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U. S. PUBLIC HEALTH SERVICE
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Dear John:-

What a disquieting week but guess it will work out alright. We were a bit suprised at Joe's letter and some of the statements, and his line of reasoning. I may be wrong but I believe that he was offered at the lab. his base pay plus a per diem. you were to get 7 and he and walker were to get 6. The 25% increase in base came later as well as the 7. It is hard to come down from the unexpected high but there are other things to consider. It probably will be guaged by matter of principle rather than as a matter of money. Why should a civil service employee get 1500 to 2000 more than the chief medical officer running the show? It places a premium on that status. I do not believe he was given any assurance that the income taxes would be waived, maybe a bit of wishful thinking, and maybe some have gotten by in the past by not making an issue of it and sending their forms to the Baltimore office which has a reputation of being more lenient with traveling government people of all services. I would rather see Joe stay and think he will have a good time and will have a chance to do some important work in establishing the cardio test. Especially since the apple cart has been upset by the other nonspecific reactions.

I am just wondering if the need is as great for added costs as he claims. Is he trying to keep up and maybe outdo the Jones. How much has he changed his standard of living. Can he expect to spend 7 when he makes 7 and still wish to save 2 to 3 thousand a year. He made about 4400 here. Had travel expenses, lunches away, travel time to work, maybe the work at home was a bit heavier or easier for the wife. Did he belong to the best country club here, or lose 10 or more at a game of dice, (if he is lucky he should break about even over a long period playing with the same people) and a lot of other rather expensive luxuries. I am not one to deny you folks those things but is he trying to live on his normal scale or a rather expanded one that can't last when he returns to the states. I think the lab. has been pretty good to him, he has steadily risen from a P1, P2, P3 and the next step will be in the cards for him. He has a job to do there and it is not a question of whether he can do it but will he do it. Maybe a bit of retrenching would be advisable. I'd hate to see him kill the goose that lays a golden egg- not so much from a dollar and cents angle but from the opportunity viewpoint. I gathered he was sore when I was there but I think the Boss tried to be fair for all concerned. We realize that you should be getting more, but the wrong person raised a squak and fixed things up for all of you. I am just wondering how you are making out from a financial standpoint. Even though he has a couple of children, your expenses are about the same or maybe you have more due to official entertaining. A cocktail party is expensive. Your car is an added cost, too. I think your standard of living is about the same as in the states with the usual expected increase at first. You and Joe had something of a buffer, more so than Alice and Leigh. Do you think he needs some extra and how much? I am just wondering from a personal standpoint. Joe will hear from Dr. M. before you can answer, but your thought could be used later on. If Joe insists on coming back, we can get a replacement, or for any one else but that just holds back progress for a while and besides he would lose by a transfer back to the states for living has not decreased at all, in fact it has increased by 10 to 20%. A year or two should make a bigger difference in cost of living here and if he can save something now or even break even, he will be better off by staying. Likewise he will have the opportunity of coming up with a good piece of work. I'd hate to see him come back because it would not do him any good, regardless of what reason he would give, some would not believe it and he would be suspected of a lot of things. People just do not like those that give up the sponge quickly. What is your opinion? Hope the Normal rabbits(N) in ears and 2 syphilitic (S) arrived OK. The males should be OK for breeding purposes, or you could use them for strain purposes. More will follow.

I am a bit, in fact more than a bit, leary of the experiment with

the insane people. They can not give consent, do not know what is going on, and if some goody organization get wind of the work, they would raise a lot of smoke. I think the soldiers would be best or the prisoners for they can give consent. Maybe I'm too conservative. A lot depends on the medical officer and the reaction of the supt. of the ins. hosp. Also how many knew what was going on. I realize that a pt or a dozen could be infected, develop the disease and be cured before anything could be suspected. The penicillin could be a Rx for the insanity. your first study could be done in a short time and none would be the wiser. In the report, I see no reason to say where the work was done and the type of volunteer. You know the setup best, but be sure that all angles have been covered.

One other experiment could be done too, the actual infection or attempt to infect the eye with GC pus from a pt. or by the cultured organisms. It may be possible that the eye is a relatively insensitive body and does not become infected easily. Maybe the Crede method is not necessary. Is it used there? In hospitals and by the local midwife? How much ophthalmia is seen a year? Just a thought for the future.

At a meeting in Wash. yesterday, the Army and Navy people wanted to know more about the Pro. Both want to use it but we are holding back until we get more data on GC. I feel pretty sure of the syphilis protection from the animal study. The treatment of syphilis was discussed and it was more moore as usual. That heavy metal does no good I'll accept but can't believe that the total dose plays no part ie .6 to 4.8 million are equally good, the method of administration does not matter, aqueous or POB. That the time between doses does not matter, ie 2, 3, 4, 6, 8 hours between doses give the same results. I'll go for the idea that similar responses will be obtained with good treatment in 4, 7, 8, or 14 days. It is not necessary to treat patients for longer than one week, maybe not more than 3 or 4 days. I can't believe that good penicillin therapy will produce 25 to 30% failures. It will take another year for the errors to become evident from a statistical point. Hell, give me a good clinician and one will learn more syphilis in a year than a hundred expert, cockeyed, the rest is unprintable (---) statisticians. When a patient after being negative for 8 months happens to have a positive blood test from a cold, is then classified as a failure, then I'm sour on the whole numerical business. When a patient is seroneg. in all diagnostic tests including the nard test used for quantitation, and then the quantitative test is positive in 16 units (Dil. of 1-4) the patient is classified as a serorelapse, I think something smells. Evan Thomas reported results just like our 40X85. He used 2.4 on a 2 and 3 hour schedule. 3 hours gave 8.8% failure while the 2 hour gave 2.2%. Then he had 4.8 on the same routine 3 hours 8% failure and 2 hours was 1.9%. .6 mil. U. gave 30% failure and 2.4 gave 10% after 1 and 2 years. And then they say that the total amount and time interval are not important factors. Thomas was as mad as a wet hen. Also Schoch of Texas, and some of the other workers (Leifer).

I think the 40X85 report will be ready soon. The Boss said it should be in print right away before all this crap comes out. That is an accelerated statement from him. Usually he does not rush things. How is Leigh making out? Working? and about the Malaria? Better keep this under the hat for I am asking for your own opinion of the whys and wherefores. Tommy and Mrs Swanton have a baby (goil) born today. The greenhouse was opened today. The small pox scare is causing a lot of people to be vaccinated, when the vaccine is available. Marjie Cook is doing a good job on follow up, getting back some of the older patients. Had a letter from #5 last week. Test in Cleveland M. Hosp. Will send information of the next takeoff when the paper is ready for approval. The 3 day Rx looks pretty good so far. We are treating all with that schedule now. It uses more penicillin but we are furnishing the drug. Paper is short, hour is late, more later. regards to all.

As ever.