

June 29, 1943

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CONFIDENTIAL

Dr. L. E. Edelman,
Director of Research,
The Lake Erie Chemical Company,
2200 Scranton Road,
Cleveland 13, Ohio.

Dear Dr. Edelman:

Please accept my thanks for the collection and forwarding of samples of urine obtained from yourself and your two associates. The samples as received have been analyzed, and with one exception they have turned out to be quite satisfactory as preliminary observations. (The sample obtained by [REDACTED] at 1:30 P. M., on June 17, was rather concentrated with respect to its lead content, and under the circumstances, I consider it very likely that this sample was contaminated with lead in the process of its collection. I mention this only to emphasize the necessity for the utmost care against such difficulties in the collection of subsequent samples.)

We shall be forwarding to you additional containers if these have not already gone forward, and I think we would be wise to obtain these samples at approximately ten-day intervals until your work has been completed. At the time the samples are forwarded to me, I should also receive a brief summary of the information concerning the activities of the individuals during the antecedent period. In this way I shall be able to interpret the results with considerable accuracy. I think it will be unnecessary for me to report these results to you until the work has been completed, but you can rest assured that I will get in touch with you promptly if there are any significant changes in the lead or arsenic excretion.

I have received a letter from New York, indicating that my suggestions concerning the manner of supplying you with tetraethyl lead have been excepted as satisfactory.

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Referring to your letter of June 21 and the matter of specifications on gloves, I think I need not be too specific. In a general way our regulations say, ".....rubber gloves must be heavy enough to stand use without tearing. Neoprene or its equivalent is a satisfactory substitute for rubber." This specification is satisfactory for field use inasmuch as the gloves are selected by members of the Safety Division of the Ethyl Corporation, and are inspected by them from time to time. For your purposes I might add the following comments. Rubber gloves of good quality, well fabricated and of a thickness several times that of surgical gloves, may be used to avoid skin contact with tetraethyl lead. Such gloves will be penetrated if their contact with tetraethyl lead is prolonged continuously. Therefore, they should be used for short periods only and should be cleaned up carefully as soon as the contact has been brought to an end. They can be cleaned satisfactorily with Kerosene and then with soap and water. If the rubber is attacked by tetraethyl lead or by solvents, it will become spongy. The gloves should be inspected carefully, therefore, and discarded when there is the slightest evidence of swelling or roughening on the part of the rubber.

Neoprene is a satisfactory substitute for rubber, and in fact, is somewhat better. The best glove we have found, from the point of view of quality of material and of fabrication is "Sure Seal" Neoprene. I do not have the name of the supplier. Another not as good was obtained from Mine Safety Appliances Company, identified as CF 32610. The chief difference, apparently, is in the care taken in fabrication.

As you will recognize from these comments, the heavy weight rubber glove which you showed me was entirely satisfactory. All that is necessary is that such gloves should be selected on the basis of a reasonably good fit for the experimental worker so that they will not be too awkward for use in handling laboratory equipment.

Finally, let me suggest that if you run into any difficulties you let me know promptly. It will be our purpose to assist you in every possible way to avoid trouble. The best way to do that is by knowing as much of your problems in advance as circumstances will permit. You can reach me by telephone at University 2665, and if I am not in, my secretary will be able to reach me.

Sincerely yours,

Robert A. Kehoe, M. D.

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