

Kitasato, are registered the following numbers: Osaka 372; Kanagawa 118; Nara 125; Shizuoka 529; Miyagi 111; Ychime 466; Saga 527; Miyasaki 897; Kagoshima 603. With these additions, the official record in the Secretary-General's Leprosy Conference publication is complete. I may observe, in passing, that if Dr. Ehlers will read the article of mine entitled "The Number of Lepers in Japan" (*Medical Fortnightly*), he will learn that there are over 100,000 lepers in Japan, and why the Japanese do not put on record their lepers if they can help it. There are more lepers in Japan unrecorded than there are recorded ones. This is in part true all over the world. Dr. Murata, in a late article, gives the number which he believes to be the right one, of the Japanese lepers; it is at least 75,000, according to him. He says that if measures are not very soon instituted to suppress the disease, and to prevent the hiding of those afflicted by it, *half of the forty millions of Japanese will be lepers in a century or two.*

The sanitary office of Berlin, says Dr. Ehlers, meaning, I suppose, the office of Tokio, considers the lepers as being equally distributed over the country. This is another error in the three and a half lines which Dr. Ehlers has devoted to the question of leprosy in Japan. According to my map of lepers in Japan, which was made for me by my friend, the editor of the *Jiji-Shimpo* (*Tokio Daily News*), there are in the southern provinces at least twice as many lepers as in the northern; the northern provinces run in the hundreds, two hundred, three hundred, four hundred, five hundred, six hundred, the latter the highest number. The southern provinces present the numbers five hundred, six hundred, seven hundred, eight hundred, nine hundred, one thousand, twelve hundred, and even (Kumamota) 2473. It seems as if leprosy in Japan had sifted to the south.

Another mistake in Dr. Ehlers' three and a half lines, devoted to the subject of leprosy in Japan, consists in the statement that "*la lèpre se montre tant sur les côtes que dans les montagnes.*" The fact is that the mountainous regions are much more afflicted than the seashore. The mountains of Narita, Minobu and Zozu are densely crowded with lepers; almost the whole population is leprosy. Dr. Ehlers can not possibly know, as he has not been sent by the Danish Government *on a perilous and disagreeable voyage to Japan*, that for 1200 years it has been the habit of lepers, believing that they were being punished for sins, to crowd to the holy mountains, and to live there, only wandering from one mountain to another. Where the number of lepers is greatest the infection reaches its highest degree. In this way the inhabitants in the mountains of Japan have become infinitely more contaminated than the population living on the coast.

I can not help thinking that the reader of this article will forcibly be reminded of the definition of the crab, in which there were only three mistakes, but mistakes which covered the whole definition of the animal; it is not a fish, it is not red, and it does not walk backward. Twenty-two thousand is not the number of lepers in Japan; the lepers in Japan are not equally distributed over the country, and leprosy does not show itself there as much on the coast as in the mountains.

ALBERT S. ASHMEAD, M.D.

Value of Transfusion.

PHILADELPHIA, PA., Jan. 2, 1899.

To the Editor:—In the course of an interesting editorial on the "Value of Transfusion," in the *JOURNAL*, Dec. 31, 1898, the operation is suggested in typhoid fever and other toxic conditions, and the statement is made that there is no literature at hand: i.e., presumably, no record, of the measure having been resorted to in the treatment of typhoid.

In Volkmann's *Sammlung klinischer Vorträge* (No. 11, 1890), Hermann Sahli gives an account of two cases of typhoid

fever in which he injected, beneath the skin of the abdomen and elsewhere, as much as a liter of a saline solution. In a footnote in the course of my article on typhoid fever, in the "System of Practical Therapeutics," edited by Prof. H. A. Hare (vol. ii, p. 290), I briefly referred to Sahli's work and have also mentioned the fact that I have treated, at the Philadelphia Hospital, with apparent success, a number of cases of pneumonia by means of "hypodermoclysis."

FREDERICK P. HENRY, M.D.

Restoration of Hearing.

MACON, GA., Jan. 4, 1899.

To the Editor:—I send you the following sketch of a case which I believe to be unique: In July of last year there was brought to me for treatment a young white man, and the following history given: Born in Georgia, 18 years of age, he had never had any serious sickness, and gave no history of any of the eruptive fevers, but was born deaf. On careful examination I found him in a generally good physical condition, all organs except the ears performing their proper functions. Bone conduction of sound was acute and a rudiment of hearing by aerial conduction sufficient to catch only the highest pitch of the human voice thrown directly into the left ear. The tympanic membranes were tightly distended and the turbinated bones enlarged. Since he could not hear he could not speak. He exhibited a great desire for me to take his case, which I hesitated doing because he had been through the hands of several prominent physicians, and I believed they had done for him all that books suggest, but I was much surprised and greatly gratified when, after being treated twice, he gave positive evidence of having heard me speak. And now, after a lapse of five months, he hears the tick of a watch at two inches, and is capable of using the telephone. I presented the patient before the Macon Medical Society in September, and explained the original method of treatment pursued. I do not detail the same here, as I hope to present the case and read a paper before the Georgia State Medical Society in this city in April.

As a matter of interest I will add that the young man is fast learning to talk, his wages have been more than doubled by the manufacturing company for which he wraps soap, and he has had his mother brought from a distant city, and is supporting her and a small half-brother. Such a story may need corroboration, and if so, I will gladly furnish the necessary reference.

Yours truly,

MAURY M. STAPLER, M.D.

Malingering.

UNIONVILLE, N. Y., Dec. 29, 1898.

To the Editor:—On Aug. 20, 1898, the *JOURNAL* considerably published a letter from me, on "Malingering," that recited a case in which suit for malpractice had been instituted. It seemed to me that the matter was of general interest to the profession then, as the outcome is now, so an outline of the progress of the case is here given, in order of time: The plaintiff's attorneys wrote me asking for a settlement by a certain time. I answered that there was nothing to settle. They then served first papers, without complaint, in a suit for \$5000 damages, and I at once employed a careful and experienced attorney, and instructed him to push the suit to an issue without any delay whatever. Complaint asked for and received in two or three weeks. It was as follows: Damages demanded for "careless, negligent, wrongful and unskilful treatment" and "careless negligent and wrongful advice"—a set formula I suppose.

By the laws in New York State, in these cases, the defendant can take the plaintiff before a referee's court and have examination by the plaintiff to determine the specific charges, and examined physically by a physician appointed by the court to determine the nature of the alleged wrong treatment. Appli-