patients with both Good syndrome and autoimmune conditions who receive immunosuppressive treatment, the risk of opportunistic infections will increase, and the clinical outcome will be poor. The case we describe suggests that physicians must weigh the efficacy of therapy and the increased risk of opportunistic infections before or during treatment of Good syndrome, especially for patients who need immunosuppressive treatment.

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The Cover Art of the 15 June 2004 Issue

Sir—I noted with interest the cover of the 15 June 2004 issue, which depicts a 1782 lithograph described as a ceremony to appease the Hindu goddess of smallpox, Sitala (the S pronounced as “sh”). The ceremony depicted is called the chakra puja and is still practiced in parts of the Indian subcontinent. I attended one of these ceremonies in a Hindu community in Sylhet, Bangladesh, in 1978, and photographed the proceedings (figure 1). As it is evident in your cover lithograph, male devotees swung around in a circle, dangling in the air suspended from a tall pole, to which they were attached by a rope with metal hooks that pierced deeply through the skin of their backs. The amazing thing was that the men appeared to feel no pain and may possibly have taken some intoxicant medication. I did see that a white powder had been placed by their attendants where the hooks penetrated the skin, apparently as a styptic to stop bleeding.

In Sylhet, the ceremony was carried out to propitiate not Sitala, but the Hindu goddess Kali. Sitala and Kali both are associated with fearsome powers and horrific events, but are quite distinct from each other; Sitala is the goddess of smallpox and similar diseases, and Kali is often depicted as a fearsome deity wearing a garland of severed heads, sometimes treading upon the corpse of her consort, the Hindu god Shiva, whom she slew in a moment of careless rage (figure 2). In contrast, Sitala is depicted as a benign looking matron, usually riding upon a donkey (ass’s milk was sometimes used as a folk treatment for smallpox). A detailed description of Sitala and how she is worshiped appeared in 1973 [1]. The elaborate tradition of her worship in Bengal is very old and very specific, but it does not typically include the chakra puja.

After the eradication of smallpox, I visited a Sitala shrine in Calcutta, India, to

Figure 1. A devotee participating in a chakra puja Hindu religious ceremony in Sylhet, Bangladesh, 1978
see how the fate of the goddess had evolved following the eradication of her raison d’etre. Attendants at the shrine informed me that she continues to function, but as the goddess of chickenpox. In Bengali, the word for smallpox is also used for the spring season—boshonto, pronounced “bawshontaw”—an association that arises from the seasonality of smallpox epidemics in Bengal prior to the eradication of smallpox. The word for chickenpox is jol boshonto (“water boshonto”), referring to the liquid-containing vesicles found in chickenpox, which shares a spring seasonality with smallpox.

Worshippers at Kali puja, or Hindu religious services that I attended in a Hindu community in Guyana sought cure for many varieties of serious or chronic diseases through Kali’s intervention. A theory exists that Sitala may have evolved as an emanation of Kali. A third manifestation of the fearsome aspect of the goddess in Hinduism is the goddess Chamunda, depicted as a skeletal hag dancing upon the back of a male figure who crouches below her, perhaps a victim. She is the goddess of epidemics of pestilent diseases, famines, and other disasters. The remaining, more numerous and feminine female deities of Hinduism are chiefly nonhorrific and of beautiful and far more benign demeanor.

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Reference


Gram Staining by Physicians: An Invaluable Practice Still Seen in East Asia

Sir—In their article, Musher et al. [1] present fascinating data that demonstrates that the sensitivity of microscopic examination of Gram-stained specimens (“Gram staining”) for diagnosis of pneumococcal pneumonia can reach as high as 80%, provided no antibiotic was administered prior to specimen collection. Their finding reaffirms practices from the good old days, stressing the importance of Gram staining “before” an antibiotic was given. On the other hand, Bartlett [2] shows the concern regarding significant decline in the quality of microbiology in the United States. Bartlett’s nostalgia goes back to the era when “house staff laboratories in every ward, and house staff and attending physicians often spent long periods performing a diagnostic examination of the expectorated sputum specimen” [2, p. 170]. Dramatic legal and economic pressures almost eradicated this practice, which, according to Bartlett, used to be commonplace. We see very few, if any, US physicians spending time in front of a microscope, examining microbiological specimens.

So does this mean we just have to say goodbye to the good old days? Is it impossible to find practice of Gram staining among house staff anymore? Certainly not. In fact, you can find exactly the same scene Bartlett depicts, in Okinawa, an island located in southern Japan.

Okinawa Chubu Hospital provides postgraduate medical education that is affiliated with the University of Hawaii [3]. The program started in 1966 when Okinawa was still controlled by the United States. At that time, attending physicians from Hawaii taught the importance of Gram staining and every house staff took

Figure 2. At the same 1978 chakra puja ceremony, a male devotee dressed as the Hindu goddess Kali is seen astride another devotee portraying the Hindu deity Shiva, Kali’s consort.