

fect; free from haughtiness, disposed for solitude, and a thoughtful disposition. He should not be defective in respect to any limb. He should be free from wrath, fond of study, devotedly attached to both theory and practice; free from cupidity, without sloth, and should be endowed with excellent character, purity of behavior, devotion, cleverness, compassion for all; should seek the good of all creatures, and should be prepared to obey all the commands of his preceptor, to whom he should be attached. One adorned with such qualifications has been declared to be worthy of acceptance as a pupil."

We fear that some of our modern medical students would find it difficult to compete with the ancient Hindus in possession of these very moral attributes. This fasciculus is of very great interest not only to the medical historian, but to Hindu scholars in general.

THE WEEK IN CONGRESS.

With the exception of the rather tedious speech of Senator CAFFERY recommending his bill, sanitary matters received little attention. Estimate of deficiency in the appropriation of the Quarantine Service was received in the House and referred to the Committee on Appropriations. The naval appropriation bill is under consideration.

CORRESPONDENCE.

The Serum Treatment of Tuberculosis.

DENVER, COLO., March 29, 1898.

To the Editor:—I note in your last issue a criticism of my report of cases, published in the JOURNAL of March 19, by Kenneth W. Millican, M.D., B.A., M.R.C.S., which I feel deserves a reply. Dr. Millican states that antiphthisic serum T. R. (Fisch) "is recommended in the so called pre-tubercular stage, in the first stage and the early part of the second stage prior to disintegration and in these alone." He criticises the report sharply, because all the cases were chronic cases and not applicable to serum treatment. The Doctor has forgotten that in the February 5 issue of the JOURNAL there appeared two articles on the treatment of tuberculosis with antiphthisic serum T. R., in which sixteen cases were reported, of which fourteen were chronic cases, having existed from one to eleven years, and yet no criticism was made on account of their not being appropriate cases. Why? Was it because the reports were more favorable?

It was because I believed that the deductions drawn from these cases were not justified that I reported my cases, feeling that not only the "truth, but the whole truth," should be recorded. I admit that in reporting these cases more could have been added in the way of detailed account of symptoms and physical signs, but in practicing brevity, which is the chief value of many papers, something may have been omitted that would have rendered the case clearer to the critical mind. Dr. Millican decides that all, except possibly one or two cases, were cases of mixed infection. In reply I would say that in only one case were streptococci found in addition to tubercle bacilli upon commencing treatment, and this was the only case accompanied by fever and other symptoms of mixed infection.

It is not only proven, but admitted, that the serum treatment is a failure in long-standing chronic cases of tuberculosis.

The question remaining is whether incipient or early cases will recover in spite of the remedy or whether it hastens recovery. As early cases invariably recover, and indeed many of the later cases, by proper climatic treatment it must therefore remain with our Eastern colleagues to solve this problem. I would, however, sound this warning far and near. Do not keep incipient cases on serum treatment until all chances of recovery from a change of climate has passed in perhaps the vain hope that they may be cured by this means. Test the serum treatment on those who can not make the sacrifice incident to a change of climate. All early cases that can possibly make the sacrifice send westward, until the full value of this treatment has been proven and you will never regret the results.

Very truly yours, F. E. WAXHAM, M.D.

Homing Pigeons as Medical Messengers.

ELIZABETH, ILL., March 31, 1898.

To the Editor:—For several years the undersigned has had under consideration homing pigeons as medical messengers. My correspondence with doctors who use them for this purpose, and also information obtained in medical journals and books bearing on the subject, so encouraged me that I was induced to invest in some of the "Belgian Homer" pigeons, and now have established a loft of aerial messengers as part of my equipment as a medical practitioner.

The young birds now under training encourage me to say to the JOURNAL readers that my expectations have not been dimmed, and I am convinced that if medical men will look into this matter, if they have not already done so, they too will find it feasible. In order to have the homer pigeon serve me in an efficient manner, I am having the entrance to the loft connected with electric bob-wires, so that when a bird returns home with a message from a patient, the alarm will be given at my office and residence, just as soon as the bird returns and is passing under the bob-wires into the loft.

Just inside the bob wires is a cage or box, placed in such a manner as to make the pigeon messenger a prisoner until the message is secured. Professor Marion of the U. S. Navy Academy has invented a capsule in which the message to be sent is placed, and then the capsule is fastened to the pigeon's leg.

The loft need not be expensive; a space in the barn eight by twelve feet and six feet high and about ten feet from the ground is room enough for thirty homing pigeons. If a special house is constructed, for want of room in the barn, the writer had constructed a loft as follows: Size, six by eight feet with eleven feet studding. Five feet from the ground a floor was placed, leaving the up stairs, or loft proper, six by eight by six feet. The down stairs is inclosed with poultry wire; the up stairs, first with tar paper, then ship lap. Trap doors through the floor permit the birds to come down to the ground, a much needed recreation for the old birds that can not be given their liberty, since they will leave you if an opportunity presents itself. It is the young birds hatched from your loft, or those you get when just old enough to ship (about six weeks old), that can be trained for messenger service, when three or four months old, by taking them several miles from their loft, east, west, north and south, and let them fly back home. This is to be repeated and each time the distance increased, until the remarkable distance of 100 to 1000 miles may be attained, at the rate, for the shorter distances, of an average speed of one mile per minute.

Fraternally,

PHILIP ARNOLD, M.D.

Strongylus Gigas. One More Case.

CHICAGO, March 30, 1898.

To the Editor:—Anent the report in the JOURNAL of March 26, my own observations may be of interest. In 1854, while

residing in St. Louis, early in the spring my husband, then an animated amateur huntsman, complained of sudden darting pains in the region of the kidneys. They would however not persist, but give way to a rather dull ache and come and go. Then at once he became chilled and felt very sick. Our physician pronounced it malaria, contracted on his hunting grounds in the so-called bottoms of Illinois opposite St. Louis. He and his friends had been in the habit of drinking the water of the brooklets in the bottoms, though "disinfected" by whisky, as they thought. Soon he became delirious, diarrhea and hemorrhage from the bladder set in, and consultation was obtained. The second doctor, an old resident of this country, pronounced it bilious fever of the worst form. Indeed, excessive hemorrhage from the bowels, bilious vomiting and high fever took his strength rapidly away. However, he pulled through, and as soon as he was able we removed him to the so-called "bluffs," near St. Louis, in Illinois. The people there had no other water than a strong sulphuretted well, and in the second week of our stay he complained of trouble in urinating, and after several efforts, passed a worm about five to six inches in length; in the course of several days, five or six more of various length. I immediately recognized them as *strongylus gigas*, well described in Aken's "Natural History," as occurring in the kidney's of animals. I had found them in swine kidneys before.

Did this parasite cause the whole affair? Did he drink the eggs with brook water? Did the sulphur water drive them off? Very likely; we never observed any after that.

Respectfully, ROSA H. ENGERT, M.D.

Concerning the Norway Lepers.

PARIS, March 19, 1898.

To the Editor:—In reply to Dr. Hansen's letter in the JOURNAL of February 26, I would say that I got my information as to the number of lepers in Norway from a guide book (I believe Murray's), which I thought at the time was reliable, but which it seems was not.

Now the information as to the other points in my letter, including the number of lepers that Dr. Hansen saw in America, and our profound ignorance, as a profession, of the whole subject of leprosy, I got from an attending physician in the Bergen hospital.

Up to this time, I did not know that Dr. Hansen had ever been in the United States, or that he was the eminent authority on this subject that he is.

I had before seen considerable of leprosy in the East, in its worst form, but it was only after I visited this leper hospital at Bergen that I appreciated the many different phases in which the disease may manifest itself. I am quite willing to classify myself among those who know very little about this terrible disease.

Yours truly, W. S. CALDWELL, M.D.

Anemias.

CINCINNATI, April 3, 1898.

To the Editor:—It was with pleasure that I read your editorial upon "The Differentiation of the Anemias," but as there was one statement that does not harmonize with my experience, I offer such in the form of a friendly scientific criticism.

You state that the megaloblast is diagnostic of pernicious anemia if it exceeds the normoblast in number. This statement is misleading, as is also your summary, for often we may have a pernicious anemia in which the differential count will not reveal a single megaloblast; when the megaloblasts exceed the normoblasts the prognosis is fatal.

Recently I made the examination of a case in which there were neither megaloblasts nor normoblasts found but the summary made the diagnosis. The examination revealed the following: Red, 1,200,000; white, 4,000; hemoglobin (Fleishl) 35 per cent.; color index 1.45.

Red cells: poikilocytosis, polychromatophilia.

WHITE CELLS.

Adult.—polymorph. neutrophiles, 33.8 (normal 60 to 70 per cent.)

Young.—(Large mononuclear 1.8, transitional 2.6, small mononuclear 59.4. Total, 63.8 (normal 20 to 30 per cent.))

Old.—(Eosinophiles) 1.8 (normal ½ to 4 per cent.)

Myelocytes.—.6 (normal only in bone marrow).

(The full report of this case appears in the transactions of the Academy of Medicine of Cincinnati published in the Cincinnati *Lancet-Clinic* of March 19, 1898.)

A proper summary for pernicious anemia should be as follows:

Red, 1,200,000 or less; white, less than 5,000; color index, high, above 1.00; poikilocytosis, polychromatophilia.

Increase of young white cells; decrease of adult white cells.

Prognostic: Proportion of megaloblasts to normoblasts.

Respectfully yours,

W. EDWARDS SCHENCK, M.D.

Aut Rush Aut Nullus.

PITTSBURG, PA., March 28, 1898.

To the Editor:—Is it not possible to broaden "The Rush Monument" project into "A Monument to American Medicine?" Rush would still be the central figure, to which could be added medallions, or panels, honoring McDowell, Wells and Sims. It has been repeatedly urged that we are not as loyal to our profession as the homeopaths, who have erected such a fine monument to Hahnemann. But scientific medicine is not founded on any one man, no matter how great he may have been. I feel sure contributions would flow in faster if such a memorial to American medicine was contemplated. The three I have named made discoveries and instituted operations that have revolutionized surgery, and so, surely deserve a place on such a monument. The profession here have recently subscribed \$500 to the fund, but I have heard many doctors express a wish that the monument might be wider in its teachings.

Respectfully,

THOS. D. DAVIS, M.D.

Esophagostomy vs. Esophagotomy.

PHILADELPHIA, March 29, 1898.

To the Editor:—I find the remarks made by me in the discussion of Dr. Roe's paper in the issue of the JOURNAL (March 26, page 716), as reported, are so at variance with the idea that I wished to convey, that I hope you can find it possible to correct them. I distinctly said that *esophagostomy* is more desirable than *esophagotomy*, because the dangers of entering the posterior mediastinum are thus removed and we are enabled to remove the foreign body, if there be such, or divide the stricture through the external opening, thereby inflicting the minimum amount of force in the ulcerated region.

Yours faithfully,

L. J. HAMMOND, M.D.

Examining Committee Connecticut Medical Society.

NEW HAVEN, March 29, 1898.

To the Editor:—In your issue of the 26th inst., you give a list of the States that require an examination before a State board before admission to practice, but failed to mention Connecticut. You will see by a perusal of the enclosed copy of our State law that an amendment, approved by the Governor on May 25, 1897, provides that no one can now begin to practice medicine in this State without passing an examination before one of the examining committee, diploma or no diploma.

Very truly yours,
MAX MAILHOUSE, M.D., Sec'y
Examining Committee of the Connecticut Medical Society.