Correspondence

ELECTIVE LOCALIZATION AND INFECTIONS OF THE RESPIRATORY TRACT

To the Editors:—Polemics should have no place in science. I have consistently refrained from them and shall continue to refuse to try to convince by argument alone those whose views are at variance with my own. Differences founded on experiment I have considered from time to time as occasion demanded by the presentation of new or additional data and, incidental to these, have indicated so far as possible wherein lay the reason for the discrepancies.

The statements by Reimann with regard to my work on elective localization and on the use of vaccines in cases of infections of the respiratory tract are so misleading as to require consideration.1 I can point out only (1) that from his list of diseases in which I have presented evidence indicating streptococci as the ctiologic factors, he omitted four-ulcer of the stomach and duodenum, cholecystitis and gallstones, canine encephalomyelitis and equine encephalomyelitis—and that he neglected to state that my results have been corroborated by my associates and independently by others for most of the diseases he listed; (2) the he neglected to mention the fact that Schottmüller was the only person who really voiced disagreement with my views on elective localization at the German Congress of Internal Medicine at Wiesbaden; (3) that Schottmüller admitted in the open discussion on that occasion that the principle of elective localization was applicable in some cases; (4) that the discussion or rather presentation of confirmatory studies by many, some of whom voiced emphatic disagreement with Schottmüller's views, exceeded fourfold the allotted time for my paper, and (5) that in making rounds with Schottmüller several weeks later, an invitation I accepted at the time of the congress, I found much evidence of focal infection in his patients which had been entirely overlooked by him. Infection was actually demonstrated in 5 patients during my short visit. One had recurring attacks of cholecystitis, 2 had suffered from rheumatic fever for about two months and 2 had acute iritis. A history of an attack of acute tonsillitis shortly before the onset of the systemic disease was elicited in each of these cases, and large amounts of liquid pus were expressed from the tonsils of each by the method my colleagues and I use. Acute pulpitis with death of the pulp and draining dental sinuses occurred shortly before the attack in each of the 2 cases of acute iritis. And, finally, Schottmüller himself had been at home in bed ill with an unexplained fever for some time prior to my visit. It was clearly evident that he was an example of the very problem under discussion. His teeth were literally floating in pockets of pyorrhea, and his breath was terrible. He died several years later of cardiac failure.

In regard to Reimann's criticism of the work which Heilman and I² have done on the prevention and treatment of colds and influenza, I am impelled to record the following statements: It is generally conceded, as indicated in our paper, that the initial symptoms in colds and influenza are associated with the virus and that

organisms of the pneumococcus-streptococcus group are the cause of the subsequent symptoms, lesions, complications and death. The strains of these organisms from persons having colds or influenza possess on isolation characteristic pneumotropic virulence and other specific properties which they promptly lose on cultivation on artificial mediums. They become like the strains isolated from the throats of well persons remote from an epidemic of infections of the respiratory tract.3 In previous work 4 the value of vaccines prepared from freshly isolated strains of this group of organisms was demonstrated in animals and on a large scale in human beings during the pandemic of influenza of 1918 to 1920. The vaccinated patients as compared with the unvaccinated controls fared from three to twelve times better as regards the rate of attack, incidence of pneumonia, hemorrhagic edema of the lungs, empyema and encephalitis. It seems (1) that Reimann overlooked the fact that our results obtained in human beings, especially in prevention, were so overwhelmingly favorable whenever the vaccine was used as to leave no doubt of its value; (2) that the vaccine actually used for human beings protected animals against infection by streptococci regularly at hand in these diseases; (3) that he failed to consider the fact that our vaccine was prepared from strains freshly isolated in dextrose brain broth after preservation in dense suspension of glycerin (two parts) and 25 per cent salt solution (one part); that vaccines prepared in this way are much less toxic and more immediately antigenic and hence more suitable for treatment than vaccines prepared directly in the usual manner from streptococci, often after almost indefinite cultivation on artificial mediums, and (4) that he seems to have missed completely the remarkable fact that a vaccine prepared in 1937 from four hundred strains of streptococci isolated during the pandemic of 1918 to 1920 and preserved in the glycerin-salt solution menstruum protected animals against the streptococcus isolated from persons ill with influenza during an epidemic in 1937. This vaccine was not used for human beings, as stated by him, but instead vaccines prepared from a number of more recently isolated strains.

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^{1.} Reimann, H. A.: Infectious Diseases: Review of Current Literature, Arch. Int. Med. 62:305-352 (Aug.) 1938.

^{2.} Rosenow, E. C., and Heilman, F. R.: Streptococcal Vaccines in the Prevention and Treatment of Respiratory Infections, Am. J. Clin. Path. 8:17-27 (Jan.) 1938.

^{3.} Rosenow, E. C.: Cataphoresis as a Control of Specificity of Streptococcal Vaccines: Influenzal Streptococcus Vaccine in the Prevention and Treatment of Infections of the Respiratory Tract, J. Immunol. 26:401-433 (May) 1934.

^{4.} Rosenow, E. C.: Studies in Influenza and Pneumonia: IV. Further Results of Prophylactic Inoculations, J. A. M. A. 73:396-401 (Aug. 9) 1919.