[redacted]

402697

EM:SAB

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.

1039

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

[illegible]
BUREAU OF [illegible]
WASHINGTON [illegible], D.C.

[illegible] [illegible], [illegible]

IN REPLY REFER TO FILE NO. [illegible]-126671

[illegible] J. [illegible]eber, [illegible]
[illegible] Division of [illegible]ological Health
[illegible] [illegible]lth Service
[illegible] [illegible] State Services
[illegible], [illegible] Building, South
[illegible] 25, [illegible] C.

[illegible]: Dr. C. L. [illegible]elson

[illegible] [illegible]eber:

[illegible] under consideration the claim of Mr. [redacted] who is [illegible] as a physical chemist (Aerosols) by [illegible] Chemical Center.

[illegible] result of a medical checkup about December 9, 19[illegible], Mr. [redacted] [illegible] to have an elevated white blood cell count and he had [illegible] believe that this was the result of his participating in [illegible] Eniwetok Atoll, [illegible] Islands from February 1951 to [illegible].

[illegible] L. [illegible] of my staff has briefly discussed some of the [illegible] of this case with Dr. [illegible]elson who has agreed to review the [illegible]. We are, therefore, submitting the file to you under separate [illegible] by registered mail and because it is the sole record relating [illegible] claim we would appreciate it being returned in like manner.

[illegible] a [illegible] analysis of the developments in this claim con[illegible] Mr. [redacted] radiation exposure at work and the likelihood [illegible] significant in the development of a blood [illegible]. It will be noted that the [illegible] observations of [illegible] seem to indicate the diagnosis is a slowly progressive [illegible] of chronic lymphocytic leukemia.

[illegible] seen by the letter addressed to the Army Surgeon General on [illegible], 19[illegible], we have [illegible] information [illegible] of the [illegible]. [illegible] would par[illegible] appreciate your [illegible] for developing specific [illegible] clearly [illegible].

[illegible]

[illegible signature]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

March 15, 1960

[redacted]
U.S. Public Health Service Hospital
Wyman Park Drive and 39th St.
Baltimore 11, Md.

Dr. Clifford E. Nelson
Division of Radiological Health
U.S. Public Health Service
Washington 25, D.C.

RE: [redacted]

Dear Dr. Nelson:

Enclosed are two copies of the hospital discharge summary on the above named patient, whom we discussed last Saturday morning. We havenot seen the man subsequent to his discharge from the hospital, but instead, he has been followed at the U.S. Army Dispensary, Army Chemical Center, Maryland. They recently advised us that when last seen by them on February 10, 1960, his white count was 39,000 with neutrophils 23%, lymphocytes 76%, and monocytes 1%. They are planning to repeat these counts on a monthly basis for a while.

For your information, we have attached the home address and telephone number of the patient, as well as his working address. Perhaps it would help you also to know that Dr. P. B. Hopkins, Chief of the Industrial Service, wrote us concerning the patient, and is presumably following him.

We shall take no further action in this matter unless the man is referred back to us by the Army Chemical Center or the Bureau of Employees' Compensation.

I hope this information will be of help to you.

Sincerely,

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

Enclosures: Form 502
Addresses of [redacted]

Standard Form 502
Rev August 1954
Prescribed
by Bureau of the Budget
Circular A 11

CLINICAL RECORD — NARRATIVE SUMMARY

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
12/9/59	12/18/59	9

AUTHORITY: Form 88A-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 o 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 explosions 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 act to work with hydrocarbons and bismuth stimulants and nerve gasses. A white count was found to be 12,000 with

/s/ Surgeon C. Lowell Edwards — ORGANIZATION: HEC

HOSPITAL NO. 124890 — WARD NO. 6E

NARRATIVE SUMMARY
Standard Form 502

Standard Form 502
Prescribed by Bureau of the Budget

CLINICAL RECORD — NARRATIVE SUMMARY

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
12/9/59	12/18/59	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 [illegible] 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 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 healthy, adequately nourished. He weighs 149 lbs. and stands 5'9" tall. Blood pressure 120/76, 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 Schatski 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

(If more space is required, [illegible])

ATTENDING PHYSICIAN (Type or print)	SIGNATURE	IDENTIFICATION NO.	ORGANIZATION
[illegible] S. Lowell Edwards, Surgeon			USC

REGISTER NO. 181990 WARD NO. 6K

Standard Form 502
Prescribed by Bureau of the Budget

CLINICAL RECORD — NARRATIVE SUMMARY

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
12/9/59	1/15/59	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 awhile 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

(Use Standard Form 502-A if more space is required)

SIGNATURE OF PHYSICIAN — DATE — IDENTIFICATION NO. — ORGANIZATION

/s/ C. Lowell Edwards, Surgeon — FEC

PATIENT'S IDENTIFICATION (Typewritten name, grade, service or other designation)

REGISTER NO. 181890 — WARD NO. 5

NARRATIVE SUMMARY
Standard Form 502

CLINICAL RECORD

DATE OF ADMISSION [illegible] 12/ /5[illegible] 12/1[illegible]/5[illegible] [illegible]

AUTHORITY: Form [illegible], dated 12/[illegible]/5[illegible], signed by Dr. [illegible] [illegible]

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, 195[illegible] at which time an elevated white blood count of [illegible],[illegible] was found. These were repeated on two subsequent days and found to be within the range of [illegible],[illegible]. The patient was then referred here for evaluation to determine if there was any relationship to previous radiation exposure. The patient states that in [illegible], 195[illegible] he participated in the [illegible] experiment in [illegible] testing areas. The nature of his work at that time was that he flew in a [illegible] 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 takeoff had been repaired by masking tape but which in flight ruptured allowing atmospheric air to enter through the nose. The airplane entered a fallout cloud [illegible] the patient and [illegible] other [illegible] in the [illegible]. After the plane [illegible] 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 testing of several atomic explosions in the [illegible] 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,[illegible]-16,[illegible]. At this time the differential counts were normal being approximately [illegible] neutrophils and [illegible] lymphocytes. Blood count was rechecked in January, 1953 and found to be 1[illegible],[illegible] with a differential of [illegible] neutrophils and [illegible] 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 195[illegible] [illegible], a physical examination was done to determine if the patient should get to work with hydrocarbons and bismuth [illegible] and nerve gasses. A white count was found to be 1[illegible],[illegible] with

/s/ [illegible] [illegible]. Lowell [illegible]

[illegible]

[illegible] [illegible]

CLINICAL RECORD

12/59 12/17/59 9

-2-

12% neutrophils and 52% lymphocytes. Test 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 occasionally if he is in the least bit tense when the difficulty occurs the food seems to lodge in the lower part of the [illegible] producing an unpleasant pain which is relieved only by bringing the [illegible] up. The patient has had a considerable amount of dyspeptic difficulty in the past several years and otherwise his history is unremarkable. The patient claims to be asymptomatic at this time.

[illegible] Reveals a man who is prematurely bald but states that his baldness began at age 20. Appears [illegible] nourished. He weighs 147 lbs. and stands 5'9" tall. Blood [illegible] pulse 80. Entire physical examination was essentially unremarkable. [illegible] liver are not enlarged. The only lymph nodes that are palpable are several small pliable nodes in the inguinal regions one somewhat larger node in the left [illegible] region and a very small half 1 pea size node in the posterior cervical chain on the right.

[illegible] WBC was non-reactive. Hemogram revealed 22,700 white blood cells, 70% lymphocytes, 30% neutrophils. [illegible] cells were noted. Hemoglobin was 13 grams, hematocrit 41. Corrected sedimentation rate 17. 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. [illegible] cell was 1.2 mg%. LE prep was negative. Chest x-ray revealed no significant [illegible]. Barium chalk revealed a Schatzki deformity of the lower esophagus with [illegible] indication a hiatus hernia.

[illegible] 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 suppressive immunity. 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

/s/ C. [illegible] M.D., [illegible]

12/17/59 6K

Standard Form 502
Rev. Aug. 1954
Promulgated
By Bureau of the Budget
Circular A - 32

CLINICAL RECORD | NARRATIVE SUMMARY

DATE OF ADMISSION
12/9/59

DATE OF DISCHARGE
12/18/59
(Sign and date at end of narrative)

NUMBER OF DAYS HOSPITALIZED
9

-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 for a [illegible] 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 followups. 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.

[illegible] /mm

[illegible]

[illegible]

12590 65

NARRATIVE SUMMARY
Standard Form 502

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.

[redacted]

Home address: [redacted]

Home telephone:

Work address: U.S. Army Chemical Center
Edgewood, Maryland

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.

February 29, 1960

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 thermonuclear 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