Certainly no single finding is diagnostic, and, as in any disease, a clinical spectrum can be expected to emerge with some patients presenting atypically.

It is extremely important that any physician attempting to diagnose and treat Legionnaires' disease has a fundamental understanding of the appropriate use and application of the indirect fluorescent antibody test. It often takes three weeks, and may take six, for diagnostic rise in antibody titer to occur. A negative titer early in the illness *is the rule*. A positive titer (unless accompanied by a fourfold rise $\geq$1:128) early in illness may, in fact, represent remote, not current infection. Because Legionnaires' disease may be rapidly fatal unless specific therapy is instituted,[2,3] one cannot wait for diagnostic seroconversion to occur, nor should therapy be withheld based on the initial negative titer. My statement was "there is not an easy reliable method of diagnosis *during the acute illness*" (emphasis added). Although newer methods are emerging that may permit early diagnosis, the indirect fluorescent antibody test clearly is *not* one of these.[4] The rate limiting factor is the patient, not the laboratory.

In the past few months, several investigators have noted pulmonary cavitation in association with Legionnaires' disease. This unusual manifestation has still not been seen at Wadsworth.

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Medical Quality Review Committees in California

TO THE EDITOR: In the Information section of the November issue Samuel E. Spital, Esq. in his article "Understanding Physicians' Rights and Liabilities Under the California Medical Practice Act" makes a significant omission in his enunciation of the steps in the administrative process of a disciplinary hearing by the California Board of Medical Quality Assurance. There is not, as he implies in his article, an automatic assignment by the Office of Administrative Hearings of a case to an administrative law judge to hear and decide. Local Medical Quality Review Committees were created by the legislation to function at the local level and may, at their discretion, be assigned the case by the Office of Administrative Hearings. The local boards of Medical Quality Review Committees, 14 of which have been established on a geographical basis, are to ensure that there is local input from both physicians and consumers in the disciplnary process and to extend the reach and effectiveness of the Division of Medical Quality.

The committees range in size from 10 to 40 members and consist of physicians, allied health professionals and public members. They have the responsibility of providing meaningful quality assessment and peer review at the local level. Their decision in a case may then be subject to administrative review by the Division of Medical Quality on appeal by the physician concerned.

Medical Quality Review Committees also work to identify local health care problems and are currently assessing a wide range of topics including drug abuse, physician alcoholism, improper use of emergency rooms by the public and inferior quality of emergency room care by physicians, among topics.

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Another Cowboy Selling Cancer

TO THE EDITOR: On nationwide prime-time television sporting events, an ex-football player/cowboy star demonstrates the proper technique of "dipping" moist or Copenhagen variety snuff tobacco by placing a pinch of the flavorful economical substance in his lower gingivobuccal groove. However, the commercial neglects to point out that prolonged "pleasurable dipping" can lead to large ulcerating, fungating squamous cell carcinoma at the site of application.

With the advent of uncontrolled national television advertising of this form of tobacco, the habitual use of snuff may become popular nationwide. Before television, the consumption of snuff tobacco was greatest in the South, although appreciable amounts were used in the North Central and Northwestern States.[1] A Tennessee study described "snuff dipper's cancer" in male and female habitual users of snuff.[2] Of female patients with gingivobuccal squamous cell carcinoma, 90 percent were habitual users of snuff. This rare in-

sidious type of carcinoma is devastating and often requires extensive oral or neck surgical operation, or both.

The American Cancer Society, medical associations and officials of the Department of Health, Education, and Welfare have mounted extensive antismoking campaigns to convert cigarette smokers to total abstainers. In contrast, none of these groups recently have pointed out the dangers of "dipping" snuff. Although "the Surgeon General has determined that cigarette smoking may be dangerous to your health," no mandatory hazardous tobacco notice is required on either snuff cans, magazine advertisements or television spots.

Now is the time for the medical community to point out the danger of "pleasurable dipping." Before an "I Quit" campaign is necessary, an appropriate effort must be instituted to counter another cowboy selling campaign.

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Autoimmune Therapy for Herpes Zoster

TO THE EDITOR: In the December 1978 issue there appeared an excellent article by James B. Reuler on herpes zoster. In the section on therapy, however, he failed to mention a technique that has been in widespread use for many years. The technique for treatment may date back as much as 50 years, and has been called autoimmune therapy. For the past 25 years or more we have found it to be an effective form of treatment for acute herpes zoster. Several hundred patients have been treated in this manner and results have been consistently better than those obtained with any of the other methods of treatment to date. The technique consists of injecting 20 ml of the patient's whole blood (obtained by venipuncture) into the buttocks, 10 ml being injected into each buttock. This is usually done daily for three to four days or it can be done every other day for approximately three times. The herpetic lesions begin to dry up within 24 to 48 hours. This is accompanied by a lessening of symptomatology. There have been no side effects as observed with this treatment to date. I shall not expound the theoretical basis for this therapy due to a limitation of space.

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Dr. Reuler Replies

TO THE EDITOR: Dr. Lawrence describes an interesting form of therapy for herpes zoster which I had not seen discussed in the literature. Many therapeutic modalities, varying from administration of cobra venom to use of influenza vaccine, have been reported to be successful in the treatment of herpes zoster. However, none has been universally accepted as efficacious. It is important to bear in mind that herpes zoster is usually a self-limited disease, the clinical course of which is relatively brief and without sequelae. Therefore, to ascribe the rapidity of clinical improvement or a decrease in complications to a particular therapeutic regimen demands that a controlled study be undertaken. To date, only idoxuridine in dimethyl sulfoxide, corticosteroids, adenosine-arabinoside (ARA-A) and human leukocyte interferon have proven efficacious in such critical analyses.[1-4]

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Control of Plague

TO THE EDITOR: We would like to comment on some points in the otherwise excellent Specialty Conference on plague in the November 1978 issue. It was stated that after identification of the campgrounds where the San Diego girl probably contracted her plague, "exterminators" went in to "reduce the infected animal population." Not so; such action would make matters worse because infected fleas would then abandon those hosts and attack others, including man. Rather, measures were taken *with insecticides* [by the state's Vector Biology and Control Section (VBCS), aided by United States Forest Service personnel] against vector fleas in order to break the chain-of-infection among sylvatic rodents and between rodent