

AUG 5 1966



The B.F. Goodrich Company

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REX H. WILSON, M.D., F.A.C.P.
MEDICAL DIRECTOR

July 29, 1966

Dr. R. Emmet Kelly
Med. Dir.
Mon Santo Co.
800 N. Lindburg Blvd.
St. Louis, Mo. 63166

Dear Dr. Kelly:

Enclosed is a resume of the parameters for the diagnosis of the type of hand diseases in which we are interested. These have been drawn up by Dr. Roush and his associates, Mr. McCormick and myself. We would appreciate your comments. Please let me know your reaction by August 15, 1966 so that these parameters can be finalized.

We are currently involved in the second round of x-rays of our PVC employees. These are being done approximately six months after the original mass screening was performed. This will be completed in the next four to six weeks. Dr. Roush and Mr. McCormick will analyze the results carefully.

I am hoping that the detailed studies which you indicated that you would undertake, will be completed by the end of this time. It would seem desirable to have a meeting of the companies represented at the Cincinnati meeting when all of the companies' studies have been completed. It is imperative that we proceed rapidly to solve this problem.

I presented to Dr. C. A. Johnson, Jr., Medical Director of the Goodyear Tire & Rubber Company, a brief background of the hand problem. Only B. F. Goodrich findings were mentioned. Dr. Johnson was hoping to make some investigation within his own company, but I have heard nothing further from him.

The B. F. Goodrich Company will present our hand case problem to the PVC industry some time in the near future. Again, only B. F. Goodrich findings will be presented. This probably will be done through the Manufacturing Chemists Association.

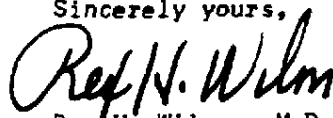
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Enclosed is a copy of a release the Imperial Chemical Industries Ltd. has prepared for possible distribution to the public press. We believe it is well done and satisfactory.

If you have any comments or suggestions regarding the enclosed information, please advise me at once. You should include in your comments the desirability, timing, location and composition of a future meeting of the group.

Sincerely yours,

 M.D.
Rex H. Wilson, M.D.

RHW/jd

ccs: Dr. W. G. Duncan Murray
Dr. D. Kenwin Harris
Dr. Marcel J. Lefevre
Dr. Carl U. Dernehl
J. W. Miller, Jr.
Tom Nautz
H. B. Warner
Dr. George Roush, Jr.

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PARAMETERS FOR HAND CASES AS DEFINED BY DR. GEORGE ROUSH, JR., AND
ASSOCIATES AND AGREED UPON BY MR. W. E. MCCORMICK AND DR. R. H. WILSON

I. Clinical

- A. The onset of the disease may be heralded by the appearance of Raynaud's phenomena, by the onset of pain in the fingers, or by the appearance of nodules in the skin.
- B. The disease picture is characterized by any of these symptoms singly or any combination of these symptoms. It may also be characterized by only x-ray changes (acroosteolysis), with no clinical symptoms. (See Section II).
- C. Description of manifestations
 - 1. Raynaud's phenomena
 - a. The onset of the symptoms is most likely to become apparent when the air temperature falls to 50-60° F. The patient will state that for the first time he noted that his fingers blanch at this cool temperature.
 - b. There will be few objective findings when such a patient is observed. The fingers may be cool and may even demonstrate a peripheral-type or acrocyanosis. The palms of the hands and the fingers may be cool and moist.
 - c. The patient's cold intolerance rarely will be sufficiently severe to lead the patient to seek medical advice on his own initiative.
 - 2. The tips of the fingers may become tender.
 - a. The pain in the fingers is usually very mild, so much so that the patient considers it to be a nuisance. He will describe the pain as being elicited by tapping of the involved finger, by buttoning his shirt or picking up a coin, or it may only be elicited when he attempts to turn a tight valve.
 - b. On examination, the pain can best be produced by applying pressure on the tip of the involved finger in the longitudinal axis.
 - 3. Skin nodules may be noted in the skin of the hands and arms.
 - a. The skin nodules are about 5 millimeters in diameter and have a tendency to coalesce. They are rounded, elastic, and non-tender.
 - b. They are located over the bony prominences of the hands and forearms. They are most frequently located over the extensor surfaces of the proximal interphalangeal joints.
 - 4. The patient may complain of swelling of his hands and fingers. This may be described as a tightness or fullness of the fingers and hands but little or no objective findings will be noted.

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II. Roentgen signs of acro-osteolysis in conventional roentgenographic examination of the hands.

- A. Marginal destruction or absorption of the tip or lateral margin of the tuft of the distal bony phalanx of one or more fingers. This loss of bone may give a slice, notch, or half-moon contour to the tuft. A bony fragment frequently lies adjacent to the altered tuft margin.
- B. Occasional fragmentation of the tuft of the distal bony phalanx.
- C. A radiolucent transverse band with or without fragmented ossification at the shaft-base of tuft junction of the distal bony phalanx.
- D. Pseudo-amputation or absence of part of the distal bony phalanx. Faint ossification or a ghost bony remnant may be detected within the distal segment.
- E. Shortening of the distal bony phalanx with re-ossification intermixed with lysis changes of C and D.
- F. Residual shortening and widening of the shaft and tuft of the distal bony phalanx producing a stubby or collar button appearance. Occasionally permanent loss of bone substance of the distal phalanx occurs with only the base or proximal segment remaining.
- G. Pseudoclubbing of the soft tissues of the distal phalangeal segment of the fingers.