the serum of a horse immunized by toxins of plague precipitated after a particular method. Lustig and Galeotti have demonstrated that the toxins of plague belong to the class of nucleins and they prepare it by subjecting cultures of the bacillus pestis to the action of a 0.6 per cent. solution of caustic soda or potash. In three or four days the bacilli are entirely dissolved and the nucleins set free are precipitated as usual by acetic acid. The substance is then collected and used for the immunization of horses, it being necessary to use a weak alkali, as sodium carbonate, for their solution. The toxin thus precipitated has about the same strength as ordinary plague toxins precipitated by ammonium sulphate. An effort was made in the Hygienic Laboratory to make practical use of this method, but it was found impracticable, owing to the very small quantity of product obtained by following the method as described by Lustig. The serum of a horse immunized with this toxin would probably have about the same antitoxic or curative value as a serum prepared by the ordinary methods, neither more nor less.

WHAT WAS DONE BY CONGRESS AT ITS LAST SESSION FOR THE MARINE-HOSPITAL SERVICE.

The continued growth of the Marine-Hospital Service, and the extension of its duties to Cuba, Porto Rico and the Philippines, made it necessary for Congress to be liberal in meeting the demands of the Service as explained to it by the surgeon-general. The office force of the bureau at Washington was increased by the addition of five new clerks, making a total of twenty-two clerks distributed among the seven divisions of the office under its reorganization. All these divisions are under medical officers, excepting one, and are as follows: 1, Division of marine-hospitals; 2, division of domestic quarantine; 3, division of insular and foreign quarantine; 4, division of sanitary reports and statistics; 5, division of personnel and accounts; 6, miscellaneous division, and 7, chief clerk. The hygienic laboratory, although not a part of the surgeon-general's office proper, is located in the same building, and the director is available for conference on many matters relating to scientific determination regarding infection and disinfection. For the Marine-Hospital Service, proper, Congress appropriated \$8000 for a new surgeon's residence at San Francisco, and \$16,000 for completion of pavilion yards at the marine hospitals at Boston, Cleveland, Detroit, Mobile and St. Louis, and made the general fund available for repairs and improvements. For extending and improving the national quarantine stations the sum of \$359,050 was appropriated, including \$131,000 for the San Francisco quarantine, \$125,000 for the Florida quarantine stations—made necessary by the transfer of Tortugas to the navy department for a coaling station—\$30,000 for the Savannah station, \$23,750 for San Diego, \$8000 for the Reedy Island, Delaware River, station, and smaller sums for the other quarantine stations at Delaware Breakwater, Cape Charles, Virginia; Brunswick, Georgia; Gulf quarantine, Ship Island, Miss., and South Atlantic quarantine Blackbeard Island, Ga. For the annual running expenses of the national quarantine stations, including those in Porto Rico, the sum of \$235,000 was appropriated. Laws were passed placing the whole of the quarantine service of Porto Rico and of the Hawaiian Islands under the Marine-Hospital Service and appropriating \$75,000 for the maintenance of the quarantine service in Hawaii. For the fund for the prevention of the introduction or spread of cholera, yellow fever, smallpox and plague, known as the epidemic fund, \$500,000 was appropriated. The Marine-Hospital Sanatorium for the treatment of tuberculous patients of the service received the sanction of Congress after the whole scheme had been laid before a committee of the Senate, by being included in one of the appropriation bills for public buildings. A bill to increase the efficiency of the National Quarantine Service, providing penalties for infraction of the national quarantine laws, etc., passed the Senate and was reported on favorably in the House of Representatives, and will doubtless pass at the next session, there being no objection to it.

PLAGUE SITUATION IN GLASGOW, SCOTLAND.

In continuation of the same subject in issue of September 8, 1900: P. A. Surgeon A. R. Thomas, of the United States

Marine-Hospital Service, now in Glasgow, reports, on September 7: "No new cases for three days. Conditions good." He has been directed to classify the freight leaving Glasgow, certain articles to be passed without inspection, other articles to be inspected and passed on a certificate showing non-infected origin, a third class to be entirely passed after disinfection, and a fourth class to be entirely debarred. Asst.-Surgeon John F. Anderson, after arriving in London, was ordered to Liverpool to carry out the same instructions as were issued to Dr. Thomas with regard to passengers and freight coming from Glasgow for shipment at Liverpool. Arrangements are being made for the ship's surgeons on transatlantic lines while plague prevails in Glasgow to take the temperature of all steerage passengers and crew the day before arrival in the United States for the information of the quarantine officer at the port of arrival. The Canadian government has requested that Dr. Thomas inspect all vessels leaving Glasgow for Canadian ports, until the arrival of their own representative in Glasgow, and this request has been granted. On September 1, the surgeon-general detailed an officer to confer with the quarantine officer of New York, as to the measures he was taking or proposed to take other than those laid down in treasury regulations, New York being the most important port in the United States having commerce with Glasgow. At a subsequent conference with Health Officer Doty at the bureau in Washington, it was agreed that he would continue what he had already begun; viz.; the taking of temperatures of all the steerage passengers and crew of transatlantic liners from Glasgow and other ports whence Glasgow passengers might take passage to the United States, and setting aside for further examination all persons who show any rise in temperature, such persons being submitted to glandular examination, as well as observation for a period of time. Orders were issued to all officers of the Marine-Hospital Service on quarantine duty and requests to all state and local health officers at ports where there is passenger traffic, to put in effect the same practice. The taking of temperatures as part of the ordinary inspection of vessels arriving at quarantine is now considered a very essential feature in quarantine administration. Mild cases of almost any infectious disease can "brace up" for the ordinary quarantine inspection and pass it, but this cannot be done if the temperatures are taken. The New York quarantine has been employing this practice for some time with regard to passengers from Habana, and the surgeon-general of the Marine-Hospital Service has instructed his officers at National quarantine stations to the same effect.

Correspondence.

Dr. Jacobi's Address and "Sectionalism."

NEW YORK CITY, Sept. 10, 1900.

To the Editor:—As a reply to the criticisms on some remarks delivered by me before the Thirteenth International Medical Congress, August 6, permit me to say to Dr. J. Wilkinson Jervey¹ that nothing is further from me than to harbor or try to create any sectional feelings. I deplore to have given him any such impression. The Doctor says himself that, "It is not the actual expression to which the Doctor gave tongue that is objectionable, but the inferential and insinuating quality of his remarks addressed to those good people across the water who know us not, save as existing, and who quite naturally accept the imputations and inferences." In this fear, Mr. Editor, I am happy to say, the Doctor is mistaken, and I feel sure he will be pleased to learn, in spite of his objections to some—shall I say unguarded?—expressions of mine, and your readers will learn with satisfaction, that not only was my address applauded by the Americans present, but that, from Lannelongue and Virchow down, the whole audience felt and appreciated (and expressed their appreciation) the claims of American medicine and medical men to recognition as full equals in the co-operative struggles of our international science and art. When I had finished, and ever since, I had the im-

¹ THE JOURNAL, p. 638.

pression that I had simply continued in my life-long efforts to improve the estimation in which the American profession was held in Europe—both as a trifling proof of my gratitude for the endless acts of kindness bestowed on me personally by that profession, and as a demand of testimonial justice. Sad if I should have made a grievous mistake. But allow me to say that such references as I have been able to see in the medical and the lay press of Europe, justify that belief of mine. Besides, I refer you to the concluding paragraph, and to many others, of my address, as my defense—if defense there must be after my fellowship of nearly half a century in the profession, and after forty years of teaching and of other public work.

In your editorial remarks² you "regret the semi-apologetic accent of some portions of the address in regard to our national standing in medicine and science. Foreigners are condescending enough at present, and we naturally prefer such an utterance as that of Osler, who saw in the future of America a scientific Mecca, rather than even an equivocal admission of real or fancied national defects, in such an address." I think you refer to his address on the importance of post-graduate study, in which he says: "To students who wish to have the best that the world offers, let me suggest that the lines of intellectual progress are veering strongly to the West, and I predict that in the twentieth century the young English physicians will find their keenest inspiration in the land of the setting sun." In my address I say, "The time is fast approaching, I hope, when your students and doctors will travel with the sun to enjoy the light of the West." That does not exactly look like a "timid presentation" of our claims. And again, "There was a period when they asked: Who reads an American book? American books are now read the world over by privileged men, and even translated. Verily, verily, the time should come speedily when they will ask: Where is the ignoramus that does not know American literature?" Such are my convictions on that point, and I have quietly tried to turn the "condescension"—so that you call it—of European public opinion in different ways these forty years.

Lately, I received many letters remonstrating with one or the other view expressed in my address. Let it be understood that I pronounce my own opinions when I am speaking publicly; that the meeting before which I appeared was international, not national or European only, and finally that I can not enter into personal correspondence, or replies, or as a daily newspaper has it, "quarrels." But I may be permitted to say—I am referring to some opinions as expressed in my address, and criticised—on behalf of those who will not or can not read the address in full; that I am still of the opinion that we should study the Pharmacopeia of the United States and the formulary of the American Pharmaceutical Association more than the price-lists of the wholesale druggists, whom we allow to do part of our thinking; that we can find better employment than in discussions with their and publishers' agents; also that our 156 medical schools should be reduced to 25 and attached to a university and furnished hospitals of their own, and our 200 or 300 medical, or alleged medical, journals to 50; that those which are founded by professional men or by the profession at large, are preferable for many reasons, to those published in the interests of a publisher, a manufacturer or of a proprietary medicine owner; also that syndicates of medical men should see to the production and consumption of medical literature. I am still of the same opinion that I expressed in my address in regard to consultations with sectarians; and I still hold the same political views that I was rebuked for in an anonymous letter. Finally, I am still of the opinion that we should participate, not as sanitarians only, in the political and municipal affairs. Let me thank you, Mr. Editor, for the courtesy you extended me in opening your journal to these lines. Very respectfully yours,

A. JACOBI, M.D.

² See p. 628.

A CIRCUS traveling through the province of Quebec, Canada, introduced the name of Dr. Sabourin, of Saint-Jean, into a song on the program. The doctor sued the company for \$5000 and was awarded \$500 by the local courts, the *Revue Méd.* reports.

Book Notices.

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT. Price, \$2.50. New York: The New York State Medical Association (Dr. Ogden C. Ludlow, secretary. 2309 Seventh avenue). 1900.

The Directory of the physicians of New York, New Jersey and Connecticut is a good illustration of what a state society can do to benefit its members and the profession, without depending upon commercial enterprise outside of its ranks. This directory bears evidence of being gotten up with the idea of giving all the information possible, so that it may be valuable to its possessor, rather than to make it a profitable commercial enterprise. The first page of the directory, on which is commenced a Street List of Physicians of Manhattan and Bronx, indicates this. It may not be often that one desires to know what physicians live on a certain street, but sometimes this information is decidedly important. The street index is given for all the large cities and boroughs. Following the street list is a list of physicians of Manhattan and Bronx, arranged alphabetically. Besides the address, there is also given the college and year of graduation, office hours, positions held, and to what society or societies each is affiliated. The list of Brooklyn physicians is printed on a different colored paper, to facilitate easy and quick reference—a most excellent idea. Following that of Brooklyn is a list of the physicians of the boroughs of Queens and Richmond. After this comes a vast amount of information about matters medical in Greater New York, such as the department of Public charities, of corrections, etc.; the various courts of justice and the civil boards; ordinances relating to physicians, midwives, etc.; list of hospitals, dispensaries, etc.; list of the various medical societies of Greater New York, with their officers, time and place of meeting, etc., and a list of registered pharmacists. The same general information is also given regarding other large cities in the three states covered. The homeopaths and eclectic physicians are listed separately, the name and address only being given. The whole makes a book of great value, especially to the physicians of the states it includes, and too much praise can not be bestowed on the committee for the successful way in which they have accomplished their task. The amount of labor it entailed can be appreciated only by those who have attempted such work. Every physician in New York, New Jersey and Connecticut should obtain a copy of the book, not only for its intrinsic value, but to encourage such an enterprise on the part of physicians.

FRACTURES. By Carl Beck, M.D., visiting surgeon to St. Mark's Hospital; to the New York German Poliklinik, etc. With an appendix on The Practical Use of the Röntgen Rays. 178 illustrations. Price, \$3.50. Philadelphia: W. B. Saunders & Co. 1900.

In the introduction to his book, the author, after giving a brief historical description of the Röntgen rays, calls attention to their great value in the management of fractures, and mentions those in which the use of the rays is especially valuable as a diagnostic measure. By their use accuracy takes the place of ignorance and doubt, and painful manipulations cease to be necessary for diagnostic purposes. In Part I, is considered the classification of fractures, and the general process of repair and treatment. In Part II, is taken up in detail the management of the special fractures. The author's method of presenting the subject is simple, practical and easy of comprehension. There is a liberal supply of illustrations to graphically assist the reader in a thorough understanding of the text. The common, and many of the rare fractures, are represented skiagraphically. Practically all of the illustrations are new.

If the author had given as a subtitle "A Plea for the More General Use of the Röntgen Rays in the Diagnosis and Treatment of Fractures" it would have better described the character of his book. The preface reads as though the book was devoted to the Röntgen rays; the introduction is on the use of the rays, and an appendix of over fifty pages is on the practical use of the Röntgen rays. The latter, by the way,