



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
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4676 COLUMBIA PARKWAY, CINCINNATI, OH 45226

February 9, 1981

David H. Glenn, M.D.
Medical Director
Union Carbide Corp.
Box 471
Texas City, Texas 77590

Dear Dr. Glenn:

Enclosed are additional summaries of secular trends in brain tumor deaths which were prepared at the same time as the material you asked about earlier.

As you see, there has been a fairly steady increase in raw death rates for Harris and Galveston Counties. The increase is more marked for Galveston than for Harris Counties, that holds true even if Union Carbide cases are excluded. Rates for Brazoria County are less stable, due to smaller numbers, and I think they would be strongly affected by the Dow cases.

I must stress, these are not high quality statistics. The numerators are derived from a list of males 21 years of age and older who died in each county of malignant brain tumors. They do not include the significant proportion of cases coded as "brain tumor - benign" and "brain tumor - unspecified" due to poor phrasing of death certificate diagnoses. The lists were generated by M.D. Anderson from Texas Bureau of Vital Statistics data and are good, but hardly perfect.

Denominators are for a whole population with my own interpolation not the Census Bureau's.

Rates are thus not age adjusted nor are they comparable to other standard rates. The fact that recent death rates for brain tumor provided by the Texas Bureau of Vital Statistics show that Galveston County brain tumor rates are comparable to the nation as a whole deepens the mystery.

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Page 2 - Dr. David Glenn

Parenthetically, since this was done before we appreciated the problem with "brain tumor - unspecified," the difference made by excluding Union Carbide cases may be less than shown for a few of the years.

Sincerely yours,



Sanford S. Leffingwell, M.D.

Medical Officer

Industry-wide Studies Branch

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Evaluations and Field Studies

Enclosures

cc:

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