May 24, 1950

Dr. Albert B. Sabin
Children's Hospital Research Foundation
Cincinnati, Ohio

Dear Albert:

John Enders and I were discussing yesterday the paper which you read at the neurologic congress in September. Needless to say, I liked the paper very much.

As you well put it, one of the most striking phenomena in most of the viruses which affect the human nervous system is that only a small and varying proportion of those infected exhibit clinical signs of involvement of the nervous system, and how true it is when you say that for years, and with no experimental foundation, we accepted the idea that all resistance was due to "repeated bombardment with small subinfective doses". Getting back to what determines the result of first exposure to the infected agent, more and more evidence is accumulating that factors in the host which are independent of serologic immunity play a part. It seems to me that all this is beginning to point to the fact that we may have large "reservoirs" of highly adapted subclinical virus infection which are only exceptionally "detonated" into clinical disease by factors in the host rather than factors of exposure. I think that this characteristic of the virus infections of the nervous system as well as many other similarities, including the difficulties of differentiation, brings up the question of whether or not the postvaccinal and postinfectious encephalitides fall into this group.

I wonder what you would think of writing a monograph along these lines for the Thomas American Lecture Series. I am acting as editor for the section on infectious agents and disease, my function being to get people to write the articles in accordance with the enclosed information sheet. It seems to me that having a brief, text-like description of the various postvaccinal or postinfectious encephalitides for the first part, and then bringing them together under the doctrine of widespread subclinical infection with exceptional detonation into clinical disease, would be valuable. I imagine you could assemble most of this from things you have already written, like your discussion at the neurologic congress, and I would be pleased to hear what you think about it.

The recent Australian and English observation on poliomyelitis following pertussis and diphtheria immunization certainly brings this question to the fore. If this is true, and it certainly seems to be so from the papers, we can all wonder why it has not been encountered before. In looking over my old case records in which there was a question as to any previous experience within a month, it is interesting to find three cases reported as poliomyelitis who had been successfully vaccinated ten or twelve days before. Two of these cases (one in 1916) were
clearly postvaccinal encephalitides. Something must have raised the question in our minds for, in the 1931 case blanks, we added a rubber stamp asking if the poliomyelitis patient had been vaccinated or had received toxin antitoxin within a month; however, we found only a few cases who had.

With best wishes.

Cordially yours,

W. Lloyd Aycock, M.D.
American Lecture Series

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