In 1955, we described a virus isolated from the liver of an infant initially thought to have congenital toxoplasmosis, and then from the urine of two infants exhibiting hepatosplenomegaly and evidence of central nervous system damage. We suggested that the new viruses played an etiologic role. (The historical circumstances and the concurrent isolation of similar viruses by two other groups had been published.) Thus, when James B. Hanshaw (now professor and head, Department of Pediatrics, University of Massachusetts Medical School, Worcester) joined us as a post-doctoral fellow in 1958, we desired to establish the etiologic role of the new agents in congenitally acquired disease and to define the consequences. We sought infants who exhibited frank disease in the neonatal period. Generous cooperation was offered by pediatricians at hospitals in Boston, New York, and Philadelphia. By 1962, we had accumulated a group of 17 virologically confirmed cases of congenitally acquired cytomegalic inclusion disease, and had observed them for periods of 11 months to four years. In the interim we had proposed the now accepted name 'cytomegaloviruses' for the agents. We also introduced the obvious term 'viruria' for the phenomenon of urinary excretion of virus, and had presented the first evidence that the viruses constituted a related but antigenically non-homogeneous group.

"Our publication in 1962 embodied these virologic concepts, established isolation of cytomegalovirus from urine as a diagnostic procedure, and delineated the blatant insults of congenital infection with cytomegalovirus, one extreme of a now recognized clinical spectrum. Microcephaly was common. Persistent cytomegaloviruria, often for years, was recorded. At the conclusion of the study, 16 were alive, 13 exhibited mental retardation, 12 had motor disability and three had already been institutionalized. Thus the societal impact of cytomegaloviral infection was documented, a social tax now recognized as exceeding that imposed by rubella virus in the prevaccination era.

Since 1962, the cytomegaloviruses have been shown to be ubiquitous in distribution and protean in their clinical manifestations. Transmission may be vertical or longitudinal by a variety of methods, including the venereal route. Exhibiting characteristic herpes-like latency, they reactivate in the immunosuppressed host and complicate the handling of the transplant recipient. The field is active and the literature continues to expand rapidly. This provides an opportunity for frequent citation of our clinico-virologic study."