

Correspondence

Universal Circumcision as a Sanitary Measure

To the Editor:—I was much interested in the article on this subject (*THE JOURNAL*, Jan. 10, 1914, p. 92). I believe that there are many of us who do not fully agree with Dr. Wolbarst in his sweeping denunciation of non-circumcision. Obviously, this operation is indicated when phimosis exists, and the earlier the better. It is also indicated in elongated conditions of the prepuce, even if not constricted. Most excellent reasons have been advanced for the operation in such cases. But in the man whose foreskin is of such character as partly, or even wholly, to cover the glans when the penis is in a quiescent state, but automatically withdraws at the time of sexual excitement, I can see no valid reason for mutilating the penile organ. An exception might be made to this view of the matter in those who are neglectful of all laws of cleanliness and hygiene, but in this class circumcision is only one of a number of local attentions indicated, provided so extreme a method becomes necessary to keep such part of the person's anatomy clean.

For many years, in patients in whom the procedure is indicated, I have made use of a method which, to coin a name, might be termed a circumcisionoid—at least, so far as the desired results are concerned, for, of course, etymologically considered, the word is a false one—and that is to hold the prepuce back from the glans by action of a rubber band.

Such a fixture, of proper size and properly adjusted, just as fully and satisfactorily "circumcises" the individual as in case of its removal. I habitually make use of this procedure in all my venereal cases, and often as a means of sanitation. Still further, though I am unable wholly to account for the method of healing, I have observed the clearing up of long-standing cases of urethritis and prostatic irritation. In many cases, also, the presence of this band seems to train the parts in such a way as to make the prepuce hold its retracted position permanently, yet it is not lost to its owner.

The bands referred to are such as are ordinarily used as a substitute for twine in holding papers, small packages and the like. Care should be taken to select those having the greater width, in order to avoid injury to the delicate structures encircled.

JAMES BROWN THORNTON, M.D., Boston.

[The foregoing letter was referred to Dr. Wolbarst, who replied:]

To the Editor:—I believe in circumcision as a prophylactic measure; Dr. Thornton advocates the operation as a therapeutic measure. Conservatism is to be found in a wise prophylaxis which submits the infant to a slight and harmless operation, performed in a few seconds, rather than subject him to the serious risks which must be conceded to the possession of a foreskin. I admit that, in a man who is cleanly in his habits, a foreskin which moves freely over a clean glans, does not necessarily have to be removed. How do we know that any infant's foreskin is going to behave in this way when the child becomes a man? If we could foretell that, in adult life, such an infant will keep the glans and foreskin clean, that the prepuce will not be tight or long, that the man will not acquire venereal disease, or that he will not even subject himself to the risk of venereal infection, in such circumstances I should agree with Dr. Thornton that it would be just as well not to "mutilate the penile organ." But we do not and cannot know these things in advance; consequently, since I regard every foreskin as potentially capable of causing the pathologic conditions mentioned in my article, it seems best to take advantage of the accumulated experience of many centuries, and remove this useless bit of flesh, which can be of no possible service, and which we all agree, may do considerable harm.

As to the rubber band plan, two thoughts suggest themselves: The first is that it would be simpler and more efficacious to perform circumcision and be done with it, rather than compel the patient to wear the band all his life; secondly, that the wearing of such a rubber band, tight

enough to retain the prepuce in place, might be conducive to a chronic hyperemia or congestion of the glans, which would in all probability give the wearer a sensation that would resemble a "permanent erection," of a mild degree. Dr. Thornton states that "the presence of this band seems to train the parts in such a way as to make the prepuce hold its retracted position permanently, yet it is not lost to its owner." Here we seem to have another argument for circumcision. Why should the prepuce be retracted permanently? And if it is well for the prepuce to be retracted permanently and thus expose the glans, of what good is it that "it is not lost to its owner"? If it does not serve its natural purpose of covering the glans, of what use is it to the individual, retracted back from the glans?

A. L. WOLBARST, M.D., New York.

Emetin Hydrochlorid in Amebic Dysentery

To the Editor:—In *THE JOURNAL*, Nov. 22, 1913, p. 1899, is reported a case of amebic dysentery treated with emetin hydrochlorid. This is the approved method of treatment for amebic dysentery among missionary physicians in China. In the *China Medical Journal*, March and July, 1913, are reported ten cases and seven cases, respectively, in which all the patients were treated with emetin hydrochlorid hypodermically and all were relieved of their dysenteric symptoms in an almost incredibly short time. In the former series, Case 5 did not respond so readily as the others, and it was not until the tenth day of treatment that the mucus disappeared from the stools. This was a case that had been treated unsuccessfully with ipecac powder six months previously. To me this is interesting, inasmuch as of the four cases I have had since Oct. 16, 1913, all of which were apparently cured with emetin hydrochlorid, the one case that did not respond readily had been treated with ipecac powder one year before. This patient came irregularly to the dispensary for eleven days, and received in six injections a total of 11 grains of emetin hydrochlorid. After the last injection of 2½ grains he was relieved of all symptoms. He showed no nausea or other discomfort as a result of the large dose. Is it not likely that in the two cases cited the previous treatment with ipecac influenced unfavorably the later treatment with the alkaloid?

JOHN H. KORN, M.D., Taianfu, Shantung, China.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

"THE ANATOMIST" OF REMBRANDT

To the Editor:—I am enclosing a photograph of a picture that was a gift to me. I have forgotten the name of the picture and its history, and have been unsuccessful in finding the necessary information. Can you help me?

JOHN R. BLACK, M.D., Jefferson, Iowa.

ANSWER.—The so-called "Lesson in Anatomy," or more properly "The Anatomy of Dr. Tulp," was one of the first pictures painted by Rembrandt after he settled in Amsterdam in 1631. As he began to paint in Leyden in 1627, the data of this picture (1632) show it to have been also one of the earliest of his greater works. It hangs in the Hague Gallery. These dissecting scenes were favorite subjects of the Dutch and Flemish painters in the seventeenth century, and Rembrandt derived the idea from the earlier "Anatomies" of Pietersz (1603), Mierevelt (1617), de Keyser (1619) and Elias (1625) in the Amsterdam and Delft collections. The central figure of the picture is Dr. Nicolaas Tulp (1593-1674) of Amsterdam, who became reader of anatomy to the Surgeons' Guild in 1626, which office he held until 1653, after which he became burgomaster of Amsterdam (1654-1655, 1666, 1671). He described the ileocecal valve, discovered by Bauhin, but also called the valvula Tulpii, and, in 1639, was the first to demonstrate in man the lacteal vessels, which had been