

This memorandum covers in part the conversation which I had this morning in your presence, with Winston W. Wolvington and Jack B. Toll.

Dictated, not reread.

File ^{new} Wells, Fathule

MEMORANDUM TO: Malcolm D. Crawford, Esq.

FROM: Leo Szillard

February 17, 1958

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I am much concerned about Trudy's inability to drive a car. This is in part due to the pleurisy and the pain connected with it and partly it is due to the anxiety provoked by the trauma of the accident. As to the former cause, I personally am inclined to be confident that the treatment of the underlying condition (which I understand is due to a flareup of a latent TB infection at the site of the injury), will ultimately restore her physical health. I am more apprehensive concerning the psychological trauma. In her present position Trudy is dependent upon driving a car since she teaches not only at the Medical School in Denver, but also at the School of Nursing at Boulder. I have, therefore, yesterday consulted a psychiatrist, Dr. Rene Spitz, who is at present a visiting professor at the Medical School. He recently moved to Denver from New York, where for a time he headed the New York Psychoanalytic Institute. Dr. Spitz advised me that in this type of anxiety, caused by trauma, there is a reasonable chance that a treatment of six-month's duration might restore the ability of the patient to drive a car, but that this is by no means certain. He advised me further that the chances of success of such treatment are better if the treatment is not delayed too long after the accident.

He also confirmed, what I suspected, that if the patient has a claim for damages, the chances of a successful treatment are better if the treatment takes place after the patient's claim for damages are settled. This is one of the reasons why I personally would favor an early settlement of any damage claim that Trudy may have.

It seems to me conceivable that Trudy's driving difficulties might also be somehow connected with the fact that she was emotionally very much attached to her car, a 1951 Dodge Coupe, with a hydraulic clutch, which I understand is probably damaged beyond repair. She took very good care of her car, which was as good as new after having been driven 30,000 miles by the time of the accident. The book value of the car, I am told, is only about \$200, and she might not be able to recover more than that. In the circumstances, I am inclined to think that if perchance Mr. Kolowitz - who I understand was involved in the accident - were to promise Trudy to procure a car of her choosing, way below list price, say at 1/2 or 2/3 of the list price, if and when the psychiatrist in charge of her treatment certifies that she is fit to drive, such a promise might contribute to the success of the treatment. This, of course, is no more than a personal conjecture of mine.

During the short interval after her discharge from St. Joseph's Hospital and the present recurrence of her illness, Trudy was riding in taxis. She was jittery while doing so, but with

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an effort she was able to overcome her anxiety to the point of being able to use taxis in going back and forth between her home and her office.

Because Trudy ~~is~~ used to ^{be} a very secure driver and very fond of driving, I am inclined to attribute her present depressed state of mind in part to the destruction of her car and to her doubts whether she might ever be able to drive again. This interpretation of the facts is one of my reasons for urging an early start of the psychiatric treatment, aimed at restoring her driving ability.

Another aspect of the case which causes me concern and which I know causes concern to Trudy, is the possible effect of her present state of illness on her future career in the field of public health. Trudy is now acting head of the Department of Preventive Medicine of the Medical School and it is at this time uncertain who will be appointed as head of the department. If as a result of her illness she is deprived of influence on the choice of head of the department, someone might be appointed with whom she could not easily get along. This might render her position at the Medical School rather difficult.

For a number of years now the Commissioner of Health of New York City, Dr. Leona Baumgartner, has tried to persuade Trudy to accept a position with the New York City Health Department as District Health Officer attached as a teaching health officer to one of the medical schools in New York City. Trudy has served in this capacity with the

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New York City Health Department prior to her joining the Medical School in Denver, and as a result of her previous service would have a greatly improved position concerning her pension rights if she ^{now} passes the Civil Service examination and subsequently accepts a position of the type offered to her by Dr. Baumgartner. The position in New York City carries a higher salary than her present position at the Medical School and her retirement income would be very much greater.

Moreover, I have been negotiating for sometime with the Rockefeller Institute for Medical Research in New York about the possibility of my accepting a position at the Institute, which would mean that I would spend at least part of my time in New York City. I even might join the Institute on a fulltime basis in the course of the next 12 months. Because of all of these considerations involved, Turdy filed an application last year for a Civil Service examination given by New York City. At the time when the written part of this examination was given, she was ill in Denver, as a result of her automobile accident, and was unable to go to New York to take the examination. She succeeded, however, in arranging with the help of the Commissioner of Health, to take the examination in Denver.

The date for the oral examination that she ^{still} must take ~~in New York City~~ has not as yet been set, but it is likely that it will be in the spring. Should Trudy, because of her health, not be able to take the examination in New York, she will then lose her accumulated pension rights. Furthermore, no other Civil Service examination might be given for a number of years, which would mean that Trudy

would not be eligible for the position of a District Health Officer in New York City. Should I myself, in the course of the current year, move to New York, she would then not be able to join me there and at the same time have an acceptable position in the public health field open to her.

In the circumstances, Trudy argues that no settlement that may be obtained today ^{is likely to} ~~that is to help her~~ compensate for her hospital expenses and loss of wages, as well as all the other damage caused by the accident, which ^{may} ~~be~~ incurred in the course of the next 12 months. While I cannot refute this argument, I nevertheless favor to settle the case now if that is possible. It is my hope that such a settlement will speed Trudy's recovery, and I personally would be willing to take a gamble that at least some of the bad things which might conceivably happen in the next 12 months will not actually happen. Whether I can in good conscience urge Trudy to adopt my point of view in this matter will depend on just what settlement is offered at this time, if indeed any settlement is offered at all. I personally can see no harm in delaying the filing of a suit for one month. If no settlement is reached within one month, we may then have to pick a trial lawyer and file a suit promptly in order to get the case on the calendar within the next 8 to 12 months. This, of course, does not preclude our making one more attempt at settling the case in say 8 months time prior to going to trial.

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My interests are represented by D. K. Wolfe in this case and if you need a release from me, you may address yourself to him.

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February 20, 1958

Mr. Malcolm D. Crawford
Attorney at Law
2829 East 2nd Avenue
Denver, Colorado

Dear Mr. Crawford:

In the following I wish to put on the record substantially what I told last Monday, in your presence, to Mr. Winston W. Wolvington and Mr. Jack B. Toll, with such information added as has become available to me since that conversation.

When I arrived in Denver about a week ago I found Trude very much concerned about her physical condition.

While she had been hospitalized subsequent to her accident she had developed pleurisy located in the region of the right lung base. She had been in St. Joseph's Hospital from September 25 until November 5 under the care of Dr. Fred Harper, Chief of Chest Surgery in Denver General Hospital. Subsequently--after two months' absence from her work--she tried to resume her work. She has been scheduled to teach a class in the School of Nursing on the Boulder Campus during the spring semester beginning February 3, but since the Dean of the School of Nursing has been advised that she would not be able to drive a car (due to a state of anxiety caused by the trauma of the accident) the Dean had kindly arranged for a substitute to take over the class. Trude intended, however, to teach the freshman class for medical students in Public Health Statistics on the Denver Campus even though

she continued to feel tired. Because of increasing pain, chest x-rays were done on February 4 and 5 by Dr. Raymond R. Lanier, Head of the Department and Professor of Radiology in the Medical School and these showed a recurrence of the pleurisy in the region of the right lung base, at the same site at which it was located while Trude had been in the hospital.

Dr. Lanier had also taken chest x-rays of Trude on November 11, almost immediately after her discharge from St. Joseph's Hospital. I understand that at that time Dr. Lanier reviewed this picture together with previous x-rays in his file and expressed the following opinion: In the region of the right lung base (right costo-phrenic angle) where the pleurisy that developed after the accident had been located, there were adhesions due to an old inactive tuberculosis. These adhesions had the favorable effect of preventing the development of a pneumo-thorax which one might expect to result from such an accident, but they also had the unfavorable effect of leading to a tear in the lung tissue itself.

The pictures taken by Dr. Lanier on February 4 and 5 showed a recurrence of the pleurisy at the same site where it appeared on the first occasion after the injury, except that there was a greater accumulation of fluid there than on the previous occasion.

In order to be able to prescribe the right treatment for her condition it appeared necessary to determine the cause

of this recurrence; therefore, the chest was tapped on February 10th and about eight ounces of fluid were removed. A portion of this fluid was examined at St. Joseph's Hospital and another portion was examined by Dr. Gardner Middlebrook, Director of Research at the National Jewish Hospital. I discussed the results of the laboratory examinations of the fluid both with Dr. Middlebrook and with Dr. Roger Mitchell, Chief of the Chest Service at Colorado General Hospital, who was brought into the case by Dr. Harper. I understand from my conversation with these two men that the situation is as follows:

The appearance and the chemical analysis of the fluid indicate an inflammatory process which may be caused by bacteria. The protein content of the fluid was about that of blood plasma which indicates an exudate rather than a transudate. The examination of the cells contained in the fluid indicates that malignancy is not the causative factor.

Because there were no fast-growing organisms found on culturing the fluid, the only remaining likely explanation of the recurrence of the pleurisy is the activation of an old, inactive, tuberculosis at the site of the traumatic lesion.

The high sedimentation rate found--(57)--is consistent with this explanation.

I should perhaps add at this point that Trude is not aware of ever having been ill with tuberculosis and it may be assumed that the inactive tuberculous lesions, visible in the x-ray pictures taken by Dr. Lenier, are the result

of an abortive childhood infection. Such abortive childhood infections are the rule, rather than the exception, in Vienna where Trude was born and raised.

In these circumstances, the only possibility to exclude a reactivated tuberculosis, as a causative factor of Trude's present condition, would be a negative skin test. However, a skin test applied by Dr. Mitchell on Saturday and read by him on Monday was highly positive. In these circumstances, Dr. Mitchell advised Trude to submit to drug treatment at an early date and he estimated the duration of the drug treatment to be between twelve and eighteen months.

Attempts to culture tubercle bacilli from the sputum are being made, but it will not be possible to draw any conclusions from this test if it is negative. Likewise, cultures have been set up and guinea pigs have been injected with the fluid tapped from the chest, in an attempt to find tubercle bacilli. Dr. Mitchell informs me however that only in half of the cases of tuberculous pleural effusion may tubercle bacilli be demonstrated by such tests. The completion of such tests takes--depending on the method used--three to eight weeks and inasmuch as they cannot give us reasonable assurance as to the cause of the pleurisy Dr. Mitchell and Dr. Middlebrook see little point in deferring drug treatment for tuberculosis for the sake of awaiting the outcome of these tests.

Soon after my arrival in Denver I asked Dr. Harper (who had taken care of Trude while she was at St. Joseph's Hospital)

what would constitute an adequate treatment of pleurisy caused by a reactivated tuberculosis in Trude's case--provided such a diagnosis were decided upon in her case. Dr. Harper advised me that the treatment for tuberculous pleural effusion would involve six months to a year of bed rest and sanatorium treatment, together with a carefully supervised regimen of anti-tuberculosis therapy.

In any case, because I know Trude, I will have to insist that she be hospitalized for a period of no less than two months if she undergoes drug treatment and Dr. Florio who formerly headed Trude's department (he is now Manager of Health and Hospitals in Denver) and who also knows Trude well, shares my view.

I personally am rather apprehensive concerning the possible side effects of drug treatment with the resulting complications and I therefore raised the question whether drug treatment might not be deferred for the time being, in the hope that Nature may effect a cure if Trude is put on a strict regimen of bed rest. This would, of course, require close medical supervision so that drug treatment may be started if her condition should take a turn for the worse. They tell me that such "conservative" treatment involves some risks to Trude and further that while it might lead to apparent recovery, the pleurisy might recur upon her resuming full activities or else if she comes down with the flu or some other debilitating disease within two or three years. If this happens we would have no choice but to put her through drug

treatment and this is a strong argument in favor of starting the drug treatment without delay.

Should the drug treatment be deferred, Trude will now have to be put on a strict regimen of bed rest which would either mean hospitalization or some arrangement to give her proper home care. (At present she is living alone, without proper care.) In this case, I personally would favor to attempt to arrange for proper home care because I am afraid of the psychological effects of prolonged hospitalization.

The kind of treatment finally chosen will, of course, have to be decided, upon the advice of her doctors, by Trude herself.

After teaching the first session of her freshman course for medical students on the Denver Campus on February 3, Trude was forced to abandon this course also and to arrange for a substitute to continue the class. At present she is confined to her home and no arrangements as yet have been made either for proper home care, or for hospitalization.

Yours very sincerely,

LEO SEILARD

LS:Gw

P. S.

I believe that the views I have attributed in this letter to Doctors Lanier, Middlebrook, Mitchell, Florio and Harper, are an accurate description of the views each one has

actually expressed, but you may wish to make an independent check on this point and you are most welcome to contact these men and to ask each one to make such comments as he cares concerning the view that I have attributed to him in this letter.

If you wish to transmit copies of this letter to Mr. George Kolowich and his attorneys, please feel free to do so.

cc: Drs. Raymond Lanier
Gardner Middlebrook
Roger Mitchell
Lloyd Florio
Fred Harper