

is involved in the rule that people with broken hips usually die within ten days or get well.

About a generation ago, we began putting pneumonias into types and at that time recognized types I., II., III., and put all others into type IV. Now, more than thirty types are recognized and for nearly all of them is developed a specific serum which is definitely curative. The relatively recent development of the sulfa drugs has made it possible to manage a pneumonia with comparative certainty and the use of the matched serum gives it precision never before attained. Probably the ideal thing is to use both the synthetic drugs and the biologic balancer.

The difficulty about this comes out of the fact that the sulfa drug must be used early to get the most good from it and the specific serum cannot be selected from the group until the case has developed far enough to type. Each case thus presents a problem peculiar to itself, i.e. the patient, his friends and his physician must decide which they will give him, a sulfa drug treatment and maybe have him practically recovered before he could be typed and by this treatment make typing difficult or impossible, or should they wait for time to type and so get the double assurance of applying both treatments or antidotes.

There are various stations where the most approved material for the most advanced treatment of pneumonia are kept and renewed and brought to date as indicated. The Lawrence Memorial Hospital is one of them. Its laboratory and its laboratory technicians have been investigated and approved by competent authority. Its supply of the assortment of specific type serums is adequate, its drug supply is correct and there is enough of it, and probably most important of all, its spirit is co-operative.

If the doctor sends the pneumonia patient to the hospital, they find there everything in readiness to do all that present day medicine knows to do on such situations. If for any reason, the patient remains in his home, the hospital will send a technician, armed with suitable apparatus to collect specimens of blood, urine, sputum, etc. for making the necessary laboratory studies.

I suggest that you give this whole matter careful consideration, so that if the horrible hypothesis becomes a tragically pressing reality, you can do what there is to do without needless delay or loss of time.

Under the new treatments described above and partly because of them along with the development of other favorable influences the mortality in pneumonia has improved from about 1 in 4 to about 1 in 35. However, the record for Douglas County for 1943 shows 63 cases of all forms of pneumonia with 16 deaths. This does not mean that this county is especially bad about pneumonia--rather, it means that only fatal cases were well reported. At that we are not so bad--one solid Kansas county reported for 1942 it had enough deaths from pneumonia to allow two deaths for each reported case with a 3% excess left over.

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