Dear Dr. Sabin:

I believe that for the purposes of your report to the Tropical Diseases Study Section, the data which I presented at the Toxoplasmosis Serology Meeting in Bethesda last week is not of particular interest. I should like to say, however, I enjoyed the meeting very much and I believe that we all profited from learning the experiences of others in the field. In the following paragraphs I shall summarize the findings which I presented, and you can use them as you see fit.

With regard to our laboratory infection of toxoplasmosis, I presented data on the dye test titer. Three sera taken before illness, the last two months before the patient became sick, all gave negative dye test reactions. The serum taken on the fourth day of the disease gave a positive titer of 1:16, the sixth day of the disease a titer of 1:64, and the eighth day of the disease a titer of 1:256. Complement fixation reaction, done by Dr. Bozovich, was negative throughout. In our case report we made the point that since a large proportion of the population gives positive dye test reactions, it would be necessary to have two or more sera taken at intervals during the course of the disease in order to confirm a diagnosis by means of the dye test. Of course, our case was fulminating and a less severe case would probably eventually show a high titer which in itself might be of significance.

Animal inoculations were made from our case as follows: Whole blood was put into mice on the fourth and sixth day of the disease. Mice subsequently developed infections in both cases. Spinal fluid was put into mice on the fourth and ninth day of the disease and both lots of mice subsequently showed infections. Brain, spleen and liver were put into mice post-mortem and each lot of mice became infected. Lung tissue was put into mice post-mortem but the suspension was overheated in the Waring Blender and no infection resulted in the mice.
Our case report has been completed and has been submitted to the JAMA. We have not heard from them as to whether or not they are going to accept this paper. I will not attempt to summarize the clinical findings except to remind you that psychosis was one of the earliest symptoms and this prevented us from obtaining any history from the patient.

Although we believe that we used more than the customary precautions before our tragedy, we have since instituted rigidly enforced precautions for the handling of the disease. I am enclosing an outline of these precautions. I note that some elementary precautions which one might take for granted are not included in these lists but perhaps they will be helpful to you.

I had a letter from Dr. Gard yesterday and it would appear that they have had still another laboratory infection. Including Dr. Alm's there have been four in Sweden so far. [Let me interject at this point that Dr. Gard informed me that Dr. Magnusson recently died.] Dr. Gard is now employing only technicians with positive titers.

I also presented at the meeting a few data on a sampling of the rural colored population of Fayette County, Tennessee. You showed particular interest in the four, five and six year group. We found 12 positives among 60 sera. Positives were as follows: 2,1:16; 4,1:64; 4,1:256; 1,1:1024 and 1,1:4096. In the entire group we found a fairly typical age incidence except that our incidence in the four to ten year group was 23 per cent which I believe is higher than usual. We also found that there appeared to be a tendency for the positive reactors to group themselves in families.

Sincerely yours,

Don E. Eyles, Sc.D.
Senior Scientist
Officer in Charge

DEE: jm

Encl.