of past exposure. It does not indicate that the patient has the specific infection at the time of the test. Consequently, the skin test should not be relied upon for diagnosis. Likewise, the opsonic test is unreliable and it is recommended that it not be used. The complement-fixation test is difficult to perform and is not recommended as a routine procedure.

The agglutination test is of great value, a titer of 1:100 or over having diagnostic value, and especially a rising titer during the period of observation of the patient. The two most important points in performance of the agglutination test are the reliability of the antigen and the proper technic in conducting the test. (Some indication of the wide variations in results of the brucella agglutination test as performed with various antigens and in different laboratories may be gained from review of the articles by C. W. Eisele, N. B. McCullough and G. A. Beal: J. Lab. & Clin. Med., 32: 847–853, 1947; N. W. Elton: Am. J. Clin. Path., 18: 499–505, 1948, and of the article by J. F. Griggs and L. W. Case: Am. J. Clin. Path., 18: 506–508, 1948.) The Conference therefore recommended that the antigen prepared by the Bureau of Animal Industry be recognized as the standard antigen. The technic approved by the National Research Council is a standard test-tube method.

It is significant that, in advocating a standard technic for the agglutination test, the Conference also went on record as recommending that its interest be communicated to state health officers, laboratory directors and the American Society of Clinical Pathologists. It is believed that clinical pathologists will welcome the opportunity to adopt a standardized antigen and to follow the recommended technics. This should do much to correct the deficiencies of present diagnostic laboratory methods in human brucellosis.

S. E. Gould

RECOMMENDED PROCEDURES TO IMPROVE AUTOPSY PERCENTAGE

Editor's note: According to Dr. E. H. L. Corwin, Executive Secretary, Committee on Public Health Relations, The New York Academy of Medicine, 2 E. 105 Street, New York 29, N. Y., Dr. Jacob Werne, pathologist at St. John's Long Island City Hospital and assistant medical examiner for the Borough of Queens, took a leading part in the preparation of the "Manual of Procedures Upon the Occurrence of a Death in Hospitals of the New York Metropolitan Area." The Editor urges all pathologists to obtain a copy of this brochure, to study it and adopt those recommendations which they may find of value. Local groups of pathologists and state pathological societies also are urged to follow the example of the New York Pathological Society in drawing up a formal statement of recommended procedures for their own communities.

The percentage of autopsies is considered an index of the standard of medical practice in a hospital. The recent decline in the number of autopsies performed in the New York City area has led the Committee on Public Health Relations of the New York Academy of Medicine to inquire into the reasons for this serious threat to medical education and progress. As a result a joint subcommittee was appointed; made up of representatives from the New York Academy of Medicine,
New York Pathological Society, the Greater New York Hospital Association and the Metropolitan Funeral Directors’ Association.

Their study was incorporated in a publication by the United Hospital Fund of New York City (June, 1950), entitled “Manual of Procedures Upon the Occurrence of a Death in Hospitals of the New York Metropolitan Area.” The purpose of this Manual is to point out the areas of conflict between the funeral directors on the one hand, and the hospital pathologists and administrators on the other. By eliminating specific sources of friction, the probability of success in soliciting consent will be increased.

In any program designed to improve autopsy statistics, it is axiomatic that all parties concerned should search their souls for unjust attitudes and agree mutually to eliminate incorrect practices.

The following questions should be answered:

1. Does the hospital staff (both lay and professional) recognize the importance of postmortem examinations?
2. Has every effort been made to treat the bereaved family with tact and sympathy before as well as after a death?
3. Does the funeral director come upon the scene with a hostile attitude toward postmortem examinations?
4. Is the solicitation of consent left to inexperienced persons?
5. Is careful consideration given to all of the reasons for and objections to an autopsy in any given instance?
6. Is the certification of death promptly and properly made?
7. Is the delivery of the remains to the funeral director expedited?
8. Is there sufficient cooperation among the hospital staff, the Health Department Registrar and the Medical Examiner (or Coroner)?
9. Are the autopsy technic and the restoration and care of the body after death correct?

If the appropriate answers are routinely given to questions such as these, our percentage of autopsies will be high and our major objective achieved: Mortui vivos docent.

Court House Square
Long Island City, New York

J. Werne