

Reply

TO THE EDITOR:

Dr. Richards suggests that the data concerning deaths from asthma during the second and third periods may be faulty in view of the several revisions of the International Code. Dr. Richards apparently failed to note that the published communication was concerned with deaths from asthma during paroxysm and that the material during the second period was derived not from the Code but from a rich documentation of case reports from many hospitals. Experiences in New Zealand and Britain also were included. The paucity of published reports during the third period was striking. These data would stand were the Code deleted from the article.

The increase in the number of deaths from asthma during recent years that Dr. Richards reports and his suspicion that these were caused by steroid therapy would make an informative communication if he could reduce his observations to more concrete values.

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Report on Anergex

TO THE EDITOR:

The report on Anergex prepared by the Committee on Drugs of the American Academy of Allergy which appeared in *THE JOURNAL OF ALLERGY* 34: 469, 1963, has come to our attention. Unfortunately, the conclusions reached by the Committee are at variance with the conclusions reached by the Committee's statistician.

In this report Earl B. Brown, M.D., Chairman, Committee on Drugs, and presumably author of the report, quoted verbatim from the statistics, analysis, and tables prepared by the statistician for this study, Johannes Ipsen, M.D., Professor of Medical Statistics, University of Pennsylvania. However, it is regrettable that Dr. Brown omitted two pertinent statements.

Under *Comments* Ipsen said:

Because of an unusual hay fever season in New York in 1962, with relatively cold weather in August and below average pollen count for that season, fewer patients than expected were brought to study; and the evaluation of Anergex versus placebo suffers first from low level of symptom severity during the period, and second from the lack of patients that were available for the study.

In his *Conclusions* this statement appears:

This study must be termed inconclusive because of too small number of patients, but the general procedure seems sound.

We recognize that different persons may interpret the same factual information in an entirely different manner and that professional people have a right to disagree. We do believe, however, that in doing so, fairness dictates that such disagreement be disclosed. This is particularly true where, as here, so much reliance has been placed upon the statistician for the actual wording of the Committee report. Under such circumstances the report should have made reference to the statistician's conflicting conclusions.

We would appreciate your bringing this discrepancy to the attention of the readers of *THE JOURNAL OF ALLERGY*.

Sept. 24, 1963

H. H. FEHR, PRESIDENT
Mulford Colloid Laboratories
Philadelphia, Pa.

Reply

TO THE EDITOR:

Mr. Fehr, in his letter of Sept. 24, 1963, apparently confuses the function of a statistician with that of a clinician. I am sure that Dr. Ipsen would agree that his job was as a