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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

Division of Special Health Services Occupational Health Field Headquarters 1014 Broadway, Cincinnati 2, Ohio

409486

January 23, 1957

Dr. E. P. Cronkite Medical Department Brookhaven National Laboratory Upton, New York

Dear Gene:

. . . .

I recently read with great interest, the publication "Some Effects of Ionizing Radiation on Human Beings," TID 5358, July 1956.

In the conclusion of the article it is stated that internal contamination certainly could not have contributed to the acute medical picture. It is stated on page 76 of the article that "the total amount of radioactive material in the G.I. tract at one day post detonation was estimated to be 3 mc in people from Rongelap."

It occurred to me that this may have been a sufficient quantity to have contributed to the gastrointestinal syndrome. I estimate that based on an equation of K. Z. Morgan (page 37 of June 1954 Nucleonics) parts of the G.I. tract would have received over 200 rad. I would appreciate your comments on this matter.

Incidentally, in the event you do not recognize my name, you and I commuted together between Edgewood and Silver Spring, Maryland for a short course some six or seven years ago.

Sincerely yours,

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Arthur Wolff, Sr. Veterinarian Clinice Services

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assumed the average 2,200 cm^s of water and of air. Values of T. E, il to obtain the data in the obtained from Table IV of Doss Handbook (5).

pesure results from a single a radicisotope, the critical a often is not the same as for chronic exposure; frequently of ingestion it is the gastro-(GI) tract. and in case of in it is either the respiratory or GITTACT. When a portion of the is the critical tissue, the the radioisotope in the critiin, $q f_2$, as given by Eq. 1 is rethe amount present at any the critical portion of the GI www, is integrated from the time farrival, h_0 , to the time of departure, radioactive material from the wal i tical portion of the GI tract. The dose, D, is given by

$$D = \frac{96}{100} \int_{h_0}^{h_1} \frac{W \, dt}{7}$$

= $\frac{93/100 \, I_0 \Sigma (\text{RBE}) E}{2.6 \times 10^{-3} \times 7m'} \int_{h_0}^{h_1} e^{-0.698t/Tr} \, dt$ (7)

$$D = \frac{51.1 I_0 \Sigma (\text{RBE}) E(h_1 - h_0)}{m' G}$$
(8)

where G = 1 when the radioactive halflife $T_r \gg 1$. G is given by

$$G = \frac{0.693(h_1 - h_0)}{(e^{-0.693h_0/T_r} - e^{-0.693h_1/T_r})T_r} \quad (9)$$

If it is assumed the mass of the material, m', in the critical portion of the GI tract irradiates the intestinal wall from half the solid angle for fraction $h_1 - h_0$ of a day, the maximum permissible concentration in water is given by

$$(\mathbf{MPC})_{*}^{\mathbf{0}\mathbf{I}} = \frac{2I_{0}}{f_{*}2,200}$$
$$= \frac{1.8 \times 10^{-\mathbf{b}}m'DG}{(h_{1} - h_{0})f_{*}\Sigma(\mathbf{RBE})E} \quad (10)$$

In this care fuin the function reaching the critical portion of the GI tract and is given by $f_{\pi} = (1 - f_1)$ where f_2 the fraction going from the OE test to the blood.

Usually, when a radioisotope is imhaled, some of it is swallowed. If a considerable portion enters the blood stream from the GI tract and is deposited in some organ, Eq. 6 must be used to find the (MPC). If a portion of the GI tract receives the largest dose so that it is the critical tinsue, Eq. 10 must be modified as follows

$$(MPC)_{\bullet}^{OI} = \frac{2,200f_{\bullet}}{2 \times 10^{7} f_{\bullet}} (MPC)_{\bullet}^{\bullet OI}$$
$$= \frac{2 \times 10^{-9} m' DG}{(h_{1} - h_{0}) f_{\bullet} \Sigma (RBE) E} (11)$$

where $f_{\rm a} = 0.62 (1 - f_{\rm l})$ is the fraction retained in the critical GI tissue, and the other terms are as defined previously. In most cases, i.e., where $T_r > \frac{1}{2}$ day, the lower large intestine 37

Maximum permissible intake radioisotope in a sliggie exp

Whereas values of maginaus sible body burden and maxin missible concentration in sir and water for the equilibrium condition hav n hear given in the Internal Dose Hand ook (5) for some 70 radiolootopes, ap a mum permissible single-exposite have been published by the Nati Committee on Radiation Fred Therefore, the single-exposure values published here-in the table-do not have official status. However, many persons are working with radioactive materials under conditions in which an accident could lead to a single exposure; it would be convenient to have available tables of values that apply in such a case. It was with this in mind t an effort was made to determine list in the table the minimum: a deglice formere values ford uidered to th - 56

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