

would expect solid surgical work to be advanced. One remembers that there was a somewhat similar outburst in the lay press, a few years ago, when the Koch treatment of tuberculosis was being boomed in Berlin. For this, however, the illustrious Koch must not be held responsible, he was forced into bringing forward his work before he had been able to assure himself that the results of his injections justified them in being regarded as *curative*. Immediately there was a rush to the German capital, and medical men lent themselves and their names to lay journalism and their portraits to the illustrated papers, passing glad to obtain notoriety in such a beneficent, or at any rate in such a popular, movement.

I do not know how it may be with you, but in Western Europe every new method or invention is at once greedily accepted and not improbably made the means of unmistakable advertisement. It does not much matter whether it is to turn out a real success or not, the point seems to be to have one's name associated with it whilst it is on the crest of the wave. To have one's name in front—and, somehow or other, to keep it there—that is the problem with us; for, you see, the struggle for existence has of late become very keen in certain parts of the eastern hemisphere.

I say that I do not know how it may be with you, but I hope and I think that in your peaceful Arcadia you can practise your profession undisturbed by many of the anxieties, struggles and temptations by which your less fortunate confrères are sometimes well-nigh overwhelmed in an older country. And long may it so continue with you, not only for the good of your honorable profession but also for your own self-respect and happiness.

To affirm that the forcible straightening of carious spines must needs be unsurgical, simply because it is a reversion to the ways of the bone-setter, would be unfair, for the blundering bone-setter sometimes did good by chance. But, at any rate, he experienced none of that sense of responsibility which a surgeon must feel when he is proposing to straighten a tuberculous spine. It is obvious that in straightening the angle the tuberculous ulcer of the vertebra must be widely opened out, and that if the neural arches have been already cemented together, this rigid support must be broken across. And, supposing that this is done, and that the patient survives the risks, which are inseparable from the procedure, will the widened osteal ulcer duly heal and the neural arches again become solid? Possibly so. But—and this is the point—will there be no further recurrence of the hump?

Though I should be grieved to stand in the way of surgical advancement, I do not mind getting in the road and temporarily impeding traffic whilst we are taking time to consider the route, and are assuring ourselves that the stream of surgical practice is going in the right direction. My opinion is that the deformity of Pott's disease does not lend itself to operative treatment; that forcibly to interfere with it is to thwart Nature in her good