

Inhaling mercury will always be a hazard to human health

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Mercury easily passes the brain barrier

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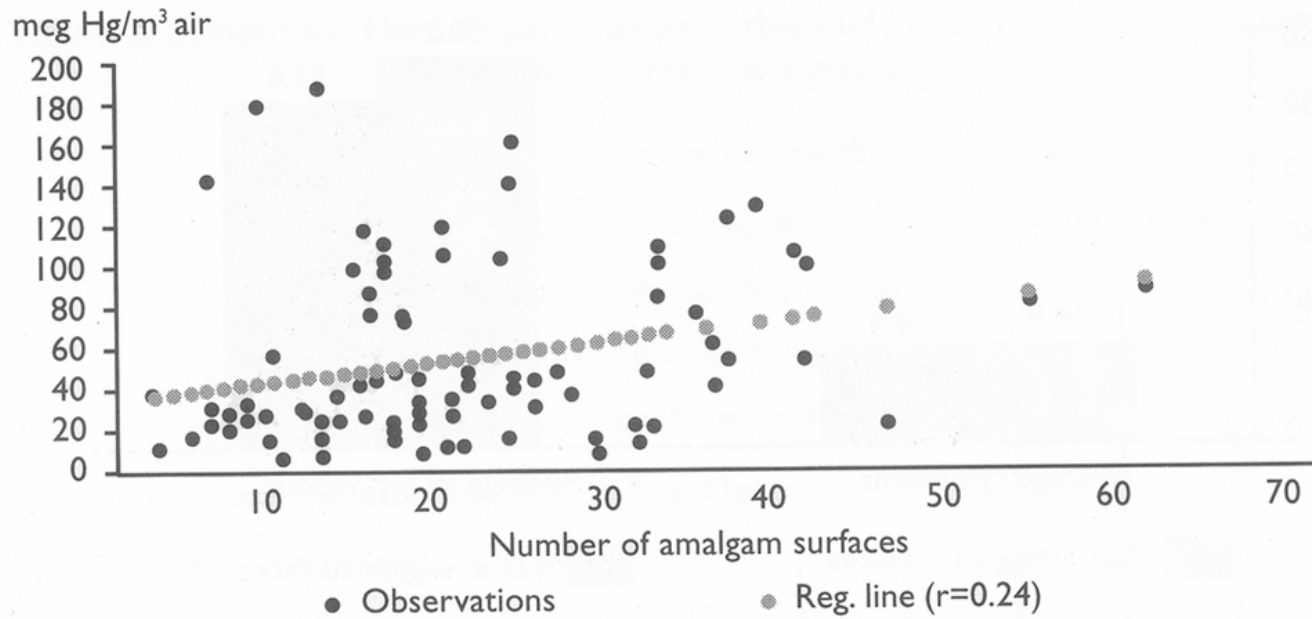
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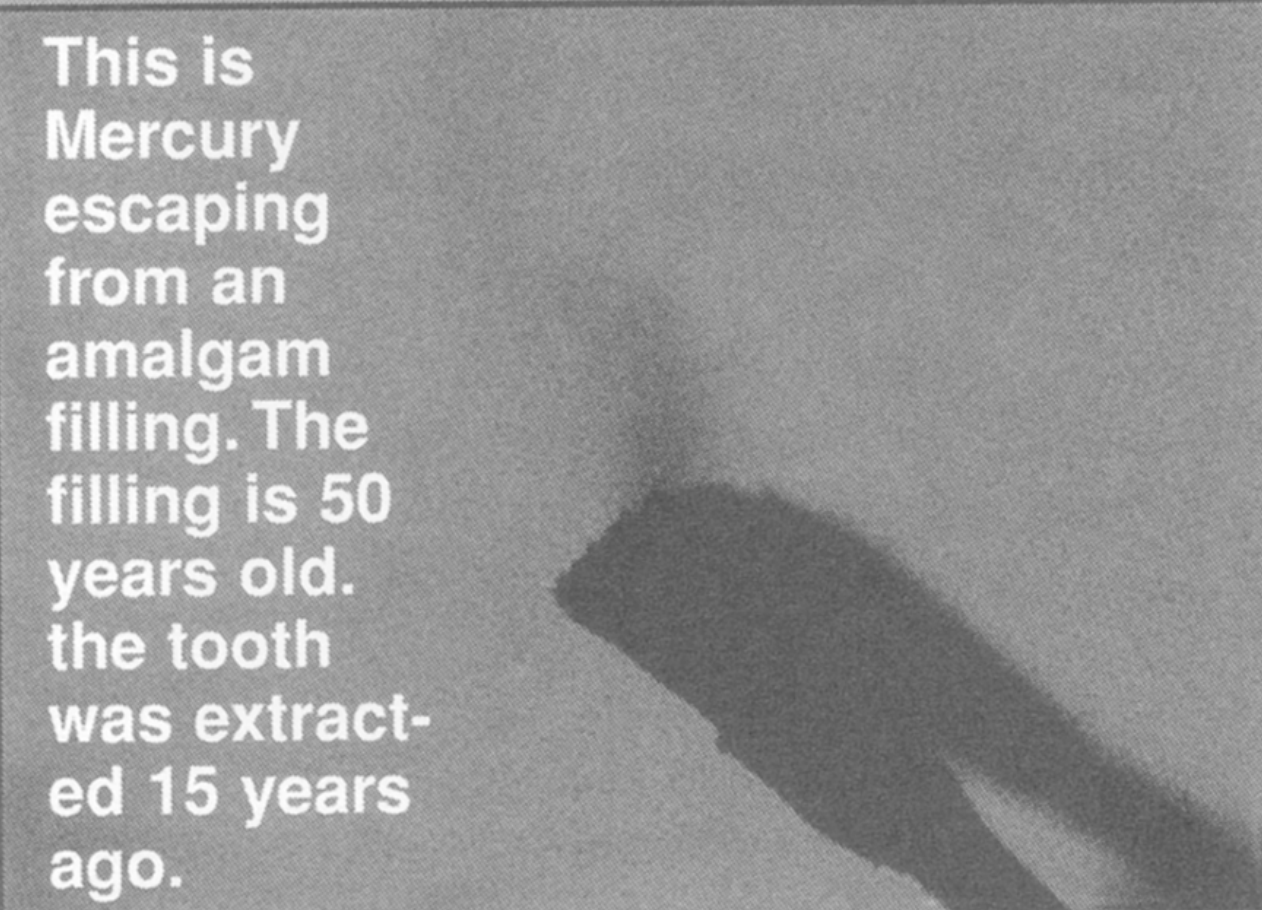
Measurement of the Electrical Conductivity of Dental Cement

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This is a photograph from a film called
"Mercury, A Slow Death."
by Christy Diemond.
See www.uninformedconsent.com

This is
Mercury
escaping
from an
amalgam
filling. The
filling is 50
years old.
the tooth
was extract-
ed 15 years
ago.



Angela Kilmartin's Neurological Symptoms 1995

Aged 54 years.

bedbound, brainfog, coldness, collapse, constant crying fits,
concentration difficulties, fatigue, facial strain, frozen shoulders,
gazing, hyperventilation, insomnia, irregular heart beats,
leg cramps, lowered body temperature, memory loss, metallic taste,
skin pallor, tiredness, uncertain gait, wordloss.

Angela Kilmartin's stool results after removal of all amalgam and gold caps, 1995:

All samples sent to Schiwara Klinik in Bremen, Germany.

Normal result per kilo of stool should be under 10 ugs

4th March 1997	38 ugs per kilo of stool
12th December 1997	50 ugs per kilo of stool.
After an I V. Vitamin-C infusion 20th March 1998.	170 ugs per kilo of stool

Angela Kilmartin's stool results ten years after all removal

May 12th 2005	3.7 ug per kilo of stool
Then after IV. Vit-C May 23rd, 2005	12 ugs per kilo of stool



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Results:

On the morning of Thursday 24th August 2006 two samples supplied by *Mrs Angela Kilmartin* were monitored for the presence of Mercury vapour. The samples were monitored in a well ventilated room adjacent to the offices of the Health and Safety Division. The temperature in the room when the samples were monitored was approximately 20 degrees Celsius.

Sample (1) consisted of an extracted tooth and filling, a Gold cap, and tooth debris and residue. Mercury amalgam had been used in the filling and Gold cap.

Sample (2) consisted of dental gauze which had been used to absorb material released from a Mercury amalgam filling when it was removed from a tooth to prevent its ingestion.

No appreciable level of Mercury vapour was detected in the room prior to monitoring the samples. The samples were packaged in two sealed glass jars and were monitored individually. *Mrs Kilmartin* handled the samples during the monitoring wearing Nitrile gloves.

The following levels of Mercury vapour were noted:





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Mercury Vapour Readings ug m/3

	<u>Sample (1)</u>	<u>Sample (2)</u>
Closed Jar (Around the seal)	0 to -4	0 to -4
Open Jar probe adjacent to content	367 to 50	33 to 10
Jar content unconfined on non-absorbent paper	8	20 to 5
Empty Jar	18	Not Assessed
Jar resealed with content and re-opened probe adjacent to content*	418 to 30	125 to 30

* After approximately 5 minutes.

Monitoring of the samples was filmed and recorded by *Mr Rory Kilmartin*.

M S Brennan.



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Attached is the report you requested. I think your highlighted points are included. With regard to the comments taken from Rory's film:

a). Mercury is a neurotoxin.

b). If I found the very high levels of Mercury vapour noted particularly when the jars were initially opened (with very little variation in the display on the Mercury Vapour Indicator) in the working areas of a room, I would ask the staff therein to vacate the room. I would then determine the source of the Mercury vapour before recommending what remedial action was necessary.

c). Mercury and its compounds can be toxic by inhalation, contact with the skin and if swallowed.

M S Brennan,

Technician, Cambridge University Environmental Health and Safety Dept. UK.