June 8, 1970

Mr. Lawrence E. Blanchard, Jr.
Executive Vice President
Ethyl Corporation
330 South Fourth Street
Richmond, Virginia 23217

Dear Mr. Blanchard:

Your letter of June 4th brought me the article of Hernberg which I had wished to see. It turns out to be one with which I am familiar. It is, I think, a good piece of work, and as he explains, it is not involved in detecting an injurious effect. This, to whatever extent it operates, has been going on for a long time, far longer than tetraethyllead has been in use.

The statement issued by George Roush is valid and pertinent. There are many more issues involved in the Petition, and I am dealing with them, for your benefit at some length - more, perhaps, than you might wish.

Your visit was a pleasure to me and I trust that it was simply the beginning of a happy acquaintance, but I am not by that including the expectation of trouble and more trouble.

Cordially,

RAK

Robert A. Kehoe, M.D.
Professor Emeritus of
Occupational Medicine

RAK:wb

cc: George Roush, Jr., M.D.

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ETHYL CORPORATION
330 SOUTH FOURTH STREET
RICHMOND, VIRGINIA 23217

LAWRENCE E. BLANCHARD, JR.
EXECUTIVE VICE PRESIDENT

June 4, 1970

Dr. Robert A. Kehoe
University of Cincinnati
Department of Preventive Medicine
and Industrial Health
Kettering Laboratory
Cincinnati, Ohio

Dear Dr. Kehoe:

On my return to the office this morning I just want to drop you a note to let you know how much I enjoyed the entire day with you yesterday and how much I appreciated all of your courtesies. In short, you certainly lived up to all of your advanced billing and it meant a great deal to me to get to know you in person.

As I told you, George Roush and I had been planning to come out together to talk to you for some time but both he and I have been having to flit around quite a bit and of course you know about his sudden trip to Japan. Incidentally, in line with our discussion, I am sending you the most recent telex which I have received from George on the situation out there.

As I told you, the most pressing need for some assistance from you in George's absence was on this Petition by Environmental Defense Fund, and I will certainly be most appreciative if you will let George and me have your reply to the health allegations contained in this Petition. As I told you, we certainly do not need at this stage in anything like final form but merely need some ammunition in case the lawyers decide something has to be filed suddenly.

Finally, in line with our discussion of what might be a good simplified approach for us to take from

time to time at various hearings to avoid getting into all of the complexities of the entire subject, I am enclosing a short four-paragraph statement that George prepared for me sometime ago and which I think is quite good. Of course, you will notice on the copy I am sending you that I, as an ex-lawyer, could not avoid adding a few scribbles of my own.

We will try to do a better job of staying in touch with you now that it looks like the controversy may well move more directly into hearings on the health aspects. Also, I know that George wants to come out and discuss with you the tests that have been run near the Detroit Freeway.

Thanking you again for a delightful day and with kindest personal regards, I am

Sincerely yours,

Larry
(I'm not known by any other name!)

LEB:ab

Encl.

P. S. I am also enclosing a copy of the paper George Roush sent me recently which I was mentioning to you. I am sorry I am such a lousy doctor that I couldn't even appropriately describe what it was about.

L.E.B.

cc: Dr. George Roush, Jr.

THE HEALTH EFFECTS OF ENVIRONMENTAL LEAD

The health effects that result from man's exposure to lead in air cannot be discussed without also discussing lead in man's diet. Man, without any obvious exposure to lead in the air, has about the same body burden of lead as a man in downtown Washington, D. C. or Los Angeles.

It has often been said that lead in the diet averages about 0.3 mg/day. Actually the lead in diet varies by a factor of 3 or 4 so that the range is realistically between 0.1 and 1.0 mg/day. This variability of lead intake by ingestion is reflected in the body burden as measured by blood lead. This point is best illustrated by looking at blood leads around the world - the levels range from about 0.01 to 0.03 mg of lead/100 g of blood, with U. S. levels falling about in the middle of these reported values. To take an example, the blood leads in Cincinnati are as high or higher than they are in Los Angeles although the levels of lead in air are considered to be higher in Los Angeles by a factor of about 2. To further illustrate this point, the concentration of lead in blood in New Guinea natives is as high as it is in the United States with practically no lead in air. With this variation in body burden of lead due to ingestion, the contribution to body burden by inhalation must be, at best, of only borderline significance.

If, as we believe, the contribution to the body burden by inhalation is of only borderline significance and, if the lead in air could be completely removed, there would be little or no change in the average body burden of lead (as measured by blood lead) around the world. If a change were measurable, it would be only of mathematical and statistical significance, with no physiological significance whatsoever.

All studies of lead in population groups have fallen in the "generally accepted normal range". Attempts to correlate such studies with lead in air are merely exercises in analyses and statistics. Health effects of lead, if such are indeed present, are almost entirely due to the ingestion of lead and, because of the omnipresence of lead in nature, such effects are not likely to disappear even if a lead-free air environment were possible.