

Historical Look at Internal Dosimetry

The Radium Dial Workers and the
ICRP-2 System

Learning Objectives

- Describe the radium workers as a case study in occupational internal dosimetry
- Identify the principles and parameters of the ICRP-2 system
- Explain the ICRP-2 concepts still used in regulations

A Little History

- Georgius Agricola (a.k.a. Paracelsus) published a treatise in the 1500's describing what became known as "Joachimsthaler Bergkrankheit" or Joachimstal Mountain Sickness in lead miners near what is now Jachymov, Czech Republic
- The symptoms are those of lung cancer, probably induced by exposure to Rn-222 and its progeny in the mines
- You can stay at the Hotel Radium Palace and Radon Spa in Jachymov, 6 nights for 322 euros.

Dial-painting industry

- Waterbury, CT
 - Waterbury Clock Co.
 - Studied by Evans at MIT
- East Orange, NJ
 - Radium Dial, Inc.
 - Studied by NJ State Health Dept.
- Elgin, Ottawa, Peru, LaSalle, IL
 - Elgin Watch Co. and Radium Dial, Inc.
 - Elgin State Hospital: iatrogenic cases
 - Studied by ACRH and ANL-E

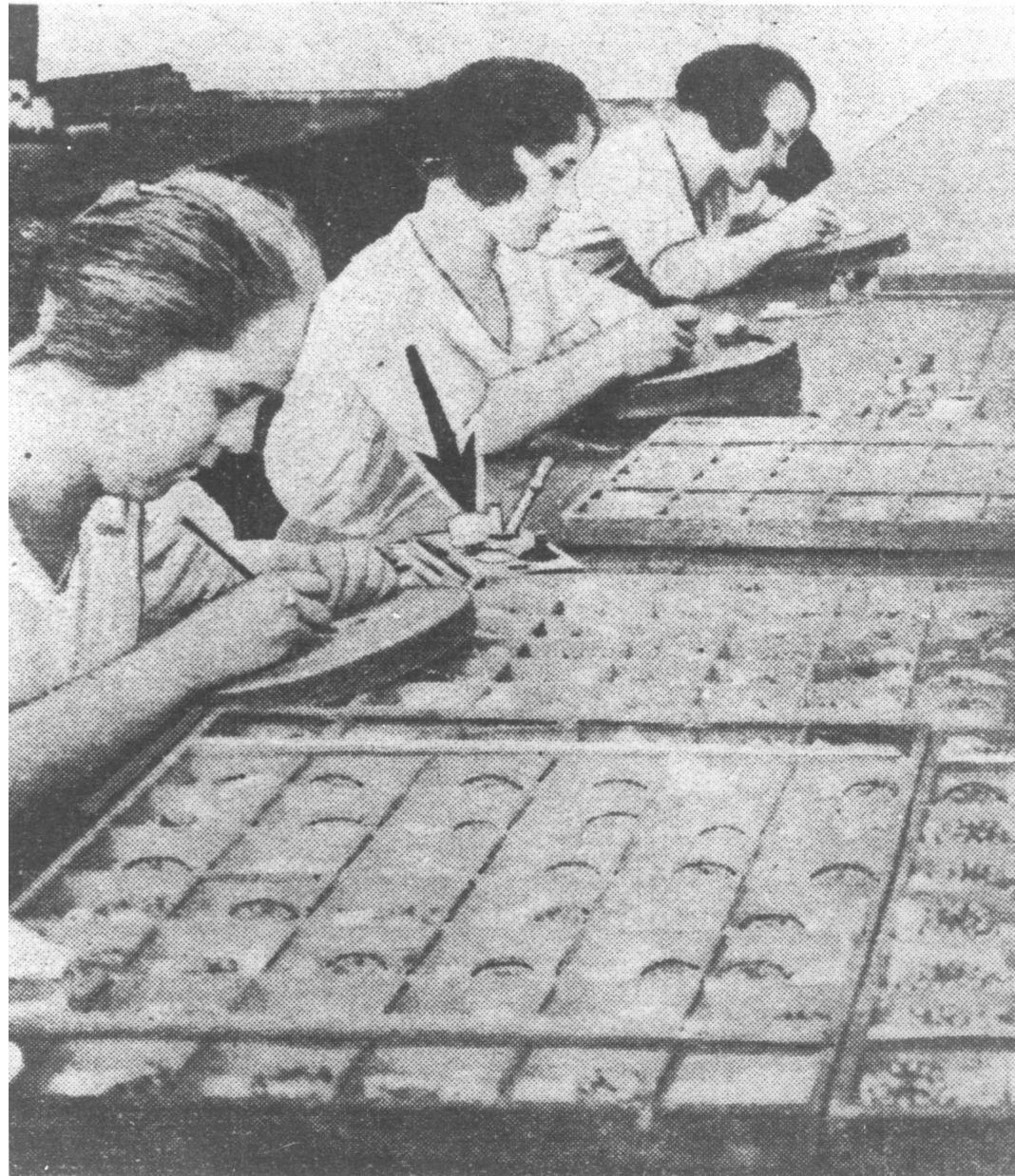




Radium health effects

- First noted by Dr. Theodore Blum, a NJ dentist in the early 1920's
- “Radium jaw” analogous to “phossy jaw”
- Quantified by Dr. Harrison Martland, pathologist in Orange NJ
- Numerous trials and stories on the “girls doomed to die” in the late 1920's

Radium Workers at Deadly Task





A simple safety standard

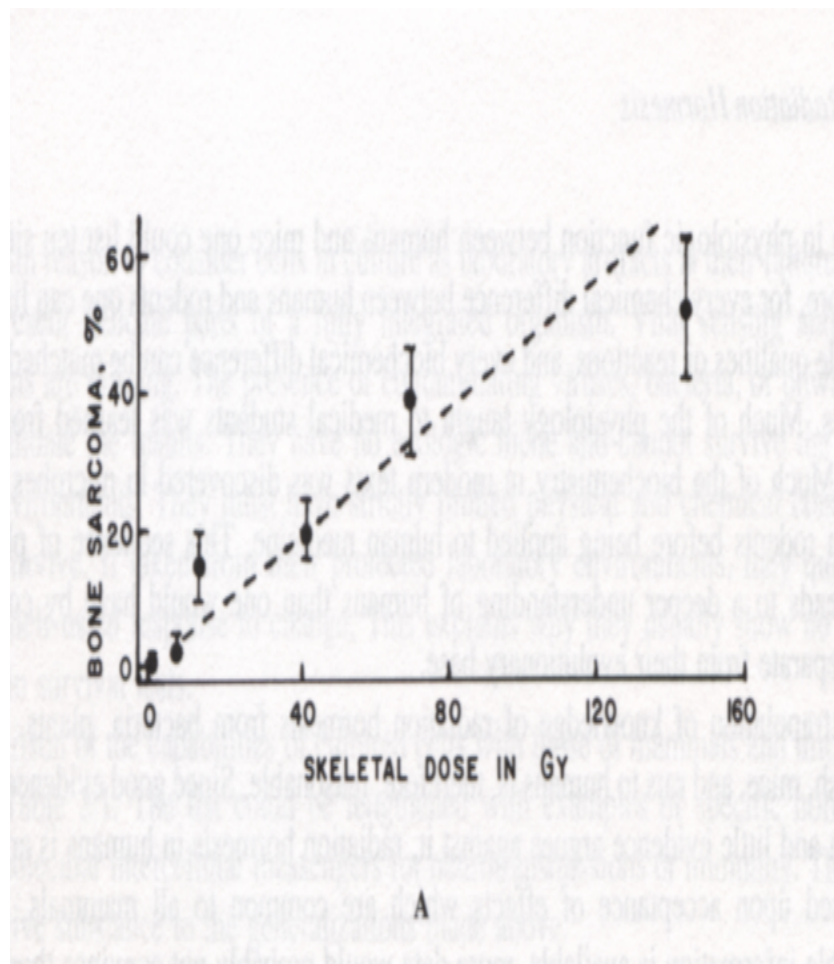
- Don't eat the paint
- Brush-tipping was forbidden as an unsafe labor practice by the U. S. Department of Labor in 1929
- No dial workers from the 1930's on had significant intakes of radium, but were followed up because of external gamma exposure

Malignancies observed

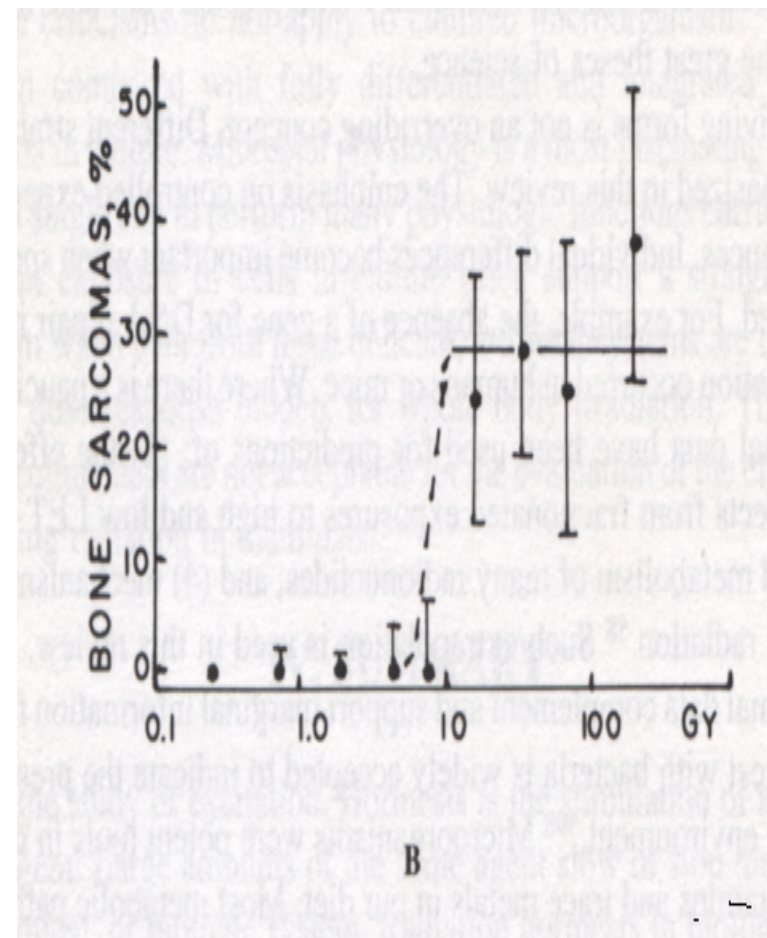
- Bone tumors:
 - Osteosarcomas
 - Chondrosarcomas
 - Giant cell tumors
- Head Carcinomas:
 - Sinuses
 - Mastoids
- Nothing Else!
 - No excess leukemias
 - No other excess solid tumors

Bone Tumor Incidence

<u>Ra intake, μCi</u>	<u>Cases</u>	<u>Bone tumors</u>
More than 2500	16	4
1000 -- 2499	22	15
500 -- 999	18	8
250 -- 499	32	9
100 -- 249	27	2
Less than 100	644	0



Linear scale



Log scale

Bone sarcoma in Radium dial painters

Radium standard

- No health effects noted in radium DPs with retained Ra-226 < 1.0 μCi
- Throw in a safety factor of 10
- MPBB for Ra-226 = 0.1 μCi
- Used to establish safe level of plutonium exposure during the Manhattan Project
- MPBB for Pu-239 = 0.04 μCi

ICRP-2 (1959)

- Dose Limits:
 - 5 rem per year to red marrow, gonads, and lens of the eye, based on the $5(N-18)$ limit, where N = age in years
 - But no more than 3 rem per quarter, so could go to 12 rem per year if $< 5(N-18)$
 - 30 rem per year to thyroid and skin (0.6 rem per week, 8 rem per quarter)
 - 15 rem per year (0.3 rem per week, 4 rem per quarter) to other organs

ICRP-2 Concepts

- Critical organ: the organ receiving the largest dose from an intake of a given radionuclide, e.g., the thyroid for an intake of I-131
- Maximum Permissible Organ Burden: the activity of a given radionuclide in an organ that would produce a radiation dose equivalent equal to the limit for that organ
- Maximum Permissible Body Burden: the activity in the whole body that represents an MPOB for the critical organ

Other ICRP-2 Limits

- Dose limit for non-radiation workers = 10% of occupational dose limit
- Dose limit for general public = 1% of the occupational limit for whole-body (RM and gonads) and 3.3% for other organ doses
- Maximum Permissible Concentrations for air and water set for 40 hours and 168 hours of exposure per week

MPCs

- The MPC is that concentration of a radionuclide in air (inhalation intake) or in drinking water (ingestion intake) that would result in accumulation of the MPBB in the body AFTER 50 YEARS OF EXPOSURE.
- Usually the MPBB is reached in < 50 years because equilibrium is reached in the body (daily excretion = daily input)
- Doses from progeny included in the MPC for the parent radionuclide

MPCs con't.

- Daily (24 hr) air intake = 20 m³, daily water intake = 2.2 L
- Worker intake in 8 hours are half the daily intakes, or 10 m³ air and 1.1 L water
- The 168-hour MPC is therefore:
$$(12 \times 5 \times 50) / (24 \times 365) = 0.3425 \times \text{the 40-hr MPC}$$

or, the 40-hr MPC = 2.92 x the 168-hr MPC, except for submersion in a noble gas, where it is 4.38 times the 168-hr MPC, i.e., $(24 \times 365) / (8 \times 5 \times 40)$

Example for Co-60

- ICRP 2 40-hr MPC for soluble forms of Co-60 in air = $4 \times 10^{-7} \mu\text{Ci/ml}$ (MPBB = 10 μCi)
- Current value for derived air concentration of soluble forms of Co-60 in air is $7 \times 10^{-8} \mu\text{Ci/ml}$
(10 CFR 20, Appendix B)
- The difference is due to the introduction of the concept of committed dose in ICRP 26 (1977)

MPC Sum Rule

- For a mixture of radionuclides, permissible exposure limits will not be exceeded if:
$$C(1)/MPC(1) + C(2)/MPC(2) + \dots C(n)/MPC(n) \leq 1.0$$
 - Not generally recognized that ICRP-2 also included external dose:
 - $C(1)/MPC(1) + \dots C(n)/MPC(n) + R/L \leq 1.0$
- Where R = external dose and L is the dose limit for the organ or whole body

Problems with ICRP-2

- Difficult to keep track of all components of exposure when various internal organs are not uniformly irradiated
- Consider Pu-239:
 - MPBB = 40 nCi (bone is critical organ for soluble forms)
 - MPLB = 16 nCi (for lung dose from inhalation of insoluble forms)
 - Liver also receives dose
 - Dose received for many years after single intake
 - What would the overall risk from an intake be?