

Sub-Department of Industrial Health,
Institute of Hygiene,
The University,
Glasgow, W.2.

9th April, 1947.

Dr. Robert A. Kehoe,
University of Cincinnati,
College of Medicine,
Kettering Laboratory of
Applied Physiology,
Eden Avenue,
Cincinnati, Ohio, U.S.A.

Dear Dr. Kehoe,

Many thanks for your letter of March 17th, 1947. I welcome your insistence and in return I shall be equally frank in explaining the difficulties with which we are faced in trying to achieve administrative control of the lead risk in shipbreaking in Scotland.

I agree that given the proper administrative and laboratory set-up it is possible to protect men against the most severe hazards encountered in lead industries in general. You will, of course, realise that the administrative and laboratory facilities are useless unless complete co-operation exists between the industry and the medical side. In this respect the shipbreaking industry is probably unique. Ship-breaking in this country is an extremely lucrative business, and the attitude of management to workers rendered derelict by this occupation is unsympathetic and tends simply to "write off" debilitated individuals as just another overhead. So much for management. The labour force also constitutes a problem, in that shipbreaking is recognised as a dangerous and an unhealthy trade, and in spite of the high pay attached to it the labour force is characterised by marked inferiority of personnel and a very high turn-over. In fact, the labourers employed welcome co-operation with the medical side with only a little more enthusiasm than management. The cost of compensation cannot be used as a weapon to drive home the lessons of industrial health, as in the very near future compensation for industrial disability in this country will be borne by the State.

From the technical point of view control of the lead risk in shipbreaking presents the specific difficulty that absorption of lead fluctuates with extreme rapidity depending on the degree of loading of the ship on which the labour force is engaged. Thus the results of analytical methods may be within normal limits one day, and be markedly above normal the following day. So that even with proper administrative and laboratory arrangements it is impossible to guarantee that lead poisoning can be absolutely prevented.

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In view of the complex nature of the situation which I have outlined, my chief, Professor Ferguson, and I have come to the conclusion that our assistance to the industry must be provided on the basis of all or nothing. At present complete co-operation is unlikely to be vouchsafed to us, but we expect that before long cases of lead poisoning are likely to arise in some numbers. In this event the co-operation which is so necessary for efficient administrative control could be forthcoming, in our opinion, only as a consequence of Government action. Should the Minister of Labour publish the necessary order both management and labour would then have no alternative but to afford full co-operation, and then I am hopeful that proper administrative control could be instituted in a relationship which we would strive to make as harmonious as possible by personal contact.

You may feel that our attitude here savours of pessimism and negativeism. On the other hand, we feel convinced that administrative control must be absolute and as efficient as is humanly possible or it should not be embarked upon at all. If opportunity offers for us to put the machinery of control into operation you may rest assured that I shall be only too glad to avail myself of your kind offer of assistance.

With kind regards,

Yours sincerely,



John M. Rogan, M.D.

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March 17, 1947

Dr. John M. Hogan,
Sub-Department of Industrial Health,
Institute of Hygiene,
The University,
Glasgow, W-2, England.

Dear Dr. Hogan:

At the risk of being somewhat insistent, I want to explain what I meant with respect to radical departures from current practice in the protection of men whose exposure to lead is or may be highly dangerous.

We have found it possible in what is, I believe, the most potentially dangerous of the lead trades, to protect men against even the most serious hazards, by removing them from their exposure when analytical evidence indicates that they have reached an dangerous level of lead absorption. I have no hesitation whatever in saying that this can be done in any dangerous lead trade. When the levels of lead concentration in the blood and urine reach certain well defined zones, the individual should be removed from his exposure, so as to avoid the onset of an episode of intoxication. I am quite certain from my own experience, that this can be done so cautiously that no cases of intoxication will occur. By taking a little greater risk, using less rigid criteria, one can prevent all but the mild types of intoxication. In any case, this can be done, and it is my feeling that where the risks to individual workmen are sufficiently great, it ought to be done. The cost of such work is obviously considerable, and the amount of care that is required to obtain adequate information is much greater than that involved in other types of medical and hygienic supervision. However, it can be made to pay dividends, not only in the security of men's health and lives, but also in terms of the cost of the compensation of disabled persons or their families.

It was my belief that facilities for this type of work might well be available in the City of Glasgow; if they are not adequate, it would seem that additional facilities might be provided by some suitable means. The analytical methods are sufficient at present in their accuracy and speed, to justify this procedure when it is urgently needed, and the criteria for safety can be laid down in wholly satisfactory terms.

It may or may not be feasible for you to accomplish these ends, but I assure you that if I can be of any assistance by providing the details of our experience with reference to analyses, methods of sampling, and practical interpretation of results, I should be happy to do so.

Cordially yours, *KE* 0002219

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