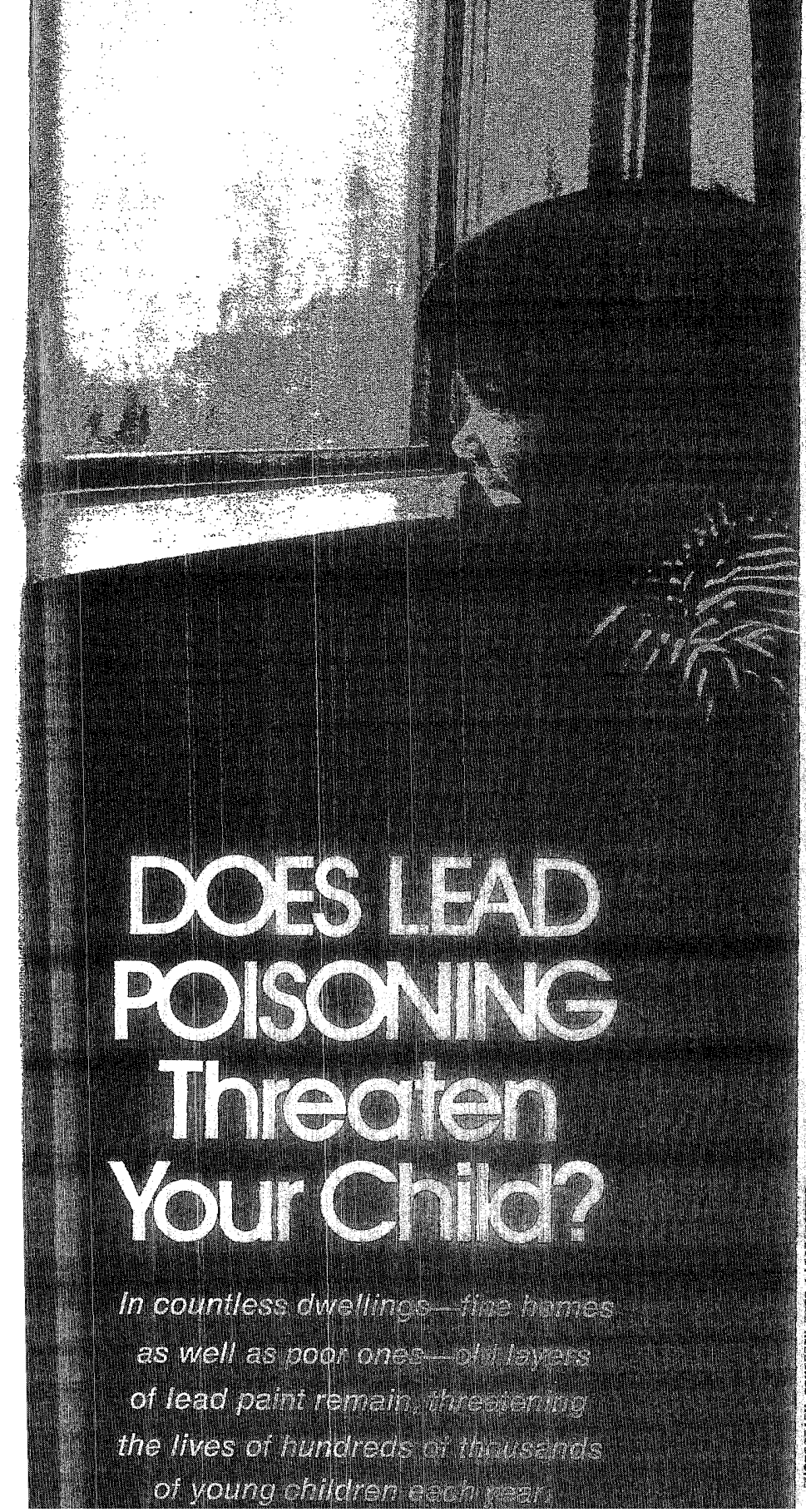

DOES LEAD POISONING Threaten Your Child?

In countless dwellings—fine homes as well as poor ones—old layers of lead paint remain, threatening the lives of hundreds of thousands of young children each year.

PHOTOGRAPH COURTESY REED LABORATORIES

Director, Bureau of Community Environmental Management Health Services and Mental Health Administration, U.S. Department of Health, Education, and Welfare

Pouf, a French poodle puppy, and seventeen-month-old Susie Eaton were inseparable playmates. For about three months after the puppy's arrival, he scampered about tirelessly, his antics a delight to the whole family. But then he seemed gradually to run out of steam and, one Sunday, keeled over and went into convulsions. Pouf's malady, however, turned out to be a blessing in disguise. For Susie was suffering from the same illness as the puppy, but, like most children with this serious disorder, she showed no overt symptoms. If the condition had progressed to the point where Susie was clearly ill, it might have been too late to save her from brain damage, even death.

Pouf and Susie were victims of one of man's oldest environmental diseases—lead poisoning, or plumbism. Both child and puppy had contracted the disease by chewing on fragments of lead-based paint from the interior and exterior surfaces of the lovely old house on the outskirts of Baltimore that Larry and Marjorie Eaton bought when Larry received a job promotion. It was exactly the sort of place they'd always wanted, lots of space and trees, even a babbling brook. The house was run down and needed a lot of work. But the Eatons enjoyed fixing up old places, so they moved in and planned to do most of the renovating themselves—knocking out walls and doing their own plastering and painting.

The veterinarian who treated Pouf, was the first to notice paint marks on the puppy's muzzle. Informed that Pouf chewed on bits of old paint or painted plaster, he nodded, and after taking a blood test told the Eatons that Pouf had lead poisoning.

"We're giving him drugs to get the excess lead out of his system," the vet told Marjorie when she called the next morning. "He'll be okay, I think. We had some monkeys at the National Zoo who got sick from chewing lead paint on the bars of their cages, and they recovered. Actually lead poisoning is more serious in young children than animals. I heard of a sad case not

DOES LEAD POISONING Threaten Your Child?

(continued)

long ago. A little girl of two, who chewed on the flaking rim of a window sill, and scraped and ate chips of paint from the walls and ceilings of the old house she lived in. By the time she showed symptoms, she was severely brain damaged."

As soon as she had hung up, Marjorie flew into the living room. Peeling a loose paint chip from the baseboard next to the playpen, she put it down near Susie, who promptly picked it up and smiling, tried to eat it. Snatching the paint chip away with a gasp, Marjorie raced outside to the wall of the house where she usually put Susie's playpen. Sure enough, there were little powdery bits of paint sprinkled on the ground where Susie could easily reach them. How many times had she or Larry stopped Susie from chewing on a fistful of dirt? How many other times had she done so without being seen?

We all consume a certain amount of lead daily—in water and milk, for example—but it now seemed highly possible that Susie had supplemented her normal intake by chewing on loose paint both in- and outdoors.

Marjorie immediately called Susie's pediatrician, who advised taking the child to Baltimore City Hospital, which specializes in lead-poisoning cases. There Susie was given a blood test, which revealed that she had twice as much lead in her blood as is considered safe. Treated with chelating agents—drugs that remove much of the lead from the body—she was soon out of danger.

The Eatons were exceedingly lucky that Pouf had flashed a warning. Only about five per cent of all persons with excessively high lead levels in their blood show any symptoms until the disorder has progressed to a stage where it may permanently maim or kill. Most of the lead normally consumed is eliminated by the body, but the regular ingestion of just a few small flakes of lead paint over a period of three to six months can make a child seriously ill by causing an accumulation of lead in body tissues. A paint chip the size of a fingernail may contain 100 times the lead considered safe for daily consumption.

Plumbism, as we know it today, is primarily a disease of children under six years of age, with approximately 85 per cent of all victims between the ages of one and three. Very young children are particularly vulnerable, because their nervous systems and vital organs are still in the process of development. A steady intake of even minute quantities of the metal can lead to mental retardation, other severe brain damage, cerebral palsy, blindness, kidney diseases, convulsive disorders, or death. Learning and behavioral difficulties as well as sensory and emotional disturbances have also been traced to lead poisoning.

An estimated 2,500,000 children in the United States live in old, dilapidated housing that may contain hazardous amounts of lead. Mass screening programs conducted in the high-risk areas of seven cities have shown that twenty to 40 per cent of the children tested had excessive amounts of lead in their blood. For the nation as a whole, it is estimated that 25 per cent of the children at risk—about 600,000 altogether—have significantly elevated blood-lead levels and that, of these, 50,000 to 125,000 are likely to be in urgent need of medical treatment. For every child treated for lead poisoning, there are approximately 25 others who are suffering from the ailment but go untreated.

In the United States, lead poisoning causes the death of some 200 children annually, and another 800 are so severely affected that they will require permanent care. Some 3,200 more children sustain moderate to severe brain damage.

"The problem is by no means confined to the slums," according to a leading authority on lead poisoning, Dr. J. Julian Chisolm, Jr., Associate Professor of Pediatrics at Johns Hopkins University and Chief of Pediatrics at Baltimore City Hospital. "The great majority of our cases come from these areas and we therefore regard them as high risk. But we've had a number of lead poisonings in middle-income neighborhoods. We don't know how many middle-class children are at risk but we suspect it is far more than presently estimated."

Dr. Jane Lin-Fu, Pediatric Consultant with HEW's Maternal and Child Health Service, corroborates this view. In recent surveys of several thousand children with excessively high blood-lead levels all socio-economic levels were represented, and many of the children came from middle-income families.

Though lead paint hasn't been used in interior work for residential housing since World War II, some exterior paints still have high concentrations of lead. In addition, children may also be exposed to lead in some glazed earthenware. (Don't worry about the so-called "lead" in pencils, however. It's not lead, at all, but graphite.) Lead fallout particles in dust and soil, pollution from the automotive exhaust of leaded gasolines, are other sources of contamination.

The major threat, however, remains the lead-based paints that were applied to interior walls many years ago. In countless old dwellings, fine townhouses and country manors as well as decaying tenements, several layers of old paint still lurk dangerously beneath the surface of more recent coatings. Children often dig or chew down to these old layers.

All infants put objects in their mouths and some babies and young children have a compulsive tendency to eat non-food substances—a condition known as pica.

Unfortunately, children who have been treated for and cured of lead poisoning are often returned to the same environmental hazard and become sick again. As Dr. Vincent F. Guinee, Director of the Bureau of Lead Poisoning Control of the New York Department of Health, states: "Until such time as a social commitment is made to prevent lead poisoning by eliminating the source, screening programs will be necessary to seek out and protect children in immediate danger from toxic lead."

Lead-based paint was recognized as a serious threat to children in the early 1930's, but little attention was then given to the problem. Prior to 1960 no attempt was made to identify potential victims of lead poisoning. In the 1960s, however, Chicago, Baltimore, Philadelphia, New York, and other large cities took the initiative by setting up screening programs, which, instead of waiting until cases were reported, examined large numbers of the children in high-risk neighborhoods.

The problem was found to be so widespread that, in 1970, lead-based paint (*Continued on page 62*)

LEAD POISONING

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poisoning in children became an issue of national concern and in 1971, Congress passed the Lead-Based Paint Poisoning Prevention Act, with an authorized appropriation of $30 million, for a greatly expanded attack on the problem. The amount actually spent, however, was less than $10 million. The Department of Health, Education, and Welfare and the Department of Housing and Urban Development were designated to administer the Act. The Bureau of Community Environmental Management (BCEM) is the agency within HEW charged with assisting local governments in developing and carrying out programs to identify and treat the lead-poisoned child and to eliminate the source of the hazard.

Unfortunately, the funding powers of the Lead-Based Paint Poisoning Prevention Act expired on June 30, 1972, and subsequent congressional attempts to renew the law have not succeeded. In order to dramatize the need for a national program to combat lead poisoning a joint position statement was issued in late March by the American Public Health Association, the American Academy of Pediatrics, and the National Environmental Health Association. The statement pointed out, "The cost of removing old paint from a dwelling is only a fraction of what it costs the family and society to care for a child who has become mentally retarded." And, of course, the cost in dollars cannot compare to the cost in heartbreak.

One of the prime objectives of all lead-poisoning control programs is to inform parents and local health and political officials of the existing lead-paint hazard and to provide guidance for effective preventive measures. These include:

- Removing all sources of lead that children can eat. Old lead paint on ceilings, walls, and trim should be removed or effectively covered. Several cities report good results from covering walls to a height of four feet with contact paper, paneling or wallboard. Lead paint on woodwork should be removed, and peeling paint and plaster should be regularly swept from floors and scraped from walls and ceilings. (There is a portable instrument now available which uses an X-ray fluorescent technique for detecting lead on walls, baseboards, and other dwelling surfaces.) Early results for a lead-inactivating substance, currently being tested by the Laboratory for Experimental Medicine and Surgery in Primates of the New York University Medical School in conjunction with Grow Chemical Corporation, are encouraging. The researchers believe that this material, if added to ordinary interior latex paint, would inactivate the toxic effect of the lead contained in old layers of paint.
- Any child suspected of chewing on or eating substances containing lead should be kept from further exposure, preferably by removing the source. Parents, physicians, and other health personnel should watch for early symptoms of lead absorption: lethargy, irritability, loss of appetite, stomach ache, and vomiting.
- Quick and accurate detection prevents serious consequences. Any parent who suspects his child may have lead poisoning, should schedule the youngster for a simple blood-lead test. If a diagnosis of lead intoxication is made, proper and careful treatment should start immediately.
- Whenever a case of lead poisoning is found, other children in the home should be promptly checked for possible signs of the disease.
- For parents who cannot afford medical care, there are free clinics in numerous communities that specialize in the diagnosis and treatment of lead poisoning. In some large cities free emergency repair services are available to remove lead paint, cover walls, and otherwise eliminate the hazard in dwellings where parents or guardians are unable or unwilling to do this themselves. Landlords who refuse to cooperate by making renovations or repairs are subject to stiff penalties. (For information on services and facilities available in your community, contact your local or state departments of health and housing.)

"With regard to childhood lead poisoning," Dr. Chisolm states, "we now have the knowledge to act. A humane society must take all necessary steps to eliminate a wholly preventable disease." ■

SEX AND QUARRELS

(Continued from page 47)

Don't threaten to tell your parents all about the argument, and don't threaten to run home to your family. Invoking your parents' names is a way of ganging up on your partner.

Don't bring your own children into the argument, even if they're old enough to understand what's involved. You're likely to wreak emotional havoc should you expect them to take sides for one parent against the other.

Do be forthright about your feelings. You have a right to them and, anger is nothing to be ashamed of. your grievances, rather than keeping your partner guessing.

Do listen to your partner as well as to yourself. Don't simply prepare your retort while your partner is speaking.

Do be honest in admitting it if your partner scores a telling point. A constructive argument should clarify issues rather than prove one person right or wrong.

Making up by making love after a quarrel can be a completely natural thing to do. The exchange of angry words help a husband and wife to understand each other better, and help to bridge the distance between them. They feel warm and close, and want

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PARENTS'

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IF YOUR CHILD IS . . .
Under 5 years, see pages 28, 30, 33, 36, 44, 59
Between 5 and 10 years, see pages 10, 30, 33, 42, 44, 59
Between 11 and 18 years, see pages 10, 18, 30, 33, 46

All our articles are of interest to both mothers and fathers. Those marked ✔ are of particular interest to fathers.

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