

frustrating than fruitful. Distribution by physicians would streamline the process. Alternatively, we may need to extricate both pharmacists and physicians from the process. These letters lend strong support to granting over-the-counter status to emergency contraception. This change would make pharmacists' objections moot. It would also leave a very private decision with the individual — which is precisely where it belongs.

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1. An Act relating to the right to object to participation in an abortion procedure or to the dispensing of an emergency contraceptive. 2005 Bill text, Tex. H.B. 16.
2. Wash. Rev. Code (ARCW) § 70.41.350 (2004).
3. Ky. Rev. Stat. § 311.725 (2004).
4. Eubanks v. Schmidt, 126 F. Supp. 2d 451, 457 (D. Ky. 2000), citing Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833, 884 (1992).
5. Shelton v. Univ of Medicine & Dentistry, 223 F.3d 220 (3d Cir. 2000).
6. Endres v. Ind. State Police, 349 F.3d 922 (7th Cir. 2003), cert. denied, 158 L. Ed. 2d 493 (2004).

More on Phineas Gage

TO THE EDITOR: Were you aware that Ratiu and Talos, whose Web-only Image in Clinical Medicine appeared in the December 2 issue of the *Journal*,¹ had an article in the *Journal of Neurotrauma* in May 2004² with the same title (“The Tale of Phineas Gage, Digitally Remastered”)? I don’t see any acknowledgment of that fact.

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1. Ratiu P, Talos IF. The tale of Phineas Gage, digitally remastered. *N Engl J Med* 2004;351:e21 (Web only). (Available at www.nejm.org/cgi/content/full/351/23/e21).
2. Ratiu P, Talos IF, Haker S, Lieberman D, Everett P. The tale of Phineas Gage, digitally remastered. *J Neurotrauma* 2004;21:637-43.

THE AUTHORS REPLY: The video illustration of the injury sustained by Phineas Gage was published in the *Journal* on December 2, 2004.¹ The accompanying text should have included a citation to a previously published report by us that described the technical details of the computer-aided reconstruction.² We regret any confusion caused by this omission.

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1. Ratiu P, Talos IF. The tale of Phineas Gage, digitally remastered. *N Engl J Med* 2004;351:e21 (Web only). (Available at www.nejm.org/cgi/content/full/351/23/e21).
2. Ratiu P, Talos IF, Haker S, Lieberman D, Everett P. The tale of Phineas Gage, digitally remastered. *J Neurotrauma* 2004;21:637-43.

Lymphangitis after Self-Administration of Lipopolysaccharide

TO THE EDITOR: Acute lymphangitis is caused most often by *Streptococcus pyogenes* and occasionally by a range of other bacteria.¹ We describe a patient in whom acute lymphangitis developed, with no evidence of infection.

The patient was a 27-year-old medical student who was working in the laboratory and was resuspending membranes isolated from lysed *Escherichia coli* when he accidentally stabbed his left index finger with a contaminated needle. Within an hour, he noted pain and swelling in his left hand. Over the next several hours, tenderness in his left arm and

axilla developed, and then red streaks extending from the site of puncture to the axilla. After evaluation at the student health center, he received a dose of oral cefuroxime and was referred to the emergency department, where he was found to be afebrile and had moderate swelling of his index and middle fingers, decreased range of motion of the index and middle metacarpophalangeal joints, and erythematous streaking of the hand and arm (Fig. 1).

Blood was collected for cultures, and he was admitted to the hospital and treated with intravenous antibiotics. Two days later, he had minimal