

women are expected, by their husbands and friends, to return to their homes and resume domestic duties; rarely are they sent to health resorts.

Nothing has been more pleasing in my own work than the general improvement of feeble and emaciated patients after complicated sections: they eat and sleep well, are bright and cheerful, all their uncomfortable symptoms vanish, they recover flesh and color rapidly, and are always grateful for the systematic rest and rubbing they receive.

Every nurse is taught massage by a professional teacher, and practices it throughout her stay in the hospital. Every charity patient receives precisely the same care. Systematic rubbing and massage, and the diet-kitchens and training of hospitals have done much to rapidly advance the professional nurse—as yet the diet-kitchen in hospitals is not the special department it should be. Sick people commonly need something better in the shape of a cook than they have in their own kitchens. It is natural that we should look for it in our nurses. If the same care were taken in the preparation of the diet in hospitals, that is required in the preparation for the operations and all dressings, results would all improve. Many of the trays you see passed about the hospitals should go directly to a swinery. Many of the supervising nurses and matrons know little about diet, and some do not know the simple ingredients of a loaf of bread.

In my specialty for speedy, good results, I would urge prolonged rest-treatment after serious operations. I am satisfied that thrice better results can be obtained by turning the patient over, three or four days after the operation, to a good clinician—one who is interested in diet and systematic rest-treatment.

The time and opportunity is commonly lost for the correction of many disturbances amenable to early therapeutics. This Section should correct greatly the common, careless practices of specialists and the medical and surgical departments of hospitals and nurses' schools.

At the normal menopause sufferers commonly feel that the phenomenon is naturally a part of their experience, and accept all sorts of counsel, neglecting serious troubles until it is too late for good results, or they are overtreated or overmedicated into distressing drug habits. In the premature menopause the clinician is annoyed that the phenomenon should occur—he demands freedom from everything, and cures.

### SYPHILIS AS A NON-VEREAL DISEASE.

WITH A PLEA FOR THE LEGAL CONTROL OF SYPHILIS.\*

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Syphilis is a great disease, which has ravished the world for centuries, and has counted its victims by tens and hundreds of thousands. It is a contagious disease, always communicated from one individual to another by direct or indirect means—or transmitted through inheritance—and yet, to-day, there is scarcely any restraint placed upon its continued spread by individual propagation, over the whole world.

Advancing civilization has recognized one after another of the contagious or infectious maladies which afflict mankind, and the arm of the law has come in to

protect the defenseless, and we no longer have the wholesale sweep of epidemics which occurred before health boards were organized and given control of these matters. This is often accomplished at the sacrifice of the comfort and, it would often seem, the rights of individuals; but the principle of the "greatest good for the greatest number" prevails, and those who unhappily may become afflicted with any of the maladies coming under the jurisdiction of the health boards are often obliged to sacrifice all personal interest for the benefit of those around them.

Why is it that syphilis, which has always been recognized as an intensely contagious disease, in certain of its stages and manifestations, has, to such a great extent, been allowed to pursue its unbridled course, attacking alike the innocent, as well as those guilty of sexual transgression? Why is it that thousands, yes hundreds of thousands of innocent and trusting wives, and helpless and blameless children have had to suffer for the sins of others? Why is it that syphilis has thus been allowed to spread its ravages unchecked by the hand of advancing science and broad philanthropy?

I need not answer these questions, for I am convinced that all of my hearers know full well the reason. But, thanks to the light of accumulated knowledge and experience, the shame which has too often checked discussions of the subject, and hampered the efforts of many who, from time to time, in various countries, have tried to stem the tide of this disease, need no longer have an influence. I hope to give you facts and show you reasons which will make every one present feel and know that the disease (syphilis) should and must now have a check put upon its ravages—and my plea will rest, as the title of my paper indicates, upon the vast "army of innocents" who plead for protection from a disease which may attack them when least expected, and may often extend its malign effects through years, and even to succeeding generations.

It is not a little interesting to note that when the disease burst out with such frightful severity in the years 1494 and 1495, at a date closely following the discovery of America, and about the time of the invasion of Italy by Charles VIII of France, it was not by any means considered as a venereal affection, but spread so greatly among families and in neighborhoods that it was regarded as a form of plague; many laws were therefore enacted for the protection of the community against what was considered as a new disease which had appeared among them. Also later, even in the sixteenth and seventeenth centuries, we find laws regarding those afflicted with syphilis, prohibiting them from the use of public baths, and even preventing them from coming into general assemblies, etc., and some of the measures taken to hinder the spread of the disease were harsh in the extreme.

I will not attempt, in any way, to go into the legal aspect of the case, either historically or practically, for time and space would fail me on an occasion like this; legal action will follow when once the public is convinced that there is a danger which can be thus avoided.

Mention was made of legal restrictions of the disease exercised long ago, in order to call attention to the fact that when syphilis was regarded as a general malady, not necessarily connected with the sexual act, there was great attention paid to its control; but now, in later years, since it has been regarded more and more as a venereal disease, it has been ignored and left to pursue its destructive way unchecked by sanitary control. The

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height of the folly culminated in the silly agitation in England which terminated in 1881, with the repeal of the "Contagious Diseases Acts," which had wrought such beneficent results from 1864 till 1881, as English doctors at that time testified, and as every medical man knows.

As already intimated, the pendulum of knowledge has swung the other way, and during the last twenty-five years or so, a mass of facts has been steadily accumulating, which again calls attention to the aspect of the innocent infection by syphilis, and which demands that the thoughts of those who make laws for the protection of the public shall be again turned to the disease. The data referring to this "Syphilis in the Innocent," the present writer has been collecting for the past ten years, and has recently embodied in a volume,<sup>1</sup> to which further reference will be made in our discussion of the subject.

The basis of our present argument is as follows: as long as syphilis is regarded exclusively as a venereal disease, it is and will be extremely difficult to obtain adequate legislation for its control; whereas, if it can be shown to be one from which the general and innocent public should be protected, there will be little difficulty in meeting and solving the question; it is the hope of the writer that the present paper, with the discussion which may follow, will be the means of such agitation as will result in the ultimate adoption of laws which will in a measure control syphilis in this country.

In order, therefore, to properly understand and appreciate the task before us, it will be necessary to enter into some details in regard to the present extent of syphilis, its modes of propagation in times past, including many episodes which were called epidemics, on account of the large numbers innocently affected in a brief period, and finally to the modes of propagation of the disease in late years, by other than unlawful venereal acts. These matters I will endeavor to present as concisely as possible.

#### WORLD-WIDE DISTRIBUTION OF SYPHILIS.

A word first in regard to the general distribution of syphilis in the world.

Many have written from time to time as to the antiquity of syphilis as a disease, even from the most ancient times, and bones exhumed here and there have seemed to show that it has prevailed for ages, as also records in Chinese literature point back to its existence at least 2000 years B. C. But for practical purposes most studies of syphilis go back only four hundred years to the period mentioned, 1494 and 1495, and as all know, it was charged that the followers of Columbus brought the disease to Europe from the western lands. Since 1494, the disease has spread, apparently *de novo*, until now, according to the best writers, there is hardly a portion of the inhabited globe where it does not exist with more or less virulence. It is stated that in Russia at least one-quarter of the inhabitants in some villages are infected, and all writers agree that there it is mostly spread in an innocent manner, mainly in family life, as will be mentioned later, for prostitution is almost unknown in the villages.

In Great Britain and Ireland it prevails widely in the great cities and ports, favored by the neglect of all restrictions on prostitution. Dr. Holland in 1854 estimated that in the United Kingdom there were at least a

million and a half persons infected with syphilis each year.

Japan and China are so full of it that Dr. Eldridge states that it is very exceptional to meet a male Japanese who will not acknowledge that at some time he has had syphilis, and in the French Hospital at Tien-Tsin, China, almost 30 per cent. of all cases were of this disease.

Time fails even to touch on its prevalence in various other countries, but as stated before, syphilis exists almost universally, and, according to the best authorities it is steadily on the increase.

There are no data to determine the extent of its prevalence in the United States, but any one familiar with dispensary and hospital work here will vouch for the very great amount of it seen in daily life. The statistics collected by the American Dermatological Association, relating to some 300,000 cases of skin disease, give a percentage of 11.5 due to syphilis. Some years ago Dr. Sturgis collected the returns from the public institutions in New York City, and estimated that the numbers newly infected there with syphilis could not be far from 50,000 each year.

In the earlier history of medicine, in the sixteenth century, and later, there occurred, as already alluded to, such sudden spreadings of syphilis on certain occasions that the name epidemic has been rightly given to them. The earliest of these epidemics of which we have a good account occurred in the town of Brunn, in Moravia, where there were 180 directly infected in the town and others in outlying districts. The infection took place by means of cupping and blood letting as practiced by the public town barber, and no mention is made of its conveyance by venereal acts. These epidemics of syphilis I tabulated, from literature, collecting 110 of them, with a total number of considerably over three thousand victims. This is quite exclusive of those episodes where it is stated that there were "a large number infected." Included among the causes as a means of conveyance of the poison in these sad occurrences may be mentioned nursing, hand raising of infants, domestic transmission by household utensils, kissing, breast-drawing, accouchement, also by cupping, blood-letting, circumcision, vaccination, tattooing, glass-blowing, the application of the tongue to the eye to remove foreign bodies, catheterizing the Eustachian tube, etc.; and even as late as 1892 no less than twenty-seven cases of infection of this nature were reported by one physician, and, in Paris, in 1870, there were over seventy reported where the poison was conveyed to the Eustachian tube accidentally by one practitioner, in the treatment of diseases of the ear—this resulted from gross carelessness on the part of the physician.

Time would fail me even to hint at the mass of material which has been brought to light in regard to the modes and methods by which syphilis has been innocently given to individuals, even up to the present time, and often in spite of great care being exercised.

The three great classes or divisions of the subject to which I wish briefly to call your attention are: 1, marital syphilis; 2, hereditary syphilis; 3, extragenital, innocent syphilis.

#### MARITAL SYPHILIS.

The subject of marital syphilis has been very fully discussed by a number of writers, and all acquainted with the subject know well that this mode of infection stands prominent in connection with the innocent acquiring of the disease. While men occasionally contract

1. Bulkley: *Syphilis in the Innocent (syphilis insontium) Clinically and Historically Considered, with a Plan for the Legal Control of the Disease.* New York: Bailey & Fairchild. 1894.

syphilis innocently in lawful wedlock, even indeed from wives who have acquired it in nursing a syphilitic child, or in some other innocent manner, it is principally the wives who suffer, from the sins of their husbands, before or after marriage, and on them falls a large share of the burden of "innocent syphilis."

Fournier, of Paris, recently made some studies from the cases of syphilis coming to him in private practice. He found that fully 25 per cent. of all females whom he had seen in private practice had contracted the disease innocently and undeservedly, and in the discussion of his paper, Ricord thought that that proportion was too low. Of the married females in Fournier's practice, he found that in 75 per cent. of the cases the disease was unmistakably traced to the husband.

In my own private practice I found that in fully 50 per cent. of the females, the disease was acquired in a perfectly innocent manner, while among the married females the percentage of innocent infections would be 85 per cent., or more.

Surely, then, there is reason in the plea that something should be done to prevent the wholesale infection of these innocent victims of marital syphilis. But if this aspect of the subject is dark, that of hereditary syphilis is yet darker, and calls even more strongly for relief.

#### HEREDITARY SYPHILIS.

The literature of hereditary syphilis is very large and the facts related to it are well known to the profession. Time and space will allow of but the briefest mention. We may for a moment first refer to the effect of the poison upon the viability of children born of syphilitic parents. I can not do better than to refer to some very striking tables given by Sturgis in an appendix to Diday's work on infantile syphilis. They are from the records of births of syphilitic children at the Moscow Hospital, Russia, from 1860 till 1870. During these years there were 2002 such births, and 1425 deaths; that is, 71 per cent. of the children born there of syphilitic parents died. Other writers are in accord as to the very great death-rate among those born of syphilitic parents.

It is to be remembered also that syphilis is the cause of innumerable abortions, and also produces sterility, both in the male and female. If, therefore, the effects of syphilis were limited solely to destruction of life in the new-born, or in the products of conception, there would be a strong reason for the introduction of measures to check the spread of the disease, from its loss of life to the state. But this is only a portion of the ill wrought by syphilis in connection with generation, and it would be better that children of syphilitic parents should thus fail of life, rather than be born with an inheritance which often proves such a curse.

Tarnowsky has recently given us some interesting facts which could easily be more or less paralleled from others. In three families, born of syphilitic parents, there was a total of 22 births; of these there came only *one* healthy adult person. Of 13 who survived some years, 8 were incapable of self-support, from mental or physical defects, and the other 5 were weak, nervous and totally unfit for further procreation. He states that the families in which this occurred belonged to the intelligent class of society, with no other cause than syphilis for these disastrous results. He quotes further, from Tschistiakow, the case of a man who had severe syphilis in early life, destroying the palate, of whose 9 children, 2 were idiots, 1 was deaf and dumb, and 1

died in infancy. The works of Hutchinson and many others give abundant testimony as to the direful effects of syphilis on the progeny of those thus affected.

Thus the army of innocents swells in size, and pleads for the restriction of a disease, which it is now believed, may sometimes be inherited even to the third generation. What the later effects of syphilis may be in producing some of the conditions commonly known as scrofula, and in inducing race-degeneration, can not now be answered positively. We know, however, that it has at times decimated our American Indian tribes, and has wrought unspeakable havoc in Russia, in the Hawaiian Islands, and elsewhere.

#### EXTRAGENITAL SYPHILIS.

The third division of our subject, namely, extragenital infection, or syphilis acquired quite apart from any sexual relations, is one of the most interesting lines of investigation possible, and has been illustrated by thousands of recorded cases, reported by many hundreds of observers. I may remark that nearly 200 cases of this kind have fallen under my own personal observation and care.

Time and space again forbid our more than lightly touching upon a few of the outside facts relating to this branch of our subject, but a slight classification of the facts may help us to a better understanding of the vastness of the subject, and its very, or most, important bearings upon the health of the community, and the dangers from syphilis.

#### ACQUIREMENT OF SYPHILIS.

The cases referring to the different methods of acquiring syphilis accidentally, apart from sexual life, as actually observed at the present time by every one who has opportunities and experience in this line, may be grouped under three main catalogues: 1. Those relating to domestic and industrial life. 2. Those relating to the nourishment and care of children. 3. Those relating to professional pursuits in the care of the sick.

Under the first class we find the instances of transmission finally classified into almost fifty groups, relating to the most different phases and aspects of domestic and social life. Not only has syphilis actually been given by spoons, knives, forks, cups, glasses and jugs, but it also has been communicated by tobacco pipes, cigars, cigarettes and even by troches or candy passed from mouth to mouth; also by shirts, drawers, masks, plasters, bandages, lint, towels, sponges, combs, tooth-brushes, syringes, sick-chairs, etc. Among those who have acquired it in industrial life, that is, innocently in connection with their occupation, we may mention glass-blowers, assayers, weavers, musicians, conductors (by whistles), servants, cooks, furriers, upholsterers, shoemakers, and others.

The second class, representing syphilis acquired through the nutrition or care of children, includes literally thousands of cases where the disease has been innocently acquired by suckling syphilitic children at the breast, and innumerable cases where the nurses and attendants have acquired it by contact with the syphilitic secretions of infants and where diseased children have communicated the disease to each other.

In the third class, relating to professional body service, in connection with the care of the sick, we find three divisions: 1, where the operator is the victim; 2, where the operator is the syphilifer, or gives it from himself to a patient; and 3, where the operator is the medium of conveying the disease from one patient to another.

Under the first class we find hundreds of cases where physicians, surgeons, and midwives have become infected in the practice of their calling. Large numbers of cases are on record where breast-drawers and wound-suckers have acquired the disease.

In the second class we find many records of those who have had syphilis giving the disease to others by body service, as in breast-drawing, tattooing, circumcision, vaccination, etc.

In the third class the operator acts as a medium, conveying the poison from one patient to another. Here we find a sad array of cases of infection by skin-grafting, vaccination, through dental instruments, by wet-cupping, tattooing, the use of the Eustachian catheter, etc.

#### LEGAL CONTROL OF SYPHILIS.

I have thus hurriedly, and necessarily very briefly, run over a few of the points relating to our subject, illustrating the propriety of my "plea for the legal control of syphilis based on its frequency in the innocent"—the details necessary to a full understanding of it would take many, many pages and occupy as many hours. I beg now to present a brief argument for and a statement of the method and mode of the legal control of syphilis which I think is feasible at the present time.

From what has preceded it is readily understood that syphilis is a disease which inflicts great injury upon the public health; for it imperils not only those who have been guilty of sexual transgressions, but also those who are quite innocent, and it is upon the basis of protection for the latter that I believe legal action should be taken.

While syphilis occurs most frequently as a "venereal disease," its prophylaxis or legal restraint by no means relates to the restriction of venereal diseases; the limitation of the spread of syphilis should be considered from a much broader and higher standpoint, namely, from that of defending the public health and that of individuals against a malady which affects the innocent and guilty alike, and which comes to the innocent not only when its dangers are anticipated, but also when they are least suspected.

In the matter of legal protection against syphilis, therefore, the subject of prostitution becomes a secondary consideration. The question is not one of "regulating prostitution," or of inspecting, licensing, or legalizing the "social evil," or of protecting those engaged in it. We approach it from a higher ground, and seek to have some restriction put on a disease which is dangerous and communicable, and which might at any time attack any one in a wholly innocent and unexpected manner. That the spread of syphilis can be checked is self-evident, as has been conclusively proved by the fact that all the epidemics to which reference has been made were averted when the cause was recognized and sufficient measures introduced to prevent the further transference of the poison from one person to another. It is also abundantly shown in certain instances where foreign governments have in some places enforced stringent measures looking in this direction.

We know positively that the poison does not and can not develop *de novo*, but that it is always communicated from one individual to another. We know also that within a certain period syphilis ceases to be contagious in each individual; so that if no new infection is introduced into a community, and the members of that community are guarded against acquiring the disease from one already infected until that safe period is reached, the malady will cease to exist.

Such precautions are exercised both by the public

and by individuals against other contagious diseases, such as smallpox, scarlatina, measles, diphtheria, yellow fever, etc.; is it not eminently proper that syphilis should be placed in the same category, and protection should be afforded to the innocent against it? Syphilis counts its victims, guilty and innocent, by thousands where other diseases count hundreds. More deaths are ultimately caused by syphilis than by smallpox, while the injury to health, and interference with life work is infinitely greater in the former than in the latter. The conclusion is absolute: syphilis should be placed, like other contagious diseases, under the control of the health authorities.

In this country, as far as known, there have never been any sanitary safeguards against the spread of syphilis, and there are very few hospital advantages for those thus affected. In most cities in Europe, there are large accommodations for this class of patients, amounting in Paris to between one and two thousand beds. New York has but a relatively small service at the City Hospital, while the vast majority of syphilitic patients are treated at the dispensaries, and are allowed to go about, often in an extremely contagious condition. It would be difficult to convey an idea of the carelessness and indifference of some of these patients when informed of the dangers to others from their disease. Many, indeed, by far the larger share of them, disappear from treatment long before their syphilis is cured; and generally, even while they are in the contagious stage of their disease.

The republican ideas of this country would probably not endorse or submit to such sanitary police inspection and restraint as is exercised in many places in Europe; but the question naturally arises: Is there not some way in which the end can be reached of arresting the spread of this dangerous disease? Can there be no safeguards thrown out which shall prevent its extension here as it has spread in certain countries in Europe, such as Russia, where whole communities have been syphilized, and Portugal and Japan, where the disease is well-nigh universal?

The first step toward accomplishing the legal control of syphilis would undoubtedly be found in placing it among other contagious diseases which come under the jurisdiction of the health officers; indeed, the wonder is that it has not been so placed long ago.

If syphilis were first recognized as one of the great contagious diseases, against which it is the duty of the government to protect the community, the details of that protection would follow with time, as they have in regard to other contagious diseases; as the public became aware of the dangers arising from syphilis, and the benefits accruing from its restriction, there would be no difficulty in securing proper laws relating to the subject.

The suggestion, therefore, is most earnestly put forward that the time has certainly come when the dangers of syphilis, and especially the dangers to innocent persons should be fully and fairly recognized and met. It is too late in the history of science and of humanity to stigmatize the disease as "venereal," and on that account to withhold scientific protection from thousands of innocent sufferers. Among babies, nursing women, persons infected in dental and surgical operations, and in dozens of other innocent manners, syphilis can no more be described as venereal than can any other contagious disease. The time has come to place it under the control of the proper health officers, and to make it quite as *criminal to transmit syphilis wittingly*, as it is to com-

municate smallpox, scarlatina or diphtheria. It is believed that if only syphilis can be included on the list of contagious diseases which the health boards can control, proper legislation will follow slowly as the profession and public become more enlightened as to the real nature of syphilis and the real danger of the public from it.

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#### DISCUSSION.

DR. C. W. ALLEN, New York City—The subject is of deep interest and I have been very much gratified in listening to the presentation of this paper with its interesting statistics. Dr. Bulkley and I took part in a discussion almost ten years ago, before the Academy (New York). At that time I made certain suggestions, one of which was that we should begin by treating syphilis as a nonvenereal disease—not treating it medically in that sense, I mean, but in our discussions, in our writings; dropping the sexual view of it and treating it more so the public could come to learn what an important condition it presents as a family disease. I also advocated at that time, as one of the measures which might be carried out until others could be introduced, a certain authority to be exercised over those who sought admission to the public hospitals, having the disease in its contagious stage. Some authority should be vested in the institutions so that they could retain such cases until they are no longer sources of danger to the community at large. In a very large dispensary practice, where there are many foreigners recently arrived in this country and a great many Russians, I see so much of the family aspect of syphilis, the non-sexual kind, that I think I am safe in saying that two-thirds, and possibly more, of the cases I see have no immediate relation to the sexual act. I am continually seeing children, not only one, but two and as many as three in a family, all suffering from early syphilis, and I am unable to trace it to any source. The mother who comes with the children is healthy as far as examination goes; the father, I am usually unable to see, but as far as his history goes he is healthy and has been so. One of the last cases I saw before I came here was an instance of most aggravated chancre of the lower eyelid, producing a tumor the size of a walnut. It was a hideous looking affair, almost closing the eye, and I could get no history of how it was acquired. I see young men with chancres in various locations, not only upon the lips but in several instances upon other portions of the face—not bites from women but acquired in fights with men. Many of the suggestions I have previously made relating to the dissemination of a proper knowledge of the subject can be carried out if we go about it in the right way. Since this discussion in the New York Academy, ten years ago, I have endeavored, in a modest way, to carry out this view, and have recently written an article which was published in the *Medical Record*, in which is cited a large number of extragenital chancres, and nothing of a sexual nature is touched upon, so that article could be read by any one. We should all write this kind of papers to give the public and the profession at large, and the family physicians, the non-sexual aspect of lues so as to lead them to think of it as something more than a venereal disease. The speaker then referred to a case of chancre of the finger in a midwife, acquired in pinning a diaper upon a woman after delivery. She had washed her hands in carbolic acid at once, but in spite of this the chancre appeared. He also spoke of a large number of infecting sores in medical men, acquired in the pursuit of their calling.

DR. W. T. CORLETT, Cleveland, Ohio—I am in thorough accord with the ideas of the speaker, and think it an extremely important subject. The main difficulty which we have to encounter in doing anything to regulate the disease is the association with venereal disease. In common with Dr. Allen and others, I can testify that it is not uncommon to see children and innocent women presenting themselves with various forms of syphilis. Among those whose duties call them in contact with the disease it is not infrequently met with. In the last twenty years I have seen numerous cases acquired innocently. I have now, in Cleveland, a case of a nurse who acquired it in

the performance of her duties. In Lakeside Hospital two orderlies were discharged with well-marked cases. It was only accidentally discovered by a nurse who called attention to it. The cases were at once recognized and the orderlies discharged. They had been giving baths, etc. The disease should be regarded as contagious as others now on the list, and should be subject to report as is smallpox, diphtheria, etc. It seems the only way to make a beginning in regulating and preventing the spread of this very prevalent and dangerous disease.

DR. E. WENDE, Buffalo, N. Y.—In regard to the board of health preventing the spread of this scourge, it is a matter which will present many difficulties in supervising. Yet I have frequently noticed a practice which is much in vogue in the hospitals of this country and Europe, that is, syphilitic patients are allowed to roll bandages for and dress the wounds of other inmates. It would seem proper that the profession should, as educators, first eliminate this custom from their own domain, before requesting special legislation governing such a delicate proposition.

DR. G. T. SWARTZ, Providence, R. I.—It would be very difficult in the face of the feeling against this disease, to introduce any regulations regarding it, so long as there exists so much difficulty in enforcing regulations against those diseases which have no such odium attached to them. I think the members of our profession should be brought to consider the desirability of speaking of this topic to one another and to patients, to treat it as a communicable disease, and a non-venereal one. The time will come when it will be classed with the diseases which should be regulated. And though we can not expect to obtain all cases, nor have all cases reported, it will act something like the law regarding consumption in New York City. One-half of the physicians do not report consumption, yet the law is beneficial to that extent. In many cases which come into our practice, we do not know what to do with them; many patients would be amenable to restraint if we had authority to keep them. They are not received in our hospitals and must go back to their homes, to their families, with such ordinary precautions as we can give them, and you know how poor these can be. I think if this Section would put the matter in proper form, so that those outside of this Section could see something was on foot in this direction, progress would be made and in a few years health officers would be willing to have ordinances and regulations covering the subject, and would be willing to attempt their enforcement.

DR. W. S. GOTTHEIL, New York City—I agree with the reader of the paper and yet there is an aspect of the matter which has not been touched upon, and which I think is of importance. We have had a good deal of trouble with the reporting of cases of tuberculosis in New York City, and if it becomes obligatory to report our syphilitics, I foresee practical difficulties of no mean order. We are dealing with a disease the duration of whose contagion is entirely indefinite, for we do not know when the mucous patch, for instance, ceases to be a source of danger; and to make all cases of syphilis reportable, so to say, would greatly increase the unpaid work with which the profession is already overburdened, and further interfere with the confidential relationship between physician and patient which is perhaps more essential here than with other affections. And while I approve of all preventive measures that are reasonable, we must beware of the inevitable tendency of the health authorities to go too far in such matters. That this has occurred already in New York in the case of tuberculosis is the opinion of many competent judges and to add syphilis to their field of action would hardly be wise. The disease is a stigma, no practitioner would report a private case, and I doubt whether it would be possible to do so with those of the clinics and hospitals. I would make a plea for great caution in increasing the power of boards of health to interfere with the private work of practitioners of medicine. Some of us think they do so far too much already.

DR. W. L. BAUM, Chicago—I believe very thoroughly in what Dr. Gottheil has just stated, and Dr. Bulkley's paper should be distributed, and given as wide distribution as possible into the hands of the general practitioner. While admitting the general theoretically correct methods which Dr.



Bulkley would pursue, I still think the province is in the education of the general practitioner in the regulation of syphilis, and also in inducing him to carry to his private practice these regulations, and some admonition in regard to the promiscuous intercourse which is constantly practiced. One of the best methods of securing benefits is by inducing health officers and hospital boards to admit larger number of syphilitic patients to the hospitals for treatment; but they have no right to detain such patients under the English common law, and it is a question in my mind whether they have the right to stigmatize these patients with the diagnosis of syphilis which can reach any degree of publicity. With the ordinary contagious diseases publicity carries no stigma as syphilis does, even if we call it by another name. A tuberculous patient in a family is not felt to be a disgrace, but a syphilitic patient in one reaches future generations, and in that way such regulation would be decidedly objectionable throughout the community and it would be impossible to enforce such regulation features. A majority of patients who might be detained in clinics would abandon those clinics and remain outside and distribute their disease more thoroughly than if they knew their disease was kept for private record rather than a public measure of protection.

DR. L. D. BULKLEY—Syphilis has been ignored from ignorance, and has been neglected from negligence, on the part of the profession and health authorities. The objections which have been raised in regard to the regulation of syphilis, as a contagious disease, I fully appreciate, and I did not say in my paper, nor do I now, one word in regard to reporting of cases. If the first step could be made, and the health laws were so framed that it would be as much of a crime or a misdemeanor to wittingly give syphilis to others, as it is to give smallpox or scarlet fever, the first wedge would be inserted whereby the door could be opened wider at a later date. What I mean is this: If the proprietor of a hotel puts a visitor in a room where there has been a patient with smallpox or scarlet fever, without properly disinfecting, he is liable to damages, because he wittingly allows one to get disease there. Now apply the same to syphilis. This simply opens a door whereby people could be made responsible for giving syphilis wittingly, and would thereby make the careless ones careful. If the keeper of a bad house should expose one to smallpox or scarlet fever, he would be as punishable as the keeper of a hotel. Let him be held responsible for syphilis acquired in his house, then he will be careful to have everything in his house free from disease. To do this he will see that none of his male visitors bring it in, and for this purpose he will have to examine the men. This would result favorably in checking licentiousness by keeping a certain number away who have venereal disease, and also some others from shame at having to submit to such an examination. This would further tend, in a measure, to check promiscuous street prostitution, as it would be recognized that women thus engaged were probably infected, while men already infected would fear prosecution in case they communicated the disease to others.

I quite agree with what has been said in regard to the difficulty of thus including syphilis among the diseases subject to health regulations. Cases would not be reported—tuberculosis is not—but the beginning has been made in regard to the latter, and the sooner that syphilis is put on the same footing the better. The word "stigmatized" has been used in this discussion. The sooner you can get the idea abroad that syphilis is frequently acquired otherwise than by sexual intercourse, the sooner will it be recognized that there need be no stigma connected with the discussion of it or its restriction by law.

**Transposed Rectum.**—A case of transposition of the rectum is reported in the *British Medical Journal* of March 23, in a boy of 5. The cecum was in a normal position, with a very long appendix passing through a hole in the mesocecum. The ascending, transverse and descending colons were normal, and the sigmoid flexure had a long mesentery which passed across the front of the cecum, but at the sigmoid flexure the bowel crossed behind the bladder to the right iliac fossa and down to the anus. The left iliac fossa was free from the large bowel.

## RECENT CLINICAL OBSERVATIONS ON TINEA VERSICOLOR.\*

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The statement has recently been made that nothing further is to be learned from the clinical side of study in dermatology, and that all progress in this direction must come from effort to exhaust the possibilities of bacteriology and histology.

Granting that the preponderance of recent advances have been due to the finer scientific explorations with the aid of instruments of precision, and that this must continue to be the case, still, I can not believe that the clinical field has been exhausted. If it were not as true

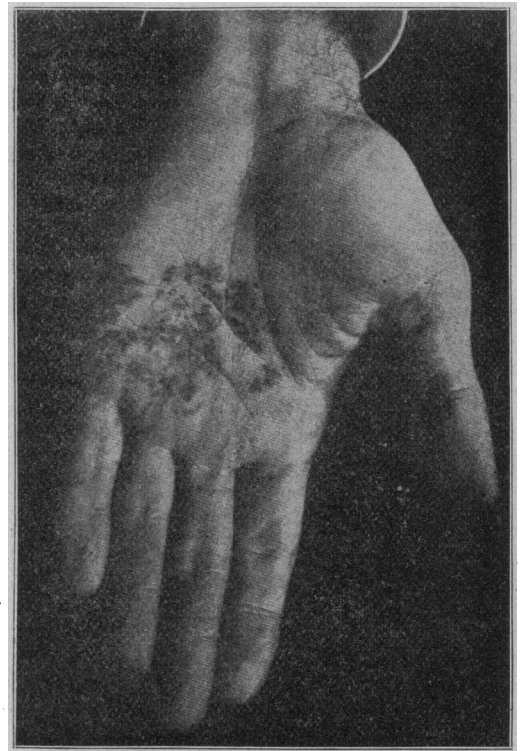


FIGURE 1.

as it would seem to be that there is nothing new beneath the sun, the proposition that clinical discoveries are at an end might be successfully defended. Fortunately or unfortunately, we are prone to forget and are misled as to facts, once perhaps known and their importance appreciated. Rediscoveries must be made before we either learn of or come to realize the significance of certain clinical conditions.

If we take, for example, so common and readily to be diagnosticated an affection as pityriasis versicolor, one would suppose that the last word had been said in regard to its clinical features and that text-books would be in accord concerning all points connected with it.

To discover points of dissimilarity of view it is not necessary to go back to 1864, when Erastus Wilson, calling the affection chloasma—pruriginosum pigmentosum and furfuraceum—looked upon it as due to granular

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