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REPOSITORY LOS ALAMOS NAT LAB
 COLLECTION CL-14 April 12, 1954
 BOX No 11331-1
 FOLDER CASTLE NATIVES

Dr. Alvin C. Graves
 CTG 7.1
 Eniwetok, M. I.

Dear Al:

As I told you I was going to, I stopped off and spent all day Thursday, the 8th, at Enaj spending most of my time on looking over the natives and talking with Cronkite and his people. I was very much reassured to find that the areas around the necks, armpits, foreheads, etc., seemed to be rapidly returning to their normal color. You will remember that when I saw them one week previously I was a little concerned that these areas might remain depigmented permanently. It is my impression now that there will remain no scars or depigmented areas of any sort.

The white cell counts and platelet counts seem to be slow in returning to normal. There is a possibility that the surprisingly large amount of iodine which they got into their systems may be a factor in this. The amount of I^{131} , as well as other isotopes, was considerably less than the amount which would be given, for example, in a therapeutic dose. It was, however, not inconsiderable and added to the rest of the exposure it might be playing a part. It is my feeling that this is a matter more for academic and scientific interest than of significance in the prognosis of the individual patients.

The white cell counts and platelet counts had not maintained a definite trend back to normal levels. It was quite definite, however, that they were showing no tendency to fall any lower and I am convinced in my own mind that they will return to normal within the coming few weeks. The low white cell counts quite obviously are not affecting the patients' health adversely; they all continue to be happy and co-operative.

The lesions on the feet which first appeared a little over two weeks ago last week seemed to be healing very satisfactorily. These were apparently about the only skin manifestations that caused any discomfort. However, you can't walk on feet that are blistered and fissured and not be aware of it.

I talked by phone today to John Bugher and he will attempt to have the New York Office send us some of the Japanese urines. When our samples from Enaj arrived here the boys put some of the material immediately into the scintillation arm counter and discovered some pretty energetic gamma activity. On evaporation, most of this had disappeared, indicating the presence of a volatile isotope. This was rather promptly identified as the iodine. This, of course, is something which NYOO could easily miss if they do not have the proper instruments.

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Dr. A. C. Graves

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I am hopeful, therefore, that we can get some unevaporated specimens which should permit us to get a reasonable comparison between the dose to the Japanese and that to our friends now at Kwaj. John Bugher is quite disturbed about the small amount of information which has reached him concerning the nature of the fallout from #2.

Before the end of this week we should have for you a recommendation as to what we feel should constitute the type of investigation to be carried out to decide whether or when our patients can be sent home. We are going to try to make this recommendation specific and practical with the idea of answering that one question. There is also, however, an opportunity here for a most interesting study along more academic lines to be carried out on a long-term basis.

You should, in the very near future, get a TWI giving an outline of our findings in the urine specimens so far. It would be my hope that a copy could be relayed to Cronkite with the least delay possible. Would you have the kindness to remind Joe Valles that I left behind a couple of classified documents in his file safe. I would be happy if these could return along with the files and I can get them when they arrive. There is absolutely no hurry about them. I had a comfortable trip home and everything here seems reasonably serene. Shot #2 boosted the Los Alamos background to approximately five times its customary value.

Please let us know if there are things we can do for you here.

Very sincerely yours,

THOMAS L. SHEPMAN, M. D.,
Health Division Leader

TLS/lca