Considering more closely the towns in which some of them are located the facts are yet more striking. For instance, in Maine the library is situated in Brunswick, a town of 6,000 inhabitants, the twelfth in point of size in that State. It belongs to the Medical School of Maine, Bowdoin College, and by the figures before us is larger than any other medical library in New England, outside of Boston. Again we find the Medico-Chirurgical Faculty of Maryland has a very respectable library, while scarcely one of the larger State Medical Societies has anything of the sort worth mentioning.

Medical libraries have not developed in response to certain peculiarly favorable conditions confined to large cities. It seems clear that most of them have been built up by the activity of a very few individuals, sometimes aided by a local institution or society, sometimes without any aid whatever. They are in many instances enduring monuments of the work of a single member of our profession, who perhaps was, apart from this, the busiest, most overworked man in his community.

These facts should be brought prominently forward because of the encouragement they give to others to take up this line of work. It seems that in almost any town in the country the conditions render possible the formation of a good medical library and wherever one is formed it will be a lasting public benefit.

The subject is one of real professional interest, and we are glad to learn that Dr. C. D. SPIVAK of Denver is collecting facts for a more complete account of the medical libraries of the country than now exists, to be brought before the coming Meeting of the ASSOCIATION in that city, and in due time to be laid before our readers. It is to be hoped that those who have given thought and labor to the subject will use this opportunity to place many valuable suggestions before the profession.

Dr. SPIVAK has himself suggested an important idea and has carried it into practical effect in connection with the Colorado Medical Library Association of Denver. He prepared a card catalogue of the medical works to be found in the private libraries of that city, which were not represented in the public medical library. In this way he was able to add more than 6,000 volumes to the medical works generally available for reference to the profession of Denver.

Some such plan might be followed in any large town or city and would be of very wide benefit to the profession. The essence of a reference library is to have the books obtainable, with some ready means of knowing just where each is to be found. It is not necessary that they should all be collected under one roof and one ownership. It is only necessary that their titles and location should be furnished in a well-arranged catalogue.

Probably in every city in the country may be found

several private collections of medical books. Even where large public libraries exist they lack many valuable books of reference that might be found on the shelves of private libraries in the same city. A card catalogue representing all of these books, and giving their location and the hours at which they might be consulted, would furnish each of these cities with a good practical reference library, or greatly extend the value of the library it already possesses.

The work of preparing such catalogues should be done by the younger members of the profession; they can furnish the time and energy, their older colleagues can furnish the books. Only bring the two together and a great professional benefit will result to both. The physician with a large private library finds with each addition to it an increasing difficulty in remembering just what he has to refer to and comes to feel keenly the need of a good catalogue; which he can not supply for himself, and can not secure without the aid of some one with a medical education. The catalogue of his own books would be worth far more than the inconvenience of having them consulted by others would ever cost; and to have with it also the access to all medical works in his city that he does not possess would be a practical extension of his library that he could not hope to accomplish in any other way.

On the other hand, for the young man who will take up this work of cataloguing, the opportunity is one of unmixed benefit. In arranging and classifying the medical books in the catalogue, he will be arranging and classifying the facts of medicine in his own mind; and at the same time learning just where he can put his hand on any particular reference when he wants it; and acquiring for all practical purposes (when he most needs it), a library such as he could never hope to buy for himself, no matter how great his professional success in after life.

With the private medical libraries of a city thus connected by a catalogue it would be almost certain that with the death of an individual owner his collection of books would not be allowed to become scattered or sold as waste paper. But the necessary effort would be made to secure them for permanent usefulness, in the possession of some medical society, or general public library, or educational institution, there to develop by accretions of similar sort into a true public medical library.

Will there not, before the time of the Denver Meeting, be other cities to report experience with Dr. SPIVAK's plan?

CORRESPONDENCE.

The Lepra Conference Again.

New York, Dec. 15, 1897.

To the Editor:—Dr. Dyer, one of the editors of the *New Orleans Medical and Surgical Journal*, has published on his

return from Berlin, where he attended the Leprosy Conference, not only a very accurate (I have the Berlin *Wochenschrift* before me) report of the doings of the Conference, but also a very curious one. It has a quality, which I'll be bound, will not be encountered in any reports of the same events, now being published or hereafter to be given to the world by his European colleagues; it will be found even, or rather especially, outside of the profession intensely amusing. Would those Teutons, Latins, Scandinavians, Slavonians, have ever imagined that the novelty of their European festival, the great men assembled in the capital of Germany, the beer and the emperor could violently *wake to ecstasy the living lyre* of a Yankee (as they call all Americans)? This ebullition of Pindaric lyricism (for has not the author come back, as it were, from the Olympian games; not, indeed, with palms and bays, but with that precious badge?) is not, however, the only condiment (excuse mixed metaphors) with which Dr. Dyer has tried to give flavor to his tale. Something of a more pungent nature seems to have been required by his literary taste, *das Strengte mit dem Zartem*; it would be ridiculous to doubt that Dr. Dyer understands so much German. He thus conceived the happy idea of having a Turk's head, at which he might pound away for the delectation of his audience, and perhaps, who knows? to make good some harmless boast uttered in the blissful trance of those never to be forgotten days—that he would settle the hash of his Yankee colleague (give him time to return!) and let him have it right down the neck. Dr. Dyer, in fact, has gone out of his way to throw out at me a handful or two of vague and rather obscure obloquy. Does Dr. Dyer really think himself such a deep-rooted authority because, forsooth, he belongs to what he ludicrously calls the *personnel* of the Berlin Conference, that he may safely dispense with knowing himself what he means when he girds at his neighbor? "The relation," says the New Orleans member of the Berlin *personnel*, "of Ashmead to the Berlin Conference was well shown when a resolution of his relating to a conference in 1898 was quietly dropped without discussion. Ashmead wrote in the *Sei-I-Kwai*, in far-off Japan, a vituperative article which reflected upon the intelligence, upon the purpose and upon the ability of the *personnel* of the Conference in Berlin."

First, then, Dr. Dyer avers that Dr. Ashmead wishing to proclaim his contempt of certain European personages (who ought to have been sacred to him, as they are to Dr. Dyer), of their *intelligence*, their *ability* and their immediate *purpose*, conceived the extraordinary idea of going to *far off Japan* and there (probably at the foot of the renowned Fujiyama) blazed away and relieved his bile by unlimited vituperation. The imputation of such nonsensical conduct I consider as downright slander. If there is anything that I feel obliged to say (even if it should be vituperation) I am not in the habit, as my friends and even the others will testify, to run to the "Flowery Kingdom" or to the antipodes. The fact is, that the article in question was published February, 1897, in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, and that *reprints of it were sent to all known (to me) European leprologists*. The *Sei-I-Kwai Medical Journal* of Tokio reprinted it July, 1897. Dr. Dyer, in a passage which I shall quote presently, speaks in a very indefinite and puzzling manner of *Ashmead and his methods*. Is this mention of my article, as *published in far-off Japan*, an instance by which we may judge Dr. Dyer and his methods?

As to the quiet dropping of Dr. Ashmead's resolution relating to a Conference in 1898, it does not by any means, whatever Dr. Dyer says *show Ashmead's relation to the Berlin Conference*. This rash assertion is simply the result of careless ignorance. All those with whom Dr. Ashmead has been in correspondence with for the last two years in relation to the Leprosy Congress know better. The relation of Dr. Ashmead to the Conference is shown by the presence in it of twenty-two persons who

represented their governments respectively. I do not wish to explain again here Dr. Goldschmidt's and my own idea of an international committee, formed by delegates of the different nations interested in the question of leprosy. I have, single-handed, fought for that idea and in a large correspondence discussed it with men of all parts of the world. Both Hansen and Ehlers were against it, and I say nothing that I can not prove. It did not obtain a complete triumph, I am sorry to say, but that it was, at least in a certain measure, successful no one can seriously deny. In this, modest as the victory may seem, appears *the relation of Dr. Ashmead to the Conference*.

"Ashmead conceived the Conference, and because men of world-wide honesty and reputation were making it a success, he tried to discourage interest in it by writing abuses of these men. In justice to Goldschmidt, to Hansen, to Arning, to Lassar and to Ehlers, who suffered most, the above should be said. Goldschmidt allowed himself to be led into the organization of a conference because of the objects aimed at and washed his hands of Ashmead and his methods as soon as he saw behind the veil.

"This was the end of the eventful Leprosy Conference, one which Ashmead ridiculed because he was not ring-master and manager as well as director, etc."

When Dr. Dyer states that Dr. Ashmead, after conceiving the Conference tried to discourage interest in it he does not seem to understand what an incredible mental phenomenon he is describing; this statement, which seems to Dr. Dyer quite natural and needing no further explanation, hardly requires to be seriously refuted; for am I not writing these lines in my office and not in a lunatic asylum? However, some persons who have been either disgusted or offended or abused by me are quoted. The reader of the *New Orleans Medical and Surgical Journal* is informed that shocked by the wickedness of my ways, Dr. Goldschmidt at last determined to *wash his hands of me*. It is clear that he was for a long time in utter ignorance of my nefarious proceedings, for he has written to me, and encouraged me for the best part of the last two years, complaining of some persons considerably more than I did myself. However, it occurred to him to *look behind the veil*, and then he did not hesitate one moment to perform those condemnatory ablutions. But what did he see behind that metaphoric obstacle to sight? Evidently nothing but the constant, laborious, undismayed activity with which Dr. Ashmead was and still is trying to call the attention of the public to the possibility of stamping out by international arrangements a disease, of which as Dr. Dyer says, 2,000,000 of men are the victims, and which threatens the other millions. But why should I be accused of veiling what I was unremittently proclaiming with all my might? O, Lord, clear our style of metaphors!

But there are others, and I ask myself with sincere searching whether I ever blasphemed (it could not be called with a milder name) against Hansen. When I most displeased this eminent leprologist was, to the best of knowledge, when I intimated that the microscopic creature on whose discovery his great fame rests, has distinguished itself by gigantic ingratitude, inasmuch as it has never done anything in return for all the regard, study, observation, cultivation, etc., which have been lavished on it. That is hardly abuse. I also said that Hansen had been compelled, *nolens volens*, to swallow the diluted delegational idea. That is the truth, and if it was not it would not be abuse, it would be a lie, or perchance, a mistake. And Arning? He and I are on the friendliest terms, which I am ready to show, if required. And Lassar. Let Dr. Dyer indicate one passage in any article or pamphlet of mine in which he was abused. I am not quite so sure, I admit, about Dr. Ehlers. I made, in speaking of him, a very few and, in my intention and opinion, very harmless jokes, for instance, about the 159 lepers he looked at in

Iceland. Was this joke or abuse? Dr. Dyer's article first conjured up that doubt in my mind. Ought not he to know? Is not he a judge? Who among his numerous readers will ever forget his delicate appreciation of Dr. Virchow's attic joke, when this venerable sage expresses his regret not to have been informed at an earlier period that free beer was to be had for the asking at the lunch counter!

There is, however, in these lunges of Dr. Dyer, made with what I take the liberty of calling a vicious but also ridiculous carelessness, one which claims a little more attention. It remains for me to explain to Dr. Dyer's readers, should they come across these lines, what must, if they take Dr. Dyer *au sérieux*, rather startle them. How could Dr. Ashmead, in New York, aspire to be the ring-master (whatever that may be) and manager as well as the director of the Berlin Leprosy Conference? And yet, this is easy to answer. Dr. Dyer means that Dr. Ashmead in every article he wrote for a long time insisted upon one point, from which he never swerved for one moment, that the Conference, or Congress as it was originally called, could only do one thing that was useful: obtain the enforcement everywhere of absolute isolation and the enactment of laws preventing the contamination of one country by another; that every thing else was vanity; that what would be said and read in the Conference and printed by the authority of the Conference, could be said, heard and printed everywhere without conference; that the time for talk should be freely admitted to be past, and that the mind of those who attended the first Leprosy Congress should rise to one great conception, easy to understand and easy to carry out and infinitely salutary to mankind. This is what Dr. Ashmead repeated indefatigably and, no doubt, he irritated some people.

There was once at Rome a senator who believed that the safety of his country depended on the destruction of a certain town in Africa. This man allowed no influential person to remain in ignorance of his views, and proclaimed them in and out of season after every one of his speeches in the senate: *Carthago delenda est*. Yet no one ever suggested that he intended to become the ring-master, manager and director of the republic. Dr. Dyer, happily, did not want to destroy Carthage, and could enjoy himself without getting at loggerheads with everybody.

"I was waked by the band Sunday morning and saw a host of soldiers going to the palace for new flags, and they marched merrily and looked well and they were men. Long live Berlin! Long live the Emperor! Long live the Leprosy Conference and its work!"

Suppose now I should indulge in some banter like that of which I rendered myself guilty against the renowned *privat docent* of Copenhagen, this dithyrambic gush, this touching imperialism (which might draw tears from a stone), and even the innocent enjoyment of the medal (reproduced in Dr. Dyer's paper) which informed those whom he met in Berlin that the bearer was a member of the Conference and that his name was Dyer, would suffice for a little string of light pleasantry. But it might be abuse. Perhaps even quoting Dr. Dyer might be construed into abuse of him. ALBERT S. ASHMEAD, M.D.

Appendicitis.

DETROIT, MICH., Jan. 11, 1898.

To the Editor:—In the January 8 issue of the JOURNAL I found an article on appendicitis, by an old practitioner, opposing operation and advising conservative treatment.

The article refutes itself, as the report of eight cases with five recoveries and three deaths, or a mortality of 37.5 per cent., is so terrible that if surgeons would report any such mortality, a hue and a cry would be raised which could be heard across the continent. I simply want to call attention to it for fear that the article might have been overlooked. It is the same

old story. By conservative treatment a good many cases will recover, and about 15 per cent will die. This man's statistics are far worse.

There may be surgeons who are ambitious and inexperienced and who consequently operate when a patient is convalescing and there is no need of it, but every experienced abdominal surgeon will refrain from operating when the patient is recovering, but will postpone it and urge an operation in the interval. However, all experienced surgeons urge *immediate* operation upon every case, claiming that if all cases are operated upon the mortality will not be more than 2 to 5 per cent. Although in that case a certain number will be operated upon who would never have another attack, still they can not be distinguished beforehand, and we claim best results by prompt operation in every case as soon as diagnosed. Of those five cases which recovered in the article spoken of, four will have recurrent attacks; some will die with the second, some will die with the third, or the fifth, or the tenth, but all will die from appendicitis, not to mention the long continued illness and the suffering they undergo in the meantime. So that out of eight cases there will finally be one who will live and have no recurrences, and all the rest will be dead. While if the eight cases had been promptly operated upon the first day, seven at least would have recovered and not been in danger of any subsequent attacks, and one might have died.

With this and the other side of the question, any reasonable and conscientious member of the AMERICAN MEDICAL ASSOCIATION can easily decide which is the correct method of treatment.

Yours truly, J. H. CARSTENS, M.D.

X-Ray Blindness.

NASHVILLE, TENN., Jan. 10, 1898.

To the Editor:—Though possibly it may already have been mentioned, I am not conversant with any report on what may be called X-ray blindness. During the Centennial Exposition here this summer there were several X-ray machines in operation. One of these was attended by a gentleman of my acquaintance, of more than average intelligence and observation, and also possessed of a fair amount of electric knowledge. He tells me that out of about 3,500 persons who looked into the tungstate of calcium screen, at his hand or other object, four were unable to see anything. They were not only unable to see the bones of the hand or other objects more or less opaque to those rays, but they could not even distinguish the fluorescent light; the interior of the box was just as dark to them as before the light of the tube was turned on. These individuals he allowed to make a number of trials, even bringing them back at night, so as to avoid the disturbance of daylight, but without avail; the screen remained persistently black. My acquaintance learned, also, that the general agent who installed the machines, possessed the same peculiarity. This gentleman said that though he had tried many times he had never been able to see anything in the screen. This condition, it seems to me, is one that would not be unexpected. The eyes of some individuals read, abnormally, certain colors, and that there should be some eyes unable to grasp the X-ray is no more remarkable than the phenomena of color-blindness.

ERNEST B. SANGREE, M.D.

Another Interesting Case: An Impacted Quid.

CHICAGO, ILL., Jan. 15, 1898.

To the Editor:—The case reported by Dr. Tufts of Sioux Falls, in which death was caused by the sudden plugging of the bronchi with a quid of chewing tobacco, recalls a less tragic case in my own experience.

A number of years ago I had a paper-hanger at work for me, who was using as a stage to reach the ceiling he was decorating, the top of a ten foot partition. Busy at his work with his head