

Dr. Philip Levine
Newark Beth Israel Hospital
201 Lyons Ave.
Newark, N.J.

*This letter was
written immediately
after Landsteiner's death.*

July 28, 1943

*Received the next
day & written
great emotional
stress, one month after
Landsteiner died*

(E)

Dear Phil:

Your letter is again in the usual tenor. The phrase "modified after Levine" was deleted deliberately because I found that the table already gave you too much credit. This was necessary to counteract the propoganda created by your numerous articles which appeared to be designed to give the false impression that you did the original work on the subtypes of Rh and which had begun even to deceive me. Actually the only thing original in your table which you showed me was the arrangement of the results, the popularization of the percentages of positive reactions which, by the way, I had already worked out, and your Hr serum. As a matter of fact, I have found the table to be very confusing, and so I have discarded it and rearranged the data as shown in my paper in the Proceedings, so you need not fear that people will ever refer to table 52a in my book. I might mention that the table is changed from yours, so that it is no longer recognizable because it gives some recognition to work by people other than Levine, which would not occur in a publication by Levine.

With regard to the type 3 serum, too much credit is given to you in table 52a. In my paper in the Archives of Pathology for August, 1941, which you persistently choose to ignore, on page 11, I described this work and reported that among 220 persons I found 13 1/2 per cent negative reactions. I also remarked that "among 28 bloods tested with both sorts of reagents, 13 were agglutinated by both serums (this is now called type Rh₁) and 11 by neither serums (Rh negative) while only 4 were agglutinated (usually weakly or only moderately) by Rh antisera but not by the patient's serum (now called type Rh₂)." You will note that even at that time I noticed that the Rh₁ serum reacted weakly on the Rh₂ bloods in comparison with the reaction with the Rh₁ bloods, and this suggested to me the presence of two different agglutinins in the serum, but after discussing the matter with Dr. Landsteiner I decided not to refer to this idea and subsequently forgot it until your report concerning two agglutinins in such sera refreshed my recollection.

You finally corrected your deliberate oversight of my Rh₁ antiserum in one of your racial papers. When do you plan to correct your oversight of my introduction of the use of the group substances in neutralizing isoagglutinins in human serum? Before you continue finding fault with the actions of others, why don't you learn to respect and acknowledge the work of others besides yourself?

In conclusion I feel that my chapter on the Subtypes of Rh gives you more credit that you deserve. If you feel otherwise, there is nothing I can do about it.

Your work on the subtypes of Rh bears the same relation to my work as my work on transfusion reactions in pregnancies bears to yours, with two important differences:

1) Your original work on transfusion reactions in pregnancy was based on one case. This was systematized by me in my subsequent paper with Peters, and in the Archives of Pathology. On the other hand, in my original work on the subtypes of Rh, the results were already fairly well organized. Your study on 334 bloods merely helped to clarify the situation with regard to the rare blood Rh¹.

2) I have always given due credit to the paper by Levine and Stetson. I am afraid you cannot say the same about yourself with regard to the proper acknowledgment of my work. Also, I have more than generously acknowledged your confirmatory work on the subtypes of Rh while you have completely ignored my work on isoimmunization in pregnancy.

If you wish you may show this letter to the Committee on Maternal Health and the Blood Transfusion Association since you seem to enjoy running to them with your imaginary complaints.

Sincerely yours,

A.S. Wiener