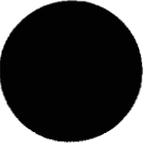


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PRIVACY ACT MATERIAL REMOVED February 5, 1973

TO: R. E. Rowland
FROM: M. S. Littman, M.D.
SUBJECT: Visit with Dr. Christine Waterhouse

RECEIVED
FEB 5 1973
R. E. ROWLAND
RADIOLOGICAL AND ENVIRONMENTAL
RESEARCH DIVISION

On February 1, 1973 I met with Dr. Christine Waterhouse, Strong Memorial Hospital, University of Rochester, New York, at 9:30 a.m. We discussed the following items:

1. Substitution of 2 quart urine collection bottles for present 1 quart size.
2. Following receipt of a container from her unit, another container would be dispatched to her, on a one-to-one basis.
3. The patient, 40-009, is a 75 year old white widow, height 156.5 cm. (5 ft. 1-1/2 in.) and weight 64.83 kg. (143 lbs.).
4. She plans to discharge ~~on~~ on February 14, but can extend this for a day or two, if absolutely necessary.
5. Dr. John Rundo to come next week to count patient. The Dean has approved participation of Dr. Forbes who will cooperate with Dr. Rundo in the study.
6. Six copies of Willed Body Contracts were given to her to be presented to the patients at an appropriate time. If refusal occurred, the alternative of securing an autopsy was discussed and a list of bone segments we prefer for our studies was given to her. The third possibility of post-mortem liver and iliac crest cortical bone biopsies were to be done.
7. Procedure for transfer of a willed body was detailed. Minimal embalming is important and mortician in New York was to contact Mr. V. Markiewicz for arrangements of transfer of body. Expenses involving mortician, whether in Rochester or another city, and transfer of body to ANL would be borne by ANL. Expressed wishes of the patient relative to cremation or burial would be respected. However, ANL would not assume primary responsibility of burying the remains or ashes.
8. No liver biopsy would be done.

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R. E. Rowland
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February 5, 1973

9. A bone biopsy of the iliac crest, possibly using the technique of George Nichols was being investigated by Dr. Waterhouse. She phoned Dr. Nichols and spoke to his associate (Dr. Nichols was out of town). His technique requires a special needle, rather difficult, if not impossible, to find on such short notice. She will consult with the Orthopedic Department on alternative techniques.
10. Chromosome studies will be done at ANL. Dr. Waterhouse gave 20 cc of heparinized blood to me for which I gave to the Chromosome Laboratory (S.H.).
11. The rib biopsy performed on the patient in 1953 was diagnosed as "neurofibroma". Tissue slide and paraffin block were found. Paraffin block was released to us for sectioning. We will return it to Dr. Waterhouse.
12. Dr. Waterhouse introduced me to the patient who freely expressed her affection, admiration and loyalty to Dr. Waterhouse for outstanding medical care for many years.

I left Dr. Waterhouse's office at 2:00 p.m.. We had a very profitable, mutually rewarding discussion and resolved all of the predetermined aspects of the study. Dr. Waterhouse is extremely knowledgeable and it was a particular pleasure for me to have a dialogue during which mutual trust and confidence prevailed.

Margaret Peterson

MSL/jt

cc: A. M. Brues, M.D.
A. F. Stehney

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