

Correspondence.

A Philippine Evil.

PARIS, FRANCE, July 20, 1899.

To the Editor.—The lay as well as the medical public already recognizes that the torrid heat and drenching rains of a tropical climate are more to be dreaded by the American pacificator, than its hostile and treacherous mongrel population, but the non-professional community does not understand that which even the medical fraternity at home is slow to declare—a far greater evil than even these menaces the youthful soldiers, and through them, when they return, the people of our own land with whom they come in contact. Among the harpies, whose nests are in the East Indies and countries bordering the China Sea, there is none more ravenous and destructive than the lues venerea, whose victims are first the young and vigorous males of the race, and through them, those whom they infect, these remotely to empoison others.

No amount of religious instruction or moral suasion, except in a few instances, has been found effective in deterring the youth subjected to the allurements of the facile women of this part of the world. Themselves ignorant, indolent, careless, and unclean, as well as amatory, they become the ready propagators of venereal diseases, which, perhaps from climatic influences, here assume their most virulent form. The writer's own professional experience in these regions caused him to look for syphilis underlying almost every ailment, barring accidents alone, that came under his cognizance.

The British medical officers, from the earliest occupancy of the Indian peninsula, proclaimed this danger, and the medical authorities, year after year, pointed to the statistics, which, moreover, only incompletely exposed the extent of this terrible scourge. Finally, parliament passed the "Contagious Disease Acts," the beneficial effects of which were soon apparent throughout the military and naval service of Great Britain. Notwithstanding this, the cry that the government was fostering vice was raised by a set of narrow-minded religionists, which resulted in the repeal of these acts and the immediate increase and spread of venereal diseases and their sequela in the British army and home. Japan and the French Asiatic colonies alone examine their public women and sequester those found diseased, in Lock hospitals. Among the Chinese, Malayan and hybrid Spanish population, with whom our troops come in contact, these diseases run rife. When passion impels, principles are forgotten, precepts are ignored, and prudence ought to be inculcated. The examination of women who ply the trade of prostitution can be conducted without even a quasi-recognition of it, at least not greater than its tolerance by the authorities, which is of itself a tantamount recognition, since to assume its non-existence is only a hypocritical pretense of ignorance.

Unfortunately, the reckless exposure of the willful, sinful soldier and sailor does not end with their own infection. With equal recklessness and unconcern, they either deliberately communicate their maladies under the traditional belief that they can thereby rid themselves of them, or unconsciously infect innocent women and children, or even men, who use the drinking vessels, table appointments, toilet articles, or utensils which they have soiled by the touch of their lips or hands. The most pernicious case of syphilis I have seen in recent years occurred in an innocent person, who used a comb belonging to an unsuspected syphilitic, the victim not recognizing the nature of the disease until it had progressed so far that cutaneous syphilides were developed.

It is of moment, therefore, to sanitary and medical men to recognize the danger from the importation of those same venereal maladies, which are invaliding an immense proportion of the British Indian troops. If it be impracticable to require the compulsory examination of enlisted men, prior to their com-

plaint of disability, it is, nevertheless, proper and necessary to institute such examinations, before any man or officer is mustered out of service on return home. Precise figures can not be given of the proportion of such troops so infected, but the number is far greater than supposed, and as every single case becomes a focus of dissemination, its discovery and suppression are of far-reaching sanitary importance. Chaplains may exhort fervently and eloquently—though in fact they avoid the subject—without moving the sinner, who conceals his sinning, but the medical officer who positively says "Thou art the man," serves the cause of God and righteousness to far better effect by secluding the—it may be innocent—victim from possible, if not certain, contamination, or other innocents among women and children. If syphilis is comparatively infrequent in late years, in the United States, it is because the keepers of brothels recognize the pecuniary advantage of protecting their inmates by instructing them in preliminary inspection of their visitors, and by placing them at once under medical care if, despite their crude precautions, they become infected. There is no such safeguard among the loose females of the Philippines and adjacent groups, whose animal instincts are under no restraint, and who, themselves often in the first place victims of unscrupulous beastly men, scatter their disease far and wide. Were sinners the only sufferers, some reason might be held by those whose own righteousness entitles them to stone these profligates, but since we know that the mucous patch and eczematous vesicle are no respectors of persons, and that the sure and guileless may be innocently defiled, it becomes a solemn duty to extinguish the spark which may lead to such ruin. Hence, it is to be hoped that the surgeons-general of the army and navy will require satisfactory evidence of absence of venereal disease before authorizing the discharge of any soldier, sailor and marine from the national services. The economic consideration concerned in the protection of the pension list from future applications actually due to antecedent venereal disease is an additional reason for this rigid scrutiny.

A. J. G.

Ventrosuspension of Uterus.

HILLSBORO, N. D., Aug. 8, 1899.

To the Editor.—In connection with the recommendation of Dr. J. Wesley Bovee, to utilize a bundle of the rectus for ventrosuspension of the uterus, I wish to draw your attention to the successful performance and result of this idea in a case operated on by me in 1896, reported to the last meeting of the North Dakota State Medical Society and printed in the *Northwestern Lancet* for June 15, 1899. This patient was well one year after. I have endeavored to get the subsequent history as to conceptions, labors, etc., but have not yet succeeded.

Yours very truly,

THOR MOELLER, M.D.

[All the mention we find in the paper referred to is contained in the following very brief report of a case:

"Case 15.—Mrs. S., March 19, 1896. Ventrosuspension of the uterus by a bundle of the rectus muscle and fascia for retroflexion. Discharged in three weeks, was well a year after."

EDITOR.]

Unique (?) Case.

BURLINGTON, IOWA, Aug. 5, 1899.

To the Editor.—Country doctors sometimes see unique cases, and I should like to report the following as having been interesting, at least to me:

Early in May, of this year, I was consulted by Miss W. J., from a neighboring town, for a pathologic condition variously estimated as calculi of the liver, kidneys or bladder. I discovered cystic ovaries, and pyosalpinx of the right Fallopian tube, and advised removal. On account of severe pain, she readily consented, and the following day, after curettage, I removed degenerated tubes, broad ligaments, cystic ovaries,

subserous myoma with appendix vermiformis attached thereto, by adhesive inflammation; rapid and uneventful recovery,

Yours,
C. E. BARNES, M.D.

A. M. A. Week Clinics.

COLUMBUS, OHIO, Aug. 5, 1899.

To the Editor.—During the week of the meeting of the ASSOCIATION in Columbus, I made a number of private abdominal sections. Although there were no public clinics, all the operations were witnessed by numbers of my surgical colleagues who had honored me by asking to see me work. Several of them requested to be informed of the results of the operations, but as I am unable to keep a record of my visitors I have felt that the only way to reach them would be by a note to the JOURNAL.

The abdominal sections were twelve in number, ten of the cases being operated on at the Protestant Hospital and two at St. Anthony. I am happy to state that in all the cases recovery was absolutely uneventful and the patients all left the hospital promptly and in good condition. Very respectfully,

J. F. BALDWIN, M.D.

Current Medical Literature.

Titles marked with an asterisk (*) are noted below.

Annals of Surgery, August.

- 1.—*Two Cases of Traumatic Rupture of Colon, with Some Remarks on Cases of Rupture of Intestine Treated in Wards of St. Thomas' Hospital, London, between the Years 1889 and 1898, Inclusive. George Henry Makins.
- 2.—*Treatment of Injuries of Spinal Cord. Percival R. Bolton.
- 3.—*Observations on Detection of Small Renal Calculi by Roentgen Rays. Robert Abbe.
- 4.—Observations on Nephralgia with Report of Cases Simulating Stone in Kidney, Occurring at the Massachusetts General Hospital. Joshua C. Hubbard.
- 5.—Chondrocarcinoma of Testicle. Arnold Caddy.
- 6.—*Anterior Dislocation of Carpul Scapoid Bone; Congenital Malformation of Clavicle. Alfred King.

Bulletin of the Johns Hopkins Hospital, July.

- 7.—*Present Aspect of Some Vexed Questions Relating to Tuberculosis, with Suggestions for Further Research Work. E. L. Trudeau.
- 8.—*Infusion of Salt Solution combined with a Special Method for Administration of Oxygen Inhalations as a Treatment in Pneumonia. Clement A. Penrose.
- 9.—Note on Pigment Production of Bacillus Pyocyaneus and Bacillus Fluorescens Liquefaciens. Paul Gerhart Woolley.
- 10.—Experiments Made to Determine Effects of Sugar on Pigment Formation of Some of the Chromogenic Bacteria. Paul Gerhardt Woolley.
- 11.—*Chronic Malarial Nephritis, with Report of Case. Charles W. Larned.
- 12.—Case in which the Bacillus Aerogenes Capsulatus was repeatedly Isolated from the Circulation During Life. N. B. Gwyn.

Archives of Otolaryngology (N. Y.), April-June.

- 13.—Contribution to Surgery of Temporal Bone. Robert Sattler.
- 14.—Extensive Laceration of Auricle and Complete Section of External Auditory Canal, with Partial Detachment of Sterno-Cleido-Mastoid Tendon and Splintering of Tip of Mastoid by Blow from a Brick: Operation for Restoration of Auricle and Canal. Swan M. Burnett.
- 15.—Sarcoma of Frontal and Ethmoidal Sinuses. Swan M. Burnett.
- 16.—Fracture of Malleus and Annulus Tympanicus. Frank Allport.
- 17.—*Operation for Otitic Brain Abscess with Special Reference to its Curative Value. F. Röpke.
- 18.—*Intestinal Disturbances Produced by Otitis Media of Infants. Arthur Hartmann.
- 19.—Sarcoma of Middle Ear. L. D. Brose.
- 20.—Contribution to Technic of Perforating the Maxillary Antrum. O. Körner.
- 21.—Action of Sea-Climate and of Surf-Bathing on Aural Affections, and Hyperplasia of Pharyngeal Tonsil. O. Körner.
- 22.—Two Cases of Otitic Sinus Thrombosis, the One Fatal, the Other Ending in Recovery. Herman Knapp.
- 23.—Magnifier in Otoscopy. George Boeninghaus.
- 24.—Contributions to Statistics of Dangerous Complications of Suppurative Ear Diseases and of Operations on Mastoid Process. M. Teichmann.
- 25.—Percussion of Mastoid Process. H. Eulenstein.

Journal of Nervous and Mental Diseases (N. Y.), July.

- 26.—*Multiple Cavemous Angioma, Fibro-endothelioma, Osteoma and Hematomyelia of Central Nervous System in Case of Secondary Epilepsy. A. P. Ohlmacher.
- 27.—*Retardation of Pain Sense in Locomotor Ataxia. L. J. J. Muskens.
- 28.—*Contribution to Symptomatology of Intercranial Disease. Joseph Fraenkel.

Medicine (Detroit and Chicago), August.

- 29.—*Note on Aural Vertigo (Ménière's Disease) and the Organ of Equilibrium. L. Harrison Mettler.
- 30.—*Practical Points in Diagnosis of Extrapulmonary Coughs. Albert Abrams.
- 31.—*Therapeutics; Past, Present and Future. George F. Butler.
- 32.—Some Clinical Observations on Action of Thermal Waters of Glenwood Springs in Gout and Lithemia. Richard K. MacAlester.
- 33.—Use of Cascara Sagrada in Habitual Constipation. Harold N. Moyer.
- 34.—Resection of Cervical Sympathetic in Treatment of Epilepsy, Basedow's Disease and Glaucoma. Thomas Jennesco.

Medical Standard and No. Am. Practitioner (Chicago), August.

- 35.—Frederick Ruysch, Anatomist. Frank Webster Jay.
- 36.—Technic of Local Anesthesia (Continued). Aime Paul Heineck.
- 37.—Typhomalarial Fever. G. A. Smith.
- 38.—*Asthma and its Treatment. Henry B. Hitz.
- 39.—*Sanitation of Private Houses. J. F. Pritchard.
- 40.—Science of "Christian Science." H. Gasser.
- 41.—Importance of Thorough Static Insulation. B. Y. Boyd.
- 42.—Treatment of Pneumonia. I. W. Pritchard.
- 43.—The Era of Trusts. George P. Engelhard.
- 44.—Report of Pharmacopoeial Committee of Ill. Pharmaceutical Association. C. S. Hallberg.

New Orleans Medical and Surgical Journal, August.

- 45.—The Charity Hospital from 1877 to 1894. W. E. Parker.
- 46.—Address Before Charity Hospital Alumni Association. Beverly Warner.
- 47.—*Experiments with Sanarelli's Anti-Amaryllid Serum in 1898. P. E. Archinard.
- 48.—Case of Gunshot Injury of Spine. S. P. Delaup.
- 49.—*Transposition of Viscera: Report of Case. L. G. LeBeuf.

Brooklyn Medical Journal, August.

- 50.—Report of Two Hepatic Abscesses. E. D. Ferris.
- 51.—*Danger Signals of Pre-eclamptic State. C. Jewett.
- 52.—Functional Derangements of Ocular Muscles. E. W. Wright.

Buffalo Medical Journal, August.

- 53.—*"Christian Science" Methods. Nelson W. Wilson.
- 54.—*Catarrhal Deafness. A More Favorable Prognosis. Sargent F. Snow.
- 55.—Study of Pathogenesis of Gout. Mary Clayton.
- 56.—*Slipping of Intra-peritoneal Ligature. R. Stansbury Sutton.

Cleveland (Ohio) Medical Gazette, July.

- 57.—Some of the Lessons of the Late War and their Bearing upon Trained Nursing. Isabel Hampton Robb.
- 58.—*Life Insurance Decision Following Gastro-Enterostomy. N. Stone Scott.
- 59.—Cranial Injuries of Childhood and Their Treatment. B. Merrill Ricketts.

Memphis (Tenn.) Lancet, August.

- 60.—Gunshot Wounds in Civil Practice. W. L. Estes.
- 61.—Enuresis Nocturna in Female. Gustav Kolischer.
- 62.—*Clinical Study of Chorea. Edwin Williams.
- 63.—Atypic Malaria in Children, with Case in Point. Rosa Engelmann.

Illinois Medical Journal (Springfield), August.

- 64.—*Therapeutics; Past, Present and Future. George F. Butler.
- 65.—Psycho-Physical Culture. W. Xavier Sudduth.
- 66.—*Etiology of Eclampsia. Chas. B. Reed.
- 67.—Treatment of Eclampsia. Joseph B. DeLee.
- 68.—*Complete Prolapsus of an Ovarian Tumor Through the Anus. Operation. Recovery. J. A. Baughman.

Medical Herald (St. Louis, Mo.), July.

- 69.—Relation between Doctor and Dentist. Daniel Morton.
- 70.—Report of Committee on Progress of Obstetrics, Mo. State Medical Ass'n. C. C. Dannaker.
- 71.—Treatment of Gastric and Intestinal Diseases. Johann Landau.
- 72.—The Specialist. W. C. Fulkerson.
- 73.—Treatment of Diabetes. C. H. Wallace.

Occidental Medical Times (San Francisco), July 15.

- 74.—*Malarial Fevers of Sacramento and San Joaquin Valleys. Philip King Brown.
- 75.—Sinus-Thrombosis—Cure without Opening the Sinus. Robert Levy.
- 76.—Cerebrospinal Meningitis, Three Cases. Death. Autopsy. S. J. Hunkin.

St. Paul Medical Journal, August.

- 77.—Complications and Sequels of Appendicitis. James E. Moore.
- 78.—*Tuberculosis of Breast. Homer Gage.
- 79.—Gummata of Pelvis. Arthur K. Stone.
- 80.—*Gelato-Glycerin Bougies in Treatment of Earache. George L. Richards.
- 81.—Puerperal Infection. E. W. Moore.
- 82.—Report of Two Cases of Stone Successfully Removed from Ureter. W. J. Mayo.

New England Medical Monthly (Danbury, Conn.), August.

- 83.—*President's Address. Joseph M. Mathews.
- 84.—Asthma and its Treatment. G. A. Gilbert.
- 85.—Infantile Scurvy. Thomas W. Harvey.
- 86.—Vertigo. Philip Zenger.
- 87.—Treatment of Goiter with Thyroid Extract. Walter U. Kennedy.
- 88.—Xeroform in Army Surgery. Emilio P. Nozueria.

American Medical Compend (Toledo, Ohio), August.

- 89.—Care and Feeding of Infants. Wm. A. Dickey.
 - 90.—Rectum and Pelvic Fasciæ. Byron Robinson.
- Memphis (Tenn.) Medical Monthly, August.
- 91.—Surgical Aggressiveness. C. R. Shinault.