The New York Institute of Clinical Oral Pathology, Inc.
101 East 79th Street
New York 21, N.Y.
Butterfield 8-2858

September 3, 1953

Dr. Albert B. Sabin,
The Children's Hospital Research Foundation,
Department of Pediatrics,
Elland Ave. and Bethesda,
Cincinnati, Ohio.

Dear Doctor Sabin:

Many thanks for your patience with me and your kind answer.

The matter in question pertains to a communication which I received from Dr. William Rakower, secretary of the Metropolitan-New York Society of Oral Surgeons, Inc., which follows:

"Dr. Albert Sabin, one of the worlds foremost workers in the field of polio epidemiology and developer of the new oral vaccine writes, "I would say, therefore, that the extraction of teeth should be in the same category as all other elective operations, and that there is no reason for singling them out and putting them in the same category as tonsillectomies and adenoidectomies."

I cannot understand the quotation because you say that the extraction of teeth should be in the same category as all other elective operations, but then you close the sentence and say that there is no reason for singling them out and putting them in the same category as tonsillectomies and adenoidectomies.

I feel that there is a contradiction. If I am wrong, please be good enough to let me know.

The whole controversy is based on reports which the New York Institute of Clinical Oral Pathology published in dental journals sometime ago, which you will find enclosed.

This whole matter seems to me to involve an economic question. No one is positively certain that operations in the mouth including extractions could not be a contributing factor in the development of polio and, therefore, it would seem only sensible and humane to postpone elective operations about the mouth during the so-called polio season and in the manner out-
Dr. Albert B. Sabin

lined in your article entitled: "Consideration of Change in Present Policy of Performing Tonsillectomies and Adenoidectomies During Summer Months", which you kindly forwarded to me.

Thanking you in advance for letting me have your opinion on the above, I remain

Sincerely yours,

Theodor Blum, D.D.S., M.D.
Secretary

TB/R
Enclosures
CONTROL MEASURES IN POLIOMYELITIS

In answer to inquiries the Council of the New York Institute of Clinical Oral Pathology decided to get an authoritative opinion on the care of patients during "the epidemic season."

Mr. T. E. Boyd, Assistant Director of Research, The National Foundation For Infantile Paralysis, Inc., in his letter of March 22, 1955, referred us to section 5, page 6 of their pamphlet, "Control Measures in Poliomyelitis" which reads:

"5. Tonsillectomies

Tonsillectomies and other elective procedures - especially those about the mouth, such as dental extractions, should be postponed until after the epidemic season. There is considerable evidence that the risk of developing poliomyelitis, especially the bulbar form, is much greater among recently tonsillectomized patients."

We feel that section 6, page 7 should also be called to the attention of the medical and dental practitioners on account of the use of injections for local or block anesthesia. It reads as follows:

"6. Injections

If they can be postponed with safety, diphtheria, tetanus, and pertussis immunizations in children over one year of age should not be carried out during poliomyelitis epidemics as there is some evidence that they may predispose the injected limb to paralysis. It should be recalled, however, that these diseases present a much greater hazard than poliomyelitis, particularly during infancy."

In his letter, Mr. T. E. Boyd added a paragraph which is very instructive:

"Unfortunately it may not be entirely clear just what period of time is meant by 'the epidemic season,' in the section referred to above. It would hardly be possible to designate any fixed period of the calendar as such. The epidemic season is not the same in Florida as in Maine, and in a given locality it is not uniform from year to year. Purely as a personal interpretation, I should think of the epidemic season not as a fixed period of the calendar, but as any period when the local incidence of poliomyelitis is relatively high."

THE NEW YORK INSTITUTE OF CLINICAL ORAL PATHOLOGY

101 East 79 Street
New York 21, N. Y.
AN ADDITIONAL REPORT ON CONTROL MEASURES IN POLIOMYEHLITIS

After consulting The National Foundation for Infantile Paralysis and in cooperation with The Foundation, the New York Institute of Clinical Oral Pathology asked the more important medical and dental Journals to publish the following report:

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Only one editor refused to publish the report and stated:

"Insofar as I am able to ascertain, there is no truly scientific evidence to point to the increased incidence of poliomyelitis in patients with recent dental extractions. I fully appreciate the fact that tonsillectomized patients have increased occurrence, but this, of course, is an entirely different problem.

"I am therefore sending your information around to our Editorial Board, requesting their opinion regarding possible publication of this material in the Journal of Oral Surgery. Personally, I think it is open to considerable question."

When informed of this attitude, The National Foundation for Infantile Paralysis responded with the following paragraph:

"So far as the scattered individual reports are concerned, the factor of chance coincidence cannot, of course, be excluded. I might add, however, that we have received reports from correspondents, and from grantees, of a number of unpublished cases. The recommendation about postponing elective dental extractions during the epidemic season is based on evidence that is perhaps not entirely conclusive. Nevertheless, as a purely personal judgment, I should follow the recommendation if a member of my own family were concerned."

A short time later the following announcement appeared in the Journal of the American Dental Association (Vol. 51, September 1955, page 379):

"EXTRACTIONS NEED NOT BE AVOIDED IN POLIO SEASON"

"There has been no evidence to correlate the incidence of poliomyelitis with extractions or other surgical procedures, according to the members of the editorial board of the Journal of Oral Surgery. The opinions of board members were sought after The National Foundation for Infantile Paralysis, Inc., suggested that such dental procedures be postponed during the polio season. The members stated that dental procedures are different from procedures such as tonsillectomies, which, it has been suggested, also should be postponed."

To find a solution, our Council decided to send the following letter to all the chiefs of the Departments of Pediatrics of all the hospitals in Greater New York:

"It seems to be an accepted rule by practitioners of your specialty to advise postponement of operations for the removal of tonsils and adenoids during the epidemic season of poliomyelitis.

"In our experience pediatricians have asked us to observe the same rules for surgical procedures about the oral cavity (e.g., extractions and other surgical operations on soft tissues and bone, as well as the injection of local anesthetics for dental operative procedures).

"It will be very helpful to us if you will let us know of cases of poliomyelitis developing after oral surgical or dental procedures seen in your hospital or by other practitioners.

(continued)
Also, kindly inform us whether you would advise postponement even though there is at present no definite relationship."

We received thirty-five replies. Thirty-two stated that they are against performing elective procedures in the oral cavity during the epidemic season. Six of these were based on a unanimous decision at staff conferences (one attended by forty-five to fifty members). Only one chief saw no reason for postponing any operation in the oro-pharynx; two do postpone tonsil and adenoid operations, but do not believe oral operations need be delayed.

In closing, we would like to call attention to the following, taken from "New Information for Physicians on the Salk Poliomyelitis Vaccine," No. 2, January 1956, published by The National Foundation for Infantile Paralysis:

"Should elective nose and throat operations be postponed until some recommended interval after the administration of vaccine?"

"Under ordinary circumstances, elective nose and throat operations are not performed during periods of high poliomyelitis incidence. If such an operation has to be performed during an epidemic period, it would be advisable to give two doses of vaccine and then wait a month, if such delay would not endanger the patient's life. Effective vaccination with a properly prepared and tested poliomyelitis vaccine greatly reduces the risk of paralytic poliomyelitis and does not engender or increase the chance of poliomyelitis infection. There is no reason, therefore, why elective nose and throat operations should be postponed following vaccination except that time be allowed for the protective effect of the vaccine to come into play."

THE NEW YORK INSTITUTE OF CLINICAL ORAL PATHOLOGY, INC. (March 26, 1956)

101 East 79th Street
New York 21, New York

LATEST WARNING BY HEALTH AUTHORITIES

"THE NEW YORK CITY AND STATE HEALTH COMMISSIONERS ADVISE PHYSICIANS AGAINST PERFORMING NOSE, THROAT AND MOUTH OPERATIONS ON CHILDREN DURING THE POLIO SEASON."

(The New York Times, Wednesday, June 27, 1956)