molecular compounds such as animal products, and the general absence of the availability of skin tests and/or RAST for chemical exposures. When such tests are available (eg, for animal products or flour), the presence of a positive test can be useful in confirming exposure and suggesting an association. However, given the low sensitivity and specificity, documentation of changes in breathing in relation to work is still important.

I take it from the tone of Dr Cohen’s letter that he feels testing for atopy should be routinely included in evaluating a patient for work-related asthma. The data indicate the opposite and, in fact, indicate that reliance on the results of such testing will lead to erroneous conclusions about the work-relatedness of a patient’s asthma.

Kenneth D. Rosenman, M.D.,
Department of Medicine,
Michigan State University,
East Lansing

REFERENCES
4 Hasty GW, Settipane GA. The frequency of allergy and positive skin tests among college students. J Allergy 1966; 37:107-14
5 Lindblad JH, Farr RS. The incidence of positive intradermal reactions and the demonstration of skin sensitizing antibody to extracts of ragweed and dust in humans without a history of rhinitis or asthma. J Allergy 1961; 32:392-401

Palliation of Severe Subcutaneous Emphysema With Use of a Trocar-Type Chest Tube as a Subcutaneous Drain

To the Editor:

We would like to report a method for palliation of severe subcutaneous emphysema using a trocar-type chest tube as a subcutaneous drain.

A trocar-type chest tube (20F) with added side holes was inserted from the midaxillary line cranial to a thoracic drain as far as the jugular notch (Fig 1) to prevent extension of subcutaneous emphysema to the neck and head. Suction was applied, usually at –15 cm H2O. Palliation of tension in the chest wall associated with subcutaneous emphysema was immediately achieved and maintained without any side effect.

Compression of leakage points, needle insertion points, and multiple stab wounds has been used to treat subcutaneous emphysema; insertion of a drain into the subcutaneous tissues has also

REFERENCE

Etiology and Diagnosis of Pneumonia Requiring ICU Admission

To the Editor:

The article by Potgieter and Hammond, which appeared in the January 1992 issue of Chest, again reaffirms the role of Gram-negative bacteria and Staphylococcus aureus in causing pneumonia severe enough to warrant admission to an intensive care unit (ICU). However, I would like to comment on the role of Legionella pneumophila infection.

CHEST / 103 / 1 / JANUARY, 1993 323