

also endeavour to promote that coöperation between provident dispensaries and hospitals which is essential for the relief of the out-patient departments of the latter institutions. Every provident dispensary of London has been asked to send a representative, medical or lay, to the Council, and it is intended to add a few coöpted members, including nominees of the British Medical Association.

It is hoped that all those who are interested in existing dispensaries and all who desire to encourage habits of thrift and self-reliance among the poor will endeavour to further the objects of the London Provident Dispensaries Council. Further information will be gladly supplied by the honorary secretary, Charles H. Warren, and may be obtained at the temporary offices of the council at 5, Lamb's Conduit-street, W.C.—I am, Sirs, yours faithfully,

H. A. HARBEN,

Chairman, London Provident Dispensaries Council.

Oct. 17th, 1907.

## THE CLOSING OF MEDICAL LIBRARIES.

*To the Editors of THE LANCET.*

SIRS,—With reference to your leading article of Saturday's date on the Closing of Medical Libraries it is perhaps as well to point out that the shutting of this library and of the Royal Medical and Chirurgical Society's library at the same time is quite exceptional. They have been undergoing structural alterations and we have been re-painting (for the first time in our case in about 20 years). As a rule they are open in September, when we are closed, and we are open in August, which is their close time.

I am, Sirs, yours faithfully,

VICTOR G. PLARR,

Oct. 21st, 1907. Librarian, Royal College of Surgeons of England.

## THE INTERNATIONAL CONFERENCE ON TUBERCULOSIS.

(FROM OUR VIENNA CORRESPONDENT.)

THE Sixth International Conference on Tuberculosis was held in Vienna from Sept. 19th to 21st and was a great success in every way. Not only as regards the number of men of science present but also from the point of view of organisation and the material dealt with during these three days it may be safely said that good work has been done by good men. There were representatives from nearly all civilised countries, those from England being Professor W. R. Smith (London), Professor G. Sims Woodhead (Cambridge), and Dr. Williams and Dr. Nathan Raw (Liverpool). The official representatives of the Austrian Government included the chiefs of the medical departments of both the army and the navy, as well as the heads of the various departments of hygiene of the Ministry of the Interior. The Archduke SALVATOR, sent by his uncle the Emperor Francis Joseph, under whose patronage the conference was held, opened the proceedings in the spacious hall of the University on the forenoon of Sept. 19th. The Vice-President of the International Association for the Prevention of Tuberculosis, Professor VON SCHRÖTTER, then expressed much gratification at the presence of so many visitors from all parts of the world, and after the usual speeches by the representatives of the various learned societies, including telegrams from the President of the Association and several Princes and Ministers, the Austrian Minister of the Interior, Baron BIENERTH, welcomed the conference in the name of the Government. In the course of his remarks the Minister enumerated the endeavours which have been made by the official authorities to combat the disease, as, for instance, by instructions issued to the public, by popular lectures, by improvements in the social condition and housing of the lower classes, and by insurance against sickness. He finally wished the conference much success in its work and hoped that its aim might be, "*Saluti publicæ, solatio ægrorum.*"

The practical work of the conference was commenced an hour later in a smaller hall of the University. By an understanding amongst the members, arrived at after some deliberation, it was resolved to divide the proceedings of the conference into three well-defined parts—namely, (1) the channels of infection; (2) the notification of pulmonary tuberculosis; and (3) the cost of sanatoriums. A discussion on the first of these subjects was opened by Dr.

WEICHSELBAUM, professor of morbid anatomy in the University of Vienna. In his address, which lasted about two hours, he said that there was no unanimity of opinion as to the channels of infection and that there were two large groups of men of science in favour respectively of the "inhalation theory" and of the "food theory." In the first-mentioned theory it must be assumed that the exhaled air was charged with the bacilli and came through inhalation into the bronchi, bronchioli, and pulmonary alveoli, whilst the second one assumed that the bacilli were carried into the buccal or nasal cavity by food, by kissing, by touching the mucosa with dirty fingers, and in other ways, and that they afterwards entered the adjacent lymphatic glands or the intestinal canal. Traumatic infection was also possible if tubercle bacilli gained admission into lesions of the integument or any other part of the body. This latter mode of infection was, however, rather rare, whilst in regard to the frequency of the other two ways opinions were divided. The reaction of the glands against the infection was variable—sometimes the bacilli were killed, sometimes the gland offered a good medium for their development, and it was never possible to judge from the localisation of the lesion where the original invasion had taken place. Statistical data were not trustworthy in this respect, but it had been undoubtedly proved that infection by inhalation did take place, although not so often as through the intestines, nose, and mouth. A special feature was the frequency of tuberculous infection in childhood, which might be accounted for by the "dirt and smear infection," as children not only often played in the sand or on the floor where dust and dried sputa abounded, but were prone to put their dirty fingers into their mouths much oftener than grown-up persons. The overwhelming frequency of tuberculosis of the lungs and bronchial glands was perhaps due to a specially lowered resistance of these organs, or perhaps the glands along the upper tract of the alimentary canal in course of time lost their power of destroying tubercle bacilli. The fact that early tuberculosis was localised at the apices of the lung did not give any clue to the problem. The existing uncertainty as to the mode of infection must not, however, influence prophylactic measures. Whatever might be the channel of infection it must be the aim of the medical profession to prevent the entrance of the bacilli into the body and to increase the resistance offered by it to the disease.

The animated discussion which followed this address served only to prove that the diversity of opinion on the subject is just as pronounced now as it was at the last conference, when a motion was adopted to the effect that it was necessary to ascertain by what channels infection entered the body.

Professor FLÜGGE (Breslau), the champion of the inhalation theory, maintained that whilst it was possible to infect animals with minute quantities of bacilli introduced by means of inhalation it was only with difficulty possible to infect them with food mixed with tuberculous material. The inhalation method was nearly as active as a subcutaneous injection of the bacilli, whilst it was even quicker in making the animal ill. In infecting animals by means of ingested material inhalation was never excluded. Infection through the alimentary canal required such enormous quantities of bacilli that it must be regarded as rare. But the droplets of tuberculous sputum which were produced by coughing were responsible for many infections; tuberculous dust was not so dangerous. Inhalation was therefore regarded by Professor Flügge as the most active source of tuberculosis of the lung.

Professor B. FRÄNKEL (Berlin) spoke on the subject of Tuberculosis of the Upper Respiratory Tract. He said that primary tuberculosis of the mouth, larynx, pharynx, and tonsils had been observed, so that infection by inhalation could not be excluded. Infection of the adenoid growths in the naso-pharynx was not possible except by means of inhalation. In children there was often a combined tuberculous infection of the nose, throat, and the glands of the neck which was called scrofulosis. The pathological conditions found in tuberculous disease of the upper respiratory passages accordingly did not favour a change of opinion as regards the importance of infection by air.

Professor ORTH (Berlin), who also took part in the discussion, formulated the following conclusions, arrived at after carefully considering the question for many years. The bacilli of Koch could establish themselves in the lungs and produce tuberculosis either after having gained access by means of the inhalation of air charged with them or