ure to translate a perfectly intelligible phrase should inspire doubt as to the accuracy of his assertions.

3. You doubt the possibility of my pointing out in Dr. Keen's letter any serious misquotations. Will THE JOURNAL grant me the space to prove it? If so, the proof of his garbled quotations shall be furnished. But in his interest, I protest against being called upon to furnish them in your columns.

4. Speaking of Animal Vivisection, you say that "the courageous application of the facts thus gained on human subjects falls fairly within what Mr. Brown . . . would call "human vivisection." Not at all! Evidently, you are entirely ignorant of what The American Humane Association means by the term. It was thus defined on the first page of the original pamphlet: "The phrase 'Human Vivisection' must not be taken as having any reference to the experimental use by physicians of new methods or new remedies, with a view to the benefit of the patient. To such tests, in the vast majority of instances, there can be no objection. But 'human vivisection' is something entirely different. It has been defined as 'the practice of subjecting human beings, men, women, and children, who are patients in hospitals or asylums, to experiments involving pain, mutilation, disease or death, for no object connected with their individual benefit, but entirely for scientific purposes.'"

5. You state regarding unjustifiable experiments on human subjects, that there have occurred "a few rare instances of the kind, that were promptly condemned by the profession generally, long before The Humane Association ever paid any attention to the subject." I am very glad to know this upon your authority. If now, you will kindly quote from your own periodical, a single case in which an experimenter of this kind has been, by name, condemned or censured in your editorial columns since THE JOURNAL came into existence, I shall be glad to give your words that wide publicity which they deserve, as illustrating the attitude of the medical profession towards this atrocious practice. Yours very truly,

JAMES M. BROWN,
President American Humane Association.

Ans.—THE JOURNAL received the pamphlet in question about five weeks after the publication of Dr. Keen's last letter. We have not been accustomed to consider the date on the introduction as the date of printing of a work, and, supposing we had been promptly furnished with a copy, it was not unjustifiably assumed that its producers had had time to see THE JOURNAL of August 10 and include the latest statement of Dr. Keen. Anyone can put any date he pleases on the preface to a pamphlet; it is no evidence of the time of a book's appearance. We repeat that it would have been better for their pretense of fairness if The Humane Association had held back their pamphlet, if necessary, a few days to present also this last letter.

As regards the retaining the term "carcinoma dissemine" instead of putting it into English, it might do in a medical journal, though it looks pedantic, but, whether in a quotation or not, it ought not to be left without explanation in a pamphlet addressed to the laity. It disguises, so to speak, the facts in the case, that the patient suffered from generalized cancerous infection. While not approving of the procedure we can not say that auto-inoculation in such a case had any more effect on the feelings of the patient or the prognosis of the case than there would be in general leprosy, or from the addition of another pustule in a case of discrete variola. That, however, is evidently not the impression intended to be conveyed by The Humane Association's writer and he refrains from any explanation of the term, though, if he is at all familiar with medical terms, he must have been aware of the very possible trifling nature of the operation. The term as used by him can not be said to be "perfectly intelligible" to the average reader.

Dr. Keen, who is now in Europe, is perfectly able to take care of himself and one may reasonably doubt Mr. Brown's word that he has made any serious misquotations or that Mr. Brown is likely to want to spare him any exposure of them if he can do it. We may also be reasonably excused from giving any space to those who garble extracts and excuse de-

liberate misrepresentations under the plea of "free translation." As regards our alleged misapprehension and ignorance of what is meant by human vivisection, we shall hold our position. In fact, according to the definition given, hardly one of the cases of alleged human vivisection cited could be said to have been done entirely for scientific purposes; there was a therapeutic end in view in nearly every one, if not all. This does not, of course, justify the infliction of needless suffering, or criminal recklessness.

THE JOURNAL has editorially condemned human experimentation in the past as it does at the present, but it can not approve of exaggeration and misrepresentations or the attempted inference that it is not condemned by the medical profession. That this is not the case is shown by the fact that The Humane Association's anonymous writer has to quote such condemnation, though he apparently tried to avoid it, as in the case noted by Dr. Keen. The impression conveyed to disinterested laymen by his article is shown by an editorial in the *New York Evening Post* which sees in it "not an answer to Dr. Keen's specifications, but an attempt to hold him responsible for things he has not said or done. It puts him in the attitude of exonerating physicians who have been charged with experiments producing unnecessary pain upon poor and helpless patients in hospitals. No impartial reader will derive such an impression from anything he has said." We do not see the utility of further lending our columns to those whose main object appears to be the libeling of the medical profession, through garbled quotations and direct misrepresentation by an anonymous writer.

The Banquet to Dr. N. S. Davis.

HARTFORD, CONN., Oct. 12, 1901.

To the Editor:—The testimonial banquet to Dr. Davis, so warm and appreciative in its recognition of his great service to medicine, and to medical men, failed to note the real monument which he has been building for the future.

The recent great advances of science have pointed out the wisdom and prescience of the persistent and insistent efforts of Dr. Davis to make known the dangers from the use of alcohol. For nearly half a century from laboratory and clinical experience he has called attention to the errors and delusions which have invested the alcoholic problem.

Dr. Rush, the great physician of the last century, is more often quoted to-day and is more vividly remembered for his statements of the nature of alcohol and the diseases which follow than for any other work he did.

Condillac, a noted French philosopher of the eighteenth century, is unknown to-day; his name is rarely mentioned except as having urged that inebriety was a disease and curable.

History has many similar examples of prominent men in their day whose memory was only known to the future by what they said regarding some unpopular subject, which later was recognized as a great truth. It is this work of the recognition and defense of great facts which are denied at the time, that make such men the pioneers. These men open up new territory and mark out paths for larger truths in the future. There can be no doubt that the great impending alcoholic problems of this new century will refer back to the efforts of a few men of which Dr. Davis is the great leader, and who, like scouts, far in advance of the army of scientific progress, indicate the direction and line of march.

A host of friends all over the country extend to Dr. Davis their heartiest greetings and confident assurance that his name and reputation is not limited to this day and generation.

T. D. CROTHERS, M.D.

Laxity in Pension Examiners.

BLOOMSBURG, PA., Oct. 10, 1901.

To the Editor:—In an article in THE JOURNAL of October 5 on "Laxity in Pension Examiners," the claim is made of "certain abuses" of "serious carelessness," and that the public has "a conviction of a vast amount of fraud in the pension

business," and that the publication of such facts as these confirm it. Let us examine the alleged facts. If they are true, then the above allegations stand. If they are false, then they fall. The "facts" consist of an experience with one board of pension examiners, who examined twenty applicants at once, from one section and found them all suffering from heart disease. These applicants were then examined before disinterested physicians who found no heart disease in any of the cases. Is this probable? Is it possible, that twenty soldiers aged from 55 to 75 years, who have suffered all the privations of army life, and subsequently the most of them the hardships of severe manual labor in attempting to maintain their loved ones, that not one had heart disease? I doubt if it is possible to take twenty men with no army experience between the ages of 55 and 75 years and not find one with heart trouble.

The sentiments of your article are so similar to others recently published, as to excite the suspicion of a common inspiration. Many of your subscribers are pension examiners. Were you to obtain their experience as to the prevalence of heart disease among pensioners it would go far towards establishing the question as to who is right in the controversy between the Commissioner of Pensions and the Grand Army.

J. J. BROWN, M.D.

A Medical Weekly Criticised.

PAWTUCKET, R. I., Oct. 2, 1901.

To the Editor:—I am glad you noticed the editorial of a certain medical journal reflecting upon the physicians who attended our late lamented President.

It is a deplorable state of affairs when a journal that should be cautious and dignified, rushes into print editorially with a hysterical attack upon the good name of our profession backed by nothing but hearsay. The proceeding was a disgrace to journalism and if I were a subscriber of this weekly I should consider it a duty to myself and my profession to refuse to accept it in the future.

According to certain "yellow newspapers" this medical publication is the "mouthpiece of the profession." Where those poor deluded scribes got the information I can not imagine, but sufficient to say they never heard of the American Medical Association or THE JOURNAL, or of a number of other favorably known medical journals, for if they had, reckless as these men are, I believe they would hesitate before writing such a glaring misstatement.

I believe that a medical journal that assumes such an attitude toward the profession is unworthy of support. The editorial not only reflected upon the gentlemen immediately concerned in this case, but upon the whole profession, and while this editorial was inconsistent and absurd to the professional mind, it certainly made the profession ridiculous to the lay mind.

Yours very truly,

FRANCIS M. HARRINGTON.

The Septic Tank.

CHICAGO, Oct. 9, 1901.

To the Editor:—In THE JOURNAL of September 28, the City Clerk of Vancouver, B. C., states in a very positive way that the City of Vancouver was the first to introduce the Septic Tank System into the Dominion. This is an error. The first septic tank system to be introduced in the Dominion of Canada was installed at the Mount Allison University, Sackville, N. B., and was put into practical operation in October, 1900.

I should perhaps explain that, as general agent for the septic tank syndicate at Exeter, England, I secured the introduction of this system, both at Vancouver and Sackville, and on March 12, 1901, I received a letter from Dr. Allison, President of the University, reporting the very satisfactory working of our system. In the interest of your readers, perhaps you would like to get a later report from the Doctor, which I think he would be very glad to give you, but in justice to Dr. Allison I think Dr. McGuigan's statement should be corrected.

Yours very truly,

H. D. WYLLIE,

General Manager Cameron Septic Tank Co.

A Warning.

PHILADELPHIA, Oct. 12, 1901.

To the Editor:—I desire to warn the profession against the operations of the Merchants' and Physicians' Adjusting Agency, of 346 Broadway, N. Y. Their scheme is to agree by written contract to collect bills for two years for \$25, half of the first \$50 collected. The doctor must bind himself to send every 20 days for five times, twice as many stamps as the number of debtors to whom letters will be sent. The point here is that if the physician should forget to send the stamps within the time mentioned, such is the wording of the contract, that he must forfeit \$25 and risk hearing nothing more about his accounts. Should he refuse to pay, they threaten and demand a promissory note as the only concession. The nefarious trick is quite obvious.

H. S. ANDERS, M.D.

Gangrene Complicating Pregnancies.

AUSTIN, TEXAS, Oct. 11, 1901.

To the Editor:—For the benefit of the statistic-pathologist, allow me to report that several years ago, a primipara, of this city, lost one of her feet, and part of the ankle, as a result of gangrene, complicating parturition. The patient fully recovered, and has since borne five healthy children, all of whom are now strong and well. Personal observations lead us to believe that such complications are not so rare, or so fatal, as many writers would have us to believe.

Q. C. SMITH, M.D.

New Instrument.

A SIMPLE MECHANICAL DEVICE TO PREVENT THE MISCOUNT OF SPONGES.

MISS ZELL CONVERSE, GRADUATE NURSE.

COLUMBUS, OHIO.

The unfortunate accident in a Columbus hospital a few years ago, and the universal expression of trained nurses as to the responsibility assumed by them in accounting for the sponges used, impresses upon the mind of the writer not only the convenience and value, but the almost absolute necessity of some arrangement which would render a miscount impossible.

The following described simple device then came to mind, and was suggested to one of our leading surgeons, who has since used it both in hospital and private practice; in a published report he speaks of it as devoid of complications and in every way eminently satisfactory. Any ordinary table may be used, but one at least 36 inches in length and a little wider than is necessary to hold two sponge basins, will be found most convenient. To this is attached at the back of the top an upwardly inclined surface about 36x36 inches with three hooks, one at each upper corner and one in the center from which the unfolded package of sponges is suspended.

The sponges are made of surgeon's gauze in two sizes; one size 9x9 inches, and the other, 12x12 inches. Each package is made up of a piece of muslin or cotton flannel, measuring 30x36 inches and divided by colored threads into squares, three of which are 12x12 inches, and the eight remaining, 9x9 inches. Colored thread run in by machine easily marks the squares. Three loops of tape, one at each upper corner and one in the center of the muslin, are for suspending from the hooks on the table. To each square a sponge is lightly caught by a very fine thread at each upper corner—indicated by dots in the diagram. The muslin is then folded upon itself, rolled up and sterilized. At the beginning of the operation the sterilized package is unrolled and suspended by the loops of tape from the hooks upon the inclined surface at the back of the table, where the nurse and everyone present can, at a glance, see that each square is occupied by a sponge. If the unbleached muslin is used the difference in color in the muslin and the sponge would make the absence of a sponge the more quickly detected. The sponges being so lightly attached are then easily removed to the basins. When the time comes for counting, the nurse