

Letters to the Editor

The ever-important legacy of Jonas Salk—and finding myself in his polio vaccine trial



Dr. Jonas Salk stands in the laboratory at Pittsburgh University in which he developed a vaccine for polio. (AP/Wide World Photos)

**In response to:
The ever-important legacy of Jonas Salk—
and finding myself in his polio vaccine trial¹**

Some personal recollections from the early days of vaccine development.

I was so impressed with Dr. Howard Rabinowitz's presentation of Dr. Salk's legacy, and even more impressed with Dr. Rabinowitz's tenacity in ferreting out his own participation in the Phase II polio vaccine trial. It brought to mind my own family history during that time, about which we still make frequent, even humorous, mention. My sister was in the third grade at PS 164 in Queens, New York, when my parents, as did so many other parents, signed her up for the trial. She and her best friend, Eddie, both received the three injections. However, Eddie soon learned that he had received the placebo, while my sister, Amy, had the vaccine. True to form, for months my sister lorded it over Eddie with a lot of "Ha, ha, ha," that he had to receive another three shots!

In those days, sleepaway summer camp was eight weeks, except for a few summers when parents paid for ten weeks of camp for their children in an effort to keep them out of city environs for as long as possible during the "polio season." My dad worked as a group leader and the camp rabbi. I think I was in Bunk 4 at the time. While my dad could quietly visit me after taps in my bunk, the other campers had no physical contact with their parents, who came to visit usually twice during the summer on weekends. Thick ropes about 15 feet apart separated parents and campers. Working in shifts, the

counselors served as "go betweens," shuffling such important and coveted objects as Monopoly games, stuffed animals, and extra socks back and forth.

As a retired 83-year-old pediatrician and AQA member, I now have time to play Mah Jongg on Tuesday afternoons. About two weeks ago during a game, one of the players remarked how wonderful it was that a mutual friend's son (long before Varivax was available) recovered from his "Reye's." She stated, "We were all so worried." I reminded her that, as his doctor, I was even more worried, finally relaxing as my patient slowly but steadily recovered from post-varicella cerebellar ataxia.

...Now don't get me started on the miracles that vaccines have created.

Reference

1. Rabinowitz HK. The ever-important legacy of Jonas Salk—and finding myself in his polio vaccine trail. *Pharos Alpha Omega Alpha Honor Med Soc.* Winter 2026; 89(1): 16–21.

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I write to comment on the delightful autobiographical detective story, penned by Professor Howard K. Rabinowitz, in the winter issue of *The Pharos*.¹ In it, Dr. Rabinowitz described his successful search for verification of his participation in the trial of the poliomyelitis (polio) vaccine developed by Jonas Salk. It is now over 71 years since the trial's successful completion in the spring of 1955. The threat of polio in the summer and fall months was an overwhelming concern of parents when Dr. Rabinowitz and I were children. Every year, tens of thousands were stricken. Hospitals stored several "iron lungs" to deal with cases of "bulbar polio." In the spring of 1955, my future father-in-law, an internist, flew from Buffalo, New York, to Boston to inoculate his two daughters who were attending Wellesley College, with the polio vaccine as soon as he could acquire it upon its licensing on April 15, 1955.

The development of a vaccine to prevent polio was a profoundly impactful addition to preventive medicine.

Yet, the Nobel Committee refused to honor this singular benefit to human health. Alfred Nobel's third and final will that established the Prizes stipulated that they should be awarded "...to those who, during the preceding year, shall have conferred the greatest benefit on mankind."² Of course, the Nobel Foundation, although committed to honoring the instructions in Nobel's will, realized that such a mandate would not allow the best choice. Thus, the Foundation, wisely, has ignored the stipulation that the achievement be in the prior year. For example, Peyton Rous was awarded the Nobel Prize in 1966 at age 87, 55 years after his discovery of a filterable agent, a putative oncogenic fowl virus, isolated from a breast sarcoma in a Plymouth Rock hen that he reported in 1911. This remains the longest interval between the accomplishment and the Prize. Indeed, the growing length of the period between the publication of the seminal work and the award of the three science prizes may prevent awarding the most deserving candidates because of the requirement to make the award go to a living person.³

Jonas Salk met Nobel's criterion for the Prize in Physiology or Medicine in every respect. First, it was an achievement of enormous and enduring benefit to humankind; and, second, if Salk had been selected for the Prize in October 1956, it would have been for his seminal accomplishment the year before, when the results of his very large trial of the polio vaccine showed its beneficial effect. Few, if any, Prizes would so closely have met Nobel's explicit directions.⁴

John Franklin Enders, Thomas Huckle Weller (AQA, Harvard Medical School, 1940), and Frederick Chapman Robbins (AQA, Case Western Reserve University School of Medicine, 1967, Faculty) won the 1954 Nobel Prize in Physiology or Medicine for enabling the cultivation of poliovirus in non-nervous tissue, a technique that allowed the development of vaccines for polio, measles, and other diseases. The Prize was awarded when the Salk vaccine trials had been completed and the results were being analyzed. Its success was announced in the spring of 1955, five months after the Prize was awarded to the Enders team. Salk was overlooked, indeed ignored.

Albert Bruce Sabin (AQA, NYU Grossman School of Medicine, 1937, Alumni) and his colleagues working in Cincinnati successfully field-tested the attenuated live trivalent oral poliovirus vaccine a few years later. It was licensed in the United States in 1962. Why was Sabin overlooked? Why didn't Salk and Sabin share the Prize?

The Nobel Foundation opens its records to their deliberations 50 years after a Prize has been awarded. A fulsome description of the reasoning surrounding the selection of the three scientists who shared the Prize in 1954 and the failure to recognize either Salk or, later, Sabin or both is provided.⁵ It is an interesting analysis in that a key individual in the deliberations thought Salk's work a technical achievement that "cannot be considered prize worthy."⁵ This conclusion came despite its enormous impact on the prevention of a disabling human disease. I wonder if Nobel would have agreed. On the other hand, the Nobel Foundation consultant considered that the work of Enders' team had "... a revolutionary effect on the discipline of virology."⁵ That carried the day.

Today, the Salk vaccine is the preferred approach to preventing polio in the United States. The oral live-attenuated vaccine is used for mass immunization in developing countries with higher risks of polio outbreaks because it is easy to administer (liquid drops), inexpensive, and provides intestinal immunity to stop community spread. The Salk vaccine is preferred in regions where polio is uncommon, as it cannot cause paralytic disease, unlike the small risk associated with the live vaccine. This restoration of virulence may occur even among those in the population who obtained the attenuated live virus by fecal-oral spread from an inoculated individual. This spread is generally beneficial as it magnifies the effect of the vaccine, resulting in widespread immunity more rapidly. It has, however, this rare ability to cause paralytic polio. In societies in which polio is uncommon, the virus-inactivated (Salk) vaccine is safest. In the United States, only the inactivated (Salk) vaccine has been approved for use since 2000. It is ironic that Salk was deemed undeserving of the Nobel Prize, whereas in 1955 and, thereafter, the Salk vaccine prevented innumerable cases of paralytic polio and today, over 70 years later, the Salk vaccine is the safest approach for the prevention of polio in developed countries.

In 1988, the year the World Health Organization's (WHO) Global Polio Eradication Initiative began, there were more than 350,000 new cases of polio, according to the WHO. In 2013, there were 416 cases. This effort is based on the successful eradication of smallpox by vaccination, announced in May 1980, three years after the last case was reported worldwide. Unfortunately, the polio eradication effort has stalled. The challenges of the nomadic and unstable environment in Afghanistan and Pakistan has been a difficult hurdle.

The effort to fund a cure for polio led to a revolution in philanthropy, previously the province of the rich. The National Foundation for Infantile Paralysis, commonly known as the March of Dimes, was founded in 1937 by President Franklin D. Roosevelt, who had to deal with paralysis of both legs as a result of the disease. Basil O'Connor, Roosevelt's former law partner, vigorously and successfully led the Foundation. He became the driving force in the effort to finance the development of a vaccine. Cardboard dime holders were in public places and stores and customers could insert a dime or two as they shopped. These boards were ubiquitous and kept the effort to fund care for and research on the disease in public consciousness. The March of Dimes provided vital funding for the development of the vaccine. This provided a template for the myriad charitable organizations that rely on public support today.

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1. Rabinowitz HK. The ever-important legacy of Jonas Salk—and finding myself in his polio vaccine trail. *Pharos Alpha Omega Alpha Honor Med Soc*. Winter 2026; 89(1): 16–21.
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