DISCUSSION OF PAPERS BY DR. HAMLIN AND MR. WEBER

Mrs. Steele requested that discussion be withheld until both these papers had been presented since the medical and hygiene activities were so closely related.

Question: Does a high lead value in a urine sample mean that the employee has lead intoxication?

Answer: Dr. Hamlin replied that simply because a man has been found to have a high urinary lead excretion it does not necessarily mean he has lead poisoning. It is essential to distinguish between lead "absorption" and lead "intoxication. If lead absorption increases to the point where it can no longer be stored up in the tissues, the lead spills over into the blood stream and intoxication ensues. This would only occur if the man is subjected to high atmospheric concentrations of lead fume or dust. The aim of the Medical Department is to prevent lead absorption by recommending adequate exhaust ventilation measures to remove fume and dust at the source. Our whole program of control is based on "prevention" and good housekeeping plays a very big part.

Question: What is the policy of the Company with regard to requests received from local Tuberculosis Associations to conduct chest x-ray surveys in our plants?

Answer: Dr. Hamlin stated that we have been faced with this situation in quite a few locations in past years. He pointed out that most of these outside agencies had never taken the trouble to find out whether the Company had a medical program of its own or whether it was doing anything about chest x-rays or not. It has therefore fallen to the lot of the Medical Department to answer these requests and, incidentally, all such proposals should be referred to the Medical Deaprtment for reply. After they have been informed that Brake Shoe has been doing such surveys for years and after they have learned of our program, most have admitted that we were away ahead of them and the matter has ended.

While we are in sympathy with such efforts, we believe that our present set up has no need of outside service of this kind. There are also several valid objections on our part. Usually these societies refuse to give us results of the surveys so that we would be unable to properly follow employees' progress as we do now. We have also found on occasion that employees who have submitted to such surveys outside the plant have been given inaccurate interpretations of industrial chest conditions which have caused unnecessary alarm on the part of workmen and have instigated unjustifiable claims for compensation, thereby costing the Company considerable expense. We feel that we can secure better cooperation from employees with our own program and have a much better follow-up system.

Question: What should be done about the employee whose chest x-rays show evidence of disease due to dust? May he continue at his regular job or should he be moved to a different one?

Answer: This, according to Dr. Hamlin, depends on the individual case. Once the nodular pattern of siderosis is established in the x-ray,