

## **BOOKS AND PAPERS AND INTERNET RESOURCES NEWSLETTER**

**Oct 2000**

I plan to (eventually) put out a new Bibliography covering all the new papers – it is well underway but was nearly lost and took an expert nearly two days to get back!!!! – there is much new (and old material) – if you want further details about the following or other papers please contact Pip.

### **MCS / CHEMICAL INJURY EMAIL NETWORKS**

\*This is a growing area for the Network. Bubba writes: “Mailing lists are either moderated or unmoderated. Messages (or "posts") sent to moderated lists are reviewed by someone before they are distributed to the whole list. Depending on the frequency with which this is done, it could take several hours or several days for your message to be distributed. Messages sent to unmoderated lists usually are distributed to the whole list within a few minutes. Some of the people who post to the alt.med.allergy and alt.support.food-allergies newsgroups have multiple chemical sensitivity”.

There are many email groups with relevance to our kind of chemical injury. One is **GASSLIST - Glutaraldehyde, Aldehyde, Solvent Sensitivity List**. Many thanks to Rick Carlton, Arkansas State University for setting this up. (It is not run by or affiliated to GASS Network.) To subscribe to GASSLIST send a normal email message to: [listserv@crow.astate.edu](mailto:listserv@crow.astate.edu) with a message of <subscribe gasslist>.

Other online discussion sites with a chemical/occupational health flavour:

**Indoor Air Quality** - <http://www.egroups.com/post/iaq>

Join **ToxTalk**: <http://www.toxlaw.com/toxtalk/> (Legal slant but much other good info).

**Duke's OEM** - Big group for occ health professionals. For information regarding the forum's content <http://occhealthnews.com>

**CHEMICAL-ILLNET**: Moderated list - 335 subscribers (as of 1/1/00). List, archives can be searched using an online (i.e., Web) search screen. An internet community where the chemically ill, friends, family can gather information, support, and learn how they can become pro-actively involved in advocating for accommodation and acceptance of this illness. Members include activists, medical professionals, scientists, and the general public. Most members are chemically injured. To subscribe to CHEMICAL-ILLNET, click on the "Join or leave the list" at <http://maelstrom.stjohns.edu/archives/chemical-illnet.html> . List archives can also be accessed at <http://maelstrom.stjohns.edu/archives/chemical-illnet.html> .

**IMMUNE**: Moderated list that - over 500 subscribers (as of 1/1/00. Cindy Norman's mailing list for discussion of MCS, CFS, FMS, and other conditions. "Immune is for

people (and their SO's, family, friends, and medical care workers) with various immune-system related ailments such as: chronic fatigue syndrome, candida, lupus, fibromyalgia, Epstein-Barr, multiple allergies, environmental illness, chemical sensitivity, etc., and the symptoms that result from any of the above, including learning disabilities, migraines, asthma, hypoglycemia, etc."

To subscribe to IMMUNE, go to the following URL: <http://www.immuneweb.org/lists/>

List archives can be accessed at <http://www.immuneweb.org/archives.html> .

Visit Immune on the web: <http://www.immuneweb.org/>

**MCS-CI-exile** [http://click.egroups.com/1/9416/18/\\_/854767/\\_/970182738/](http://click.egroups.com/1/9416/18/_/854767/_/970182738/)

Unmoderated list, lots of posts.

**MCSandAllergies:** Unmoderated list that has 42 subscribers (as of 1/1/00). Bubba started this list on 2-26-99 after some frustration with MCS – “want this to be a way for those with MCS (Multiple Chemical Sensitivity) and Allergies to communicate in a nice way”. To subscribe to MCSandAllergies, go to the following URL and click on the “Join Community” button: <http://www.onelist.com/community/MCSandAllergies>

List archives can be accessed at <http://www.onelist.com/archive/MCSandAllergies>

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## SITES

\*NZ Head Injury site with Dr Bill Glass’ paper:

[http://homepages.ihug.co.nz~joycebnz/Articles/solvent\\_neurotoxicity1.htm](http://homepages.ihug.co.nz~joycebnz/Articles/solvent_neurotoxicity1.htm)

\*Australian Chemical Trauma Alliance <http://www.ozemail.com.au/~actall>

<http://www.w3-mediator.de/mcs/index.htm> MCS International Directory

\*We are linked on quite a few internet sites eg NCCIN, ACTA, NZIMRT, OSH (NZ), NZ health support groups: <http://www.nzhealth.co.nz/>.

\*From: Stan Scarano, Co-President. [www.rtk.net/ncci](http://www.rtk.net/ncci)

Hi Pip Martin, I invite you to view our site: [www.rtk.net/ncci](http://www.rtk.net/ncci) It may give you some insights into the origins of chemical illness/multiple chemical sensitivity and also some ideas on slowing it down...

\* <http://www.aiha.org/pr/iaqcon.html> Guidelines For Selecting An Indoor Air Quality Consultant - Brochure developed to help find a professional who can deal with indoor air quality problems.

\*Resources for residential buildings available at:

<http://www.inspect-ny.com/sickhouse.htm#sickhouse> Sick House Investigation Information Website

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## PAPERS

**Airborne glutaraldehyde levels: perceptions versus risk.** D R Smith. (Ph D student, Univ of Southern Queensland, Toowoomba, Queensland 4530, Australia.) J Occ H and S - Aust NZ.. 2000, 16(3): 233-236. (Tested an operating theatre in a large city hosp. Interview to establish symptoms. Despite lengthy sample times and high sample volumes, no measurements exceeded the Australian workplace std vapour limits of 0.05ppm for glut. Highest level detected was 0.0424 ppm. But significant symptoms of dermatitis, rhinitis, eye irritation, asthma, nervous effects, headaches were reported. He believes that these levels are not perceived to be harmful by H&S professionals, however he says this kind of attitude to perceived toxicity in all harmful substances should be reconsidered.) [Hear, hear. But once again I believe people are missing the terrible neurotoxic effects of glut.]

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**Is Breast Cancer a Workplace Hazard?** Pollán M, Gustavsson P. High-risk occupations for breast cancer in the Swedish female working population. Am J Public Health. 1999;89:875-881. (Significantly higher rates of breast cancer seen in certain occ gps. Researchers suggest could be related to: sedentary occupations, exposure to electromagnetic fields (which has been linked to breast cancer among men), cadmium and hexavalent chromium), organic solvents (suspected carcinogens), and hair dyes.)

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March/April NZ Safeguard article "**Painting Without Problems**" (case study on spray painting safely with solvents and isocyanates.) From the article: "Only 21% of spray painting operations fully complied with safety measures when using isocyanate paints" (53/245) in an OSH 1998/99 survey. Twenty were not even using a spray booth. The report "Isocyanate Use in Spray Painting" was published late 1999. OSH inspectors issued 305 improvement notices, hinting at the prospect of increased enforcement in 2000/2001 (pp20-22.)

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The Jeremiah Project Newsletter, "I AM JEREMIAH" <[i\\_am\\_jeremiah@hotmail.com](mailto:i_am_jeremiah@hotmail.com)> an interdenominational ministry for people who are chemically sensitive. Offer worship, support and community for people with MSC/EI. Sponsored by the Shepherd of the Hills Presbyterian Church of Austin, Texas.

Brochures: What is MCS; Making Sense of Scents; Formaldehyde Facts; Up in Smoke; Air Fresheners Do Not Equal Fresh Air; The Culprit Could Be Carpet; The Hard Truth About Fabric Softeners.

You can request any 5 at one time with a SASE. Mark on flap which ones. Larger numbers of copies for small donation. The Jeremiah Project, 222 Soft Wind #2, Canyon Lake, TX 78133, USA.. ph (830) 935-4618

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WORKSAFE AUSTRALIA    worksafe.gov.au – site with the following :

1. Typical glutaraldehyde vapour levels in endoscope disinfection units in New South Wales hospitals  
<http://www.worksafe.gov.au/worksafe/biblio/t/004163.htm>
2. Guidelines for the use of glutaraldehyde in the health industry  
<http://www.worksafe.gov.au/worksafe/biblio/g/003786.htm>
3. Glutaraldehyde exposure among endoscopy nurses : final report for Worksafe <http://www.worksafe.gov.au/worksafe/biblio/g/003835.htm>
4. Report on glutaraldehyde survey in hospitals  
<http://www.worksafe.gov.au/worksafe/biblio/r/002203.htm>
5. Occupational exposure to glutaraldehyde associated with tachycardia and palpitations <http://www.worksafe.gov.au/worksafe/biblio/o/003288.htm>
6. Glutaraldehyde: why now  
<http://www.worksafe.gov.au/worksafe/biblio/g/002518.htm>
7. The safe occupational use of glutaraldehyde in the health industries <http://www.worksafe.gov.au/worksafe/biblio/t/002262.htm>
8. Occupational allergic contact dermatitis due to glutaraldehyde: a study of six cases due to Wavicide and Aldecyde  
<http://www.worksafe.gov.au/worksafe/biblio/o/000343.htm>
9. Occupational exposure to glutaraldehyde in South Australia  
<http://www.worksafe.gov.au/worksafe/biblio/o/003012.htm>
10. Hazard in our hospitals <http://www.worksafe.gov.au/worksafe/biblio/h/002192.htm>
12. Glutaraldehyde  
<http://www.worksafe.gov.au/worksafe/biblio/g/004349.htm>
13. Occupational health and safety: learning on the job

<http://www.worksafe.gov.au/worksafe/biblio/o/003653.htm>

14. Occupational asthma associated with exposure to X-ray developing and fixing fluid <http://www.worksafe.gov.au/worksafe/biblio/o/004158.htm>

16. Dangers in the darkroom  
<http://www.worksafe.gov.au/worksafe/biblio/d/000784.htm>

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**BRAIN SCANS** showing chemical injury.. - See  
<http://www.ngwrc.org/news/content/TueNov301318401999.asp>

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**Gulf War, brain damage linked.**

Brain scans of soldiers who believe they suffer from Gulf War illness indicate their brains were damaged by chemical exposure, researchers at the University of Texas Southwestern Medical Center in Dallas report. As many as 30,000 veterans of the war have complained of mysterious maladies, including fatigue, joint pain and memory loss. In the study, magnetic resonance spectroscopy, which uses radio waves to measure body chemistry, found that these veterans have up to 25% lower levels of a certain brain chemical than healthy Gulf War veterans. See:

<http://www.infobeat.com/stories/cgi/story.cgi?id=2562335450-ef0>

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## **TOXIC ENCEPHALOPATHY/NEUROTOXICITY**

In a message dated 12/27/99 3:55:46 PM Central Daylight Time,  
[JPPaperno@AOL.COM](mailto:JPPaperno@AOL.COM) writes:

Useful diagnosis for USA disability claim. Bob M wrote:

"I received the very finest evaluation of my brain damage from exposure to solvents by participating in a study at the University of Pittsburgh. It's a continuing study of how solvents affect people. You stay in local housing for four or five days while the tests are going on. It is FREE because you're a test subject and not a patient.... Contact: Dr. Lisa Morrow - [lamorrow@pitt.edu](mailto:lamorrow@pitt.edu) ph 412-624-4626. To call in to the office 412-624-4625 FAX 412-624-2413

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## **ENLIGHTENMENT?**

Lancet 1999, Vol. 354, pp. 936-39: "Functional Somatic Syndromes: One or Many?"

<http://www.cfs.inform.dk/Somatisering/somatizing.lancet.html>

"...We do not wish to suggest that the care of patients with functional somatic

????????????????[pertaining to the physical human body] syndromes should be transferred from medicine to psychiatry--that would simply be replacing one monolithic view with another. A more appropriate position is to call for the return of a "general physician" with a broad-based approach, perhaps aided by liaison with psychiatrists or psychologists. We propose an end to the belief that each "different" syndrome requires its own particular subspecialist adopting an idiosyncratic approach in apparent isolation from work elsewhere. Our thesis is not new..."

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### **GLUT AS A PESTICIDE**

If you look on the second link down in, [www.epa.gov/pesticides](http://www.epa.gov/pesticides)... you can track how glut is registered as a pesticide..... The irony is that health care workers are being trained to recognise pesticide exposure.

Sharon Sowers [SSowers1@aol.com](mailto:SSowers1@aol.com) of WASTE (Workers Against Senseless Toxic Exposure) asked Jeff Kempter [Kempter.Carlton@epamail.epa.gov](mailto:Kempter.Carlton@epamail.epa.gov) about this. His reply: "This chemical is registered as a pesticide active ingredient in 51 products for antimicrobial purposes." She asks, "Would you have put your hands in this chemical knowing it was a pesticide?"

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<http://www.ncbi.nlm.nih.gov/htbin-post/Entrez/query?uid=10580025&form=6&db=m&Dopt=b>

Glut, formald and solvents like zylene can all be inert ingredients of pesticides, (ie don't have to be listed)... not to mention glut's pesticide classification....

<http://www.wri.org/wri/wr-98-99/pestrisk.htm>

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### **HOW MANY ALDEHYDES IN FRAGRANCES?** - including glutaric dialdehyde (ie

glutaraldehyde). Info from: Betty Bridges, RN  
Fragranced Products Information Network (FPIN)  
(For information on health effects of fragrances, visit:

<http://www.ameliaww.com/fpin/fpin.htm> )

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From: <http://www.flipside.org/vol2/oct99/99oc13a.htm>

### **Aromatic Aldehydes**

Unconjugated: Phenylacetaldehyde, p-Tolylacetaldehyde, Hydrocinnamaldehyde, 3-(p-isopropylphenyl)-propionaldehyde, 2-Methyl-3(p-isopropylphenyl)-propionaldehyde, 2-Phenylpropionaldehyde, 2-Phenyl-2-butenal, Cinnamaldehydes:, Cinnamaldehyde, alpha-Methylcinnamaldehyde, alpha-Hexylcinnamaldehyde, o-Methoxycinnamaldehyde, para-Methoxycinnamaldehyde. Other: Benzaldehyde, o-Anisaldehyde, Salicylaldehyde, m-Anisaldehyde, 4-Ethylbenzaldehyde, Cuminaldehyde, p-Anisaldehyde, Veratraldehyde,

4-Hydroxybenzaldehyde, p-Ethoxybenzaldehyde, 2,4-Dimethylbenzaldehyde, Pipernol, Valeraldehyde, Vanillin, Ethyl vanillin, 3,4-Dihydroxybenzaldehyde, Syringaldehyde.

### **Non-Aromatic Aldehydes**

**Saturated open chain:** Acetaldehyde, Propionaldehyde, Isobutyraldehyde, Butyraldehyde, 2-Methylbutyraldehyde, 2-Ethylbutyraldehyde, Isovaleraldehyde, Valeraldehyde, 2-Methylpentanal, Hexenal, Heptanal, Octanal, Nonanal, Decanal, Lauric aldehyde, Tridecanal, 2-Dodecanal, 3-(Methylthio)butanal, Pyruvaldehyde, **Glutaric dialdehyde.**

**Unsaturated open chain:** trans-2-Pentenal, trans-2-Methyl-2-butenal, 3-Methyl-2-butenal, 2-Methyl-2-pentenal, trans-2-Hexenal, trans-2-Heptenal, cis-4-Heptenal, 2-Isopropyl-5-methyl-2-hexenal, 2,6-Dimethyl-5-heptenal, trans-2-Octenal, Citronellal, trans-2-Nonenal, cis-6-Nonenal, 2-Decenal, cis-4-Decenal, 2-Undecenal, 10-Undecenal, 2,4-Octadienal, Citral, trans, trans-2,4-Nonadienal, trans-2-cis-6-Nonadienal, trans, trans-2,6-Nonadienal, 2,4-Hexadienal, trans-2,4-Decadienal.

**Unsaturated cyclic:** (S)-(-)Perillaldehyde, beta-Cyclocitral, 2,4-Dimethyl-3-cyclohexene carboxaldehyde, 2,6,6-Trimethyl-1-cyclohexene-1-acetaldehyde, Safranal, (1R)-(-)Myrtenal.

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## **RESPIRATORY EFFECTS OF PERFUMES**

**From: Betty Bridges, RN. Fragranced Products Information Network (FPIN)**

**<http://www.ameliaww.com/fpin/fpin.htm> SUPPORT THE PETITION TO THE FDA**

**<http://www.ameliaww.com/fpin/petition%20index.htm>**

“Provocations with perfume in the eyes induce airway symptoms” is the third article by Millqvist and colleagues concerning respiratory effects of perfumes. It represents the most extensive work published on this topic. The first study published in 1996 did challenge tests that were blinded to odor. The participants in the study had asthma-like symptoms from exposures to perfumes, petrol fumes, and cigarette smoke, but had negative methacholine challenge. The study demonstrated these participants had asthma-like symptoms from perfume exposures even when blinded to the odor. Further, carbon-filtered masks did not protect from symptoms. (“Placebo-controlled challenges with perfume in patients with asthma-like symptoms”; *Allergy* 1966; 51: 434-439; Millqvist et.al.)

The second study concluded that methacholine challenges were not predictive of those that primarily suffered asthma-like symptoms from perfume exposures. (“Methacholine provocations do not reveal sensitivity to strong scents”; *Ann Allergy Asthma Immunol* 1998; 80: 381-4; Millqvist, et. al.)

This most recent study indicates that there may be sensory pathways involved in asthma-like symptoms from perfume exposures. Respiratory symptoms were triggered

by both airway exposure and eye exposures. Though this group of patients had asthma-like symptoms, but had only limited benefit from the standard asthma medications. The mechanism involved seemed different than that in asthma. Exposure levels were representative of what might be encountered in daily activities. (**Provocations with perfume in the eyes induce airway symptoms**; Allergy 199, 54: 495-499; Millqvist et. al.)

These studies back up anecdotal accounts of symptoms being primarily triggered by fragrances and of avoidance being the only way to prevent symptoms as asthma medications are not effective. It also supports accounts of treating physicians who report perfumes and fragranced products are powerful triggers for respiratory symptoms. Many other questions are still unanswered. Does this represent a new mechanization or is it similar to that encountered in sensitization to chemicals in occupational settings? Methacholine challenges may be negative in occupational asthma in those sensitized to chemicals and metals; avoidance is critical to preventing chronic conditions from occurring.

Are there specific substances in fragrances that can cause sensitization? Are there factors that make a person more susceptible to developing this type of problem? What are the implications if fragranced products do contain substances that pose a significant threat to respiratory health?

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## **BOOKS**

**Biologic Markers in Immunotoxicology.** <http://books.nap.edu/catalog/1591.html>  
Vol 3. 1992. \$30.36. Committee on Biologic Markers, National Research Council.  
Sponsors: National Institute of Allergy and Infectious Disease, National Institute of Environmental Health Sciences, U.S. Environmental Protection Agency, U.S. Public Health Service, Agency for Toxic Substances and Disease Registry.

Are environmental pollutants threatening the human immune system? Researchers are rapidly approaching answers to this question with the aid of biologic markers. Contents include: Development and Function of the Immune System, Hypersensitivity, Autoimmunity, Immune Suppression, Clinical Application of Existing Immunotoxicologic Biomarkers, Role of Biologic Markers of Immunotoxicity in Epidemiology.

Chapters include:

USE OF BIOLOGIC MARKERS IN CONTROVERSIAL AREA OF ENVIRONMENTAL HEALTH: Evidence of Exposure to Organic Chemicals, Health Effects of Indoor Air Contaminants, Case Definitions of Multiple Chemical Sensitivity Syndrome, Immune-System Dysfunction in Ma Patients, Biologic Markers of Sensitivity to

Chemicals, Antibodies to Formaldehyde-Human Serum Albumin Adducts.  
SUMMARY AND RECOMMENDATIONS: Chemical-Induced Immunosuppression  
in Humans, Role of Environmental Chemical Exposure in Hypersensitivity and  
Autoimmune Diseases, Animal and In Vitro Models, Markers of Skin and Mucosal  
Responses, Environmental Exposures and Sensitivity Syndromes.  
ADDENDUM: MULTIPLE CHEMICAL SENSITIVITY

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**Living Healthy in a Toxic World** --- isbn 0-399-52206-9 -- Steinman. Easy reading material but very important toxic issues are raised and MCS is listed as an illness that comes from toxins---though it is not a book specifically about MCS, the advice is right on target. (Not to be confused with 'Healthy Living in a Toxic World', Cynthia Fincher, PHD Pinon Press ISBN 08910-99786--also very good.) From Maggie MacRaven.

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**Chemical Injury and the Courts; A Litigation Guide for Clients and Their Attorneys.** Linda Price King. ISBN: 0-7864-06240 0. US\$43.50. 1999

Founder and executive director of the USA Environmental Health Network, Linda Price King has 20 years' organizational experience with health-impaired individuals and job-damaged worker and over 15 year's experience speaking to universities, law libraries, and medical libraries. The recipient of A.C.T.I.O.N.'s 1991 Environmentalist of the Year Award, the C.C.H.W.'s 1993 Service Award, and the Sierra Club's Legal Defense Fund Seed of Success Award, Ms, King lives in Chesapeake, Virginia. The Country Store offers it for \$39.15. Toll free at 1-888-747-6764.

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**Indoor Allergens: Assessing and Controlling Adverse Health Effects.** Ed: Andrew M. Pope, Roy Patterson, and Harriet Burge; Committee on the Health Effects of Indoor Allergens, National Research Council. 350 pages, 1993.

<http://www.nap.edu/books/0309048311/html/index.html>

Information about common indoor allergens and their varying effects, from hay fever to life-threatening asthma. Discusses sources of allergens, from fungi and dust mites to allergenic chemicals, plants, and animals, and examines practical measures for their control.

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