For the months of January, February, and March, the hospital records show these figures:

**PUBLICLY RELEASABLE**

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of hospital patients</td>
<td>15</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Average number of clinic patients</td>
<td>1,042</td>
<td>1,125</td>
<td>1,102</td>
</tr>
</tbody>
</table>

Insofar as minor illnesses, such as colds and minor intestinal disturbances, are concerned, the general health at Los Alamos seems to have improved.

**SPECIFIC HAZARDS**

1. Radiation

The problem remains essentially the same as before, with the working areas in each of the laboratories deemed safe with regard to radiation intensity. One rather serious case of accidental over-exposure occurred on April 5, 1944. In this case, one of the new staff members of the British legation, unaware of the intensity of radiation around the cyclotron, spent several hours working inside the paraffin blocks shielding a hole in the regular water tank shield. His exact dosage cannot be determined, since his contamination...
pocket ionization chamber was completely discharged; however, on the same evening he experienced symptoms which were probably the result of radiation sickness. His blood count taken several days later did not show a fall, indicating either an insufficient exposure to affect the bone marrow or recovery within this time. The average daily exposure of other personnel remains low, in most cases not exceeding one-third to one-fourth of the accepted tolerance daily dose.

2. $^{49}$ and $^{89}$

This problem is well described in the March report of Mr. Popham. Since then, it has become evident that our efforts to protect personnel working with strong solutions of $^{89}$ and $^{49}$ are inadequate. Desk hoods with strong drafts are now being built for work of this type. The people exposed to the largest amounts of $^{89}$ and $^{49}$ are being investigated for excretion of these materials in the urine.

3. Uranium

The danger to personnel exposed to this material remains slight. No cases of over-exposure as indicated by urinalysis have been observed.

4. Explosives

No cases of toxicity have been observed. Conditions at Anchor Ranch remain unsatisfactory pending installation of a satisfactory exhaust fan. This has been in the hands of Captain Davalos' office for several months.
5. Mercury

No cases of toxicity have been observed. There is a large amount of
mercury spilled in Lipkin's laboratory, which could possibly endanger the
personnel. A General Electric mercury vapor detector of the "lamp shade"
type should be received within a few days. This was ordered on January 22, 1944.

Attached to this report is the medical program for investigation of
personnel for evidence of toxicity resulting from exposure to the toxic agents
mentioned in this report. This has been seen by Colonel Stafford "Farren and
is now in his hands awaiting written approval.

GENERAL SAFETY

In its meeting of March 25, 1944, the Safety Committee reached the
conclusion that it was unable to handle all of the safety problems resulting
from the vastly expanded technical program. The members of the committee sent
in their resignation to the director with a recommendation for a more workable
safety program.

The plan advocated by the Safety Committee consisted of a safety council,
composed of three or four individuals, with three sub-committees concerned with
(1) technical problems, (2) ordnance problems, and (3) general safety problems.
At the time this report was written, the program had been approved by
Mr. Oppenheimer, but no definite action had been taken.

Sixteen emergency carts will be distributed throughout the technical
area the early part of the week beginning April 17.
ACCIDENT REPORT

Strain (sacro-iliac)...........................1
Contusion of scalp............................1
Foreign bodies in eyes.......................6
Wounds from metal fragments................2
Lacerations of fingers.......................6
Cut arm........................................1
Acid burn.....................................1
Laceration of nose...........................1
Instep injured by falling object...........1
Laceration of skin, left thigh.............1
MEDICAL PROCEDURES FOR PERSONNEL EXPOSED TO VARIOUS TOXIC AGENTS

1. Radiation
   a. Complete physical examination, including x-rays of chest once a year.
   b. Complete blood count every six weeks for people consistently exposed to amounts of radiation below accepted safe daily dose; complete blood count every three months for personnel exposed to incidental radiation.
   c. Repeat blood count for people whose daily average exposure exceeds the accepted value.
   d. Careful checking of blood counts and of exposure of individuals whose white blood count is in the vicinity of 4,000. Frequent blood counts (weekly or bi-weekly) for individuals whose count shows below 4,000 with instructions to avoid all exposure to radiation until this is deemed safe by the health group.
   e. Urinalyses every six months.

2. Uranium
   a. Physical examination, including x-ray of chest, every six months.
   b. Weekly urinalysis.
   c. Complete blood count every three months.

3. Plutonium and Polonium
   a. Complete physical examination every six months.
   b. X-ray of chest every six months.
   c. Complete blood count every six weeks.
   d. Urinalysis weekly, including examination of urine for alpha activity of those exposed to greatest amounts of material.
   e. Daily examination of nasal swabs for alpha radioactivity of personnel working with the material.
4. Beryllium Oxide
   a. Complete physical examination, including x-ray of chest every six months.

5. High Explosives
   a. Complete physical examination every six months.
   b. Limited physical examination for dermatitis, jaundice, etc., every two weeks.
   c. Complete blood count every six weeks.