

Dr. H.H. Newman.

LVN/MB

17th June 1954

Aroclor Toxicity
Your memo, 11/6/54

CONFIDENTIAL

C.C. Dr. J.W. Barrett
Dr. J.A. Gardner
Dr. W.H.G. Morgan
Dr. E.G.H. Thomas.

I have carefully studied the extract from the paper by J.W. Hays, J.J. Alboms and B.L. Kartin (J. Amer. Med. Assoc., April 24, 1954) concerning the outbreak of chloracne among workers on a plant using Aroclor as heat-transfer media, particularly in view of its severe impact on our Aroclor business. (cf. Mr. Quinley's memo of 8th June.) It is possible that some of the points I now propose to raise will be answered when we have the full text of the paper which you are getting, but if not, I think they should be taken up with Dr. Kelly.

The abstract clearly suggests that a concentration of an unspecified Aroclor only 10% of that permissible can lead, after a prolonged delay period, to a high incidence of chloracne among those exposed. If this can be substantiated the prospect is indeed bleak, but what we have to determine is whether the facts are indeed as indicated above.

We are told that after 19 months' exposure one of the workers developed acute contact dermatitis. What is the significance of the word contact in this context? To me it suggests the possibility of liquid contact. On examining the details, I find that there was "a slight leakage of vapour, particularly around the cover of a sump pump, and from all gasketed connections in the system". When all but one of these gasketed joints, including the cover of the sump, were welded together the trouble was apparently eliminated. There were clearly leaky joints, but we are asked to believe that only vapour escaped therefrom, a most improbable circumstance. I feel confident that all the exposed gasket edges were saturated with liquid Aroclor, and that there might even have been drops of liquid Aroclor falling down on to floors, handrails, and other supposedly safe surfaces, and that the reported cases are really due to contact with the liquid.

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I look with particular suspicion on the sump pump and wonder how much trouble was experienced with gland leakage. To me the internal evidence points to liquid contamination as being the cause of the trouble, particularly as the measured vapour concentration was so low.

I would be glad if you would indicate my views to Dr. Kelly so that this aspect should be given due weight in the post-mortem that H.C.C. will undoubtedly be conducting.

L.V.N. H.M.S.Y.

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