

MEMORIAL HOSPITAL *for* CANCER *and* ALLIED DISEASES

NEW YORK 21, NEW YORK



TRAFALGAR 9-3000

July 20, 1961

Dr. Leo Szilard
Dupont Plaza Hotel
Washington, D. C.

Dear Dr. Szilard:

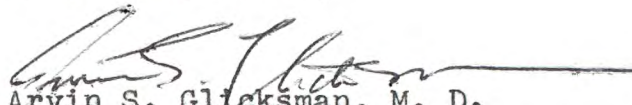
As of August 1, 1961 I shall be on a leave of absence from Memorial Hospital. During the next two years I shall be living abroad.

We have been most fortunate that Dr. Alvin Freiman of this Institution has kindly agreed to take over my patients. Dr. Freiman's office is at 1050 Fifth Avenue, New York, 28, N.Y., telephone TR. 6-1400.

I am sure you will receive the finest medical attention and I hope that you will feel free to avail yourself of his services as you did mine.

With sincere best wishes, I remain,

Very truly yours,


Arvin S. Glicksman, M. D.
Medical Consultant to the
Dept. of Radiation Therapy

ASG/je

MEMORIAL HOSPITAL *for* CANCER *and* ALLIED DISEASES

NEW YORK 21, NEW YORK



TRAFALGAR 9-3000

November 6, 1961

Dr. & Mrs. Leo Szilard
Hotel DuPont Plaza
DuPont Circle
Washington 6, D. C.

Dear Trudy & Leo:

I was so happy to receive your letter. I am trying a new technique of getting letters to my friends. Instead of giving them the ordeal of going through my handwritten letters, I am dictating them here in London, sending the discs to Jennie, who in turn will post them in New York. Please let me know your reaction to this. I am sure of two things. First of all, the letters will be a good deal easier to read. However, I am not quite sure that the contents may not be a bit more rambling than when I write by hand. Be that as it may, here goes.

I was quite interested in your observations that while on penicillin, the urine remained acid for a long period of time and the tube did not clog for essentially twice the usual life of the tube. Most of the urea splitting organisms that tend to give trouble in the long run are penicillin resistant. Therefore, I wonder if you are not going to change the flora slowly, but surely to organisms which are completely resistant to penicillin and which have a greater potential of pathogenicity. The local tube problems is not as serious as an acute ascending pyelonephritis. As I reread your letter, a thought struck me that this was a relatively unusual period in that Leo was off Furadantin for the first time in a very long time. I wonder if discontinuing the Furadantin alone could have contributed to this unusual state of affairs. Had some of the organisms become so adjusted to the Furadantin that they were using it as a growth factor.

As far as the relationship to penicillin to coagulability of the blood, I remember that there was some of this reported especially in the gynecology literature in the late 40's. But when careful examination was done by routinely studying the coagulation factors in all patients receiving penicillin, no obvious pattern emerged. In fact, some of the patients ended up on the other side of the curve with increased coagulation

times utilizing the Lee & White 3-tube clotting time technique. I am sure that you are well aware of the frailties of this technique, especially when it isn't done at 38° centigrade. Therefore, I feel that this whole area never panned out. This would not be a serious contraindication for the continued use of penicillin, if it proves to be a necessary or judicious adjuvant to the total therapy in this case. I am much concerned about the development of resistant organisms and the changing of the flora in favor of those that would perhaps have a greater potential of being dangerous.

You may be interested in knowing that Dr. Wallace, the GU surgeon of the Marsden is currently in the United States visiting the M.D. Anderson Hospital in Houston, Texas. I am sure that he will be getting in touch with Dr. Whitmore and if you would like to speak with him while he is in the United States, this might be easy for you to arrange. By the way, how have the last paps turned out?

I have heard that you people were at the Pugwash Conference through Prof. Rothblatt of St. Bartholomew's Hospital. I am doing my Physics course there. Prof. Rothblatt interviewed each student individually on the first day of the course. During our interview he asked where I had been and when I mentioned Memorial, he asked if I knew Prof. Szilard who was a patient there and I mentioned that I had indeed had the pleasure of knowing him and assisting somewhat in his total management. Prof. Rothblatt mentioned that you had suggested to him that you people may come to England during the next year. I certainly hope this will be for political reasons and not for reasons of health. My current impression is that the total level of medical care which the patients receive does not include all the eminencies which are built into the better institutions in the United States. On the other hand, there are many areas where the actual therapeutics is far superior than anything which is currently available in the United States but this is very spotty and one must pick and choose extremely carefully. For instance, for a teaching hospital I do not believe that the medicine practiced at the Marsden is as polished as one would expect from a comparable institution in the United States. The infection rate in the surgical cases is as high as anywhere I have ever been. The cross-contamination on the wards occurs here at a rate which I would estimate to be at least as great, if not greater, than the Memorial Center rate. On the other hand, infectious hepatitis does not seem to be as frequent here as it was back in New York, of course, it is the unusual patient who receives intravenous at the Marsden, while the converse is true at Memorial. Major surgery is performed without a IV running and without pre-operative cross matching. I believe that this why the hepatitis rate is lower.

The major emphasis of the British press at this time appears to be concerned with the current series of Russian nuclear explosions. The British government apparently is making plans to make available powdered milk for children under the age of one since the milk already has increased in its I-131 content, even before the detonation of this new 15 megaton device. It is difficult for me to put my finger on the general reactions of the British public to this increase in radioactive fallout. Lord Russell addressed a meeting in Trafalgar Square the other day and said something to the effect that he seriously doubted if anyone present at the meeting on that date would be alive one year hence. Many of the young people that I have spoken to adhere to this thesis as well. This is where it apparently ends. Most of the people either don't take all this seriously, or feel that one way or another they will survive any holocaust, just as they did two decades ago. There is no urgency to stockpile "survival kits" or to build atomic shelters, such as we understand is currently fashionable in the United States. For the most part, the people seem to be more interested in their tea breaks than in the realities of the nuclear age. Perhaps the realities of a nuclear age are so horrendous and cataclysmic that they wish not to consciously consider them. If you have a moment to jot me a note on your profections on this, I would be keenly interested to hear from you.

My family and I continue to become acclimatized to the British weather and customs. All in all, I find this extremely civilized as a place to live. The children are going to schools here and have made an excellent adjustment. Bernice and I have been most fortunate in being able to meet many of our neighbors and my colleagues at the hospital on a social level, so that we are getting a true flavor of British life. To date I would say we like it and continue to find more and more to like as the weeks go by.

Please try to find time to drop me a note and let me know if there is anything I can do for you over here. With all good wishes, I remain,

Sincerely yours,

Arvin / per Jennie
Arvin

MEMORIAL SLOAN-KETTERING CANCER CENTER

NEW YORK 21, NEW YORK



TRAFALGAR 9-3000

May 31, 1962

Dr. Leo Szilard
Hotel Dupont Plaza
Dupont Circle
Washington 6, D. C.

My Dear Trudy & Leo:

Your last letter came as a great relief and I am afraid that the removal of the anxiety has made me somewhat tardy in replying to your letter. I hope that your paps have remained negative now that the trace bleeding has not recurred. In your last letter you specifically raised two questions. The first related to the closure of the cystostomy. Well, while urinary tract infection and resultant ascending pyelonephritis is a real risk with the cystostomy tube in place, this is not the whole story. I am sure you can appreciate that being on sulphur drugs is a hazard and certainly not to be compared with the hazard of recurrence of the primary tumor. It is Mr. Wallace's feeling here that the initial cutting into the bladder without removal of the tumor was a rather dangerous procedure, since the most difficult cases that he comes up against are those in which the recurrent tumor grows out of the cystostomy wound onto the abdominal wall. These cases are extremely difficult. They cause a great deal of local pain and infections occur with almost no chance of bringing them under control. Based upon this particular experience of his, he is keen not to cut into the bladder unless the primary tumor is removed and the bladder closed, and follow this with x-ray therapy to the bladder and the scar, when indicated. The second question related to the radical cystectomy without lymph node resection. The reasons given here against radical cystectomy with lymph node resection is based upon their lack of success with this expensive surgical procedure which carried a formidable morbidity over here, since they were not saving any more patients with this procedure and getting into a fair degree of post-operative complications, Mr. Wallace has abandoned this procedure. He does feel however, that the node dissections which Whitmore can do are superior to anything that they have available here and he felt that in the hands of Whitmore, this may be of some value. But certainly, in his experience here he has not found it to significantly add to the survival of patients with advanced bladder tumors. I have now had an opportunity to observe Mr. Wallace in the operating theater and truly feel that he is being somewhat modest.

MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES

SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH

JAMES EWING HOSPITAL DEPARTMENT OF HOSPITALS, CITY OF NEW YORK

SLOAN-KETTERING DIVISION, GRADUATE SCHOOL OF MEDICAL SCIENCES, CORNELL UNIVERSITY

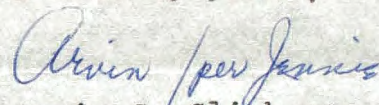
He is a first class operating surgeon, as well as having a very keen, inquisitive mind, a rare combination for a surgeon. I hope that this information will be useful to you in storing it away for some future time, should the need ever arise.

As for me, well, I have been rather busy for the last few months. This DMRT course usually runs for two years but I have been given permission by the Examining Board to do the whole thing in a little over a year. This has meant doubling up on the lecture series and other activities associated with the course. It really hasn't been too heavy a load. I rather like the idea of being a student again. I feel that this is perhaps the last time that I shall have an opportunity to be a formally registered student. Together with Prof. Smithers, I have undertaken two investigative programs related to the hormonal environment in which cancer develops, relating to some work which I published back in 1956 concerning the incidence of diabetes in cancer. We are currently surveying other endocrine factors in the cancer population. At the present time I am not continuing the T-3 studies which we were doing at Memorial. These are being continued under Dr. Nickson there but no counterpart of that over here is envisioned.

I read, with great interest, the reprints which you sent me. The one, "Are We On the Road to War", I found quite stimulating and wonder how your experiment to enlist 150,000 members in a strong lobbying group has been progressing. What type of response have you had to this? Finally, I wanted to ask you if you had any plans now of attending either one of the two Pugwash Conferences which are planned for this country this Summer. If you are planning to come over, if there is anything that I can do for you over here, please let me know. It would be my privilege to be of assistance to you, if I can.

With all good wishes, I remain,

Sincerely yours,



Arvin S. Glicksman, M.D.

ASG/je
Dictated 5/17/62 (or thereabouts)