

and additions are being made to the equipment from time to time.

Dr. Von Ruck, apart from climatic treatment, which he carries out systematically, believes that nutrition is the basis of all successful treatment, and measures the value of every method by that standard—as before stated, I hold this to be all-important—at the same time he gives close attention to the prevention of relapses and holds that these are due to errors or mismanagement, and patients must be watched carefully and made to understand that relapses will prevent recovery, and are, as a rule, avoidable.

The writer has had unusually good opportunities for studying the climate of the mountainous system in which Asheville is situated, having spent several summers as resident physician at various mountain resorts in that region, and having travelled on business or professional errands over all of the vast mountain area in East Tennessee, Western North Carolina, Eastern Kentucky, and West Virginia. In the more elevated portions of this country consumption is practically unknown. I have never seen a case of indigenous tuberculosis in the region among the mountain natives.

Neither of the celebrated institutions in Germany have anything like the climatic advantages which are afforded at Asheville; and while located in mountainous regions, neither of the institutions can be said to possess sufficient elevation to make it a prominent factor in the cure of patients. Nor have they the conditions of temperature, at once moderate and cool in the summer and free from the severity of extremes in the winter, as, for instance, can be found in the mountainous region under consideration. Yet these institutions are known all over the world because of the greatly better results obtained as compared with open health resorts at which no particular control of patients is exercised, although their climate may present features which seem more desirable.

The climate of Asheville is an all-year-round climate, and the only one east of the Rocky Mountains. No extremes in temperature are experienced. The summers are cool and the winters mild, yet not so warm as in the more southerly resorts, owing to an elevation of 2500 feet amidst the mountains which surround the plateau, to heights of five and six thousand feet

on every side. Such a tempered winter climate is infinitely preferable to an enervating, warm temperature, in which the air contains necessarily a greater amount of moisture, and under which the nutritive processes are not as active, tending rather to anæmia and debility. Of course, in far-advanced stages of the disease a warm climate may allow such a patient to be out of doors without the amount of clothing and protection required under extreme amount of emaciation and anæmia accompanying the last stages of pulmonary tuberculosis. But in cases where curative efforts are still justifiable, and in the incipient and early stages, a bracing climate is preferable, and such patients may spend the greater part of the day out of doors in Asheville during the entire winter months.

It is to be hoped that the true mission of the modern sanitarium will be more fully understood by the profession at large, and that they will be sustained, so as to encourage the building of others. Unfortunately the fatally erroneous idea seems to dominate the people, and the profession also, that consumption is an incurable disease. Its diagnosis is therefore delayed from motives of sympathy, or from negligence to the first symptoms. Consequently a resort to a favorable climate is delayed until it is too late to reap any real lasting benefit. Men like Brehmer, Trudeau, and Von Ruck, deplore this sad mistake more than others because they realize more clearly than others the enormous responsibility which rests upon the family physician, upon whose early recognition of the disease and prompt removal of the case to a sanitarium hangs the fate of the sufferer. All considerations of business and social interests must be set aside at once if anything of value is to be accomplished.

The sanitariums should be looked to as places in which we hope and expect to see the cases cured in, not as hospitals to die in.—*Abstract of paper in Dietetic Gazette.*

SIR GEORGE H. PORTER, Bart., M.D., one of the most eminent of the surgeons of Dublin, has been elected Regius Professor of Surgery in the University of Dublin, in the place of Mr. William Colles, resigned. Sir George, in addition to his high position as a surgeon, is said to be the richest member of the profession in Dublin.