There is material available which provides unquestionable evidence that the subject of thymic enlargement and its implications were thoroughly discussed much earlier than 1889. I have recently been perusing some old volumes of *The Medical Times and Gazette* (London). In the issue of Aug. 15, 1857, page 164, there appeared a paper by William Pretty entitled "On the Large Growth of the Thymus Gland as a Cause, Real or Supposed, of the Sudden Deaths of Infants." In his discussion of this subject, Mr. Pretty reported the histories of six infants whose deaths occurred suddenly and unexpectedly and in whom grossly enlarged thymus glands were disclosed at autopsy. He, however, was personally far from convinced that these thymic enlargements accounted for the deaths, particularly since in most of the patients there were other lesions that he considered were more likely to have been responsible.

Four weeks later, in the issue of Sept. 12, 1857, page 280, appeared a letter from W. Newman, of Fulbeck, Grantham, reporting a case of sudden death of a 9-month-old infant in which the only significant autopsy findings were a "serious cerebral lesion, unmarked by external signs," and a thymus that was "very large, pale, and flabby . . . [which] occupied the whole of the anterior mediastinum superiorly." The cerebral lesion apparently was in the nature of a meningitis, and the correspondent expressed the opinion that "the arachnitis would probably give rise to fatal irritation of the brain without the necessity of supposing the thymus gland in any way concerned in such a result." Thus, long before the 1930's doubts began to arise as to how much significance could be attached to the thymus as a factor in sudden death.

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A DEATH FROM TETANUS

To the Editor:—On Nov. 1, 1959, Connecticut had another tetanus death. It represented one more unnecessary loss of life from a completely preventable disease. The victim was said to have spread petroleum jelly over the wound, effectively sealing out the air. He had incurred "deep lacerations" while climbing a barbed wire fence. Bleeding presumably followed, and the petroleum jelly would seem to have been used to check this bleeding. There are numerous "soothing, antiseptic" creams on the market for home use on wounds; also, plastic sprays to stop bleeding are being offered to the public. To my knowledge, none of the products in either category claim to kill tetanus spores. It seems that the trusting use of these by mothers and other administrators of first aid would set up ideal anerobic conditions for the development of tetanus in unvaccinated persons. With the fairly widespread immunization of children nowadays this may not be much of a problem, but an episode with such a cream or spray may cause tetanus in any inadequately protected person.

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CARBOLATED PETROLEUM JELLY

To the Editor:—Some six months ago a 74-year-old woman wore a tight shoe in which there was a bow and a knot that tied behind her heel which caused a blister. After this she used carbolated petroleum jelly, which I did not know was still on the market, and it sloughed the skin for an area 2 in. in diameter over her tendo achillis. Her leg shows no tendency to numbness. She has been referred for plastic repair. Anyone who has repaired the exposed tendo achillis, even in a young healthy adult, well knows the risks entailed. I send this letter to The Journal so that drug manufacturers may be warned that carbolic solution in any drug is a potent agent at times, especially if it is used repeatedly. The circulation to the patient's legs is excellent for her age, and I can only blame the severe injury on the fact that phenol was in the medication. I have seen this phenomenon in fingertips and in facial lesions repeatedly treated with phenol, and I believe this drug should not be in lay hands.

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BETA-PROPIOLACTONE IS A CARCINOGEN

To the Editor:—The article by Allen and Murphy in The Journal, April 16, page 1759, on the use of beta-propiolactone for the sterilization of instruments and materials omits a very important consideration in the use of this substance. Beta-propiolactone is a carcinogen. Local sarcomas have been produced by subcutaneous injection of beta-propiolactone in rats (Walpole and others: *Brit. J. Pharmacol.* **9**:306 [Sept.] 1954), and squamous papillomas and squamous carcinomas have been produced in mice by painting the skin with this material (Roe and Glendenning: *Brit. J. Cancer* **10**:357 [June] 1956). In the laboratory of Dr. Paul Kotin we have produced sarcomas and squamous papillomas in mice by a single subcutaneous injection of a minute amount (.002 ml.) of beta-propiolactone (recent unpublished data). This information is brought to the attention of the readers of The Journal so that it may be more widely disseminated.

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