can be obtained from almost any textbook or laboratory manual. In practically every community there are open, far advanced cases of pulmonary tuberculosis. Would this were not so, but unfortunately it happens to be. Happily, however, for our purpose at hand, it may serve in a helpful and practical way. The practitioner can perfect himself in the staining technic of tubercle bacilli from this known positive source. Once this has been attained, the feeling of assurance, yes, independence, is most comforting. You have acquired the possession of a most potent means of investigation; and one that reaches into the shadows of one of mankind’s greatest scourges.

One or two more bottles of chemical reagents, a centrifuge, and the set-up for performing the concentration method is at hand. This is a more accurate and refined method for finding the tubercle bacillus in the sputum and should be employed when the examination is negative by the usual direct method. Here again, any laboratory manual will give the details of this procedure. While it is very true that pulmonary tuberculosis frequently exists when no tubercle bacilli can be demonstrated in the sputum—and it is profoundly hoped that continued efforts will be directed to diagnose it more often at such time—it can be stated that the presence of tubercle bacilli in the sputum practically always means the existence of pulmonary tuberculosis. It is one of the most positive proofs in all medicine. Therefore it behooves every doctor to equip and perfect himself for the examination of the sputum for tubercle bacilli. Unlock the door to the puzzle of the open case of pulmonary tuberculosis. You have the key.

C. H. H.

B. C. G. Dr. Thorvald Madsen, director of the State Serum Institute of Denmark, discussed B. C. G. in a recent lecture under the auspices of the Abraham Flexner Lecturship at the School of Medicine, Vanderbilt University. In his opinion, there appears to be no danger in its use, when the proper precautions are observed. He feels that now there has been enough accumulated evidence to show that B. C. G. increases the resistance to tuberculous infection. He notes that its use is being gradually extended and raises the question of whether it should be more wide-

ly used. He closes his lecture with this significant statement: “At present it seems to me, it might be too risky, even if it were practicable in a few places, to eradicate tuberculosis entirely, but preferably to modify the course of this infection in such a way that it becomes protective instead of destructive.”

C. M. H.

RED CROSS FIGHTS TUBERCULOSIS ABROAD

In Peru, the Red Cross has completed plans, and is now building a pavilion of 50 beds for tuberculous children.

In San Salvador, the Red Cross has established an anti-tuberculosis dispensary which is worthy to rank with the best.

In Norway, the Red Cross has been constantly extending its health activities to include preventative work against tuberculosis.

In Australia, the most characteristic work of the Red Cross is the care of crippled children and tuberculous patients.

RESOLUTION: The American College of Chest Physicians, in Annual Session at San Francisco, June 12, 1938; passed a resolution expressing its opposition to any measure such as the proposed “State Humane Pound Act” which will hinder or curtail animal experimentation as conducted by fully qualified physicians.

Progress in medicine and in the sciences has been possible because of the use of living animals for experimentation. Any move to prevent the use of such animals for the benefits of science is opposed by organized medicine as a step backward in our modern civilization.

Therefore, the American College of Chest Physicians desires to go on record, and joins with other organized medical groups in opposing this proposed legislation.


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By: Robert B. Roman, Jr., M.D., Secretary, American College of Chest Physicians. El Paso, Tex.

Dated: August 16th, 1938.