

## BEGINNING WITHOUT END

**N**OW THE TRUMPET summons us again—not as a call to bear arms, though arms we need—not as a call to battle, though embattled we are—but a call to bear the burden of a long twilight struggle, year in and year out, “rejoicing in hope, patient in tribulation”—a struggle against the common enemies of man: tyranny, poverty, disease and war itself.

FROM THE INAUGURAL ADDRESS

PRESIDENT JOHN FITZGERALD KENNEDY

MAY 29, 1917 — NOVEMBER 22, 1963

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**O'SULLIVAN, JOHN B. (Public Health Service), and KANTOR, NATHAN:** *Variability of blood sugar levels with an automated method. Public Health Reports, Vol. 78, December 1963, pp. 1023-1029.*

Four glucose recovery studies with both serum and whole blood were made by the Hoffman ferricyanide method on the AutoAnalyzer. Consistently good recovery of glucose was demonstrated. Two duplicate studies using the micro method indicated excessive variability.

No difference was found between serum and plasma glucose levels. Plasma levels were higher than those in fresh whole blood by a mean of 16.0 mg./100 ml. with one standard deviation  $\pm 9.3$  mg./100 ml. When examined by level of whole blood, the plasma was found to be approximately 14 percent higher.

Reproducibility was investigated by repeated determinations over time on a hemolyzed blood pool which had a mean of 129.9 mg./100 ml. and one standard deviation of 4.6 mg./100 ml. Similarly, 117 determinations on a human serum pool, whose glucose was destroyed and reconstituted to 150 mg./100 ml., were found to have a mean of 151.7 mg./100 ml. with one standard deviation range of 4.1 mg./100 ml.

Some factors contributing to precision were considered. The variation in the standard curve was not always paralleled by an equivalent variation in the unknown sample. The condition of the sample had an effect on results by this method where none would have been expected with conventional methods. Hemolysis, decreased hematocrit, and increased protein content all increase the resulting glucose value. The effects peculiar to this method are generally caused by factors influencing dialysis. In addition, machine problems arise. Small clots may block the tubing. Mechanical failure or poor maintenance can have a more obvious effect.

Knowledgeable and alert supervision is required at all times if results which can be interpreted with confidence are to be obtained from the AutoAnalyzer. Under these circumstances results will be more consistent than those obtained in a routine clinical laboratory.

**MASON, EDWARD A. (Harvard School of Public Health):** *A method of predicting crisis outcome for mothers of premature babies. Public Health Reports, Vol. 78, December 1963, pp. 1031-1035.*

In unstructured interviews with 26 mothers of premature babies during their hospital stay, data were collected on their coping patterns. Based on these data, predictions were made of the mothers' subsequent mother-child relationships. The predictions were 90 percent accurate when compared with outcome ratings based on observations of mother-child behavior 2 months after the baby was discharged.

Factors which appeared significant in determining the predictions were the

amount of anxiety the mother felt about her baby, whether she actively sought information about the baby, the supportive relationships she had, and her previous experience with a premature baby.

The results of the study indicated that the ability to select persons in hazardous situations who are most vulnerable to emotional difficulties would make possible efficient application of intervention techniques.

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Public Health Monograph No. 71 . . . Space Planning for Biomedical Research Laboratories. *Donald L. Snow.*

*Summary and information on availability appear on page 1099.*



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HALL, HERBERT E. (Public Health Service), ANGELOTTI, ROBERT, and LEWIS, KEITH H.: *Quantitative detection of staphylococcal Enterotoxin B in food by gel-diffusion methods. Public Health Reports, Vol. 78, December 1963, pp. 1089-1098.*

Single-diffusion (Oudin) and double-diffusion (Oakley and Fulthrope) techniques were studied for serologic detection and quantification of Enterotoxin B in foods in which known enterotoxigenic strains of *Staphylococcus aureus* were grown or to which Enterotoxin B was added.

Antiserum was produced by intramuscular injection of rabbits with purified Enterotoxin B. At dilutions of 1:60 and 1:80 in the Oudin and Oakley tests, this antiserum was specific for Enterotoxin B.

The Oudin method detected as little as 1 microgram of Enterotoxin B per milliliter of food extract or culture filtrate in 24 hours at 29° to 30° C. The Oakley method detected as little as 0.05 microgram per milliliter, but a 1-week incubation period at room temperature was necessary.

Although detectable levels of Enterotoxin B were produced consistently by the growth of *S. aureus* (S6) in brain

heart infusion, trypticase soy, 2 percent tryptose, and casitone broths, many food slurries failed to support similar levels of toxin production. Slurries of shrimp, scallops, lobster, and crabmeat, however, consistently yielded levels of enterotoxin of 4 to 68 micrograms per milliliter. Occasionally, Enterotoxin B was produced in lake perch and custard slurries, but at levels detectable only by the Oakley technique.

Because the rate of antigen migration in the gel-diffusion tubes was enhanced when the antigen was placed in organic diluents, such as food extracts and liquid media components, it was necessary to prepare standard reference curves for use in quantitative work in brain heart infusion broth.

Preliminary work with Enterotoxin A indicated that it behaves similarly to Enterotoxin B in all the gel-diffusion techniques.

*The nature of a paper, not its importance or significance, determines whether a synopsis is printed.*

# 1963 INDEX

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Volume 78, January-December

*and*

## Public Health Monographs

Numbers 70 and 71

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The subject index carries one or more entries for each item published. In addition to the subject headings, categorical headings include ANNOUNCEMENTS (ORGANIZATIONS and PERSONNEL), CONFERENCE REPORTS, EPIDEMIOLOGIC NOTES, PUBLICATIONS, and TRAINING COURSES.

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### Key to Classification Code

- (\*) Original, signed article
- (B) Brief
- (CR) Conference report
- (E) Excerpt
- (EN) Epidemiologic note
- (MS) Monograph summary
- (SR) Short report

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