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ERNEST B. EMERSON, JR., M. D.  
26 Strathallan Park  
Rochester 7, New York

Hillside 5-1175

April 21, 1961

Joe W. Howland, M. D.  
260 Crittenden Blvd.  
Rochester 20, New York

Re:

Dear Dr. Howland:

Your patient was checked here on March 21, 1961, regarding some nasal obstruction and post nasal drip.

There is a history of exposure to 2000 to 2500 r from the waist up one year ago.

Examination:

Ears: Canals clear, drums intact.

Nose: Mucous membranes on the pale side with highly irregular septum. No pus and no polyps.

Sinus: Transillumination clear, non-tender.

Tonsils: Have been removed.

Pharynx: No post nasal drip.

Nasopharynx: No new growth and vault clean.

Eustachion tubes: Negative.

Salivary glands: Negative.

Neck: No lymphadenopathy.

There is no evidence that the radiation has done any harm intranasally.

Thank you for referring this patient to me.

Sincerely yours,

Ernest B. Emerson, Jr., M. D.

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REPOSITORY DOE - FORRESTAL  
COLLECTION MARKEY FILES  
BOX No. 3 of 6  
FOLDER ACCIDENT FILE #3

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Philco Corp. Examination  
December 4-6, 1961

INTERVAL HISTORY: Reveals the presence of no physical discomfort, except for the continuation of symptoms as related to vision. There has been occasional increase in light sensitivity, particularly of the left eye. Definite loss of hair over the right temple and right eyebrow has occurred, accompanied by dryness of the skin in the local area. The scalp has become definitely dry and more scaly, although there has been no loss in other portions of the hair. An occasional nosebleed has occurred in which the right nostril has been involved much more on the left. Mucous membranes have a sensation of dryness almost continuously. There has been some bleeding of the gums, particularly around those of the mandible on the right in the lateral aspects. This has been noted after regular brushing. Has had only rare, mild colds and no herpes has developed. Appetite has been good and has no constipation. The weight continues to be approximately the same. There has been no increase or decrease in fatigue. Anxiety concerning his condition continues; but in a parallel interview with his wife, this has neither increased or decreased. He would very much appreciate a transfer to a more favorable climate, and a position with more physical activity. Libido is normal and a complete review of systems otherwise is negative.

PHYSICAL EXAMINATION: Blood pressure 132/68, pulse 84, respiration 16, temperature not recorded. The general appearance is that of a healthy, normal male. The scalp shows loss of hair over the right temporal region with definite dryness of skin in that area and some accentuation of blood vessels. There is dryness also over the forehead and some loss of hair

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in the right eyebrow. No change is observed in the mole on the neck. There is definite reduction in growth of beard on the right cheek, possibly extending down around to the right upper lip. There is no adenopathy. The skeletal is negative. Head shows no sinus tenderness. The eyes show slight accentuation of blood vessels in the right eyelid. The right eye shows telangiectatic vessels of the conjunctiva and slight irritation. The remainder of the eye examination, essentially that of Dr. Albert C. Snell, in a separate report, shows erosion of the cornea, some granular opacification of the posterior capsular region of the right eye and a few larger granules in the subcapsular cortex. The right and left retinal changes have largely disappeared without evidence of edema, exudates or hemorrhage. An improvement in visual acuity in the right eye to 20/200 was noted. The left is 20/20, as previously. Ears are negative. The nose shows very dry mucous membranes, right more than left, with some accentuation of vessels. The mouth shows tongue to be negative. Throat is negative. Teeth are in good condition. There is no evidence of hemorrhage present. The neck shows no remarkable change, except for some possibility of shotty changes in the thyroid on the right. The chest is negative. The lungs are clear. The heart is within normal limits. Abdomen shows no masses or tenderness. Genitalia are normal. Extremities show no increase in deep pain. Reflexes are within normal limits.

LABORATORY FINDINGS: Blood: RBC 4.41, Hgb. 16.3, Vol. packed red cells 47%, WBC 6,550 with the following differential: Juv. 0, Stabs 0.5, Seg. 70.5, Eos. 1.5, Lymphs 19.5, Monos 6.5, Absolute Granulocytes 4,810, Baso. 1.5, Absolute Lymphocytes 1,690, Absolute Monocytes 423, Platelets 157,500, Reticulocytes 1.5%, Sed. Rate .5. Sternal Marrow Examination: Shows a

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marked hypocellularity on direct smear and the marrow hematocrit indicated only a trace of the myeloid:erythroid layer and mixed layer. Hypoplasia is more marked in the erythroid than in the myeloid series, with an M:E ratio of 93:1. The few red cell precursors seen are normoblastic. Myelopoiesis shows all stages of maturation with a few immature cells. Lymphocytes are pleomorphic with a number of reactive variety. Megakaryocytes are reduced in number. The total impression was an abnormal, markedly hypocellular marrow with relatively more erythroid than myeloid hypoplasia. For the most part, the cells visualized appeared normal. EEG: Covering periods of wakefulness to light sleep is normal without significant change from the tracing on 3/20/61. Hearing Test: This was carried out because of tinnitus and was within normal limits. Semen Analysis (12/6/61): Volume: 7.0 cc., pH 7.2, Absolute fixed count 991.2 million with 97.5% motile sperm, 89% sperm were of the alive criteria with 35.7% sperm showing various types of abnormality. This represents improvement.

In summary, findings of the examination are: (1) Secondary loss of hair on right temple and eyebrow with telangiectasia and dryness of skin; (2) Appearance of early cataract in right eye and clearing of retinal changes with improvement in vision of right eye. Left now normal; (3) normal blood counts, but definite hypocellularity of bone marrow.

Respectfully submitted,

Joe W. Howland, M. D.

JWH:CMG

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