Albert B. Sabin, M. D.
Children's Hospital Research Foundation
University of Cincinnati College of Medicine
Cincinnati, Ohio

Dear Albert,

I read your article in the J.A.M.A. of January 26th with interest. I think you are well aware of the fact that I am convinced that the risk of oral vaccine is quite acceptable as a proper price for the best immunity available. I do believe, however, that some of the cases which followed the vaccine were due to the vaccine although I am sure that this applies to not nearly all of these cases.

In the Poliomyelitis Surveillance, No. 274, January 18th, it is noted that 31 paralytic cases followed Type I vaccine, 3 followed Type II vaccine, and 24 followed Type III.

The relationship of these figures is somewhat skewed by season, by the administration of Type I and perhaps Type III during epidemic periods, etc. but it seems to me that with proper adjustment for these factors that the low incidence after Type II serves as a crude control of the significance of the cases which followed I and III. There has been no assumption that all paralyses which followed Type I were due to Type I polio virus nor has there been any corresponding assumption for Type II and Type III. If one assumes that if all of the cases were completely coincidental then the paralytic rate should have been more nearly comparable. The numbers still make this poor experimental data for analysis but I do think it supports the opinion that for one reason for another paralytic sequellae may be caused by the vaccine.

Very sincerely,

Edward B. Shaw, M. D.
Professor and Chairman
Department of Pediatrics

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