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Washington 25, D. C.

7 February 1949

Mr. Robert M. Underhill
University of California
Berkeley, California

Dear Mr. Underhill:

As requested by the Los Alamos Scientific Laboratory of the University of California, I served as a medical consultant when the case of [REDACTED] was reviewed in Los Angeles on January 13, 1949. Dr. Stafford Warren, as Chairman, will submit to you the joint decision reached, but I feel it appropriate for me to send you in more detail my medical opinion of [REDACTED] and my reactions to this meeting.

I will not review the past medical history of [REDACTED] case, since I feel certain your files are complete on this subject. The important features of the present situation are in my opinion as follows.

There can be very little doubt but that [REDACTED] illness is occupational in origin, since he was well up to his work exposures in Los Alamos; has had evidence of disability since the onset of illness in the Fall of 1945; and his illness for the most part follows the course of such disability following exposure to similar materials in a variety of industrial operations. In settling the exact causative material, qualitatively and quantitatively, we lack adequate data. We do not know accurately his potentially toxic exposures at the Berkeley cyclotron, nor are air measurements available for [REDACTED]. An additional point of some importance in making an exact diagnosis in this case is the fact that the worker was exposed to more than one material known to cause lung damage at certain toxic levels.

This leads to a discussion of the clinical status of [REDACTED] at this time--January 1949. There is no question but that this man is a chronic invalid following his hospitalized illness at Los Alamos in the 1945 and early 1946. The patient is able to study, can drive his automobile, walk short distances (i.e., under one-quarter of a mile) slowly. He cannot work at his trade as a [REDACTED] in his present physical state. His earning capacity and what he can do is reduced to a fraction of what it might have been. He cannot have ordinary social intercourse, because he tires at once and must spend his evenings as well as his nights and weekends resting. The only job he knows he can attempt--and on inquiry it was generally agreed he was correct in this estimate--is teaching physics

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in a high school with \$250 to \$275 as top salary in California. Because of his illness, [redacted] is, of course, very much restricted in places where he can live. He learned this definitely this summer, when he visited his home in Colorado at about 5000 feet elevation and had to leave within four days because of shortness of breath requiring him to sleep upright in a chair.

It is important to try to estimate his future course. This is impossible to even guess at because of the small number of similar cases well studied. From my experience in industry he will probably go downhill physically and perhaps die after four to six years of illness. I have knowledge of three cases similar in apparent cause and clinical course to the case under discussion that have recovered completely. I personally am not as pessimistic about his outlook as is Dr. Shields, [redacted] physician, because in my experience the fatal cases (i.e., similar to [redacted]) are more acutely ill by this time in the total course of the illness.

Incidentally, the discussion of this case and its compensation responsibilities brings to my mind to write you that it seems not unlikely that other cases of chronic illness will come to light among University of California government project workers. With this in mind plans for proper financial care of such workers should somehow in my opinion consider the problem of delayed onset and a chronic course with considerable medical expense involved. I have in mind illness from toxic chemical and dust exposures as well as ionizing radiation.

If you care for more detail than I have here supplied, please let me know.

Very sincerely yours,

Harriet L. Hardy, M. D.
286 Congress Street
Boston, Mass.

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