

Apparently, no fine or other punishment was imposed and the water was released to the claimant on the payment of costs and the execution of a bond for \$100.—[*Notice of Judgment No. 10172; issued May 12, 1922.*]

## Correspondence

### ACCIDENTS FROM LOCAL ANESTHETICS

*To the Editor:*—Reports that have come to the attention of the Committee for the Study of Toxic Effects of Local Anesthetics show that accidents or fatalities from the use of local anesthetics are at times due to errors in which cocain is substituted for procain, or cocain is used in far greater concentration than that directed by the surgeon, or to other similar errors. In order that the cause of such accidents may be definitely established, the American Medical Association Chemical Laboratory has offered to examine for the committee local anesthetic preparations, the identity or the composition of which is in doubt. Those who wish to report accidents of this character to the committee are asked to forward the specimens in question in sealed containers, accompanied by a detailed statement of the accident, to the A. M. A. Chemical Laboratory, 535 North Dearborn Street, Chicago. The laboratory, after examining the preparations, will submit its findings, together with the report of the accident which accompanied the specimen, to our committee.

EMIL MAYER, M.D., 40 East Forty-First Street,  
New York.

Chairman, Committee for the Study of Toxic  
Effects of Local Anesthesia.

### THE MODIFIED PNEUMOCOCCUS VACCINE OF ROSENOW

*To the Editor:*—While a member of the John McCormick Institute for Infectious Diseases, Chicago, I discovered that antibodies appear more rapidly in the blood following the injection of partially autolyzed pneumococci ("pneumococcus antigen") than following the injection of heat-killed pneumococci.

Through the cooperation of Dr. Ludvig Hektoen, director of the institute, and of physicians at the Presbyterian and Cook County hospitals, the effect of this antigen on the course of lobar pneumonia, as compared with alternate untreated cases, was studied for three consecutive years. The mortality rate was lower in the treated than in the control series. Subsequent studies have corroborated these results.

During my studies on the bacteriology of influenza in 1918-1919, I prepared, from the freshly isolated strains of bacteria, mixed vaccines which appeared to be valuable in prophylactic inoculation against the more serious respiratory infections in influenza.

The burden of the preparation and distribution of these substances became so large that it seemed best to turn the work over to a commercial firm, and, of course, without financial return to me or to the Mayo Foundation. This was done after I felt satisfied that the details and principles involved, as set forth in published reports, would be fulfilled. It was hoped that information as to the efficacy of the preparations might be obtained, and that relief of human suffering would result pending the evolution of better methods.

I have found since that samples of the antigen obtained in the open market have fallen short of the original requirements, and that information regarding the use of the antigen and the mixed vaccine has not been forthcoming. Moreover,

the impression seems to have spread among physicians that I advocate the use of ordinary bacterial vaccines in the treatment of acute infections. The only statement I have made which perhaps might be so construed appeared in my paper, "Prophylactic Inoculation Against Respiratory Infections in Influenza" (*THE JOURNAL*, Jan. 4, 1919, p. 31), which was in the nature of a reply to many inquiries regarding the use of the vaccine in the treatment of influenza. The statement reads: "Since the severe complications in influenza, such as pneumonia, do not usually begin until the fourth day or later, the vaccine, if given at the onset of the disease, might reasonably be expected to afford some protection." It will be seen that I advocated the use of the vaccine as a prophylactic.

It is the purpose of this letter to inform physicians that, while I still believe in the efficacy of partially autolyzed (detoxicated) pneumococci in the treatment of lobar pneumonia, and in the use of properly prepared bacterial vaccines for prophylactic inoculations and in certain chronic conditions, I do not advocate the latter in the treatment of acute infections, and that henceforth the use of my name in connection with these commercially prepared products will be contrary to my wishes and without my consent.

E. C. ROSENOW, M.D., Rochester, Minn.

### RECOVERING TUBE FROM PLEURAL CAVITY

*To the Editor:*—In *THE JOURNAL*, April 16, 1921, page 1078, Dr. Frank Holyoke says that nowhere in medical literature has he seen any easy method for recovering with safety a rubber drainage tube lost in the pleural cavity. He then describes his method of recovering tubes by saying that the specific gravity of the tube is 0.98, and if the patient is placed on his sound side with the diseased side up and then the diseased pleural cavity is filled with physiologic sodium chlorid solution, the tube will float on top of the solution near the aperture and can be easily removed. If any surgeon has been so unfortunate—as I have—to lose a tube in draining the pleural cavity, I would not advise such a procedure. I did it once and almost lost my patient from asphyxia, and still did not get the tube.

A safe and easy plan is to place the patient on a table under or over a fluoroscope, whereupon the drainage tube can be seen. Then with a long pair of bent metal forceps introduced at the aperture both metal forceps and drainage tube are visible. The forceps can be guided directly to the drainage tube under the fluoroscope, and the tube grasped and withdrawn.

L. M. WHITSITT, M.D., Fort Worth, Texas.

### "TREATMENT OF THROMBO-ANGIITIS OBLITERANS"

*To the Editor:*—In *THE JOURNAL*, November 18, appeared a paper by Dr. Samuel Silbert, who states that to his knowledge the injection of alcohol into the nerves for the relief of pain in thrombo-angiitis obliterans has heretofore not been used. In the neurologic service of Dr. William M. Leszynsky at Lebanon Hospital, cases of thrombo-angiitis and allied conditions have been treated by a method similar to that advocated. For the last six years four or five cases have been treated in this manner with temporary relief. The principle of alcohol injection into nerves for the relief of pain is not new, as Dr. Silbert admits, and the injection into the anterior tibial, plantar nerves, etc., is not an unusual procedure in neurology.

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