



The B.F. Goodrich Company

800 SOUTH MAIN STREET • AKRON, OHIO 44310 • PHONE 210-253-1171

November 8, 1967

Dr. John L. Graech
B.F. Goodrich Chemical Company
Louisville, Kentucky 40201

Dear John:

Thank you for your letter of November 2.

First, let me make some general comments with respect to yours. I am sure that you realize that the diagnostic opinions that have been expressed on the x-ray reports that I have sent you are not mine, rather those of Dr. Tatum, our roentgenologist. Furthermore, our "accepting" a specific case as being positive is done solely on the basis of the x-ray findings, and we realize that in many instances these should perhaps be more properly regarded as "suspicious" pending further studies. In every case that Dr. Tatum has regarded as exhibiting acroosteolysis, we had the films reviewed by Dr. Schneider, the roentgenologist at Holmes Hospital, Cincinnati, Ohio, and most recently also by Dr. Whitehouse, the head of the Radiology Department at the University of Michigan. Nearly all of the cases that Dr. Tatum has diagnosed as acroosteolysis have been similarly diagnosed by Dr. Schneider. Dr. Wilson has also concurred prior to my sending the reports to you.

I know that you are convinced that the man must have been a polycleaner to exhibit acroosteolysis. We, however, do not believe this to be true. We have examples of cases in plants, other than Louisville, where there has been no history of polycleaning. I think, too, that you are convinced that the triad of symptoms must exist before the case is positive. This to us becomes a matter of judgement, because we have seen cases that have first exhibited only Raynaud's symptoms and then later showed acroosteolysis, in some cases quite marked. If I recall correctly, I believe you have had at least one case of this type at Louisville. We have, in general, not seen skin changes in the majority of the cases. Therefore, we are not convinced that the triad is necessary. This same opinion is held by the group at the Institute of Industrial Health at the University of Michigan who, as you know, are conducting the Industry-wide study under the auspices of the Manufacturing Chemists' Association.

BFG67707

REDACTED

We do not feel that the cases that we have recently indicated to you as being positive (or suspiciously so) should be reported to the state. Neither do we feel that, at this time, the findings should be indicated, except in a very general way, by you to the employee. We do not feel that any change in their job assignments are indicated pending further x-rays.

I should now like to pass on the general comments regarding the five specific cases that you mention in your letter-that have been received from either Dr. Schneider or Dr. Whitehouse-with respect to the films of these individuals that they have seen. You already, of course, have those of Dr. Tatum. As you know, we have requested re-x-rays, but these have not been read by Dr. Tatum.

1.

Dr. Schneider reviewed all of the films that we have and expressed the following opinion: "Recent occurrence of fragmentation of the distal phalanx of the left fourth finger. I think this most likely represents occupational acroosteolysis but I cannot exclude a simple traumatic fracture". Dr. Whitehouse has not, as yet, seen the films on Mr. Schwoebel.

2.

Dr. Schneider did not feel that this was acroosteolysis. Dr. Whitehouse was somewhat uncertain in his opinion feeling, however, that it was perhaps a "non-specific effect of trauma". He did feel that there was "minimal resorption about the arcuate surface of the distal phalanx".

3.

Both Dr. Schneider and Dr. Whitehouse were somewhat indefinite in their opinion. Dr. Schneider: "Recent alteration of the distal phalangeal bone of the left fifth finger, which I believe is on a traumatic basis". Dr. Whitehouse: "Changes between the first film of 2/8/66, and the one in September 1967 were seen principally as a "tangential defect of the extreme tip of the distal phalanx of the left fifth finger". He felt this was due to trauma, but whether or not it was osteolysis could not be determined.

4.

Dr. Schneider felt this was definitely positive as indicated by the following opinion: "1. Occupational acroosteolysis with involvement of the left fifth finger. 2. Small opaque foreign body of the soft tissues in the region of the head of the left second metacarpal bone". Dr. Whitehouse has not seen these films.

BFG67708

Page Three
Dr. John L. Creech

REDACTED

5.

Dr. Schneider did not believe this was acroosteolysis and gave the following opinion: "Healing comminuted fracture of the tuft of the distal phalanx of the right index finger. I believe this is directly related to trauma and does not represent occupational acroosteolysis. A follow-up examination is recommended in one month". Dr. Whitehouse has not seen these films.

One of the things about which we are most concerned currently is the relationship of trauma to either the initiation of-or reactivation of-osteolysis. We believe several of the cases at Louisville have demonstrated that this can occur. I recently had a communication from Dr. Kenwin Harris of Imperial Chemical Industries, whom you met at our Cincinnati meeting, indicating the same thing. We, therefore, feel that we should continue to watch very carefully these five cases for additional x-ray changes and symptoms.

As always, John, we regard your opinions and comments very highly. Continue to make them.

Very truly yours,

W.E. McCormick
W.E. McCormick, Manager
Department of Industrial
Hygiene and Toxicology

mj

cc: L.G. Crunkleton
H.P. McMath
J.L. Nelson
G. Pow, Jr.

P.S. I have only a partial record of the names that we have indicated to you as having either enchondromas or osteoenchondroms and are therefore unable to determine which films you would like to see. The names that I do know are the following, and these films are enclosed. I should appreciate your returning them to me following your review:

- 8/66; 9/67
- 9/66
- 8/66
- 9/66
- 12/65
- 9/66
- 9/67
- 12/65

W.E.M.

BFG67709