

November 2, 1959.

Dr. R. S. Hotchkiss  
65 East 66th Street  
New York, N. Y.

Dear Dr. Hotchkiss:

This is an aid memoire written for your convenience.

I am prepared if necessary to check in at the hospital on any date after November 7 and await there your return from California. In case I have to check in long before your return I would like to have a private room at a price not exceeding \$35.00 a day, rather than a semi-private, <sup>one</sup> and to transfer to ~~a~~ semi-private just prior to your return from California.

If I have the choice, then subject to your approval, I would be, however, in favor of the following alternative arrangement: - You may put in a request for a semi-private room for me now and I would be prepared to check in on November 14 or any day thereafter. Upon your return from California you could then order such tests as you wish to have made and reserve the operating room for a date convenient to you.

I shall call your office tomorrow, Tuesday, to find out whether this alternative appears reasonable to you.

I understood from our last conversation that were it not for the fact that a papilloma has been diagnosed, in the absence of any appreciable retention, or some other positive indication, you would probably not consider that I need surgery. Because a papilloma has been found however, you want to perform a cystoscopy in general anesthesia and if the view is obstructed by an enlargement <sup>of the</sup> ~~of the~~ lobe of the prostate, you might want to continue the general anesthesia and operate transpubically.

Even though it would be somewhat embarrassing all around, if upon opening the bladder you would find no papilloma or any other tumor, it would be my feeling that in such a situation no prosta-tectomy should be performed for the sake of "the economy of the

*merely*

procedure" (unless of course you should discover something which in your opinion, makes a prostatectomy indicated.)

I am taking this position because I would like to keep the surgical trauma at a minimum --(if it actually can be minimized by refraining from a prostatectomy on this occasion).

I certainly would not have any misgivings about having undergone surgery if it were to turn out that the diagnosis of "papilloma" was mistaken and that there is no tumor. I can make very good use at present, of every day that can be saved by shortening my stay in the hospital.

I should greatly appreciate receiving from you a letter prior to checking in at the hospital, in which you authorize the residents and nurses, to tell me about all the pills and injections that they ~~are~~ propose to give me, so that I can follow at all times what is going on.

I am making use of this occasion to confirm that we agreed on a fee of \$750.00 for you for the surgery you may perform (which does not include Dr. Eugene Cohen's medical fee.)

This fee is independent of whether or not you decide in favor of transpubic surgery. This is as it ought to be for, as George Bernhard Shaw has pointed out, just because it makes sense to pay a baker in proportion to the number of bread loaves he bakes, it does not follow that it would make sense to pay the surgeon in proportion to the number of legs he amputates.

Very sincerely yours,



Leo Szilard

Robert S. Hotchkiss, M.D.

640 Park Avenue

New York 21, N.Y.

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November 3, 1959

Dr. Leo Szilard  
The Statler Hilton Hotel  
New York City.

Dear Dr. Szilard:

I have your letter of November 2nd and it seems to me it would be best for you to plan to enter the hospital on or about November 14th depending on the availability of accommodations for you.

I have listed the orders and tests to be done so that if hospital accommodations become available a day or two before I return, the tests could be ready before my arrival.

I would be glad to abide by your decision as to deferring removal of part of the prostate at this time. This of course, will depend on two conditions, which I mentioned to you when you were here. The first is that we may not be able to introduce the cystoscope to look into the bladder to visualize whether or not a tumor is present. As you know, it is advisable that we establish whether or not a papilloma is present and therefore it might be necessary to open the bladder from above.

Finally, sometimes when a cystoscopy is done the instrumentation produces swelling which in conjunction with the enlargement shuts off the flow of urine, necessitating removal of the prostate.

To summarize, may I state that we will give you an anesthetic and hope that we can pass the instrument into the bladder to inspect it. If this cannot be done, we will immediately open the bladder from above and inspect it. If you wish we will not remove the prostate unless it becomes necessary to do so because:

1. You are unable to void
2. The incision would not close because the gland is enlarged.

I am enclosing the note you requested and with every good wish to you, I am,

Sincerely yours,

*Robert S. Hotchkiss*

November 6, 1959.

Robert S. Hotchkiss, M.D.  
640 Park Avenue  
New York 21, N.Y.

Dear Dr. Hotchkiss:

Many thanks for your kind letter of November 3. What you write is very clear. If I may I would like to make the following remarks.

Should you ~~regard~~ <sup>dislike to take</sup> the risk that the cystoscopy may produce a swelling, which will then make it necessary to remove the prostate - even though there may be no other reason for removing it and should you therefore prefer to omit the cystoscopy altogether and proceed directly with a transpubic incision - I would cheerfully abide by your decision in this regard.

This remark might give you the impression that I want to hold on to the prostate at all cost. Let me therefore say, that I have no ulterior motives in wanting to keep the prostate except to minimize the surgical trauma. Also, I realize that in addition to the reasons you have listed you might have other reasons for wanting to remove the prostate, and in that case I would not want you to hesitate, on the ground that I may have some sentimental attachment to this particular piece of my anatomy, which I have not.

I can for instance imagine that you might want to remove the prostate for the following reason: The examination at the Hospital might disclose that there is a urinary infection. There may or may not have occurred in the past 2 years recurrences of mild urinary infections, which I understand have a tendency to locate in the prostate. Now, if upon opening the bladder you should find no tumor - the presence of which might account for the occurrence of such urinary infections - and if you have reason to blame the enlarged prostate for their occurrence, then you might also reach the conclusion that it would be better to remove the prostate.

Such urinary infection as may be present, does not bother me, but perhaps you might get concerned about the continued risk of an ascending infection which might involve the kidneys. Therefore, if in the absence of a tumor the prostate must take the full blame for a urinary infection which is detected, <sup>and</sup> you ~~might~~ want to remove the prostate for reasons of this sort, then too, I shall cheerfully abide by your decision. In any case I solemnly promise not to talk back to you, while under general anesthesia.

I am enclosing a memorandum which might perhaps interest you. I should appreciate your letting me know at your convenience whether it makes sense to you. If it does, and if I have any time left, prior to the projected surgical venture, I might talk to Homer Smith and get his advise on what particular substances might be suitable.

With best wishes,

Sincerely yours,



Leo Szilard

P.S.

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