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BRANDRAM-HENDERSON LIMITED

OFFICE OF THE PRESIDENT
MONTREAL

NORMAN HOLLAND

November 4, 1940.

My dear Dr. Machle:

On receipt of such a very complete letter as yours of October 25th, one cannot help but feel that, after all, there are some very "good scouts" in the world. You have gone very thoroughly into this whole question, and we can be quite frank in saying that we had not expected to get such a complete and courteous reply.

All of our men, no matter what department they work in, are examined by our Doctor before they are taken on. This examination covers the usual check-up for hernia, general health and the customary more or less superficial examination for traces of lead poisoning. All men who work around where we use lead to any extent, get a check-up every month.

The Province of Quebec has a Compensation Commission, under whose jurisdiction those men come, who suffer industrial accidents or get occupational diseases. The man is allowed to choose his own Doctor. If the Company is not satisfied, it can, of course, ask for a referee, who would be a Commission Doctor, and can finally insist on an outside referee.

At our large hospitals we, of course, have recourse to as fine apparatus as can be found anywhere.

We will keep in mind all the very valuable information you have given us, and the next time we have a case, such as the one that started this correspondence with the Ethyl Gasoline Corporation, we will have the tests made that you recommend.

Dr. Willard Machle November 4, 1940.

The particular case referred to in our correspondence has been cleaned up, this man being no longer in our employ. We cannot tell you how greatly we appreciate your more than kind offer of running these tests for us, and if ever one of these extraordinary cases turns up in the future, we shall certainly take advantage of your kindness.

We hope that some day we may, in the cours of human events, have an opportunity of reciprocating your great courtesy in tnis matter.

Yours sincerely,

Norman Holland

Dr. Willard Machle:
University of Cincinnati,
Cincinnati, Ohio.

L.

October 25, 1940

Mr. Norman Holland
Brandram-Henderson Limited
Box M, Station E
Montreal, Canada

Dear Mr. Holland:

Your letter of October 1, referring to the case of lead poisoning in your plant, has been passed along to us for comment.

For a number of years, Dr. Kehoe, the director of this laboratory, I, and our associates, have been consultants to the Ethyl Gasoline Corporation and have interested ourselves in problems relating to lead intoxication. Consequently, the situation that you describe is not new to us.

The patient mentioned in your letter, who presumably contracted lead poisoning under the conditions described, certainly would represent a most unusual case and suggests to us the advisability of laboratory procedures to establish the diagnosis.

In the course of studies over a period of years, it has been established that small and definite amounts of lead are excreted by normal people and are to be normally found in the blood. On the other hand, in cases of workmen exposed to lead compounds, and always in cases of lead poisoning, these amounts of lead in the blood and in the urine and feces are greatly increased. We have therefore a tool with which we can check the validity of the diagnosis in most cases of lead poisoning. These methods have been sufficiently developed and are now so generally used that at present an increased blood-lead level or an increased excretion of lead is considered to be essential for the diagnosis of lead intoxication.

In the case of men who have had an illness diagnosed as lead poisoning and on whom samples of blood and urine and feces cannot be obtained for months or years afterward, the interpretation of the results of the samples is best made after an examination of the patient. The reason for this is that in time, after the patient leaves his work and exposure, the excretion of lead gradually decreases to normal levels, the time required being 3 to

6 months or longer and at that time other medical data becomes more significant in establishing the diagnosis. Hand in hand with this reduction in lead excretion with time, there is a corresponding improvement in the manifestations of the poisoning, so that we do not find characteristic acute signs of lead poisoning in the later periods when the excretions have become normal.

Further information which is extremely useful in arriving at a diagnosis in these cases is obtained from study of the amounts of lead in the air of the room in which the man has worked. Certain concentrations of lead in air are known to be capable of producing poisoning in time and the speed with which the intoxication occurs is in direct proportion to the amounts of lead found. If you have the air in the various parts of your plant analyzed and but little lead dust is found (less than 1.0 or 1.5 mg per 10 cubic meters) there is little likelihood of the occurrence of lead poisoning and it certainly would not have occurred within three weeks of exposure of such magnitude.

We would further recommend that employees who are engaged in similar types of work be given a medical examination. If other workers employed at the same occupation have no history of lead poisoning or evidences of lead absorption, there is good reason to suspect that the case in question is bona fide.

The preceding two studies will furnish you with useful information, but the most satisfactory answer may very well be obtained by analysis of the blood and excretions of the patient in question. In the event that you do not have access to facilities for the carrying out the necessary analyses, we will be glad to do them for you on this patient.

Should you wish us to carry out these analyses for you, please have your plant physician write to us, giving us the complete clinical record on the patient. We will then send him special containers for the collection of the samples and detailed instructions for obtaining them.

Very truly yours,

WM:vr

Willard Machle, M. D.

OLLAND
naging-Director

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October 3, 1940

Mr. Norman Holland
Brandram-Henderson, Ltd.
Box M, Station E
Montreal, Canada

Dear Mr. Holland:

I have your letter of October 1, addressed to Mr. Webb, who at the present is on the West Coast and will not return for a few weeks.

I expect that Dr. Kehoe, who is Medical Adviser to our company, will be in the city to-morrow and I shall show him your letter and request that he send you any material he might have available and which might be helpful to you.

Very truly yours,

lw

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OLLAND
Managing-Director

TREVOR HOLLAND
Vice-President

BRANDRAM-HENDERSON LIMITED

FOUNDED
1875

Pioneers in the Past — Leaders in the Present

MANUFACTURERS OF

PAINTS - VARNISHES - ENAMELS - DRY COLOURS - WHITE LEAD

Box M. Station E.
MONTREAL
CANADA

October 1, 1940.

Earle W. Webb, Esq.,
President,
Ethyl Gasoline Corporation,
405 Lexington Avenue,
New York, N.Y.

Dear Sir:

You will note from our letterhead that we are a very old Canadian paint company and that we make and deal largely in White Lead. We take all the usual precautions, such as special bathing facilities for the men, the use of respirators, etc. Despite all this, we have cases of lead poisoning.

Under our Quebec Workmen's Compensation Act, we have had one or two cases lately which did not "smell good" to us. In one instance, we had the case of a man who claimed to contract lead poisoning after only three weeks' employment. This employee was in the ordinary part of the plant where he was handling wet paints only and not dealing with White Lead "as is". As you know, these paints contain only a certain percentage of White Lead, the balance being other metallic pigments, etc.

We thought that possibly your corporation, dealing with Tetra-Ethyl Lead, might have developed some method of proving whether a man really has lead poisoning. We have to depend more or less on the "opinions" of Compensation Board's doctors, who are ordinary medical men and not specialists. Is there any method that you know of by means of which one can show positive proof that a man really has lead poisoning or not?

AM-HENDERSON LIMITED

Earle W. Webb, Esq. October 1, 1940.

If you can give us any information which will be of assistance, we shall certainly appreciate it, as more particularly in this last instance we feel that this man could not possibly have contracted lead poisoning (at least he couldn't have contracted it while in our employ).

Yours very truly,

Norman Holland

NHC.

ETHYL GASOLINE CORPORATION

CHRYSLER BUILDING
405 LEXINGTON AVENUE

NEW YORK

October 7, 1940

Dr. W. F. Machle
University of Cincinnati
College of Medicine
General Hospital
Cincinnati, Ohio

Dear Mr. Machle:

Attached is a letter from the president of a paint company in Canada and a copy of my reply. Unfortunately, I did not see Dr. Kehoe when he was in the office, to ask his disposition of this. Will you reply to Mr. Holland directly?

Very truly yours,

LW
Encl.