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Dr. Matthew Meselson
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Dear Matthew:

I appreciate your sending me copies of your notes and correspondence with Mr. Peter Gumbel of the Wall Street Journal. In my several telephone conversations with him in the latter part of July, he reported some of the same information that you summarize in the notes of your telephone conversations with him. I also made a number of suggestions of additional data that would be of great interest. One area in which he could provide some very interesting data would be a case control study. The cases would be those individuals with anthrax infection whether he actually interviewed them or obtained information from relatives. Controls would be matched for age, sex, residence, and occupation. I am aware that it may be very difficult to identify enough cases on whom data could be obtained in order to conduct such a study, but never-the-less even if he obtained data on only ten cases a case control study could be attempted. The controls would have to have been selected as if he was doing a study at the time of the epidemic.

In reference to some of the points that you made in your notes let me make several comments. I agree that two very important points are that cases are reported to have occurred over approximately six weeks, and that only one child was effected. Certainly as you have indicated if the exposure was a single event by the air borne route, one

would expect that the majority of cases would occur within approximately 5 days of the event. Cases occurring after that period of time could represent from late onset cases due to protection from prophylactic antibiotics if they were given to persons exposed to the source of infection. It has been shown in primates who have been treated with antibiotics and then exposed to an aerosol of Bacillus anthracis that they remain asymptomatic until the antibiotics are stopped and then they ppdeveloped symptoms of inhalation anthrax. Another possibility is one that you briefly mention in your report, that is that late cases were the result of either infection occurring from contact with environmental contamination or animals becoming infected from the environment, dying, and their meat serving as a source of infection resulting in intestinal disease. I agree that the latter explanation is more complex, but it could be an explanation.

The lack of cases among children could represent the fact that children were not exposed to an aerosol because of the time of day or night in which the aerosol was present. Additionally, children would be exposed to a lower dose than adults because of their lower respiratory rate.

Concerning the pathological slides, I believe I previously brought up the question of whether the slides that were shown at the conferences in this country actually came from patients who died in the Sverdlovsk epidemic or could they have come from other patients who died at other times unrelated to the epidemic in Sverdlovsk?

I did have a long telephone conversation with Margaret Albrink Will's death was unexpected and occurred while they were on the west coast. She appears to be taking it quite well, is back in Morgantown, and continues to do some work at the University. There have been some complications in settling his estate because he died out of state but it sounds as if these are in the process of being resolved.

Please keep me informed as to further information from Mr. Gumbel or other sources concerning Sverdlovsk. I do hope that you maybe able to get to the area yourself.

Sincerely,

Philip S. Brachman, M.D.

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