Monsanto

FROM (NAME & LOCATION) R. L. Neubert - St. Louis

DATE June 28, 1966 CC

SUBJECT POLYMERIZATION OF PVC PROBLEM

REFERENCE Your memo of 6/17/66

TO : Dr. R. Emmet Kelly

Although I did not receive a copy of your referenced memo, Bill Dickens has been kind enough to give me his copy and I have had the opportunity to discuss the subject briefly with Al Erdman during his current visit to St. Louis.

Since I am also responsible for PVC operations in Mexico and Argentina, I am taking the liberty of forwarding a copy of the Summary of Meeting attached to your referenced memo to Mr. Lio at MEXICANA and to Mr. Krag at MARG, together with the advice that they correspond directly with you if they have any question concerning the matter as it may affect their operations.

R. L. Neubert

RLN/bfm

RSV 0009201

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R. L. Neubert - St. Louis

June 28, 1966

Dr. R. Emmet Kelly

Mr. S. P. Lio
Mexico

I am attaching a copy of a "Summary of Meeting" of various companies held in Cincinnati on June 6 and 7 of this year.

It is suggested that MEXICANA communicate directly with Dr. Kelly concerning measures which might be advisable for your company at this time.

R. L. Neubert

RLN/bfm

Enclosure

RSV 0009202

R. L. Neubert - St. Louis

June 28, 1966

Dr. R. Emmet Kelly
Mr. E. M. Morgan

Mr. E. E. Krag
Buenos Aires

I am attaching a copy of a "Summary of Meeting" of various companies held in Cincinnati on June 6 and 7 of this year.

It is suggested that MARG communicate directly with Dr. Kelly concerning measures which might be advisable for your company at this time.

R. L. Neubert

RLN/bfm

P.S. I am sending a carbon copy of this memo to Earl Morgan with the thought in mind that he can discuss this matter with Dr. Kelly and relay the information to manufacturing management at the time of his August trip to Argentina. If you agree, you should possibly correspond with Earl on this matter.

RLN

PARAMETERS FOR HAND CASES AS DEFINED BY DR. GEORGE ROUSH, JR., AND ASSOCIATES AND AGREED UPON BY MR. W. E. McCORMICK AND DR. R. H. WILSON

I. Clinical

A. The onset of the disease may be heralded by the appearance of Raynaud's phenomena, by the onset of pain in the fingers, or by the appearance of nodules in the skin.

B. The disease picture is characterized by any of these symptoms singly or any combination of these symptoms. It may also be characterized by only x-ray changes (acroosteolysis), with no clinical symptoms. (See Section II).

C. Description of manifestations

1. Raynaud's phenomena
   a. The onset of the symptoms is most likely to become apparent when the air temperature falls to 50-60° F. The patient will state that for the first time he noted that his fingers blanch at this cool temperature.
   b. There will be few objective findings when such a patient is observed. The fingers may be cool and may even demonstrate a peripheral-type or acrocyanosis. The palms of the hands and the fingers may be cool and moist.
   c. The patient's cold intolerance rarely will be sufficiently severe to lead the patient to seek medical advice on his own initiative.

2. The tips of the fingers may become tender.
   a. The pain in the fingers is usually very mild, so much so that the patient considers it to be a nuisance. He will describe the pain as being elicited by tapping of the involved finger, by buttoning his shirt or picking up a coin, or it may only be elicited when he attempts to turn a tight valve.
   b. On examination, the pain can best be produced by applying pressure on the tip of the involved finger in the longitudinal axis.

3. Skin nodules may be noted in the skin of the hands and arms.
   a. The skin nodules are about 5 millimeters in diameter and have a tendency to coalesce. They are rounded, elastic, and non-tender.
   b. They are located over the bony prominences of the hands and forearms. They are most frequently located over the extensor surfaces of the proximal interphalangeal joints.

4. The patient may complain of swelling of his hands and fingers. This may be described as a tightness or fullness of the fingers and hands but little or no objective findings will be noted.

II. Roentgen signs of acro-osteolysis in conventional roentgenographic examination of the hands.

A. Marginal destruction or absorption of the tip or lateral margin of the tuft of the distal bony phalanx of one or more fingers. This loss of bone may give a slice, notch, or half-moon contour to the tuft. A bony fragment frequently lies adjacent to the altered tuft margin.

B. Occasional fragmentation of the tuft of the distal bony phalanx.

C. A radiolucent transverse band with or without fragmented ossification at the shaft-base of tuft junction of the distal bony phalanx.

D. Pseudo-amputation or absence of part of the distal bony phalanx. Faint ossification or a ghost bony remnant may be detected within the distal segment.

E. Shortening of the distal bony phalanx with re-ossification intermixed with lysis changes of C and D.

F. Residual shortening and widening of the shaft and tuft of the distal bony phalanx producing a stubby or collar button appearance. Occasionally permanent loss of bone substance of the distal phalanx occurs with only the base or proximal segment remaining.

G. Pseudoclubbing of the soft tissues of the distal phalangeal segment of the fingers.