

Correspondence

POTENCY OF MENINGITIS SERUM

To the Editor:—I desire to call attention to the statement appearing in your editorial, "Epidemic Meningitis" (*THE JOURNAL*, June 2, 1917), in which you state that, according to experiments in England, some of the meningitis serum as obtained under market conditions seems to be without sufficient virtue to have any curative effect, and in this respect we are "still at the mercy of the manufacturers unless fortunate enough to be able to secure the serum from institutions for research, such as the Rockefeller Institution for Medical Research or the Research Laboratory of the Board of Health, New York City."

In a recent issue of *THE JOURNAL*, it was also stated that much of the serum manufactured by commercial laboratories was of doubtful potency. I am quite sure that you will agree that such sweeping statements as these are without sound basis.

As a matter of fact, based on the experience of many years in the Public Health Service in the inspection of establishments manufacturing biologic products, I unhesitatingly can state that the manufacture of biologic products in the well established commercial establishments is conducted by men of as high scientific training in their particular field as those supervising the manufacture of the same products in either the Rockefeller Institute or the New York City Laboratory, or any other institution.

I think that neither in your statement, nor in the statements made by others, as to the inefficacy, in certain instances, of antimeningitis serum, has recognition been given to the factors most probably responsible for the unsatisfactory results.

Moreover, I know that a number of the commercial establishments not only use cultures obtained from the Rockefeller Institute and from the New York City Laboratory for the immunization of their horses, but also follow absolutely the methods used in those institutions for the standardization of their serums, and if the methods used in those institutions are satisfactory, it therefore follows that the methods used in the commercial establishments using the same are also satisfactory.

When I was in England about eighteen months ago, I was informed by the medical officers that in those instances in which unsatisfactory results had been obtained with the serum, some of which, by the way, was furnished by a non-commercial laboratory in the United States, the unsatisfactory results were attributed, in part, to the use of serum from horses which had not been immunized with the particular strains of meningococci responsible for the infection. It is my opinion that the unsatisfactory results that are sometimes obtained with antimeningitis serum can be attributed to several factors, among these factors being late administration of the serum, administration of an insufficient amount of the serum, faulty technic in administration, and, what is probably of very great importance, serum prepared from horses immunized with a few strains of meningococci not including the so-called meta—and para—strains.

Finally, it should be borne in mind that the manufacture of antimeningitis serum in commercial laboratories is carried out under the supervision of the United States Public Health Service, and that such statements as have recently appeared in *THE JOURNAL* at least imply that this supervision is not adequately performed which, I am sure, you will agree is not the case.

JOHN F. ANDERSON, M.D., New Brunswick, N. J.
Director, Research and Biological Laboratories, E. R. Squibb & Sons.

[COMMENT.—It would have been better if we had said simply this, that according to reports in the medical journals it has been found that commercial meningitis serum may be of doubtful potency. On several occasions, statements have been made to the effect that the results expected were not obtained with the serum used (see particularly the discussion by Osler, Robb, Rolleston, Foster and Gaskell in the Royal

Society of Medicine, Oct. 19, 1915, as reported in the *British Medical Journal*, Oct. 23, 1915, p. 604; also the editorial statement in the same journal, May 27, 1916, p. 753). Osler states directly that the main cause for want of success was inert serum. In a discussion of the medical problems of the war, based on personal observations in England and France, Welch (*Bull. Johns Hopkins Hosp.*, 1917, 28, 154) states that at first the results in cerebrospinal fever were very unsatisfactory, and that it was found that practically inert serum had been used both in Great Britain and in France; that serum was examined by Dr. Simon Flexner and found to be worthless, and that with really good serum the results became extremely satisfactory. While the factors enumerated by Dr. Anderson may have been, and are, of great importance, there seems to be no doubt whatever that in some way worthless serum had found its way into the British army and navy, and that some at least of this serum came from America. We are quite prepared to agree that the supervision of the U. S. Public Health Service of the manufacture of antimeningitis serum is performed as adequately and conscientiously as possible under the circumstances; but in view of the lack of definite standards for a polyvalent serum, as antimeningitis serum at present is, there necessarily is left a very considerable latitude for the manufacturer.—Ed.]

AN OUTLINE FOR CASE REPORTS

To the Editor:—In the name of economy let us have some editorial regulation as to the form and manner of reporting cases and clinical statistics. System, uniformity, conciseness and graphic contrasts make for saving of comprehension, of patience, of time, of space, of printing, of white paper, and, above all, for the securing of attention to invaluable data which, under the most favorable circumstances, are tedious reading.

The symptoms of a case, I would urge, should be uniformly contrasted thus: (a) positive findings; (b) negative findings, and (c) dubious, uncertain or debatable points which an author finds it necessary to mention.

There should be no difficulty and no objection in adopting a uniform method of recording, such as the following: (1) positive data, which the reader needs to note and bear in mind; (2) negative data for purposes of knowing what might have been expected but did not appear, and (3) discussion of phenomena or observations on which the mind remains suspended.

Groups of cases or symptoms or other objects, phenomena or occurrences should be reported in percentages. A busy reader, however amiable, should never be compelled to keep in mind the number of cases being discussed and how many of the number reported showed this or that feature. It is most exasperating to hold the attention suspended while one hastily endeavors to calculate the percentages for oneself.

J. MADISON TAYLOR, M.D., Philadelphia.

JUNIOR EMERGENCY MEDICAL OFFICERS FOR THE WAR

To the Editor:—The need for physicians in the allied armies is so great and the mortality so high, that the medical schools will be unable to turn out medical men fast enough to replace those that are being wounded or killed. If the war lasts for a considerable length of time we may be as depleted as the European countries are now. The high mortality is proof that physicians are being used for work that does not require fundamental and extensive medical training: work in which the product of the modern medical school is largely wasted. The recognition of these facts has been too long delayed, so that it is now time for action.

What is needed is a large number of "emergency surgeons." When one considers the class of work done on the battlefield, where the fatality is greatest, one will realize that this requires physique and nerves; a technical knowledge of the relatively simple operative surgery and asepsis; of sanitation; of bookkeeping. And very little else. If the medical schools were ordered to direct their energies to the particular training needed for these purposes, in an intensive fashion, they could prepare inside of two years or less a large number of