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Cecil RL, Sutliff WD (1928). The treatment of lobar pneumonia with concentrated anti-pneumococcus serum. Journal of the American Medical Association 91:2036-2040.

Key passages

THE TREATMENT OF LOBAR PNEUMONIA WITH CONCENTRATED ANTI-PNEUMOCOCCUS SERUM *

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AND

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ADMINISTRATION OF SERUM

The serum was administered as follows: In every patient with an even number, treatment was instituted promptly with polyvalent serum. If sputum was obtainable, it was sent at once to the laboratory for typing, but as the type determination usually took from twelve to eighteen hours, it was deemed advisable to start treatment with polyvalent serum without waiting for the laboratory report on pneumococcus type. Patients with odd numbers did not receive serum of any kind, but in other respects were treated in the same way as the patients who received serum

As has been pointed out, all the patients with lobar pneumonia included in this series received a number as soon as the diagnosis of lobar pneumonia was made. Patients with even numbers received serum; those with odd numbers did not receive any. This method of classifying patients left their selection for treatment entirely to chance. The method produced comparative groups that are surprisingly similar in all essential respects. In the first place the number of cases of the treated and untreated types is approximately the same (table 3). Furthermore, the figures have been analyzed with regard to various other factors that might influence the death rate. These factors are: (1) day of admission to the hospital; (2) age; (3) complicating systemic disease, and (4) history of excessive alcoholism. In respect to these factors, chart 8 shows that in the type I and type II groups the distribution of cases in the treated and the untreated series is remarkably similar. In the comparatively small number of type III cases, the treated series contains twice as many instances of systemic disease as the untreated series. The miscellaneous group IV series is less evenly selected than type I and type II in regard to three of the factors: systemic disease, chronic alcoholism and age. Moreover, the irregularities all tend in the same direction; that is, toward the production of a high mortality in the untreated group of cases.