

13 August 1992

Dear Drs. Abramova and Grinberg,

Here for your review and comment is the current draft of the manuscript summarizing your pathoanatomical work and conclusions. Before I proceed with final editing and submission of the manuscript to the Proceedings of the U.S. National Academy of Sciences, I would like to know if you wish to make any changes or additions.

In particular, I would like to have your answers to a number of questions:

1) We wish to assist you to establish your intellectual and professional priority in this matter. Does the present text make clear in a manner satisfactory to you that you made the reported observations and interpretations before we met you in Ekaterinburg? If not, what suggestions do you have for doing so?

2) Page 5, line 1. Is it correct that positive identification by bacteriological culture was first made two days after the April 10 autopsy, as stated here? Or was the pathogen identified the day after the autopsy, April 11?

3) As explained in the Discussion, the current view of human inhalatory anthrax pathogenesis is that spores do not germinate in the lungs but do so only after they are transported to lymph nodes. In view of this, do you wish to qualify or further discuss your report of a primary pulmonary lesion on the surface of the lung in 11 patients? I leave this to your judgement.

4) Page 8, paragraph 1. It is important to include a reference to the 1936 book of Derizhanov, as you did in your earlier manuscript (1982?). There is a copy of it at the National Library of Medicine in Bethesda and at my request the Library is preparing an English translation that will be available for general use. Unless you wish to include the reference elsewhere in the present manuscript, I will place it here, as reference 22.

5) Page 8, paragraph 2. You correctly state that there is a paucity of available clinical information. I would therefore ask if you are comfortable with the description of clinical manifestations given in the rest of the paragraph?

6) Page 9, paragraph 2. In their presentations in the US in 1988, the

Soviet physicians said that there were 17 cases of cutaneous anthrax, 6 of which had toxemia and that none of the 17 died. Could this be correct? If so, the words "small number" in your manuscript should be changed.

7) Finally, it would be most important for the logic of the paper if you could cite published evidence that there is no mediastinal involvement in cases of epidemiologically diagnosed gastrointestinal anthrax. So far as you know is there any such information in the Russian literature on gastrointestinal anthrax?

I apologize for having to send you this letter in English. Unfortunately I have no easy or rapid way to translate it into Russian. Unless you have a better way to respond to me, please give your answers to the above questions to Professor Borisov, who can transmit them to me by electronic mail.

Now on a different subject, I received from young Nikiforov in Moscow a copy of your old manuscript, which I enclose. He also gave me two boxes of photographs (slides) for me to copy and return. One box he said was made by his father. He said the other box was not. So it may be yours. I intend to make two copies of the slides in this box and send one set to you, return one set to young Nikiforov and keep one set here. If I hear from you that they are definitely your slides, no use of them would be made without proper credit to you. I hope this is satisfactory.

Jeanne and I hope that this finds you both well and that it will not be long before we can renew our friendship.

All best wishes,

Matthew Meselson

cc: Dr. David Walker  
Dr. Olga Yampolskaya