

[REDACTED]

402697

EM:GAB

December 11, 1961

Ralph B. Snavely, M. D.
Medical Director
U. S. Department of Labor
Bureau of Employees' Compensation
Washington 25, D. C.

PRIVACY ACT MATERIAL REMOVED

Dear Doctor Snavely:

We are returning to you herewith under Registered Mail the file of
[REDACTED]

It is our understanding that Mr. [REDACTED] is considered to have chronic lymphocytic leukemia, based upon the findings of his physical examinations at the U. S. Public Health Service Hospital in Baltimore, Maryland, including examinations on May 9, 1961, and August 10, 1961. We understand that his white blood count has been about 40,000, that he has been generally asymptomatic, and that it was the opinion of his physicians then that treatment was not indicated.

We understand also that Mr. [REDACTED] was placed in the whole-body counter at Walter Reed Army Institute of Research on September 23, 1960, but that his whole-body count was not considered to be remarkable. This report, however, does not seem to be in his official file.

In August 1961 I went to the Pentagon (Room 1 B 687) where Lt. Colonel Noe looked through the following report:

"Operation Greenhouse,
Annex 9.3
Wt - 89"

He was unable to find any specific reference therein to the incident which Mr. [REDACTED] has reported to have occurred.

BEST COPY AVAILABLE

1039

-2-

We do not know at this time of any test which can be used to determine or to refute a cause and effect relationship between Mr. [REDACTED] condition and his alleged exposure to radiation in 1951. If such a test is developed, we shall be pleased to let you know.

We do not have any suggestions to make to facilitate your adjudication of his claim.

Sincerely yours,

Clifford E. Nelson, M. D.
State Assistance Branch
Division of Radiological Health

cc: Dr. Chadwick
Dr. Moore
Dr. Pierce

CENELSON:dbp

C. E. Nelson

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION

12/9/59

DATE OF DISCHARGE

12/12/59

NUMBER OF DAYS HOSPITALIZED

9

AUTHORITY:

Form OA-17, dated 12/9/59, signed by
Dr. P. V. Hopkins

DIAGNOSIS:

1. Leukocytosis, undetermined etiology
2. Hiatus hernia, suspected

HISTORY:

This 37 year old chemist employed at the Army Chemical Center was referred here for evaluation of abnormal white count obtained on routine physical examination at the Army Chemical Center done in November, 1959 at which time an elevated white blood count of 27,300 was found. These were repeated on two subsequent days and found to be within the range of 32,000. The patient was then referred here for evaluation to determine if there was any relationship to previous radiation exposure. The patient states that in May, 1951 he participated in the thermonuclear experiment in Pacific testing areas. The nature of his work at that time was that he flew in a B-17 trying to locate and determine the extent of the radioactive fallout. Patient states that there was a hole in the nose of the airplane which prior to taking off had been repaired by masking tape but which in flight reopened allowing atmospheric air to enter through the nose. The airplane entered a fallout cloud contaminating the patient and possibly two other men in the plane. After the plane landed monitors were brought in to determine the extent of the contamination and the patient states that they would not come within twenty feet of them because of the extremely heavy radiation. After showering for approximately an hour the radiation contamination was brought down to a level of the background which was relatively high. Patient experienced no ill effects of this experience denying any nausea, vomiting or other symptoms. He was also at the setting of several atomic exposures in the Nevada Proving grounds but was in no way at all contacted with radioactive materials. In December, 1952 the patient received blood counts on three different occasions two of which were elevated within the range of 11,000-16,000. At this time the differential counts were normal being approximately 70% neutrophils and 30% lymphocytes. Blood count was rechecked in January, 1953 and found to be 12,900 with a differential of 51% neutrophils and 42% lymphocytes. Again these were rechecked on subsequent weeks and found to be essentially within this range. The patient was then disqualified for work with radioactive materials and a change of his occupation was ensued. In 1958 (November) a physical examination was done to determine if the patient should set to work with hydrocarbons and bisulphur stimulants and nerve gases. A white count was found to be 18,000 with

SIGNATURE OF PHYSICIAN

/s/ Samuel C. Lowell Edwards

REC

121890

WARD NO

68

NARRATIVE SUMMARY
Standard Form 888

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION

12/7/59

DATE OF DISCHARGE

12/16/59

NUMBER OF DAYS HOSPITALIZED

9

-2

42% neutrophils and 52% lymphocytes. Rest of the physical examination was said to have been normal at that time. Throughout this entire period the patient has been entirely asymptomatic except for nervousness and a form of dysphagia in which he has difficulty swallowing certain foods particularly steaks and sometimes hamburger. Patient describes this as occurring especially if he is the least bit and when the difficulty occurs the food seems to lodge in the lower part of the esophagus producing an excruciating pain which is relieved only by bringing the food back up. The patient has had a considerable amount of domestic difficulty in this part several years and otherwise his history is unremarkable. The patient claims to be asymptomatic at this time.

PHYSICAL EXAMINATION: Reveals a man who is prematurely bald but states that his baldness began at age 20. Appears healthy, adequately nourished. He weighs 119 lbs. and stands 5'9" tall. Blood pressure 120/70, pulse 80. Entire physical examination was essentially unremarkable. The spleen and liver are not enlarged. The only lymph nodes that are palpable are several small shotty nodes in the inguinal regions one somewhat larger node in the left axillary region and a very small half pea size node in the posterior cervical chain on the right.

LABORATORY DATA: VDRL was non-reactive. Hemogram revealed 22,700 white blood cells, 70% lymphocytes, 30% neutrophils. Many smudge cells were noted. Hemoglobin was 13 grams, hematocrit 41. Corrected sedimentation rate 19. Urinalysis revealed no significant abnormality. The blood count was repeated on three occasions, white count varying between 22,000-27,000 differential being a lymphocytosis of approximately 70%. Platelet count was 222,000. Uric acid was 3.2 mg%. LE prep was negative. Chest x-ray revealed no significant abnormality. Barium shadow revealed a Schatzki deformity of the lower esophagus which probably indicates a hiatus hernia.

HOSPITAL COURSE: Patient was asymptomatic throughout his hospital stay. Bone marrow aspiration was carried out and revealed only a cellular marrow with normal cellular components. There is no evidence of infiltrative disease or excessive immaturity. An attempted biopsy of the lymph node which was felt to be palpable in the right cervical chain was carried out but unfortunately no lymph node was identified in the surgical specimen material. Patient was seen in consultation by the consultant in hematology who felt that a diagnosis of leukemia or any other specific hematological disease could not be

Physician's Name: W. S. Small Edwards, Surgeon

Registration No. 101290 Organization HCC

Ward No. 6

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION
12/19/59

DATE OF DISCHARGE
1/11/59

NUMBER OF DAYS HOSPITALIZED
9

(Sign and date at end of narrative)

-3-

made at the present time nor is there any specific indication that the leukocytosis is at all related to the radiation which the patient alleges. The long history of elevated white count is not at all suggestive of leukemia but does rather suggest some benign process. It is, however, our opinion that the patient should be followed carefully and we suggest repeat white blood counts at monthly intervals of while and if there is no change, the interval could probably be increased. In the meantime efforts are being made to contact the Radiological Health group of the Atomic Energy Commission to determine if there is further recommendations as to the nature of the follow-ups. If arrangements can be secured, we would like to follow this patient and repeat his white blood count in approximately one month. In the meantime the patient is referred to his private physician for further medical evaluation regarding the suspected hiatus hernia.

CLE/sr

Signatures of physician and other personnel. Form 502 if more space is required.

SIGNATURE OF PHYSICIAN
/s/ C. Lowell Edwards, Surgeon

DATE

IDENTIFICATION NO. ORGANIZATION
FEC

PATIENT'S IDENTIFICATION (To type name of patient and other identifying information)

REGISTER NO.
104800

WARD NO.
4

NARRATIVE SUMMARY
Standard Form 502

CLINICAL RECORD

NAME: [REDACTED]

DATE OF ADMISSION

12/17/52

12/17/52

9

ACTIVITY:

Form 2217, dated 12/17/52, signed by
Dr. Paul Hopkins

TRACE SIS:

1. Leukocytosis, undetermined etiology
2. Hiatal hernia, suspected

HISTORY:

This 37 year old chemist employed at the Army
Chemical Center was referred here for evaluation

of abnormal white count obtained on routine physical examination at the Army
Chemical Center done in November, 1952 at which time an elevated white blood count
of 27,500 was found. These were repeated on two subsequent days and found to
be within the range of 25,000. The patient was then referred here for evaluation
to determine if there was any relationship to previous radiation exposure. The
patient states that in May, 1951 he participated in the transmutation experiment
in which he was exposed. The nature of his work at that time was that he flew
in a bell trying to locate and determine the extent of the radioactive fallout.
Patient states that there was a leak in the nose of the airplane which prior to
take-off had been sealed by rubber tape but which in flight loosened allowing
atmospheric air to enter through the nose. The airplane entered a fallout cloud
containing the patient and possibly other persons in the airplane. The patient
states that they would not even be within twenty feet of them because of
the extremely heavy radiation. After showering for approximately an hour the
radiation contamination was brought down to a level of the background which was
relatively high. Patient emphasized no ill effects of this experience during
any period, weeks or other periods. He was also at the setting of several
static exposures in the Nevada testing grounds but was in no way at all contacted
with radioactive materials. In November, 1952 the patient received blood counts
on three different occasions two of which were elevated within the range of 11,000-
15,000. At this time the differential counts were normal being approximately
70% neutrophils and 30% lymphocytes. Blood count was repeated in January, 1953
and found to be 13,000 with a differential of 65% neutrophils and 35% lymphocytes.
Again there were no changes on subsequent weeks and found to be essentially within
this range. The patient was then disqualified for work with radioactive materials
and a change of his occupation was made. In 1953 November, a physical examina-
tion was done to determine if the patient should not to work with hydrocarbons
and blanch solvents and nerve gases. At this count was found to be 15,000 with

/s/ [REDACTED] [REDACTED]

[REDACTED]

171-0

51

CLINICAL RECORD

NEW ATLAS OF ILLS

DATE OF ADMISSION

12/1/59

12/1/59

9

23

43% neutrophils and 52% lymphocytes. Rest of the physical examination was said to have been normal at that time. Throughout this entire period the patient has been entirely asymptomatic except for nervousness and a form of dysphagia in which he has difficulty swallowing certain foods particularly steak and sometimes lamb chops. Patients describe this as occurring especially if he is the least bit cold and the difficulty comes the food seems to lodge in the lower part of the esophagus producing an uncomfortable pain which is relieved only by bringing the food back up. The patient has had a considerable amount of digestive difficulty in the past several years and otherwise his history is unremarkable. The patient claims to be asymptomatic at this time.

PHYSICAL EXAMINATION:

Reveals a man who is prematurely bald but states that his baldness began at age 20. Appears

well, adequately nourished. He weighs 145 lbs. and stands 5'9" tall. Blood pressure 110/70, pulse 80. Entire physical examination was essentially unremarkable. Heart and lungs are not enlarged. The only lymph nodes that are palpable are several small axillary nodes in the inguinal regions and a somewhat larger node in the left axillary region and a very small half pea size node in the posterior cervical chain on the right.

LABORATORY DATA:

WBC was non-reactive. Hemogram revealed 22,700 white blood cells, 70% lymphocytes, 30% neutrophils.

Some smudge cells were noted. Hemoglobin was 13 grams, hematocrit 41. Corrected sedimentation rate 19. Urinalysis revealed no significant abnormality. The blood smear was repeated on three occasions, white count varying between 22,000-27,000 differential being a lymphocytosis of approximately 70%. Platelet count was 228,000. G6PD test was 100%. IE prep was negative. Chest x-ray revealed no significant abnormality. Barium shadow revealed a Schatzki deformity of the lower esophagus which probably indicates a hiatus hernia.

HISTOPATHOLOGY:

Patient was asymptomatic throughout his hospital stay. Bone marrow aspirate was carried out and

revealed only a cellular marrow with normal cellular components. There is no evidence of infiltrative disease or expansive immaturity. An attempted biopsy of the lymph node which was felt to be palpable in the right cervical chain was carried out but unfortunately no lymph node was identified in the surgical specimens material. Subject was seen in consultation by the consultant in hematology who felt that a diagnosis of leukemia or any other specific hematologic disease could not be

10/10/59

30

12/1/59

64

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION

12/1/59

DATE OF DISCHARGE

12/18/59

NUMBER OF DAYS HOSPITALIZED

9

(Sign and date at end of narrative)

3-

None at the present time nor is there any specific indication that the leukocytosis is at all related to the radiation which the patient alleges. The long history of elevated white count is not at all suggestive of leukemia but does rather suggest some chronic process. It is, however, our opinion that the patient should be followed carefully and we suggest repeat white blood counts at monthly intervals for 6 months and if there is no change, the interval could probably be increased. In the meantime efforts are being made to contact the Radiological Health group of the Atomic Energy Commission to determine if there is further recommendations as to the nature of the follow-ups. If arrangements can be secured, we would like to follow this patient and repeat his white blood count in approximately one month. In the meantime the patient is referred to his private physician for further medical evaluation regarding the suspected hiatus hernia.

CHS /ms

Admission to United States, Bureau

12

12/18/59

65

UNITED STATES GOVERNMENT
OFFICE OF THE SECRETARY OF THE ARMY



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Medical Officer in Charge
U.S. Public Health Service Hospital
Wyman Park Drive and 31st St.
Baltimore 11, Md.



Home address:



Home telephone:

Work address:

U.S. Army Chemical Center
Edgewood, Maryland



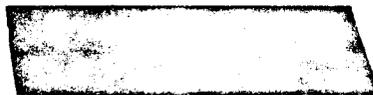
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

February 29, 1960

Medical Officer in Charge
U.S. Public Health Service Hospital
Wyman Park Drive and 31st St.
Baltimore 11, Md.

Dr. Francis J. Weber
Chief, Division of Radiological Health
Bureau of State Services
Public Health Services
Washington 25, D.C.



Dear Dr. Weber:

In December 1959 I called your office with reference to the above named who came to this hospital under the auspices of the Bureau of Employees Compensation. He gave a history of exposure to thermuclear radiation during a Pacific test in 1951. Subsequently, he was found to have an elevation of his white count with an increased number of lymphocytes. No diagnosis of leukemia could ever be established, but he is under observation with such a diagnosis being a possibility.

Our consultant in hematology, Dr. C. Lockard Conley, advised us that such individuals have ordinarily been followed by the Atomic Energy Commission and are of unusual interest to them. We have questioned our patient and to his knowledge neither he, nor a fellow worker exposed at the same time, has been "officially" followed.

Would you please advise us if any official action should be taken with respect to notifying the Atomic Energy Commission or any other organization concerning this matter.

By direction of the Medical Officer in Charge.

Sincerely yours,


George F. Ellinger, M.D.
Medical Director, USPHS
Chief, Medical Service