

13 Oct. 1955

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Dear Sirs:

Your letter of 12 October suggesting that we might meet soon has met with a hearty response on my part but since I shall be in other parts of the world soon (Western Pacific and Asia), we had better clear our business by correspondence.

With regard to your first question, I can say that WAS refused in May and June of 1939 to make more funds available for the 1939 program of gambias eradication and the work that year was possible only through the action of Getulio Vargas, President of Brazil, in doubling the initial contract government budget of \$250,000 to \$500,000 at a time when the budget of the Foundation remained at the preestablished rate of \$100,000. I did not go over WAS's head to RHF (far be it from me to ever get out of channels) but did have luncheon with RHF at the suggestion of WAS. I do not know where RHF got the idea that it might be important to have luncheon with me at that time. I did in reply to a direct question of RHF state that the most important thing that the Rockefeller Foundation could do to further the eradication of gambias in Brazil was to make \$250,000 available for 1940, in spite of the fact that WAS had assured me that there would be only \$100,000 available for the following year. RHF suggested that I should present the problem to the Board of Scientific Directors the following Monday in exactly the same way I had presented it to him. You were present on that momentous occasion without knowing the background and hence did not understand why I was so much put out with your taking a great deal of unnecessary time asking the Board to approve a budget of \$7,500 for malaria investigations in Egypt the following year. You will remember that at the end of my talk you arose in class and said that you did not know why it was that you had not fired me years ago when you had the opportunity so to do.

WAS gave written instructions in 1938 that the Malaria Service of northeast Brazil was not to be called a gambiae eradication service and that we were not to talk in the name of the Foundation of mosquito eradication. Dr. Sawyer never lacked courage once he had been convinced that something was right and essential. His difficulty was that we had presented, nor could we present, no report of progress in the eradication of gambiae from Brazil. Dr. Barber had spent three months with us, had returned unconvinced, and WAS quite logically insisted with me that the usual procedure was to approve increased funds and expansion of a Service only on the basis of some satisfactory report of progress made with available elements.

The fault was ours in not being able to convince WAS that the job could be done and that it was most important to have funds available with which to work during the critical months which were to follow.

With regard to jaundice, post vaccination hepatitis to you, I can say that the first report of hepatitis following yellow fever vaccination was made by Finlay in London at the microbiological meeting in June or July of 1936. Shortly after that cases began to occur in Brazil but both of these occurrences followed the use of viruses other than 17-D, viruses which had to be dampened by the application of considerable amounts of immune serum. Following the introduction of 17-D, post vaccination hepatitis was observed in Brazil only after something like a million and a half vaccinations had been carried out and at a time when we were blissfully ignorant of any continuing danger. The investigations of the outbreak occurring in 1940 convinced us that the vaccination had been the cause of the hepatitis. The headquarters were, of course, advised of what was happening but there seemed to be no urgent need of publishing a report until the investigation had been completed, since post vaccination hepatitis was already associated with yellow fever vaccination. Before the report was ready for publication post vaccination encephalitis was found in Brazil and the same workers who were completing the report on hepatitis had to turn their full attention to solving the encephalitis problem. Thus it was that the outbreak of hepatitis in Brazil had not been put in the literature until after the outbreak in the United States in 1942.

In Brazil, I approved the discontinuation of the use of human serum in the manufacture of 17-D vaccine, and beginning in August 1940 all of the vaccine manufactured in Brazil had been without serum. Dr. Kerr was then in charge of the laboratory and when he came to the United States on leave in October of that

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year Dr. Sawyer was quite critical of the action that had been taken since he had learned of no convincing evidence of post vaccination jaundice in connection with vaccine manufactured by the New York laboratory and believed that the post vaccination hepatitis found in Brazil had been due to some failure of the laboratory in Rio to follow out carefully the techniques established for the manufacture of 17-D vaccine.

I am sorry to miss you but I do want you to know that in giving the above facts I do not wish in any way to minimize the importance of Dr. Sawyer's contribution and support of the work which I was carrying out in Brazil. My failures with Wilbur were always due to my inability to present my point of view in terms which were convincing to him.

Very sincerely yours,

Fred L. Saper

FLS:mb

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