



FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

IN REPLYING, ADDRESS THE

Venereal Disease
Research Laboratory
P.O. Box 185
Chamblee, Georgia

November 6, 1951

Chief, Division of Venereal Disease
U.S. Public Health Service
Federal Security Building (South)
Washington 25, D.C.

Attn: Dr. John C. Cutler

Dear John:

I received your letter of October 22, 1951. Stanley and I have both studied and discussed your outline. We agree wholeheartedly with your premises for the validity of the study, your arguments for the importance of this follow-up, and your recommendations for the clinical examination.

Enclosed is our outline of the Tuskegee project which you have requested, in as much detail as possible at this time. Much of this will merely be repetition of what Dr. Bauer has already received in our progress reports. (Reference is made to letters dated September 24, 1951 and October 18, 1951, especially.)

Please pardon the length of the outline. Some of the details may be more useful than superfluous to any future investigators on this project.

Yours sincerely,

SIDNEY OLANSKY
Sr. Surgeon, USPHS
Director

Encl. - 1
CC: Dr. Bauer

Outline of Problems to be considered in Tuskegee Study

A. Even though there is real and reasonable doubt as to the original diagnosis of many of the patients, it seems to me that it may be necessary to consider the diagnosis as probably correct and to work on. While malaria may have played a role in false positivity and while other factors may have been operative, the same factor was working in all groups of patients considered - untreated, treated, and controls. Furthermore, the lower level of sensitivity of tests of those days gives good reason to assume that the level of false reactivity was lower than would be expected today.

The very large differences in morbidity of syphilitic and control groups suggests a real difference in the two "universes" with possible economic and social differences which, however, cannot be resolved now.

So, regardless of our present feeling, I feel that we must utilize the material available with knowledge that the diagnoses were made by very competent syphilologists, utilizing the best information available at the time.

B. Assuming the diagnostic validity of the material, it is felt advisable to get all the information possible from the material. We have an investment of almost 20 years of Division interest, funds, and personnel; a responsibility to the survivors both for their care and really to prove that their willingness to serve, even at the risk of shortening of life, as experimental subjects. And finally, a responsibility to add what further we can to the natural history of syphilis.

Out of what we have, the following avenues of exploration remain:

1. It is assumed that complete studies will be done, i.e., physical and history, with attention to intercurrent illness, administration of penicillin, etc. In other words, a medical school type work-up.
2. When the first follow-up worker is assigned, one of the first bits of information obtained may be further study of the progression in the observed and non-observed groups. Compare with Iskrent hypothesis that both are same.

Knowing the type of cardiovascular studies done earlier, it is felt that the same techniques of measurements, etc. should be repeated to observe changes. For the cardiovascular work-up, it is felt that the services of a cardiologist should be secured and that full advantage should be taken of the newer technical diagnostic measures.

Careful studies of spinal fluid and neuromuscular system are advised. For this the type of work-up to fill the new CNS evaluation forms are recommended so as to get material comparable with that from the research participants.

From this type of work-up it is anticipated that data comparable with the Brusgaard material may be obtained.

3. Serologic studies relative to spontaneous cure, correlation between STS and clinical, and pathological findings may be productive of much valuable information.
4. The pathologic studies made to date must be gathered together and worked up. Shall Rosahn's protocol for tabulation be followed.
5. There is much valuable material here for aid in evaluation of the TPI procedure.