



DATE : July 29, 1983

SUBJECT CONSULTANTS ON THE
SUBJECT OF DIOXIN

REFERENCE

TO W. J. McCarville
G3WG

I have thought about this subject and have canvassed the physicians and the toxicologists for their recommendations. These names that I will be supplying to you are a summation of these two inputs.

The following dermatologists have been identified with the subject of dioxin:

Marcus Key at the University of Texas Medical Center in Houston;

Louis Schwartz, the author of the textbook on occupational dermatology who visited Nitro in 1950;

Don Birmingham, who also wrote a book on occupational dermatology and visited Nitro;

Dr. Taylor of the Cleveland Clinic, who presented at the symposium by the CDC here in St. Louis 3-6 months ago;

Raymond Suskind of the University of Cincinnati;

Dr. Dunegin from the University of Missouri, who wrote the recent article in the Missouri Medical Journal;

Dr. Crow of the U.K.

On the clinical aspects of dioxin intoxication, I would list first Raymond Suskind; Steve Ayres of St. Louis University, who examined the Sturgeon cases and then was involved in the study of the Times Beach population; Dr. Webster of Northwestern University, who examined a group from Sturgeon; Dr. Ben Holder of Dow, who has seen a large group exposed to dioxin, many with chloracne; and Dr. Raggiani of Italy, who coordinated and reported on the Seveso study.

On the subject of toxicology of dioxin, as well as general background on dioxin, I would list the following:

Dr. Robert Neal of CIIT, who did studies on metabolism of dioxin while he was at Vanderbilt;

An associate of Neal at Vanderbilt, F. Gungerich;

R. J. Kociba at Dow, who did the life-time feeding studies with dioxin;

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B. Schwetz of NTP, who was involved in the studies on dioxin at Dow;

Al Young of the Air Force, who is very knowledgeable on the entire subject of dioxin;

Allan Poland of the University of Wisconsin, who is a recognized authority on dioxin;

S. Garattini of Italy, who has published on this subject.

I would then add Leon Golberg as a most knowledgeable person who can pull together the information on dioxin in a most meaningful way and put it in a useful perspective.

If we get to the place where we now address the subject of effects of dioxin and then try to put these effects into perspective related to the commonness of the symptoms and findings in the population, this would open an entire new list of possible consultants. If you were to make a list of such effects, I would then try to develop a list of consultants, not regarding dioxin but on the subject of effects as seen in man or in the toxicological laboratory studies.

George Roush, Jr., M.D.

GR:hc