

Licenses to Practice.

HYDE PARK, VT., April 23, 1898.

To the Editor:—In your issue of the 9th inst. I notice a correction sent in by Dr. Mailhouse calling your attention to the fact that Connecticut now requires an examination for license to practice medicine. I give below a complete list of States now requiring an examination for admission to practice, having obtained the same at considerable trouble and expense for my work on medical education and registration. They are as follows: Alabama, Arizona, Connecticut, Delaware, District of Columbia, Florida, Georgia, Cherokee Nation Indian Territory, (Iowa after Jan. 1, 1899), Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, Tennessee, (Texas in dispute), Utah, Virginia, Washington and West Virginia.

Idaho had a very good law passed a year ago which has since been declared unconstitutional owing to some irregularity in the Senate records; consequently it will have to be classed in the list of six States which have practically no medical practice laws, viz., Vermont, Michigan, Kansas, Wyoming, Nevada and Idaho.

Ohio and Rhode Island have taken decided steps to prevent medical schools locating in towns of less than 50,000 inhabitants.

Twenty-seven States besides the District of Columbia, Cherokee Nation Indian Territory, and Arizona now require examination for license to practice, of which number seventeen require both diploma and an examination. Some of the States not requiring an examination, as well as some that do, have very stringent rules governing the recognition of diplomas.

A four years' course of lectures, with a very considerable amount of preliminary education as a condition of recognition of diplomas, is demanded by something over a dozen States, in response to which 117 of the 155 medical schools in this country now require attendance on four annual courses of lectures, of which number twenty-seven require attendance on sessions of eight months, and ten of nine months each year. May each and every State soon require an adequate preliminary training and annual sessions of at least eight months instead of six, as some of the second- or third-rate schools will not fall into line until they are driven to it.

Very truly yours,

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Eustrongylus Gigas.

CENTERBURG, OHIO, April 11, 1898.

To the Editor:—On page 717 of the JOURNAL an article appears on the subject of "Eustrongylus Gigas," by Dr. G. W. Morehouse. Having been a neighbor for almost twenty years, and for a number of years the family physician of the patient mentioned, I presume some correction in regard to Dr. M.'s statements might be in order from me. Mr. H. (the patient) is a rather robust man in appearance to the person who would stop with a superficial survey, but to the physician who examines the case will come a revelation, for the man has fatty degeneration and the usual train of general symptoms that follow in the wake of such conditions.

He was a cavalryman in the late war, and since the war has been a merchant until a year ago. Prominent among the symptoms of the above named condition is the heart trouble, on which he was pensioned some years ago. I have watched with interest the case for at least fifteen years, many times during that period I have been called on to relieve him of attacks that came on suddenly, both of heart complication as well as for severe attacks of renal colic. I have helped to take him home many times from his place of business under such

circumstances. On March 10, 1896 (date given by Dr. Morehouse), I was attending the case and had been with the patient nearly all night. He was suffering from renal colic; the next day he passed several small calculi, and in a few days was attending to his business affairs as usual. Now note the difference in the records which I have before me, and those narrated in the JOURNAL by Dr. Morehouse.

Fully twelve months after the attack I have just recorded Mr. H. had another severe renal colic followed by quite a hemorrhage, the quantity of blood passed was estimated at fully a pint or more.

A day or two later he passed in the urinal a worm-like specimen about six inches long; with it was more or less debris, consisting of small coagula, etc. He brought the specimen to me, which I examined carefully by shredding it on glass and magnifying. I pronounced it blood fibrin in the form of a cast of the ureter. Several of these passed during the week or two following, none more than seven inches long. As soon as the tendency to hemorrhage ceased no more of the so-called parasites developed.

Mr. H. carried some of these specimens to my friend Dr. F. C. Larimore of Mt. Vernon, who upon examination decided that it was blood deprived largely of its coloring matter by having been held in the ureter. The patient being a man who liked notoriety, carried a few sample "worms" in a bottle to show his friends, and in this way wonderful reports of the case were given out over the neighborhood, and the exaggerated statements of the man himself I think, in a measure, led Dr. Morehouse, who lives in a village a few miles away, to make the report as he did.

Mr. H. as is usual in such cases, drifted into the hands of a specialist who bears a reputation for not being very guarded in his opinions, and who is governed in the treatment of his cases more by the color and quantity of a man's money than anything else. This physician treated him for a time for Bright's disease and later chanced it on "Eustrongylus Gigas."

The difference in opinion naturally prompted me to defend my position. I sent a specimen to a friend of mine in New York (a gentleman who is known to Dr. Morehouse, at least by reputation) who is an eminent pathologist, and his opinion coincides with Dr. Larimore's and mine. His idea was that one or more sharp calculi were in the kidney, and the irritation from their presence provoked the hemorrhage and a temporarily obstructed ureter held the blood until a cast was formed, and as the constriction gave way the worm-like cast passed into the bladder and later out by way of the urethra with the urine. The shreds were only fragmentary blood coagula, etc.

With this explanation I hope those who read the former article, and may read this, will be able to draw some rational conclusions. The case furnishes at least an object lesson for the general practitioner. The patient's health remains much the same as it has been for several years. I see him every day as one of his neighbors. By way of conclusion I might say this, as Dr. Morehouse had never treated the case he reported, and even the specimen of urine he says he examined was voided long after the "passing of the worms" I think his diagnosis has been too hasty and faulty in the extreme.

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Rumination in Man.

ASHTON, R. I., April 14, 1898.

To the Editor:—I was much interested in Dr. Sinkler's paper on "Merycism or Rumination in Man," published in your issue of the 9th inst., as I recollect that when a young man, say from 18 to 25 years of age, I frequently, at long intervals, used to return my food, especially after a hearty meal when accompanied or more often followed by the use of wine or other alcoholic beverage, and finding it rather agreeable, remasticated and restored it to the stomach.