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March 3, 1941

Dr. Chester S. Koefor
Evans Memorial Hospital
78 East Concord Street
Boston, Massachusetts

My dear Dr. Koefor:

Since his illness of last year, Dr. Hinton has not spent much time at this laboratory and for this reason has not given his full attention to your letter of February 25, regarding the complement fixation test for gonorrhea. Just as soon as he is able to do so, he will write to you regarding this matter.

Very truly yours,

Secretary

Dear Dr. Keefer:

In reply to your letter of February 25, I wish to say that speaking from a personal point of view, I was at first very much impressed with the gonococcus complement fixation test. Indeed, it was offered as a service during the World War because of my suggestion. Our belief in its validity at that time was based on the detection of a certain number of patients with gonococcus infection among the aviators who were attending Tech and the total absence of any positive cases among a group of female social workers at The Boston Dispensary. Since then, from time to time I have had an active personal interest in the test and have experimented with it. I ~~have come~~^{came} to the conclusion more than 12 or 14 years ago that it was not a dependable test, as it is executed in most laboratories and I can positively say that it is not as it is executed in this laboratory. I should hasten to tell you, however, that in my opinion the test as carried out in this laboratory is of a high order.

We are right now in the midst of carrying on an investigation of the whole problem, using Torrey's strains and the technic of Price in the preparation of the antigen. This most recent study on known cases has shown us that our results are not off as compared with some laboratories. However, the thing that has struck me as being fundamental is that a great many cases with definite gonococcus infection give negative results and the per cent of false positives is, generally speaking, far too high for a dependable test. My protestations against the inefficiency of the test have made little difference until the American Neisserian Society turned thumbs down on it only a short time ago.

From what I have written, I am sure you will judge that I am interested, that I want to see the light, but that ~~personally~~, the results which we have obtained and the results which others, particularly Carpenter, have obtained, do not speak highly for the test as a specific clinical aid in the detection of obscure gonococcus infections. I

I am sorry that I cannot give you the references, because I am only slowly getting back to work. I shall, however, be happy to write you a letter toward the middle of June about this matter. Indeed, I think Dr. Keedy who is working on the problem, would be happy to have you read his paper over before he submits it for publication.