The following Wednesday, October 2, influenza burst on us as a storm. On that day, five boys of the party from Ship Rock came to the hospital ill with influenza and with them six other boys and three girls, making fourteen cases the first day. The second day, October 3, twenty-seven were added; October 4, forty-four; October 5, seventy. By the 8th, Tuesday, our total count was 387 cases of typical influenza

INCIDENCE OF INFLUENZA AT SHERMAN INSTITUTE,
RIVERSIDE, CALIF.

	Boys	Girls	Total New Cases	Total to Date
Sept. 30 Immediately isolated	1	...	1	1
Oct. 2	11	3	14	15
Oct. 3	25	2	27	42
Oct. 4	33	11	44	86
Oct. 5	44	26	70	156
Oct. 6	36	41	77	233
Oct. 7	41	44	85	318
Oct. 8	26	43	69	387
Oct. 9	9	30	39	426
Oct. 10	6	17	23	449
Oct. 11-22	33	36	69	518
Totals	265	253	518	
Total pupils present Oct. 1, 1918....	257*	313	517	
Total pneumonias to October 25.....				52
Total deaths to October 25, all from pneumonia.....				8
Total number of employees and members of families on the grounds.				85
Influenza among employees and families (no pneumonias, no deaths).				34
Total influenza patients on campus.....				552

*Several boys came in early in October. Almost no boys escaped entirely.

of the so-called "Spanish" type. The accompanying chart gives the picture of the incidence of the disease. The last column shows how our fifty-bed hospital was filled to overflowing and four dormitory buildings became emergency hospitals in four days.

CORNELIUS VAN ZWALENBURG, M.D., Riverside, Calif.

AN APPEAL FOR BELGIAN AND FRENCH
PHYSICIANS

To the Editor:—I am writing on the birthday of that splendid patriot and monarch, King Albert of Belgium. I beg to remind my colleagues of the profession that now we shall be able to assist our Belgian and French colleagues who will be going back to their homes—in fact, are now going back to their homes in the territory evacuated by the barbarous Hun.

Money is especially needed now. The large number of instruments that I have acknowledged in *THE JOURNAL* from time to time have gone forward and more will be welcome; but, after all, the needs of these utterly destitute men can best be met by contributions in money. This money ought also to be forwarded as quickly as possible. I shall hope to send a large Christmas gift to Dr. Depage at LaPanne and the committee in Paris for the Belgian and French physicians, respectively. *Bis dat qui cito dat.*

W. W. KEEN, M.D., Philadelphia.

DEMobilIZATION OF MEDICAL OFFICERS

To the Editor:—With the big war over—for all are agreed that the signing of the armistice ended the war—although theoretically we are in a state of war until the peace conference concludes its work, a goodly portion, if not a large majority, of the more than thirty thousand physicians in service are anxious to resume their civil status. While it is recognized that there is an immense work ahead of our military establishment and while the army of occupation will require a considerable number of medical officers, it is to be hoped that the War Department will adopt a policy of at least consulting the wishes of medical officers over 40 years of age, with dependents, and dependent on their professional incomes, before continuing them on the active list. Physicians of this age may resume their civil status after an absence of a year or eighteen months practically picking up their business where they left it, whereas if they are to become a part of the army of occupation or are kept on duty in camps throughout this country for the next year or two, they will practically have to reestablish themselves; no

easy matter for the physician beyond 40 years of age. The writer, always an ardent supporter of organized medicine, and appreciating the efforts of the American Medical Association to secure justice on all occasions for its members, urges *THE JOURNAL* to forcibly bring this matter to the attention of the Surgeon-Generals of the Army and of the Navy. While all due honor and praise should be accorded the younger members of the profession who answered their country's call, it is believed that the greater sacrifice was made by those older men who, in a time of stress, although established in practice and surrounded with young families gave up all that made life dear to them by coming into the military service. These physicians should be returned to a civilian status as rapidly as possible.

(Signed) CADUCEUS.

PROTECTING THE EYES IN INFLUENZA
EPIDEMICS

To the Editor:—The use of an efficient mask to cover nose and mouth has been thoroughly well exploited. Notes are beginning to come in now of nurses and others contracting influenza despite the use of masks and washing of hands. The fact that the eyes are exposed to mouth spray has been generally overlooked, and little reference, if any, has been made to the necessity of wearing some protection for the eyes. It is obvious that the eyes may be directly infected, or that the organisms falling on the eyes may be carried by the tear ducts to the nose, and therefore to the throat and mouth.

I have seen an instance in which diphtheria was contracted by a most careful physician who wore a mask and washed his hands, the fact being that the patient from whom he was taking a culture coughed directly into his eyes. He did not contract diphtheria of the eye, but of the throat. His exposure was limited to one evening when he relieved the regular man in charge of a diphtheria ward. It is well known that in the pneumonic form of the bubonic plague the necessity of precautions to cover the eyes as well as the nose and mouth is thoroughly well established.

H. W. HILL, M.D., St. Paul.

Executive Secretary, Minnesota Public Health Association.

DISCONTINUANCE OF COMPATIBILITY TEST
IN SERUM TREATMENT

To the Editor:—Numerous inquiries concerning compatibility tests, etc., have led us to offer the following suggestions for informal publication:

After consultation with reputable laboratory workers in Boston and New York, it was decided to discontinue the compatibility test of the donor's serum with the recipient's corpuscles. It would seem reasonable to believe that in all probability the donor's serum is so rapidly diffused and diluted in the blood stream that hemolysis and agglutination of a dangerous nature will not follow, whereas untoward reactions might result from introducing cells into a concentrated serum as in transfusion. Moreover, we have repeatedly given so-called "incompatible serums" to patients without the slightest untoward symptoms.

Further experience has led us to pool the serum from our donors. This simplifies the preparation and the administration of serum, and apparently gives more uniform results.

One of us, in a recent visit to New York, found physicians using 25 c.c. amounts of serum. Needless to say, in view of the serum therapy of "type" pneumonias, such dosage would hardly be expected to produce results. Our experience in the treatment of eighty cases points to at least 100 c.c., and as high as 200 c.c. of serum every eight hours, till results are obtained.

May we also suggest that the clinician must always be on the alert for a lobar pneumonia, due to a type pneumococcus, for which type serum might be useful.

L. W. McGUIRE, M.D., and

W. R. REDDEN, M.D., Chelsea, Mass.

Lieutenant-Commander and Lieutenant, Junior Grade, respectively, U. S. Navy.