuse the situation, lest all efforts at control be brought to failure. There is every hygienic reason for controlling the upper limit of lead concentration in gasoline for commercial use, and if this is understood it can be done. There is somewhat less reason for distinctive coloration of leaded gasoline, and considerably less for the use of signs warning the public of the presence of lead in the gasoline. A good case can be made for both of these requirements, however, and certainly there is no disadvantage in their use, from the hygienic viewpoint. No valid reason can be given at present, however, for issuing specific precautionary instructions to the consumers of leaded gasoline, and the issuance of such instructions would tend to vitiate all other precautionary measures. This point is made not as a criticism of the recommendations of the Public Health Service, which at the time of their formulation were fully justified, and were so accepted by me and everyone else who took the trouble to examine them. It is rather an acknowledgment that dangers which could not be ignored originally, have failed to materialize after fifteen years of experience.

(3) The attempts originally made to provide leaflets for "distribution on request", met with complete failure. No requests were made at filling stations for information, and when employees exceeded their instructions and gave out leaflets without solicitation, these leaflets were promptly discarded. Apparently, they were never taken seriously. These facts were reported informally to representatives of the Public Health Service and for the most part further attempts to circularize the purchasers of Ethyl Gasoline, were discontinued. No request for the formal withdrawal of

this regulation has ever been made by the officials of the Ethyl Gasoline Corporation, but it has been their feeling that an honest and unsuccessful attempt to carry out the regulations has absolved them from any charge of non-cooperation.

I have gone to some length to explain my point of view and the background of my advice to the officials of the Ethyl Gasoline Corporation, not with the idea of suggesting that the proposed regulations be formally and officially modified by the exclusion of the second paragraph, but rather to determine whether or not I am in essential agreement with the Service in my judgment on this point. I am quite willing to assume the responsibility for differing with a recommendation made somewhat tentatively fifteen years ago, and to give advice in keeping with more recent events. On the other hand, I definitely do not wish to involve the Ethyl Gasoline Corporation in an action which in your judgment is ill-advised. Accordingly I should appreciate it greatly if you would let me have your views on this matter.

Cordially yours,

RAK:is

Robert A. Kehoe, M.D.