

MSU Extension Publication Archive

Archive copy of publication, do not use for current recommendations. Up-to-date information about many topics can be obtained from your local Extension office.

Pesticides...

Michigan State University

Cooperative Extension Service

Donald C. Cress, Extension Specialist in Entomology

Regine Aronow, M.D., Poison Control Center, Children's Hospital of Michigan

July 1974

8 pages

The PDF file was provided courtesy of the Michigan State University Library

Scroll down to view the publication.

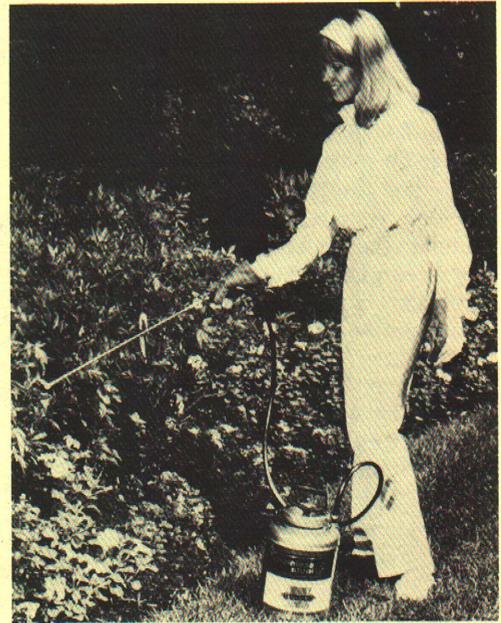
PESTICIDES III

- how they work
- treatments for human poisonings

By Donald C. Cress, Extension Specialist in Entomology, MSU Cooperative Extension Service

— and —

Regine Aronow, M.D., Director, Poison Control Center, Children's Hospital of Michigan



Extension Bulletin E-789
Farm Science Series
July, 1974

Cooperative Extension Service
Michigan State University

The authors wish to express their appreciation to Mr. Art Bloomer, Michigan Department of Public Health (MDPH) for his special interest in this bulletin and for his review of the manuscript.

Appreciation is also expressed to the Michigan Pesticide Association and the MDPH for their financial support in part, of this bulletin.

TABLE OF CONTENTS

Introduction	2	Medical Antidotes	5
Exposure	2	Organophosphates	5
How Insecticides Work	2	Carbamates	6
Symptoms	3	Chlorinated Hydrocarbons	6
Cholinesterase Tests	3	Arsenicals	6
Poison Treatments	4	Cyanides	6
Poison on the Skin	4	Anticoagulants	6
Chemical Burns of the Skin	4	Fluoroacetates	6
Poison in the Eye	4	Dinitrophenols	6
Inhaled Poisons (Dusts, Vapors, Gases)	4	Bromides and Carboxides	6
Swallowed Poisons	4	Chlorophenoxy Herbicides, Ureas, Miscellaneous	6
To Induce Vomiting	4	Nicotine	6
Corrosive Poisons	4	Strychnine	6
Activated Charcoal	5	Poison Information and Poison Treatment Centers	7
Shock	5	Pesticide Safety Tips	7
First Aid Equipment	5	Cholinesterase Testing	8

INTRODUCTION

Pesticides are chemicals "designed" to unfavorably alter life processes. These chemicals fall into broad groups including insecticides, fungicides, herbicides, nematocides, etc. The more similar the metabolic processes are between plants and plants, plants and animals (including insects), and animals and animals (including insects), the greater the likelihood of biological activity or hazard. The important pesticides are chemically grouped into four major categories: synthetic organic, inorganic, biological and botanic. There is a wide diversity of toxicity and specific effects throughout the groups.

EXPOSURE

At the present time, the most widely used insecticides are the organophosphates and carbamates from the organic group. These and other pesticide chemicals may enter the body in a wet or dry state through the skin (dermal absorption), through breathing (respiratory absorption), and through the mouth (oral and gastrointestinal tract absorption).

Dermal absorption is the most common route of exposure although the rate of absorption is higher for a given amount of chemical in the sensitive tissues of the respiratory and digestive tracts.

The following figures were obtained by Maibach, and others, (1971)¹ in California from experiments con-

ducted on six normal human volunteers.

ANATOMY	PARATHION % ABSORPTION
Scalp	32.1
Ear Canal	46.5
Forehead	36.3
Forearm	8.6
Palm of Hand	11.8
Abdomen	18.4
Scrotum	100.0
Ball of feet	13.5

The results show that parathion is absorbed at different rates on various areas of the body and that protective clothing must be worn to prevent skin absorption. Special care should be given to protect the scalp, ear canal and forehead. The abdominal area and belt (or waist) line should be protected to prevent chemical access to the scrotum and lightweight natural rubber gloves and boots should be worn to protect the hands and feet.

Data have shown that most accidents occur during the mixing and loading operation — therefore, it is extremely important to wear protective clothing when concentrated chemicals are being handled as well as during application.

HOW INSECTICIDES WORK

Life depends on a vast number of complex chemical reactions (metabolic processes). Alteration of any of the metabolic processes will affect the insect. Some alterations result in sudden death, while others are less drastic. Different kinds of insecticides may alter metabolic processes

in one or more ways; that is, they may have one or more modes of action.

As an example, the organophosphate and carbamate insecticides, once inside the body, interfere primarily with the nervous system by inhibiting or depressing the enzyme cholinesterase. All living things with cholinesterase in the nervous system, such as insects, birds, animals and humans may be poisoned by these chemicals. However, in order to understand how these insecticides affect the nervous system, and thereby the symptoms and treatments of poisonings, it is necessary to see how the nervous system works.

The nervous system — which includes the brain — is the most complex system in the body. It consists of millions of cells which make up a message or communication system throughout the body. The messages (or stimuli) travel along this network in the form of an electrical impulse. Think of it as a spark!

The nerve cells are "connected" at the *synapse* (see the drawing). The ends of the connecting nerve cells intertwine, but do not actually touch each other. Stimuli "spark" across the synapse in a chemical known as acetylcholine. After the stimulus is across the synapse, the acetylcholine is broken down by cholinesterase. Then the cholinesterase breaks down and the synapse is back to "normal."

In the drawing, a stimulus (sticking your thumb with a pin) begins at the skin. The stimulus or spark travels down thousands of nerve fibers

¹ Maibach, H. I., R. J. Feldmann, T. H. Milby and W. F. Serat. 1971. Regional Variation in Percutaneous Penetration in Man. Archives of Environmental Health. Vol. 23, pp. 208-211.

and across the synapses. Some of the stimuli go to muscles to make you jerk back while others go to the brain where they are interpreted as the feeling of pain. This is an extremely simplified example, but it serves to illustrate the basic components and workings of the nervous system.

Organophosphate and carbamate insecticides each inhibit a type of cholinesterase. This results in an accumulation of acetylcholine so all stimuli or "sparks" continue to arc across the synapses stimulating continuous muscle contractions or tremors. Thus, the nervous system is "poisoned".

The antidote, atropine, is used to block the action of excessive acetylcholine in organophosphate and carbamate insecticide poisoning once adequate oxygen is being absorbed by the patient and cyanosis is overcome. Afterwards, 2-PAM is used in organophosphate poisoning to reactivate the cholinesterase. In carbamate insecticide poisoning, 2-PAM is ineffective and should not be used as an antidote. Because these antidotes (atropine and 2-PAM) also affect the nervous system and heart, they should never be self-administered.

The amount of insecticide necessary to poison an organism generally depends on the size of the organism. It

may take only a tiny amount to affect an insect, more for a dog, more for a man and still more for a horse, etc. Of course, some species, as well as individuals within a given species, can stand more or less of a given insecticide. This may be due to differences in metabolism, age and general health of the species or individual. However, some insecticides are so potent that only one drop is required to seriously poison an adult.

SYMPTOMS

Symptoms differ with the various insecticides, but all are dose and dose-interval dependent. Symptoms may begin almost immediately after exposure to a direct cholinesterase inhibitor such as TEPP, mevinphos, or Furadan, while symptoms may be delayed several hours after an equal exposure to a delayed cholinesterase inhibitor such as parathion, Guthion, or phorate (Thimet). Onset of symptoms more than 12 hours after the termination of exposure generally excludes the diagnosis of organophosphate or carbamate insecticide poisoning unless it is a chronic poisoning from small repeated exposures.

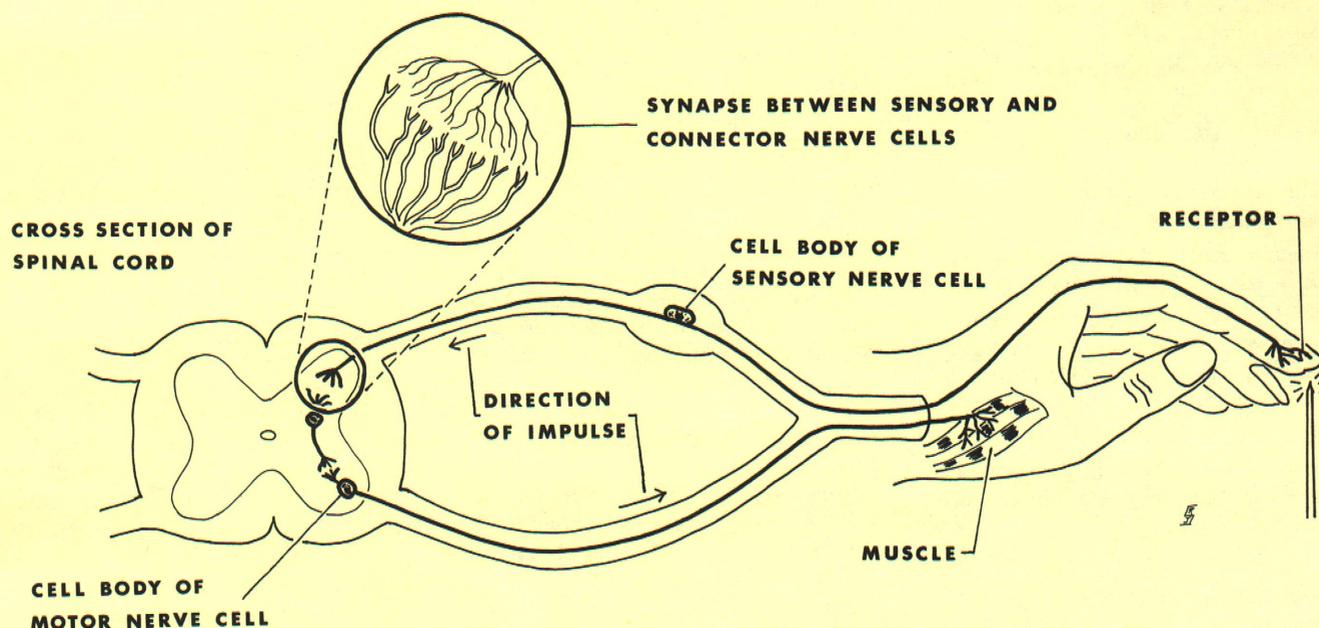
The most commonly reported symptoms, somewhat in their order of progression, are: headache, visual dis-

turbances (blurred vision), pupillary abnormalities (primarily pin point pupils but on rare occasions, dilated pupils), and greatly increased secretions such as sweating, salivation, tearing and respiratory secretions. More severe poisoning results in nausea and vomiting, pulmonary edema (the air spaces in the lungs begin to fill with fluid), changes in heart rate, muscle weakness, respiratory paralysis, mental confusion, convulsions and/or coma and ultimately death.

CHOLINESTERASE TESTS

Persons who work with organophosphates or carbamates for an extended time during the year (farmers, pesticide applicators, pesticide manufacturers, formulators, etc.) should establish a regular cholinesterase testing program with their doctor. For a farmer, such a program would likely consist of one (initial) cholinesterase test to determine his "base line level". This test should be done in the "off season" (e.g., January or February).

Then, when the pesticides are being used during the summer, similar tests are done on the individual and the results compared with the base line level of cholinesterase. Through



Example of Simple Reflex Action.

this testing procedure, the pesticide user can be made aware of his cholinesterase level during the time of year when he is exposed to pesticides. When cholinesterase levels are depressed to a given level, the doctor may advise that the individual limit or possibly completely stop his exposure to these pesticides until the cholinesterase level returns toward "normal".

Doctors should arrange for their patients to have these tests and may obtain additional information through their state health department.

POISON TREATMENTS

Everyone who works with pesticides should have a well thought out plan of action to follow in the event of an accident. It should include basic knowledge of first aid as it relates to pesticide poisoning, and a prepared kit.

CALL A DOCTOR

First Aid is the initial effort to help a victim while medical help is on the way. Step one in any poisoning emergency is to call an ambulance or doctor. The only exception is when you are all alone with the victim. Then you must see that he is breathing, and out of further exposure to the pesticide before leaving him to make a phone call. Always save the pesticide and the label for the doctor.

Poison on the Skin

The sooner the poison is washed off the patient, the less the injury.

- Remove clothing and drench skin with water (shower, hose, faucet, pond, ditch).
- Cleanse skin and hair thoroughly with soap and water. (Don't abrade or injure the skin while washing).
- Dry and wrap in blanket.

WARNING: Do not allow any of the pesticide to get on you while you are helping the victim.

Chemical Burns of the Skin

- Remove contaminated clothing.
- Wash the skin with large quantities of cold running water.

- Immediately cover loosely with a clean, soft cloth.
- Avoid use of ointments, greases, powders, and other drugs in first aid treatment of chemical burns.

Poison in the Eye

It is very important to wash the eye out as quickly, but as gently, as possible.

- Hold eyelids open, wash eyes with a gentle stream of clean running water at body temperature.
- Continue washing for 15 minutes or more.
- Do not use chemicals or drugs in wash water. They may increase the extent of the injury.

Inhaled Poisons

(Dust, Vapors, Gases)

If victim is in an enclosed area use an air-supplied respirator to get him.

- Carry patient (do not let him walk) to fresh air immediately.
- Open all doors and windows.
- Loosen all tight clothing.
- Apply artificial respiration if breathing has stopped or is irregular.
- Keep patient as quiet as possible.
- If patient is convulsing, watch his breathing and protect him from falling and striking his head. Pull his chin forward so his tongue does not block his air passage.
- Prevent chilling (wrap patient in blankets but don't overheat).
- Do not give alcohol in any form.

Swallowed Poisons

The most important decision you have to make when aiding a person who has swallowed a pesticide is whether to induce vomiting or not. The decision must be made quickly and accurately; the victim's life may depend on it. Usually it is best to get rid of the swallowed poison fast . . . But:

Never induce vomiting if the victim is unconscious or is in convulsions. The victim could choke to death on the vomitus.

Find out what poison has been ingested. **Never** induce vomiting if the victim has swallowed a corrosive poison. A corrosive poison is a strong acid or alkali (base) such as dinoseb

(DN Compounds). The victim will complain of severe pain and have signs of severe mouth and throat burns. A corrosive poison will burn the throat and mouth as severely coming up as it did going down.

Most labels on emulsifiable concentrate and solution formulations suggest the victim should not have vomiting induced. However, when the toxicity of the pesticide is marked, its removal may be essential.

To Induce Vomiting

Give 1 tablespoon ($\frac{1}{2}$ ounce) of syrup of ipecac to a child over 1 year of age or 1 fluid ounce (2 tablespoons) to an adult, followed by a glass of water. If vomiting does not occur in 15 minutes, the dose may be repeated. Do not waste a lot of time waiting for the vomiting. Get the victim to a hospital. Make sure the victim is kneeling forward or lying on his right side while retching or vomiting. Do not let him lie on his back because vomitus could enter the lungs and do more damage. Catch the vomitus in a container and save for the doctor. He may need it for chemical tests.

An ounce of syrup of ipecac may be obtained without a prescription from your pharmacist.

If you do not have syrup of ipecac, give 1 cup of milk or water for victims up to five years old or 1 to 2 glasses for victims five years and older. Induce vomiting by putting your finger or the blunt end of a spoon on the very back of his tongue. Do not use anything which is sharp or pointed!

A glass of soapy water (such as Ivory soap from a bar dissolved in water) may also cause the victim to vomit.

Corrosive Poisons

The best first aid is to dilute the poison as quickly as possible. For acids or alkalis (bases), give the patient water or preferably milk or ice cream - 1 cup for victims under five years; or 1 to 2 glasses for patients over five years. Milk or ice cream is better than water because it dilutes and helps neutralize the poison. Water only dilutes the poison.

It is very important that the victim get to a hospital without delay. Do not induce or encourage vomiting!

Activated Charcoal

After first-aid suggestions for non-corrosive poisons have been followed and medical help is delayed due to travel or other reasons, activated charcoal may be administered to hopefully absorb the remaining poison. It does not absorb all poisons and a rather large amount may be required for it to be effective. For example: it takes 1½ ounces of charcoal powder (about 10 grams) to bind 3 adult aspirin. Mix the charcoal with water into a thick soup for the victim to drink. Individuals who work with insecticides should purchase from their pharmacist a sealed pint jar of activated charcoal to have available in the event of an accident. The most favorable experience has been with the following products: 1.) Norit A (American Norit Co., Jacksonville, Fla.) 2.) Darco G 60 (Atlas Powder Co., Wilmington, Del.) Remember that the activated charcoal poison mixture must be removed from the body and medical help is required more than ever.

When syrup of ipecac has been given, do not use activated charcoal until **after** vomiting has occurred. The charcoal can inactivate the emetic principle in the syrup of ipecac.

Shock

Sometimes poisoning victims go into shock. If untreated or ignored, the victim can die from shock even if the poisoning injuries would not be fatal.

SYMPTOMS

The skin will be pale, moist, cold and clammy. The eyes are vacant and lack luster with dilated pupils. The breathing will be shallow and irregular. The pulse is very weak, rapid and irregular. The victim may be unconscious or in a faint.

FIRST AID

Unless he is vomiting, keep the victim flat on his back with the legs 1 to 1½ feet higher than the head. Keep the victim warm enough to prevent shivering. Do not overheat.

If the victim is *conscious and has not swallowed any poison*, give small amounts of milk, water or if it is an adult, a dilute salt solution (½ tea-

spoon of table salt to 1 quart of water). Give as often as the victim will accept it. Keep the victim quiet and reassure him often.

WARNING: Never try to give anything by mouth to an unconscious victim.

FIRST AID EQUIPMENT

A well equipped first-aid kit, which is always readily available, can be important in a pesticide emergency. Make up your own Pesticide First-Aid Kit from a lunch pail, tool box or a sturdy wooden box. It should have a tight fitting cover with a latch so that it won't come open or allow pesticides to leak inside. Label it clearly with paint or a waterproof marker.

CONTENTS

- One ounce bottle of **syrup of ipecac**.
- Small plastic bottle of **soap** solution to quickly wash pesticides off the skin.
- Small plastic container of **salt**. Salt is used with water (½ teaspoon salt to 1 quart water) to aid a person in shock.
- Pint jar of **activated charcoal**. Mixed with water and swallowed, activated charcoal acts as an absorber of many pesticides.
- **Shaped plastic airway** for mouth-to-mouth resuscitation.
- Two, one-quart containers of **clean water**. If there is no clean water, in an emergency use any available pond or stream water.
- Simple "**band aids**", **bandages**, and **tape**. All cuts and scrapes should be covered to prevent pesticides from easily entering the body.
- One teaspoon.
- A **blanket** kept in a place where it will not be contaminated by pesticides.
- Two **dimes**, taped to the inside cover of the first-aid kit for emergency phone calls.
- **Tongue blades** (wooden sticks) — one to mix charcoal, another to prevent biting tongue if convulsing.
- Two small, plastic **empty jars** with tight fitting lids; one for a drinking glass or mixing activated charcoal. The other can be used for collecting vomitus to take to the doctor.
- Can of **evaporated milk** (with can opener).

WARN DOCTOR AHEAD OF TIME

Doctors generally may not be well informed of the symptoms and treatments of pesticide poisoning. This is due to the few cases they treat. Pesticide poisoning symptoms are similar to those of other illnesses and poisonings. The pesticide applicator should tell his doctor which chemicals he will use. Then, the doctor can review the symptoms and treatments and have the antidotes on hand.

It is strongly recommended those with above average use of pesticides *establish a regular health surveillance program with your physician*.

WARNING: There are no drugs that can be given to *prevent* poisoning. Prevention of poisoning by reading labels and utilizing safe practices is the best antidote. Do not drink alcohol or smoke while on the job. Alcohol and smoking accentuate many poisonings.

MEDICAL ANTIDOTES

Antidotes such as those described below should be prescribed or given only by a qualified physician. They can be very dangerous if misused.

I. Organophosphates

For Poisons Such As: Azodrin, Bidrin, Bomyl, carbophenothion (Tri-thion), Co-Ral, Dasanit, DDVP (Vapona), demeton (Systox), Diazinon, dimethoate, dioxathion (Delnav), disulfoton (Di-Syston), Dursban, Dyfonate, EPN, ethion, famphur (Warbex), fenthion (Baytex), Guthion, malathion, Metasystox-R, methyl parathion, Monitor, parathion, phorate (Thimet), mevinphos (Phosdrin), phosphamidon, S c h r a d a n (OMPA), Supracide, TEPP.

ANTIDOTES

1. Once cyanosis is overcome, *atropine sulfate* is given intravenously to counteract the effects of excessive acetylcholine. It is given repeatedly as symptoms recur.

NOTE: Atropine tablets should not be self administered in a poisoning emergency. The dose is much too small. Often the victim cannot or should not take oral medicine. The atropine can hide or delay

early symptoms of poisoning. The victim may be fooled into thinking he is all right and may continue to work. Or a doctor may misdiagnose the problem because the symptoms are hidden by the atropine.

WARNING: *Atropine can be poisonous if misused. It should never be used to prevent poisoning. Workers should not carry atropine for first-aid purposes. It should be given only under a doctor's direction.*

2. *Protopam Chloride (2-PAM)* is administered following atropinization to reactivate cholinesterase in organophosphate poisonings, but *not* carbamate poisoning.

3. *Do Not Use* morphine, theophyllin, aminophyllin, epinephrine or barbiturates.

II. Carbamates

For Poisons Such As: Carzol, mecarbate (Zectran), aldicarb (Temik), carbofuran (Furadan), methomyl (Lannate), carbaryl (Sevin).

ANTIDOTES

1. *Atropine sulfate* is used to counteract the effects of excessive acetylcholine. The dose should be repeated as symptoms recur.

2. *Do Not Use* Protopam Chloride (2-PAM).

III. Chlorinated Hydrocarbons

For Poisons Such As: endrin, dieldrin, aldrin, lindane, chlordane, endosulfan (Thiodan), heptachlor.

ANTIDOTES

1. There are no specific antidotes. Requires good supportive care and control of convulsions.

2. Epinephrine (adrenalin) contraindicated.

IV. Arsenicals

For Poisons Such As: sodium arsenite, Paris Green, cacodylic acid.

ANTIDOTES

May be chelated by BAL (dimer-caprol) given intramuscularly.

V. Cyanides

For Poisons Such As: hydrogen cyanide, Cyanogas.

ANTIDOTES

A kit by Lilly contains the specifically needed medications.

1. *Amyl Nitrite* through inhalation initially — then

2. *Sodium Nitrite* given intravenously *followed by*

3. *Sodium Thiosulfate* given intravenously.

VI. Anticoagulants

For Poisons Such As: Warfarin, Fumarin, Pival, PMP (Valone), diphacinone (Diphacin). (Very small repeated doses are of greatest danger.)

ANTIDOTES

1. *Vitamin K* by mouth, intramuscularly, or intravenously.

VII. Fluoroacetates

For Poisons Such As: sodium fluoroacetate (1080).

ANTIDOTES

1. *Monacetin* (glycerol monoacetate) intramuscularly has been suggested experimentally.

VIII. Dinitrophenols

For Poisons Such As: DNOC, DNOCHP, dinoseb (DNBP, Premerge).

ANTIDOTES

1. There are no specific antidotes. Requires excellent supportive care and treatment of possible burns.

IX. Bromides and Carboxides

For Poisons Such As: Methyl Bromide, Carboxide, Ethylene Dibromide. (Symptoms may be delayed.)

ANTIDOTES

1. *BAL (dimercaprol)* may be given *before symptoms appear*.

2. Control of convulsions.

X. Chlorophenoxy Herbicides, Ureas, Miscellaneous

For Poisons Such As: 2,4-D, 2,4,5-T, silvex (2,4,5-TP), monuron (Telvar), diuron (Karmex), Hyvar-X, endo-thall, Diquat, Paraquat.

ANTIDOTES

1. No specific antidotes.

2. Maintain life supports.

Paraquat poisoning should be handled at a specialized treatment center. DO NOT WAIT for the delayed appearance of symptoms. Check with your physician for the exact location of these facilities.

XI. Nicotine

For Poisons Such As: ERL, Mash-Nic Powder, Twenty X-N, Wilsonite, Black leaf 40.

ANTIDOTES

1. Wash out stomach with 1:5,000 to 1:10,000 potassium permanganate solution. Then give activated charcoal.

2. Control convulsions.

3. Ephedrine and atropine may help control symptoms.

XII. Strychnine

For Poisons Such As: Strychnos, Strychnos Nux-Vomica, Nux Vomica, Strychnine Sulfate.

ANTIDOTES

1. Feed activated charcoal immediately and repeatedly if conscious. Empty stomach afterwards.

2. Control Convulsions.

PESTICIDE SAFETY TIPS

- Always read the label before buying or using pesticides. Use pesticides only for the purpose(s) listed and in the manner directed.
- Pesticides that require special protective clothing or equipment should be used only by trained, experienced applicators.
- Do not apply more than the specified amount of pesticide. Overdoses can harm you and the environment.
- Keep pesticides away from food and dishes.
- Keep children and pets away from pesticides and sprayed areas.
- Do not smoke or eat while applying pesticides.

- Avoid inhalation of pesticides.
- Never spray outdoors on a windy day.
- When you mix pesticides, do it carefully to avoid splashing.
- Avoid breaks or spills of pesticide containers.
- If you spill a pesticide on your skin or on your clothing, wash with soap and water and change your clothing immediately.
- Store pesticides under lock in the original containers with proper labels. Never transfer a pesticide to a container that would attract children, such as a soft drink bottle.

- Dispose of empty containers safely. Wrap single containers of home use products in several layers of newspaper, tie securely and place in a covered trash can. Never burn boxes or sacks. In the case of farm or ranch use, single containers may be buried where water supplies will not be contaminated. Dispose of large quantities in special incinerators or special landfills.
- Wash with soap and water after using pesticides, and launder clothes before wearing again.
- If someone swallows a pesticide, check the label for first aid treatment. Call or go to the doctor or the hospital immediately and keep the pesticide label with you.

POISON INFORMATION AND POISON TREATMENT CENTERS

The following is a list of most of the poison information centers and poison treatment centers around the State of Michigan.

City

ADRIAN

Emma L. Bixby Hospital
818 Riverside Ave. 49221
313-263-2412
Thomas Arnold, R. Ph.

ANN ARBOR

University Hospital
1405 E. Ann Street 48104
313-764-5102
Patricia O'Connor, M.D.
Stewart Siskin, R. Ph.

BATTLE CREEK

Community Hospital
200 Tomkins Street 49016
616-963-5521
Erick Huffman, R. Ph.

BAY CITY

Mercy Hospital
100 Fifteenth Street 48706
517-895-8511
Frederick Meyer, R. Ph.

BERRIEN CENTER

Berrien General Hospital
1250 Dean's Hill Rd. 49102
616-471-7761
Richard C. Chaudoir, R. Ph.

COLDWATER

Community Health Center
of Branch County
274 E. Chicago Street 49036
517-278-7361
John C. Heffelfinger, M.D.

DETROIT

Children's Hospital of
Michigan
3901 Beaubien 48201
313-494-5711
Regine Aronow, M.D.

City

DETROIT (Cont.)

Detroit City Health
Department
8921 John Lodge 48202
313-872-3334
Joseph L. Zaremba, Director

FLINT

Hurley Hospital
6th Avenue & Begole 48502
313-232-1161
Wm. Nichols, M.D.
Douglas H. Vivian, R. Ph.

GRAND RAPIDS

Blodgett Memorial Hospital
1840 Wealthy, S.E. 49506
616-774-7740
Bernice Worm, R.N.

Butterworth Hospital
100 Michigan, N.E. 49503
616-774-1774
John R. Wilson, M.D.

St. Mary's Hospital
201 Lafayette, S.E. 49503
616-774-6789
Myrtle McLain, M.D.

Grand Rapids Osteopathic
Hospital
1919 Boston Street, S.E. 49506
616-452-5151
Eugene M. Johnson, D.O.
Oliver Gysin, R. Ph.

HANCOCK

St. Joseph's Hospital
200 Michigan Avenue 49930
906-482-1122
Ext. 209
Howard E. Otto, M.D.
Sr. Jean Francis, R. Ph.
Sr. Mary Hensel, R. Ph.

City

HOLLAND

Holland City Hospital
602 Michigan Avenue 49423
616-396-4661
Paul Dykema, M.D.
John W. West, R. Ph.

JACKSON

W. A. Foote Memorial
Hospital
205 N. East Street 49201
517-783-2771
Ext. 211
Zane Brashares, M.D.
Andre Zarzour, M.D.

KALAMAZOO

Borgess Hospital
1521 Gull Road 49001
616-383-4815
James McCarthy, M.D.

Bronson Methodist Hospital
252 E. Lovell Street 49006
616-383-7654
H. Sidney Heersma, M.D.
Kenneth Huckendubler, R. Ph.

LANSING

St. Lawrence Hospital
1210 W. Saginaw Street 48914
517-372-3610
Ext. 305
Howard Comstock, M.D.
Richard Cambell, R. Ph.

MARQUETTE

Marquette General Hospital N.
420 West Magnetic 49855
906-228-9440
Norman Matthews, M.D.
Tom Finlan, R. Ph.

City

MIDLAND

Midland Hospital
4005 Orchard Drive 48640
517-835-6771
C. Haberstroh, M.D.
Mrs. Mary Midose, R.N.

MONROE

Memorial Hospital of Monroe
700 Stewart Road 48161
313-241-6509
Kenneth Sayes, R. Ph.
Richard Kadlec, R. Ph.

PETOSKEY

Little Traverse Hospital
416 Connable 49770
616-347-7000
Ext. 281
James M. Stramm, R. Ph.

PONTIAC

St. Joseph Mercy Hospital
900 Woodward Avenue 48053
313-858-3000
Ext. 256
Poison Control Clerk

PORT HURON

Mercy Hospital
2601 Electric Avenue 48060
517-985-9531
Robert Lugg, M.D.
D. J. Wilhelm, M.D.

SAGINAW

Saginaw General Hospital
1447 N. Harrison Road 48602
517-753-3411
Ext. 248, 249
Wm. G. Mason, M.D.
Dale Schultz, R. Ph.
Ext. 253, 254

TRAVERSE CITY

Munson Medical Center
Sixth Street 49684
616-947-6140
Philip K. Wiley, M.D.
A. Rohen, R. Ph.

- I. *For information regarding proper cholinesterase testing, have your doctor contact:*

Pesticide Study Project
Michigan Dept. of Public Health
714 Hoyt Street
St. Joseph, Michigan 49085

Telephone: Adrian J. Oudbier – Field Investigator
Office (St. Joseph) (616) 983-4772
Home (616) 429-3815
David Dietel – Medical Technician
Office (St. Joseph) (616) 983-4772
Home (616) 471-4731
or Arthur W. Bloomer, Director
Office (Lansing) (517) 373-3438
Home (Grand Ledge) (517) 626-5683

- II. *In the event of any gross environmental contamination by pesticides, such as an accidental spill or fire, contact:*

Pesticide Safety Team Network
(24 hours a day – 7 days a week)
(513) 961-4300

- III. *For information in your area regarding disposal of chemicals and pesticides contact:*

Fred Kellow
(517) 373-6620
(Michigan Dept. of Natural Resources,
Solid Waste Disposal)

- IV. *In the event of an accident on highway, railway or waterway, involving chemicals, contact:*

CHEMTREC
(24 hours a day – 7 days a week)
(800) 424-9300

REMEMBER – ALWAYS READ THE LABEL BEFORE USING ANY PESTICIDE. DO NOT WAIT UNTIL SYMPTOMS APPEAR TO GET MEDICAL CARE.

The information given herein is for educational purposes only. Reference to commercial products or trade names is made with the understanding that no discrimination is intended and no indorsement by the Cooperative Extension Service is implied.

Issued in furtherance of cooperative extension work in agriculture and home economics, acts of May 8, and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Gordon E. Guyer, Director, Cooperative Extension Service, Michigan State University, E. Lansing, Mich. 48824.
1P-30M-7:74-HK