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

Dear Dr. Sabin:

Thank you ever much for your reprint containing the information about Pseudo-Rabies lesions in sympathetic ganglia. It was indeed most helpful. Dr. Panabaker (with whom I am working) and I are especially interested in your work showing that intra-ocular injections also utilize the sympathetic pathways. Did you find any difference in: (a) velocity with which the virus reached the ganglion (Cervical Sympathetic); (b) number of lesions in the ganglion — when you used the intra-ocular or intra-nasal route? Was the infection in the former case also unilateral? The reason for asking this information is that we have been unable to detect by electrical methods any effect in excised sympathetic ganglia that have been exposed to tremendous doses of the pseudo-rabies virus for over 20 hrs. Do you think it is possible that by one of your routes, one may obtain a ganglion (Cervical Sympathetic) which is infected before the animal dies? Yes

Is it possible to obtain histological material showing
pseudosarcomatous lesions in sympathetic ganglia, tested on normal ganglia, do you have any information on the stains used? thank you ever so much,

Sincerely yours,

Dr. John Dempster

<table>
<thead>
<tr>
<th>Intraocular</th>
<th>40 to 45 hrs</th>
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<tr>
<td>Intranasal</td>
<td>46 hrs - 2/4 or 1/4</td>
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<td>54 hrs - 1/4</td>
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Time scratching began