



I herein enclose for your own investigation the thiomucase pamphlet which constitutes precisely one of these enzymes which is extensively used in Italy, France, Switzerland, Germany, and in this hemisphere in Argentina and Canada.

In a recent interview, the Commissioner of the FDA, Dr. Alexander M. Schmidt emphasized that, "We have the dual responsibility to impede bad drugs from getting on the market, and not to impede good drugs from getting on the market".

It is under the sponsorship of these principles that I apply for the investigation of this drug old in Europe, but new in this country. In France where the Social Security is as strict as the FDA for the acceptance of drugs, it has been not only extensively accepted, but it is even refunded to the patient when prescribed.

At any rate it is a logical drug since the fundamental substance of the connective tissue is made of mucopolysaccharides which are normally depolymerized by the corresponding enzymes mucopolysaccharidases which liberate water and fat: this represents indeed a physiological basis, and the action of these enzymes can be chemically evaluated by the measure of their hyaluronidasic and chondroitinasic activities.

Contrarily to the Solac Laboratory pamphlet I have not found any definite clinical result of thiomucase either in suppositories or in the intramuscular injections, for the treatment of "cellulite".

I have therefore limited myself to the focal treatment of cellulitic infiltrations by direct infiltrations of the thiomucase in the subcutaneous tissues, as per schematic photostat drawing enclosed.

I dissolved the content of one ampule of thiomucase in 8 cc of distilled water, and 2 cc of a xylocaine 0.5% aqueous solution, using a 2 inch needle of 25 gauge specially made for my usage. After these infiltrations the diffusion is increased by electric ionisation.

As all of the foreign authors have noted and published, I have had no accident or incident whatsoever after using those techniques in the last two years, and see no contra-indications.

In short, thiomucase is certainly not a harmful drug and it is certainly in the majority of cases a useful drug. At worst it does nothing when the indications have been misjudged. It is therefore following Dr. Alexander M. Schmidt's principles above mentioned and under these double "aegis" and double directive that I hereby respectively submit this application for the official introduction and utilization of thiomucase in the United States. I am herein enclosing also one of the

Furthermore I wrote already directly to the Solac Laboratory- 195 Route D'Espagne, 31023 Toulouse, France to send me a duplicate of all the literature they have to satisfy all possible information you may desire to make this application successful.

Having said the above I do not need to add that I am at the total disposal of your administration to participate actively in this research. Since all of my patients are completely checked up clinically, as in a hospital, with a chemical profile and glandular tests performed by the UpJohn Laboratories.

I firmly believe that under such circumstances the best experiment is indeed an accurate clinical observation.

As you can see, I am yours

Very Sincerely,

P.S. - Of course, I told all of my patients who requested the treatment and who brought me these imported drugs, that it was not yet accepted in the United States by the Food and Drug Administration and therefore I had them sign a kind of experimental release, of which I enclose a photocopy.