

APRIL 21, 1906.

CORRESPONDENCE.

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very desirable to belong to this great organization. I hope some plan can be formulated which will induce the members of the Association to put on this badge. It is small, unobtrusive, and the laity do not even know its meaning; therefore, I can see no objection to it. But certainly none of us need be ashamed of belonging to the American Medical Association, even if the laity knew what the button meant.

E. FLETCHER INGALS.

[Dr. Ingals' suggestion is a good one. There was a time when the doctor was known by his peculiar dress; his gold-headed cane was the insignia of his calling. But now there is no distinctive mark to separate him from his fellow mortals. Possibly some will say that it is not necessary, and probably this is true, but when traveling it is very pleasant, sometimes, to be able to go up to a man one has never met before, and with confidence extend the hand of greeting. The American Medical Association button is a means of introduction that will often bring two congenial souls together, to the pleasure of both.—Ed.]

#### Trip to China and Japan.

ST. PAUL, MINN., April 14, 1906.

*To the Editor:*—The Great Northern Railway Company has made me a very generous offer. If I can organize a party of 100, to include physicians, their families and their friends, it will give us round-trip rates from St. Paul to Japan and China and return for \$700. This rate includes a double berth from St. Paul to Seattle and return, dining-car service to Seattle and return, first-class hotel in Seattle if necessary either way, first-class outside stateroom on the 28,000-ton steamship *Minnesota* from Seattle to China and return, with not more than two in a room, first-class hotel accommodations in Japan and China, jinrickishas, carriages or sedan chairs in Japan and China when desired, first-class railway transportation in Japan and boat transportation in China. For any one joining the party on the steamship in Seattle and leaving the party at Seattle on its return, a rate of \$625 will be made. If any members of the party wish to remain in Japan at their own expense instead of going to China with the steamship a refund of \$75 is made. The above rates also include guides. The party will leave St. Paul about July 21, sailing from Seattle on July 25, and reach Seattle on its return October 5 and St. Paul about October 9.

If any physicians wish further details it will afford me pleasure to answer any questions.

ALEXANDER J. STONE.

#### Hereditary Transmission of Yellow-Fever Parasite in the Mosquito.

BIRMINGHAM, ALA., April 14, 1906.

*To the Editor:*—I have just received a copy of "Yellow Fever Institute Bulletin No. 15," containing the account of an attempt to prove the "hereditary transmission of yellow-fever parasite in the mosquito."

In this experiment, fourteen mosquitoes, the progeny of three laboratory-grown mothers, were used, divided into three sets.

The mother of Set 1 was hatched in the laboratory. On October 3 she was allowed to sting a yellow-fever patient; again, on October 5, she stung same patient. On October 8, 10 and 12, she was allowed to feed to her fill on an immune. On October 17 she laid eggs for Set 1.

The mother of Set 2 was hatched from larva, "and for some time fed on immune blood." On October 4 she stung a yellow-fever patient. On October 6, 8, 10, 12 and 15 she fed on blood of an immune. On October 19 she laid eggs for Set 2.

The mother of Set 3 was raised from larva. On October 4 she stung a yellow-fever patient. On October 6, 8, 10, 12 and 14 she fed on blood of an immune. On October 18 and 19 and November 2 and November 13 to 18 she laid eggs for Set 3.

Now, let us suppose for a moment that hereditary transmission in the mosquito is a fact.

Immunity is supposed to be due to the presence in the blood of an immune of an antibody, and when the antibody disappears from the blood immunity ceases.

These mother mosquitoes were fed first on yellow-fever blood, then on immune blood, and afterward laid the eggs from which were hatched the experimental mosquitoes.

Is it not reasonable to suppose that the yellow-fever parasite taken with the yellow-fever blood, was destroyed by the antibody taken afterward in the immune blood, thus rendering it impossible to transmit the parasite by the eggs deposited at a later date?

And is not this experiment just as valuable in a positive way as the case of Marchoux and Simond, whose reported case was caused by mosquitoes hatched from eggs deposited by a mother fed only on syrup and yellow-fever blood?

J. M. LOWREY.

#### Tropical Gangrene in Guam.

NORFOLK, VA., April 9, 1906.

*To the Editor:*—In THE JOURNAL, April 7, a paragraph appeared under the above heading, doubtless inspired by a Washington dispatch of the Associated Press which was published widely in the newspapers recently. The dispatch related to a report made by a lay official in the Island of Guam referring to a peculiar disease which is prevalent in that island and which has already been recognized by professional authority under the name *rhinopharyngitis mutilans*. (Report Surgeon-General of the Navy, 1905, et al.)

The Associated Press paragraph states that the report from Guam refers to the disease as *gangrosa*. It is not to be wondered at that the correspondent of THE JOURNAL did not know what this meant, but he was hardly justified in assuming from the form or sound of the word that it meant gangrene. As the heading and content of the paragraph convey an impression which is very far from the truth, I hope the explanation necessary to enable THE JOURNAL to set itself right will not be unacceptable.

The Spanish adjective *gangoso* (masculine), *gangosa* (feminine), means snuffling, nasal, catarrhal, ozenous. It is applied by the Spanish (and, after them, by the Chamorros of Guam) to any person who has a chronic nasal affection, and the word is entirely without special application or meaning in connection with the *rhinopharyngitis mutilans* prevalent in Guam. In Spain, or in Guam, un *hombre gangoso* or un *gangoso* is a snuffler, a man who has the snuffles. A woman so afflicted is una *gangosa*. *Gang(r)osa* is a misspelling of the feminine form of this adjective and not the name of a disease. No form of gangrene is prevalent in Guam.

I have recently served more than two years in Guam as a medical officer and as health officer of the island, a longer time than any other American medical man has ever spent there, and feeling, as I do, a keen interest in all that pertains to the island and its welfare, I venture to ask you to correct the wrong impression which you have inadvertently given in the paragraph referred to.

A prominent physician of Philadelphia, whose daughter happens to be living in Guam at the present time, was so alarmed by this "gang(r)osa" nonsense as published by the Associated Press that he sent me the paragraph and asked me what it meant.

I send you herewith a reprint, from the *Journal of Tropical Medicine*, Feb. 15, 1906, of the latest article I have published on the disease, *rhinopharyngitis mutilans*. As the *Journal of Tropical Medicine* reaches a very limited number of readers in America, as neither the article nor its substance has been offered to or has appeared in any American publication, as Guam is an American possession and as our American medical men are taking an increasing interest in tropical medicine, you may care to take some more extended notice of the subject than the mere correction of the misinforming paragraph to which I refer, and if you do the article I inclose is entirely at your disposal.

JAMES FARQUARSON LEYS,  
Surgeon United States Navy.

[In the article referred to Dr. Leys describes the disease as beginning with sore throat and showing, on examination, a small ulcer on the back of the pharynx, on a posterior faucial pillar or on the free edge of the palate. The ulceration almost always extends upward, destroying the soft palate and