

disease, brain disease, blindness, deafness, skin disease, and disease of almost every organ caused by syphilis, would it not be well if we went to the *fons et origo* and formed a national association for the prevention of venereal disease. By so doing I believe that we should enormously decrease the amount of phthisis. I see that at the sixth general meeting of the National Association for the Prevention of Consumption Sir William Broadbent and others urge that public authorities and public money should be used for establishing sanatoriums for consumptives. But is this a wise use to put public money to? Ought not it to be used equally for the prevention and cure of syphilis? For I believe that the sanatorium cure and open-air cure are just as efficient against syphilis as against phthisis and just as necessary. Every syphilitic is a danger or a burden to the State "even unto the third and fourth generation." And he is, if he is not cured, a fertile soil for the tubercle bacillus and its propagation and distribution. Again, why should medical men certify cases of phthisis and not cases of syphilis? Why should chicken-pox and small-pox be certified and not great pox? It seems to me that taking all the speeches at the meeting referred to you might substitute syphilis or venereal disease (for the ravages of gonorrhœa are staggering also) for consumption or tuberculosis and they would be of equal, if not of greater value—e.g., "If the Metropolitan Asylums Board would undertake to deal with syphilis (or venereal disease) which was to a certain degree a contagious disease, they would leave a very distinct impression upon the amount of that disease which existed in London and not merely save life but promote the public health," &c.

I honestly believe that if we could stamp out syphilis and gonorrhœa we should diminish by one half the amount, not only of phthisis and infantile tuberculosis, but of kidney disease, gynæcological disease, bone, eye, ear, skin, brain, spinal cord and, in fact, most diseases and much diminish the amount of cancer. Then why in the world do we not do it?

France has now given us the lead. France, taught by experience and startled to wakefulness by M. Brioux's play and the efforts of *Le Matin*, has formed a "National Association for the Prevention of Syphilis." It will distribute literature and by education will try to prevent the ravages of syphilis caused by ignorance and neglect. Why does not England do the same? I believe that venereal disease has more to do with the physical deterioration of the race and degeneracy than primary tuberculosis has. The majority of the submerged tenth are, according to my experience gained in hospital out-patient departments, syphilitic, many of them hereditary. They are good for nothing and never will be good for anything. Our workhouses and casual wards are half full of them. The army and the navy are gravely (how gravely it is shocking to think) affected. Our seaport towns are rotten. And what do we do to prevent the spread of it and all its attendant evils? Nothing, almost nothing. And why? Because we say we must certify tuberculosis, or scarlet fever, or chicken-pox, or small-pox, but great pox, more deadly than all, No—we let that go as it pleases. And why? Largely because we do not like to talk of disagreeable things; and also there is a curious pseudo-puritanical spirit which will not allow the innocent to be protected with the guilty and shuts its ears and eyes to the cry of millions of sufferers because its curiously perverted "conscience" seems to teach that "pox populi" is "pox Dei." Will our profession not give the lead towards a better state of things, now and soon?

Cannes.

I am, Sirs, yours faithfully,

EDWARD H. DOUTY.

### "AMAAS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of May 7th, 1904, p. 1273, appeared a clinical description of a disease called "amaas" occurring in South Africa, said to be allied to, but to differ from, small-pox. The author, Dr. W. E. de Korté, again in your issue of Dec. 24th, 1904, p. 1776, speaks of "amaas" as a distinct disease. He appears to base his differential diagnosis on the possibility of vaccinating persons who have recently suffered from "amaas," that it has a low mortality, that there is no secondary fever, and on the character of the scars and marks which the disease leaves behind it.

I intended last year to criticise Dr. de Korté's paper but pressure of work prevented it. However, I send you a copy of the report of the medical officer of health of the Colony

of the Cape of Good Hope for the year 1895 which contains an investigation into the nature of a disease said to be "amaas" which prevailed in and around Graaff Reinet. Dr. de Korté was then practising in Graaff Reinet and it is to be presumed that the disease which he now calls "amaas" is identical with that to which he then gave that name and which proved to be ordinary small-pox.

With regard to the possibility of vaccinating after an attack of small-pox with calf lymph I may state that I myself had small-pox; two or three years after I purposely inoculated myself with small-pox without any effect, yet afterwards while vaccinating calves I accidentally inoculated myself and very typical vaccinia resulted. The existence of "amaas" depends upon a mistaken diagnosis based upon inaccurate clinical observations.

I am, Sirs, yours faithfully,

GEORGE TURNER,

Medical Officer of Health, Transvaal.

Public Health Department, Pretoria, Jan. 30th, 1905.

\* \* The report for the year 1895, which Dr. Turner sent to us as above mentioned, forms with its appendices a bulky document of 156 printed pages. Dr. Turner was at that time himself the medical officer of health of the Colony of the Cape of Good Hope and the principal or introductory report is naturally signed by him. Under the heading of "Small-pox" he says on p. 14: "This disease, so much dreaded, gave rise to very few deaths during the year 1895. It was, however, prevalent at Kimberley and in some other districts. It was of an exceedingly mild type, attacked the natives chiefly, and was therefore often described as chicken-pox, amaas, &c. The reason why the malady was principally confined to coloured persons was undoubtedly due to the fact that these were much less protected by vaccination than the Europeans. .... Twice for about a week on each occasion I had an opportunity to see small-pox amongst the natives at Taung and I watched carefully to see if the disease in any respect differed from small-pox as I had seen it in Europe, especially during the great epidemic of 1870-72, but could not discover any essential difference. I had frequently heard the opinion expressed that a disease did prevail amongst natives which closely resembled small-pox but which was not that disorder. I was therefore particularly anxious to meet with cases of this kind and gladly received instructions to proceed to Graaff Reinet, where I was informed that a disease resembling, but not identical with, variola prevailed." The results of Dr. Turner's inquiries at Graaff Reinet are given at length in Appendix II. of the report. It consists of 12 printed pages and, in addition, contains reproductions of photographs of five patients showing the eruption, seven temperature charts, and a plan of a court in Graaff Reinet where some of the patients lived. This appended report is dated "Cape Town, Cape of Good Hope, 19th March, 1896." After eight pages of clinical descriptions of patients Dr. Turner says that the cases designated "amaas" at Graaff Reinet were "unmistakeable discrete small-pox, such as is commonly met with in Europe, Asia, America, and elsewhere." As far as he could discover the diagnosis of "amaas" and its discrimination from small-pox were based upon the following points—namely (1) that the eruption after the scabs have fallen leaves pigmented marks and does not pit; (2) that the eruption appears sooner after the commencement of the prodromata than would be the case in small-pox; (3) that the death-rate has been low; and (4) that "amaas" does not attack Europeans. In discussing these arguments against the identity of "amaas" and small-pox he maintains that they are all untenable.—ED. L.

### A QUESTION OF SITE.

To the Editors of THE LANCET.

SIRS,—As the future of the Institute of Medical Sciences becomes more hopeful its practical details acquire an importance which it was formerly unnecessary to give them and to my mind one of the most important things to discuss is whether South Kensington is the fittest place for such an