Dear Doctor Pinkerton:

I regret very much that our serological and chemotherapeutic investigations with toxoplasma have not yet been written up. If you care to mention it you may state the following:

1. Concerning complement-fixation:

Warren and Sabin have observed that by using an antigen prepared from frozen and thawed toxoplasma-infected rabbit brain (other infected tissues and mouse brains were unsuitable) they were able to demonstrate the development of specific complement-fixing antibodies in rhesus monkeys as early as one week (in some and later in others) and as late as 3 months after inoculation with toxoplasma. This antigen gave no nonspecific reactions with human sera and gave specific fixation with the serum of a child in whom toxoplasma infection was diagnosed by animal inoculation. The test should be performed with freshly obtained serum, for unless the serum is stored in the frozen state disturbing nonspecific reactions develop.

2. Concerning neutralizing antibody:

Unpublished studies by Sabin and Buchan have revealed that the toxoplasma neutralizing antibodies are so labile that they may disappear after a few days' storage in an ordinary refrigerator. Being aware of this, a reinvestigation of the problem has revealed that, contrary to previous conclusions, the neutralizing antibodies may appear as early as a week or two and persist for more than a year after inoculation of toxoplasma into rhesus monkeys. The neutralization test must be carried out either with fresh serum or with serum that has been preserved in the frozen state.

3. Concerning chemotherapy:

Sabin and Warren have found that sulfapyridine and sulfathiazole can exert a curative effect on toxoplasma infection in mice and rabbits. In mice a persistent cure could be obtained only when treatment was begun simultaneously with an inoculum not in excess of 100 M.L.D. Mice infected with larger doses could be kept alive for many weeks or as long as the drug was continued, but they invariably died of the infection within 2 to 4 weeks after cessation of therapy. This coincided with a failure on the part of the mice to develop an immunity to toxoplasma during the period of arrested infection. In rabbits infected by the cutaneous route, on the other hand, provided therapy was kept up at frequent intervals during the day and night, a complete cure was possible when treatment was started after onset of the systemic disease (fever, toxoplasma in blood) and continued for several weeks. These rabbits were subsequently found to have become immune to toxoplasma.
You may use as much or as little of these statements as you like. Several weeks ago Dr. Henderson wrote me that you and he might drive down to Cincinnati for a few days. I am looking forward to this visit and would be delighted if both of you would stay at our house in Cincinnati.

With kindest regards,

Sincerely yours,

Albert B. Sabin, M.D.

Dr. Henry Pinkerton
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ABS:UJR