cluding Sir William MacCormac, president of the College of Surgeons, Sir Lauder Brunton, Dr. Conan Doyle (the well-known novelist), and Sir Frederic Treves. The chairman said they had met to do honor to one who deserved well of his country and of his profession. He was placed somewhat in the position of having to make bricks without straw. The present war was unique in its difficulties. Never before had so many men left our shores for so great a distance. But he met all the requirements which were placed upon him. Surgeon-General Jameson said in reply that when the army in South Africa was first doubled and then trebled a great strain was placed on his department. Soon invalids began to be received from Africa in thousands. Up to the present 50,000 had been received. Not one of these was transferred to a civil hospital. The reserve of the Corps was first called out; then, they enlisted and trained men as fast as they could. Every man that could be spared was recalled from the Colonies. Then, they tapped the militia and volunteer medical staffs. For a considerable time before the war broke out the Director-General and his staff urged upon the government the necessity of increasing the Medical Corps, but for the most part without avail. The department had sent to Africa 4000 tons of medicine and material, and had mobilized 151 staff and regimental units, 19 bearer companies, 28 field hospitals, 5 stationary hospitals, and 16 general hospitals. They had fitted out in this country 2 hospital ships and 3 hospital trains. At the present time there were 21,000 beds in South Africa, not counting field hospitals. Fault had been found with his department for not having made sufficient sanitary arrangements in the field, and this in face of the fact that the post of sanitary officer had been abolished against the advice of the Department. The officers of the Medical Corps, after superhuman efforts, were exposed to criticism and an inquiry such as had not been applied to any other branch of the army and exposed to blame which others should have borne. The sympathy which had been denied to them by others and which found expression in the presence of those at the dinner would be all the more esteemed and valued. Sir William MacCormac said that it was impossible to say too much in admiration of how Surgeon-General Jameson had met every requirement, and it seemed to him passing strange that the government had allowed him to leave the army without the customary recognition given to all his predecessors and without one word of thanks.

Koch's Paper on the Prevention of Tuberculosis.

Koch's recent view that human and bovine tuberculosis are distinct diseases and that the latter is not a source of danger to man, has been widely criticised in the lay as well as the medical press, and has received no support whatever. At the last council meeting of the Royal Agricultural Society, Lord Spencer, speaking on the report of the veterinary committee to carry out experiments on the subject, expressed the hope that the provisions in force for the prevention of the conveyance of tuberculosis from animals to man would not be relaxed while the matter was still in doubt. The most important criticism of Dr. Koch's arguments which has appeared since the Congress is a letter addressed to the *Lancet*, by Dr. Copeman, of the Local Government Board, who is well known for his experiments on variola and vaccinia. He points out that while Koch says that the animals which "had eaten bacilli of bovine tuberculosis had without exception tuberculous infiltration of the greatly enlarged lymphatic glands of the neck and mesenteric glands and extensive tuberculosis of the lungs and spleen," yet no mention is made of tuberculous lesions of the intestine. This omission is all the more remarkable as Koch, in giving reasons for his conclusion that bovine tuberculosis can not be conveyed to man by ingestion of milk or butter containing "living and virulent bacilli," says that it is only "when the intestine suffers" that a case of tuberculosis can be assumed with certainty to have been "caused by alimenta." It will be remembered that the great rarity with which tuberculosis of the intestine is found in necropsies at children's hospitals in cases of tuberculosis was one of Koch's arguments against the origin of the disease from ingesta. Lord Lister, in replying to Koch at the Congress, pointed out that if primary intestinal tuberculosis were rare in children mesenteric tuberculosis was common, and said that the interpretation seemed to him to be that the bacilli passed through the intestinal mucous membrane without causing any obvious lesion and were arrested in the glands. Unless Koch made an important omission in his paper this is exactly what he claims to have taken place when he fed cattle with bacilli from bovine tuberculosis; yet without any reason he implicitly denies its possibility in man.

Correspondence.

Impressions of the London Tuberculosis Congress and the Black Forest Sanatoria for Consumptives.

WATCH HILL, R. I., Aug. 23, 1901.

To the Editor:—This gathering of medical men was the largest and most complete ever assembled for a special purpose. As I sat on the platform during the opening meeting, when the different nations, through their designated delegates, were introduced, I knew that it had never been my good fortune, in all the medical conventions I have attended, to look upon such a distinguished body of men. When the 2000 members were present they filled completely the body of Queen's Hall, where the general sessions were held. Of this assemblage of men I should judge nearly one-half were from outside of England. America, France and Germany especially had good representations. It was indeed an honor to be a member of it, and to take part in such a Congress.

It would seem that the Londoners purposed to outdo all previous medical gatherings in social features, and I congratulate them on their success. The Englishman is at home and the prince of hosts when dining is the order of the day.

A dinner was given by Sir James Blyth, on Monday, to the Duke of Cambridge, who presided at the opening meeting of the Congress. There were present the Earl of Derby, the Lord Mayor of London, and distinguished members of the nobility, of the foreign and local medical profession, to the number of sixty. There was the "At Home at Apsley House" Tuesday afternoon on the invitation of the Duchess of Wellington, who, with her husband, gracefully received us in that stately mansion filled with the costly rewards and war relics of their ancestor, "the Duke." The pleasure of attending the Baron de Rothschild's reception in their princely house, I feel, was also, with the two functions previously named, afforded me through the kind attention of my good friend and host, Dr. C. Theodore Williams. Then there was the general reception of the members and delegates on the opening night in Queen's Hall, Langham Place, by the Presidents of the Council of the Congress and the executive officers, a magnificent affair; on Tuesday evening, the reception at the Mansion House, by the Lord Mayor and Lady Mayoress in all their gorgeous official robes, and on Friday night the grand banquet given to the officers and foreign delegates of the Congress. This was not all, but enough has been mentioned to show how well socially the visitors from abroad were looked after.

THE MUSEUM.

A very important feature of the Congress on Tuberculosis was the Museum designed to illustrate the bacteriology and pathology of tuberculosis. It was a wonderful exposition of the subject and the student was aided by a most admirable catalogue. It was gotten up without regard to expense, and was the finest collection it has been my good fortune to see.

The latest methods of preparation of pathological specimens gave fine illustrations of all the possible manifestations of tuberculosis. Especially attractive were the beautiful series illustrating the localization of tuberculosis in the bronchial and mediastinal glands, in some cases of enormous size. These and other like specimens seemed to show in a striking way the important agency of the glandular system in this disease.

In the bacteriological department were remarkable illustrations, through the cultures on exhibition, of all kinds of tuberculosis. There was the 435th culture (in five tubes) of Koch's original discovery of the bacillus tuberculosis, first isolated by him on Aug. 15, 1881. These cultures had been carried down through these twenty years and kept continually growing from the original seed. There were three very interesting test-tube cultures, first showing the normal state of the germ for comparison, second a sub-culture made after exposure to liquid air for 42 days without contact, third a sub-culture after similar exposure with contact—all showing that the bacillus grows as vigorously as ever after exposure for 42 days to 186 degrees F. below zero.

THE CONGRESS A SUCCESS, YET DISAPPOINTING.

As a means of the education of medical men, as an effort preliminary to definite conclusions which must be reached at another time, and as an opportunity for earnest workers, in this special field, to get together from nearly all over the world to compare notes and personally learn from each other their different views, the Congress was a marked success. But as to any definite conclusions reached, it was disappointing. The cut-and-dried resolutions proposed and voted on, without any open discussion, at the last general meeting were commonplace compromises, which probably fairly represented the collective knowledge of tuberculosis possessed by the Council proposing them.

EXAGGERATED IMPORTANCE GIVEN TO MINOR THINGS.

Exaggerated importance and much time was given to the "spitting nuisance," the agency of ladies' long dresses in carrying and disseminating the germs, and to the theory of infection generally in preference to any other hygienic means of prevention, which, to my way of thinking, offer more hope for the extermination of tuberculosis than any agency simply preventing infection.

KOCH'S ADDRESS.

To Professor Koch, more than to any other man must be given the credit of capturing the interest of the Congress by the remarkable stand he took as to the non-infectibility of man by bovine tuberculosis. At Sir James Blyth's dinner, on Monday evening, Dr. Williams came to me and said: "Do you know there is a devil of a rumpus brewing about what Koch is going to say in his address to-morrow? They are getting awfully worked up about it and they won't stand it, and he will be called down." It was a memorable meeting at which Koch read his paper. The interest was intense. To look upon that sea of intelligent faces and to note the excitement and the restrained applause, was an experience one has but once in a lifetime. They cheered the presentation of his views, though the great majority doubted his conclusions. But when Lord Lister, who was that day in the chair, called in question the positive statement Koch had made and said, "It is a serious matter if the conclusions be wrong," the applause was the heartiest of any time that day. And when he asked if it was indeed "established beyond a doubt that tuberculosis is always air-borne," I for one, thought he was getting nearer the kernel of the question than had anyone else. Professor Nocard followed and cited instances where veterinary surgeons had become inoculated by accident with animal tuberculosis. Professor Bang of Copenhagen followed and said, "Koch went too far in saying that there was no necessity for taking measures against bovine tuberculosis." And finally, Professor Sims Woodhead, while complimenting Professor Koch, referred to a specimen in the Museum of the Congress which proved that it was possible for human beings to be infected with tuberculous disease from animals.

One is inclined to ask, is this obstinate conservatism a possible cloak for ignorance of the real cause of tuberculosis? It is as difficult for a typical English doctor to change his settled opinion on a medical subject as it would be for the English tradesman to deal in decimal money instead of their more troublesome and inconvenient six-pences, shillings and crowns. Just think of the dilemma into which they are being driven! Here we have Koch fastening upon his tubercle bacillus limitations which will be in opposition to the idea that the germ sufficiently explains the disease. Avian tuberculosis is supposedly different from the bovine variety, and the latter not transmissible to human beings, and human tuberculosis not infective in animals(?). Here we have Brouardel, of Paris, in a splendid all-round address, "knocking out" the idea of heredity (except of a possible susceptibility to tuberculosis), and Knopf and many others showing that a healthy human being is non-infective to the germ; and Williams showing the splendid results of climatic treatment in proportion as the advantages of practical outdoor living are afforded; and James F. Allen, of Natal, South Africa, explaining the immunity from tuberculosis in his section 3000 to 6000 feet above sea level of three different classes of people, namely the Indians, the Eng-

lish and the Zulu tribes, on the ground that their life is essentially, and in fact, a life out of doors. Then, again, comes Harold Coates, of Manchester, and A. Ransome, of Bourne-mouth, and others also, showing how bad housing, aggregation and deficient lighting and deficient ventilation foster and produce the disease. Where, then, does the germ come in? Does it not all show (Koch's contention especially included), that to get at the prime cause of tuberculosis we must, as I stated in my own address, go back of the germ to some common predisposing cause which will explain the frequent occurrence of this disease in birds and animals as well as in man? My belief is, that that common cause is deficient ventilation; that the air once used is thereafter not only unsuited to sustain life healthfully, but positively injurious until it has been revitalized by practically outdoor conditions: And that the penalty of the air's devitalization is finally tuberculosis. There is an electrical condition of the air, which is not yet fully understood, but upon which its power of vitalizing and sustaining living plants and beings depends. When our education comprehends this fact we will come nearer the prevention of tuberculosis than we have ever been before.

Sanatoria in the Black Forest.

A very interesting part of my sojourn abroad was the visit to the Black Forest in Germany and the inspection of the Sanatoria for consumptives there, after the adjournment of the Congress on Tuberculosis. Hohenhonnef Sanatorium on the right bank of the River Rhine is a beautiful place situated on rising ground say 100 or 200 feet above the river and flanked on three sides with woods through which wind several miles of graded walks. Here the patients lead a lazy life, most of the time reclining in open-air sheds. They live well. Wine at meals is the rule with many, and five meals a day the custom of most. The place seemed rather damp to one used to Colorado dryness and sunshine, but the 90 or more inmates of this Sanatorium seemed to be contented and doing well. Dr. Feige, the assistant physician, was very kind to me. Together we drove to the top of a mountain near by, where, from the ruins of Drachenfels, is obtained a fine view of the Rhine from Cologne to Coblenz.

Wiesbaden, the great watering place of this part of Germany, reached after a pleasant day's steaming up the Rhine, is a lovely spot. This town illustrates what can be made out of such a simple, natural advantage as an ordinary hot saline spring, of which there are many not yet half appreciated in our own country.

Another day's ride to Frankfort and thence to Colberg brings one to the Falkenstein Sanatorium. This Sanatorium differed not much from that at Hohenhonnef, either in its capacity for receiving patients or the prevalent wooded and damp surroundings, and likewise seemed to offer no unique or original form of treatment.

On my return at Colberg, I fell in with Rev. Mr. Oakes, of the Consumptive Home at Denver, who was on a similar investigating mission, and we had a delightful trip together up through the Black Forest. The railway opened out into frequent stretches of fine farm country, extending up the sides of the hills sometimes to the very summit. We arrived at Cologne late at night, and took train again in the early morning for Offenburg, and transferred thence to Beberack Zell. That morning's ride up the valley to Beberack Zell was very delightful, as every turn of the railroad gave a new and pleasant view, among them the castle of Baroness Hirsh (noted for her philanthropy among the Jews), beautifully covering the whole summit of a small, round hill. From Beberack Zell, where our carriage met us, we followed up an 8-foot wide brook some ten miles, until it became about a foot wide, and there found Dr. Walther's (Detweiler's) Sanatorium. The ride up the valley was delightful. We passed thatched Swiss cottages, where the cows occupy the ground floor, the family the second, and the hayloft the roof space. Here little hamlets crowd close upon the narrow roadway, along which every half mile or so is a shrine, perhaps lately contributed to by some devout worshiper with a sprig of oats or a bunch of flowers. Dr. Walther's main house has windows, but they are all taken out this time of year. The transoms are

large and the outlook in the right directions to catch the best summer exposure. There is individualization, as there should be, for each patient, but no special crowding of food as there is at some institutions, simply three good meals a day, and graduated exercise by walking according to each one's ability and condition. He scouted at the use of antiseptics, saying soap and water were good enough to clean up a room with after a patient had died in it. We could not help reasoning that if he had the dryness, sunshine and altitude which we get east of the Rocky Mountains, he would have the best place in the world in which to treat consumption. But then, if he had these, he would not have his heavy foliage and grassy hillsides and the nearness to the people he would serve. Of course, devoting his attention to only 45 patients, all he can accommodate at one time, he is very successful.

The next institution we visited was Dr. Hettinger's, farther down in the same valley. It is a compromise between Dr. Walther's and the first two mentioned. But it is a clean, airy, well-lighted and well-cuisined sanatorium, which, because of its similarity in many respects to his own "Home," in Denver, much delighted the esthetic mind of Mr. Oakes. We could not help noticing the double windows, and I learned that sometimes in winter the storms are so severe that these are deemed necessary. I had heard of the double windows generally used by the Swiss, to which Dr. Tucker Wise attributes the frequent occurrence of tuberculosis in that otherwise healthy country.

Well, they are all coming around to the same belief that we physicians in Colorado have been preaching these many years, namely, pure air and an active outdoor life in that climate where it can be had the easiest and most comfortably.

Yours respectfully, CHARLES DENISON, M.D.

Vivisection—A Reply to Dr. Keen.

TOLEDO, OHIO, Aug. 21, 1901.

To the Editor:—I have read the communication of Dr. Keen, published in your issue of August 10, and already applications have been made by members of the medical profession for literature concerning the subject of the controversy—human vivisection.

As the American Humane Association considers this matter one of vital importance, its executive committee has, after amendment and revision, just printed that Review of Dr. Keen's letter upon which he, in his last communication, comments; and in order to do him justice, the Association has added his first letter, which he has called "The Misstatements of Antivivisectionists." These two documents in one pamphlet can be secured gratis by any physician in the United States who will send his professional card to "The Special Committee," Postoffice Box 215, Providence, R. I. For those medical men who carefully read this pamphlet, it would seem to me that Dr. Keen's latest letter will need no reply.

If your space would permit, there could be pointed out in this document some very serious misquotations, leading him to misstatements and comments which ordinarily would be without excuse. I prefer, however, to join with his many friends in speeding Dr. Keen in his journey around the world, and wishing him a pleasant voyage and a safe return; to leave his misconceptions and mistakes to his own sober judgment, and the rectification that time will surely bring.

This Association can have no quarrel with the medical profession. It believes, rather, that in condemning and opposing the use of human beings, chiefly women and children, for experiments dangerous to life and health, it has the sympathy of the great majority of the physicians of the United States.

Nothing can so surely and utterly destroy all confidence in the personnel of the medical profession, and in the security of our hospitals and asylums, as a well-founded impression that every patient, young or old, strong or feeble, high or low, rich or poor, is not absolutely secure in all of his personal rights.

He who, in the pretended interests of science, consciously aids in the destruction of this confidence or security is, in my judgment, little less than an enemy of his race.

Yours most truly, JAMES M. BROWN,
President American Humane Association.

[We shall be glad to see the publication of Dr. Keen's letters in full with the Humane Association's pamphlets. We have no fear of the judgment of any unbiased individual who is fully informed on the subject, and think that any such one who reads Dr. Keen's replies, as well as the publications referred to by our correspondent, will be able to form his own opinion. Knowing as we do the erroneous character of some of the statements in the Humane Association's pamphlet, some of them based on misapprehensions patent to any well-read physician, it seems to us that Dr. Keen's letter can have no reply. If there is an impression abroad that the rights of the hospital and asylum patients are not regarded by the medical profession in this country, it is due to sensation-mongering newspapers and to misstatements, whether wilful or not we do not care to say, of such publications as those that called out Dr. Keen's replies.—EDITOR.]

Book Notices.

LECTURES ON NASAL OBSTRUCTION. By A. Marmaduke Sheild, M.B. (Camb.), F.R.C.S. (Eng.), Surgeon to St. George's Hospital, London. With 1 Colored Plate and 27 Illustrations in the Text. Cloth. Pp. 106. Price, \$1.50. Philadelphia: P. Blakiston's Son & Co. 1901.

This little work is intended primarily for the student and general practitioner. The author is conservative in operative treatment, particularly with regard to septal spurs; he prefers, however, the galvanocautery in hypertrophic rhinitis and seldom uses an acid. The origin of nasal polypi is attributed in most instances to irritation of the mucous membrane by a concomitant bone necrosis.

A PRACTICAL TREATISE ON GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS. By Robert W. Taylor, A.M., M.D., Clinical Professor of Venereal Diseases at the College of Physicians and Surgeons, New York. Second Edition, thoroughly Revised. With 138 Illustrations and 27 Plates in Colors and Monotones. Cloth. Pp. 722. Price, \$5.00. New York and Philadelphia: Lea Brothers & Co. 1900.

This is not a mere aggregation, but a discriminating digest of the latest knowledge of the subject and there is no chapter in the work from which the reader may not learn something new. It is a most satisfactory text-book, and is modern in every particular. It is most comprehensive in its scope, sound and practical in its teachings, and we predict for it a wider circulation than the first edition enjoyed, and in time an urgent demand for a third edition.

THE TREATMENT OF FRACTURES. By W. L. Estes, A.M., M.D., Director and Physician and Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. Cloth. Pp. 216. Price, \$2.00. New York: International Journal of Surgery Co.

This work of 216 pages is a publication in book form of a series of papers by the author which appeared in the *International Journal of Surgery*. No attempt is made to discuss in a complete manner the entire subject of fractures, and much, therefore, which pertains to the pathologic side of the subject has been omitted. The work is essentially one on treatment, and this phase of the question is handled in an eminently practical manner by one who has had a considerable experience in the management of these acute accidents.

The aim of the author has evidently been to the practical rather than to the scientific, and he has limited himself almost entirely to a description of his own methods.

DISEASES OF THE ANUS AND RECTUM. By D. H. Goodsall, F.R.C.S. (Eng.), Senior Surgeon (late house surgeon) to St. Mark's Hospital for Fistula and Other Diseases of the Rectum, and W. Ernest Miles, F.R.C.S. (Eng.), Surgeon (out-patients) to the Gordon Hospital for Diseases of the Rectum. In Two Parts (Illustrated). Part 1. Cloth. Pp. 311. Price, \$2.50. London, New York and Bombay: Longmans, Green & Co. 1900.

Part I deals with the anatomy, general diagnosis, abscess, fistula, fissure and hemorrhoids. The subjects are, in general, very well handled. In the treatment of hemorrhoids preference is given to the operation by ligature to the exclusion of