

June 22, 1947

Dear Dr. Mahoney;

This morning Dr. Spoto left for the United States, to a new assignment in Texas, the nature of which he does not yet know. We were sorry to see him go, but it is probably better for him, as he was not altogether happy here, the less so since his wife's health at this altitude was worrying him. Dr. MacAnally has received orders to take over the office.

I am writing this letter personally and unofficially to ask you about several very important matters. First, as you know, it is imperative that the least possible be known and said about this project, for a few words to the wrong person here, or even at home, might wreck it or parts of it. We have found out that there has been more talk here than we like with knowledge of the work turning up in queer places. I think that all in the office realize the confidential nature, but with husbands and wives knowing and with frequent social gatherings at which especially interesting topics may be discussed it is quite a temptation to talk more than is wise. The four of us in our project have carefully discussed the matter and all feel that we should do all possible to keep knowledge of our project restricted. Thus I should like to ask your permission to send the detailed reports and discussions of our work directly to you and not through any other person here. In order to conform to the PASB requirement for monthly reports we can continue to send the barest summaries of our progress. By the same token, any letters directly respecting our work might be sent to me through APO if not urgent or else addressed to me at the Sanidad Publica, 9a Ave. Sur y 15 Calle Oriente, Guatemala City. But routing letters not of a confidential nature can safely be sent as before.

The other matter to ask about is the extent of Dr. Soper's knowledge of our project. I should like to know for my own information but we shall tell him as soon as he arrives on July 7 that the less he talks the better.

When the program was originally set up it was the plan to get the volunteers at the prison and to pay them. You are well acquainted with the reasons why it was not thus carried out. Drs. Funes, Harlow, and I have considered the matter carefully and feel that on the basis of our experience to date and on our work at the penitentiary which has resulted, we feel, in confidence in us, that we might approach the colonel and then the prisoners to secure volunteers first for more carefully controlled gonorrhoea work and then on syphilis. I feel that I can approach the colonel and the prisoners now on a more or less personal basis with discussion of our army experience and say that we still have unanswered questions which could be answered there. Doing it openly instead of in secret as we had considered would, we feel, give us much more material for time in which to take advantage of it. I shall take no answer, but I sincerely feel that with this approach we shall in the long run, and in case there is opposition at any point, be able to get back track returning to our original plan with no harm done.

It is unfortunate that we have to work in such a guarded, even subterranean way, but it seems to be very necessary.

Both of the rabbits which we inoculated with material used for the first syphilis experiment developed bilateral syphilitic orchitis subsequent to injection of one testicle with the material immediately upon preparation and the other with the material at the conclusion of the experiment. The number of patients showing serologic evidence of infection is steadily increasing, and I think that this coming week we shall have enough material to outline tentatively the results for you. We feel that the next step should be a control one with patients having both positive and negative cardiolipin reactions inoculated with normal rabbit testicular tissue in order to rule out non-specific serologic response to the rabbit protein. Thus we have set up a group which will be run within the next five days. The last rabbits that Dr. Arnold sent are of no use, for one died about two weeks ago; while the other has to date shown no signs of orchitis, so that we can do no more inoculation work until some new rabbits arrive. Since temperature, diet, etc. all influence the infection do you think that it might be well to keep the animal there for the first three weeks of incubation, sending it when almost ready for use, but notifying us well in advance so as to give time to prepare the group?

Now that we have the opportunity in the asylum it would seem well for us to try the virulence of Dr. Mc Clouds T. cuniculi strain if you so desire. We can prepare whenever it is convenient for you.

In the last gonorrhoea experiment utilizing natural exposure we used two girls over a four night period with four men exposed to them. Each man had as many contacts as he wanted during the evening so that the total time of exposure averaged over ten minutes with most men having two and some three exposures. There was no doubt of the presence of the gonococci in the women, as that was proven culturally twice each night, but after two weeks of observation no infection developed in any of 16 men. It may be that the infection had gone too long in the sources, so that we are getting ready now to expose our men to the infection as early in its course as possible. At the same time, or in the next run we shall use alcohol again, for to date our only success has come in the case of a man who had had alcohol prior to exposure. It seems that clandestine affairs, with respect to gonorrhoea, are safer than ever before imagined.

There is more crammed into these two pages than ought to be, so that I had better stop before tiring you. Elise and I both send our very best wishes to you and Mrs. Mahoney and hope that you are well.

Sincerely.