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Dr Robson - please answer + handle

THE JEFFERSON MEDICAL COLLEGE AND HOSPITAL
DEPARTMENT OF MEDICINE
PHILADELPHIA

DIVISION OF HEMATOLOGY
HAROLD W. GOODS, M. D., DIRECTOR
L. M. TOCANTINS, M. D., ASST. DIRECTOR
F. R. MILLER, M. D., ASST. DIRECTOR

May 28, 1946

Dr. John H. Lawrence
Crocker Radiation Laboratory
University of California
Berkeley 4, California

Dear John:

Under separate cover we are sending you two pieces of tissue of a case that we had here recently to whom we gave radioactive phosphorus. We are anxious to have accurate assays of these tissues for radioactivity because of the slight differences in amounts of radioactive phosphorus that we found.

This patient was a thirteen year old girl who had primary carcinoma of the liver. We gave her five millicuries of radioactive phosphorus on May 10th and she died on May 24th.

We are sending a piece of normal liver tissue and a piece of liver tumor tissue. The normal liver of this patient is cut triangularly while the tumor tissue is cut rectangularly. Our ashing furnaces and Geiger counters are not as efficient as yours.

I trust that this will not be too much trouble. Please bill us for the expenses involved.

What we are trying to determine, of course, is the differential in the uptake of radioactive phosphorus by the normal liver cells and by the liver tumor cells.

I gave a talk on radioactive phosphorus and polycythemia at the University of Minnesota in Minneapolis last week. They have given radioactive phosphorus to four cases there with very good results.

With kindest personal regards, I am

Very sincerely yours,

Lowell A. Erf, M.D.

LAF:EK

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February 18, 1946

Dr. Lowell A. Erf
The Jefferson Medical College
and Hospital
Division of Hematology
Philadelphia, Pennsylvania

Dear Lowell:

Thanks for your good letter of February 12th. With reference to your question regarding one dose or two half-doses with an interval of twenty-four hours between, I think the answer is dependent upon how much phosphate you give with the dosage. If you were to give your does in a couple of grams of phosphate, then I think you would have a higher uptake if you divided the total dosage into two one-gram doses; whereas if you were dealing with only a few milligrams of sodium phosphate, then I do not think it would make much difference whether you gave the dosage in one injection or two injections, twenty-four hours apart.

Of course, with the amounts of phosphorus we are now using with high uptake after intravenous injections, that is fifteen milligrams of sodium phosphate per cc, we would never give as much as ten millicuries at one dose. I think our maximum dosage in a single injection right now would be something around three millicuries, according to our standards of measurement. However, a millicurie here is not the same as a millicurie in Boston, nor is it the same as a millicurie in St. Louis; that is, apparently our standards are different. This matter of standards is something we are now working out so that there can be uniformity throughout the country.

I wrote you recently regarding several other points, including the question of measurements of dosage, and hope to hear from you again soon regarding these points.

With kindest regards,

Sincerely,

John H. Lawrence, M.D.

JHL:BBH 1162256