Dear Albert:

Thank you for the information contained in your letter of April 23rd. Don Eyles had written to me about a week ago regarding the fatal infection which [redacted] apparently acquired in their laboratory. I knew [redacted] very well because he had been associated with us when I was assigned to the malaria project at the University of Tennessee during the war. The whole incident made me shudder because the [redacted] who worked with me here in Syracuse had no antibody and was, and still is, our source of activator for all of our studies. After being in the laboratory for a couple of months [redacted] inadvertently pricked [redacted] finger with a needle which was attached to a syringe which was filled with heavily infected peritoneal fluid. [redacted] suffered no illness as a result of this, although I sweated out a few anxious weeks. [redacted] has failed to develop antibody in the ensuing year and a half. [redacted] I had previously refused to hire the wife of a member of our English Department, who would have been a gem to have around because she was a Ph.D. in Parasitology from the University of Wisconsin, and was desirous of obtaining some employment. She already had one child but was seriously thinking about another, and I told her that I was unwilling to expose her to the hazards of working with toxoplasma. [redacted] This took some juggling around and reorientating of the setup, but I thought that this was a wise move. [redacted] However, as I stated originally, [redacted] has never developed antibodies for toxoplasma and we have no reason to believe that there was any causal relationship.

When Don wrote to me about [redacted], I took it upon myself to notify everyone whom I knew to be working with the parasite to warn them that [redacted] had just learned of a fatal [redacted] infection and that I felt that the parasite should not be treated with disdain, and, further, that it might be wise to limit exposures to those people who had some demonstrable antibody prior to beginning such work. We have offered to test anybody whom they would like to have screened for this purpose.

Don also told me about the serological data which they had obtained, and this is of extreme interest because the dye test titers behaved very much like those which we obtained in experimental animals. This is quite different from the Boston case unless, perhaps, it is possible that [redacted] had had some minor symptoms some time before the acute onset and, therefore, the disease was dromedary-like in nature. I am looking forward to a more detailed report from him concerning this possibility.
I MUST TAKE ISSUE WITH YOU REGARDING SOME OF OUR STUDIES, FOR IT APPEARS THAT YOU HAVE CONFUSED PARAGRAPHS I AND II OF OUR PROGRESS REPORT. IN PARAGRAPH I, I STATED THAT WE HAD ALREADY EXAMINED SERIAL SPECIMENS FROM 339 PREGNANT WOMEN AND AT THE END OF THE PARAGRAPH I SAID THAT THIS STUDY IS ON A CONTINUING BASIS AND WE EXPECT TO FOLLOW THEM UP FOR AT LEAST ANOTHER YEAR. AS LUCK WOULD HAVE IT, WE HAVE JUST HAD A BEAUTIFUL LOCAL CASE OF CONGENITAL TOXOPLASMOSIS, BUT THE MOTHER, WHILE A CLOSE RELATIVE TO ONE OF THE PATIENTS IN THE PREGNANCY SERIES, HAD NOT BEEN PREVIOUSLY EXAMINED BY US. IN PARAGRAPH II, I SAID THAT WE HAVE EXAMINED THE SERA OF FORTY WOMEN WITHIN 14 DAYS AFTER SPONTANEOUS ABORTION. THE NUMBER 40, THEREFORE, REFERS ENTIRELY TO WOMEN WHO HAVE HAD SPONTANEOUS ABORTIONS FOR NO APPARENT CAUSE. THESE ARE NOT PATIENTS, INCIDENTALLY, WHO HAVE HAD REPEATED ABORTIONS, FOR I FELT THAT THERE WAS SUFFICIENT EVIDENCE IN MANY OF THOSE INSTANCES TO IMPLICATE OTHER POSSIBILITIES. THE PREGNANT WOMEN ARE WOMEN WHO COME TO THE VARIOUS PRE-NATAL CLINICS WHICH ARE SUPERVISED BY OUR DEPARTMENT OF OBSTETRICS. THE INITIAL BLOOD WHICH IS OBTAINED AT THE FIRST VISIT IS TURNED OVER TO US BY THE WASSERMAN LABORATORY, AND IF WE FAIL TO FIND ANTIBODIES FOR TOXOPLASMA, THEN WE HAVE AN AUTOMATIC SYSTEM WHEREBY SUBSEQUENT SAMPLES ARE OBTAINED AT MONTHLY INTERVALS THROUGHOUT PREGNANCY. WE HAD ANTICIPATED THAT THIS STUDY MIGHT BE QUITE FRUITLESS, AS YOU WILL RECALL FROM THE CONVERSATION WHICH WE HAD IN CINCINNATI, BUT THE HOPE WAS THAT ONE CASE WOULD BE OF THE UTMOST IMPORTANCE TO THE FIELD IN GENERAL. WE HAVE ALSO FOLLOWED A SMALLER NUMBER OF PREGNANT WOMEN WHO HAVE HAD ANTIBODY IN THEIR ORIGINAL SPECIMEN IN ORDER TO SEE WHETHER THESE TITERS VARIED SIGNIFICANTLY. THUS FAR THEY HAVE NOT.

AS REGARDS THE OTHER CLINICAL SYNDROMES, WE DO HAVE OUR CASES BROKEN DOWN IN PRETTY MUCH THE SAME WAY WHICH YOU SUGGESTED, BUT, OF COURSE, MANY OF THEM DEPEND UPON REFERRALS FROM A DISTANCE AND, THEREFORE, THEY ARE RECEIVED IN INDISCRIMINATE FASHION. WE HAVE HAD SUFFICIENT EXPERIENCE WITH MANY OF THESE TO CONSTRUCT SUITABLE QUESTIONNAIRES, AND THESE ARE NOW GOING OUT FOR COMPLETION. WE PLAN IN THE FUTURE TO GET THE QUESTIONNAIRES TO THE SENDER AT THE TIME AT WHICH THE REPORT IS MAILED.

I AM CERTAIN THAT MUCH MORE THAN A FRACTION OF THE DATA WILL BE UTILIZABLE FOR THE FINAL REPORTS.

AS REGARDS [BLANK], SEND THE SPECIMEN ALONG AND WE WILL RUN IT THROUGH VERY QUICKLY.

I THINK THE IDEA OF A CONFERENCE ON TOXOPLASMOSIS IS A SPLENDID ONE. YOU WILL RECALL THAT I INCLUDED THIS RECOMMENDATION IN LAST YEAR'S REPORT. I THINK WE ARE SORELY IN NEED OF SUCH A MEETING.

THE STUDIES ON THE SERA WERE COMPLETED SEVERAL WEEKS AGO, BUT I HAD WITHHELD SENDING IT TO YOU BECAUSE I HAD PLANNED TO INCLUDE IT IN MY LAST LETTER. MY APOLOGIES FOR THIS OVERSIGHT. WE WERE UNABLE TO DEMONSTRATE ANY ANTIBODIES IN THE SERUM OF EITHER THE MOTHER OR THE BABY.

I TAKE IT THAT YOU WILL BE GOING TO CLEVELAND AND, THEREFORE, I SHALL NOT HAVE AN OPPORTUNITY TO SEE YOU IN ATLANTIC CITY. I HAD LOOKED FORWARD TO THIS POSSIBLE MEETING BECAUSE I THOUGHT THAT WE WOULD HAVE AN OPPORTUNITY TO
DR. ALBERT B. SABIN

APRIL 25, 1951

EXCHANGE PHOTOGRAPHIC EVIDENCES OF INFANT GROWTH RATES. IN TERMS OF POUNDAGE, AT LEAST, THE NEWEST FELDMAN IS WELL UP TO PAR, ALTHOUGH SOMEWHAT LAZY AS REGARDS PHYSICAL ACTIVITY, WHICH PERHAPS IS A MANIFESTATION OF MY SUBCONSCIOUS.

WITH WARMEST REGARDS FROM ALL OF US,

SINCERELY,

HAF:HR

HARRY A. FELDMAN, M.D.

Have you seen: Brain, 23, 3, 281, 1950 (Adult Tachygenous in One Family) by Campbell & Clayton? Weird!