UNIVERSITY OF MINNESOTA
THE MEDICAL SCHOOL
MINNEAPOLIS 14

SCHOOL OF PUBLIC HEALTH

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Dr. Albert B. Sabin
Medical School
University of Cincinnati
Cincinnati, Ohio

Dear Al:

A recent issue of the Research Reference Bulletin of the National Foundation for Infantile Paralysis, brings an abstract of your paper in the Chicago Medical Society Bulletin of September 1951. As there is a very obvious error in this abstract I am writing to see if I can get a reprint of this paper from you. Page 5 of the abstract quotes you as referring to the Berlin 1947 epidemic and implies that you were attributing the difference in the polio incidence of the east and west zones of Berlin to the fact that the west zone had been sprayed with DDT just before the beginning of the outbreak. The implication of the abstract is that the difference in rate might be attributable to the spray. I am certain you could not have made such a suggestion in view of the many instances that we have of striking differences in disease rates betweenadjoining communities neither of which has been subjected to such spraying. For example, in the 1946 Minnesota outbreak there were approximately 225 cases in St. Paul with a population of 300,000 making a rate of 75 per 100,000 whereas in Minneapolis there were 750 cases in a population of 500,000 making a rate of 150 per 100,000 population. Similarly in the 1931 outbreak in Massachusetts the City of Holyoke with 55,000 population had 61 cases or a rate of 110 per 100,000 population, whereas the adjoining City of Springfield had only 93 in 151,000 population or a rate of 60 per 100,000 population. Even more strikingly in the 1935 outbreak the City of Fall River with 115,000 population had 114 cases of polio, whereas the City of New Bedford, only ten miles distant and with a population of 110,000 had only 8 cases. At the same time the neighboring cities of Lowell and Lawrence in the Merrimac Valley with populations of 100,000 and 85,000 respectively had 36 and 12 cases.

I am certain you are so familiar with discrepancy in polio rates of adjoining communities that you are aware of many other instances other than the few that I have mentioned. It is therefore obvious to me that the abstract carries some distortion of the ideas as advanced by you. Hence I am particularly eager to get a reprint of your paper if you have such for distribution.

Very truly yours,

Gaylord W. Anderson, M. D.
Mayo Professor and Director
School of Public Health

GWA:MAM
cc. Dr. Top