

## Correspondence

### The Plan of the Medicolegal Department of the Journal

To the Editor:—I beg to call your attention to an error of omission in THE JOURNAL, November 18, so serious as to render substantially incorrect the article in which it occurs. Under the heading of "Validity of Provision for Medical Examination and Treatment of Prostitutes," you state that the Appellate Division of the Supreme Court, First Department, holds constitutional the enactment for the medical examination and treatment of prostitutes (Sec. 79, Inferior Courts Act). This is correct as far as it goes, but you fail to state that in June of this year, the case to which you refer, *People ex rel. Barone vs. Fox*, 129 N. Y. Suppl. 646, was reversed by the Court of Appeals, the court of last resort in this state, and that the enactment referred to is, therefore, now held unconstitutional, and that the medical examinations under it have been discontinued since June. In giving this decision the court did not hand down an opinion, but reversed the Appellate Division on the dissenting opinion of Judge Clarke in that court. I speak with some authority on this subject, as I was the attorney for the relator in the case mentioned.

May I further call your attention to a slight inaccuracy in your argument? It was never contended by the persons opposed to this law that the health department or other proper authorities should not have full power to deal with venereal diseases as with any other contagious or infectious diseases. Our contention was simply that in dealing with this disease they could no more isolate certain victims of it and subject them to special treatment, than they could isolate certain persons afflicted with small-pox, allowing other persons so afflicted to be at large. You state further "that public prostitution applies only to women, and every person convicted of public prostitution is within the act." Our argument was that, although the laws of New York State recognize the existence of the male prostitute as a criminal, yet he was not placed within the operation of this act.

BERTHA REMBAUGH, New York.

[COMMENT.—Our correspondent seems to misapprehend somewhat the scope of the Medicolegal Department. The argument to which she takes exception was not ours, but that of the court. THE JOURNAL simply states—as correctly as it can in the limits of the space available—what the courts say and decide on the point or points that are deemed of interest to our readers. If we have anything to say about any decision, we say it in the Editorial Department, or else plainly separated by brackets from the abstract itself.

Taking up the first point raised by our correspondent. THE JOURNAL, in its Medicolegal Department, occupying approximately a page a week, gives as nearly as possible the new and most important things that the higher courts are deciding that physicians as such, as members of boards of health, etc., want to know. Occasionally, practically the full opinion is given, although generally, even in the fuller reports, the matter is selected and put into as readable form as it can be without sacrificing accuracy of statement.

Decisions of intermediate appellate courts are treated the same as those of courts of last resort, when reported in the advance sheets for the National Reporter System, because they then become, for whatever they may be worth, a part of the recognized and available case law of the land. They have a certain value of their own, regardless of whether some of them are subsequently directly indorsed or rejected by reviewing courts.

It would be impracticable to try to keep track systematically of their future history. He who wants it must look for that for each individual case in its appropriate place. The only exception is when the affirming or reversing decision comes to the attention of THE JOURNAL with something in it that at the time it is thought should be reported for its own sake.

Neither are the reports in the Medicolegal Department augmented by search for, or use of, information extraneous to the advance-sheet or official reports from which they are prepared.

Along these lines, in something over a column, THE JOURNAL gave in its Medicolegal Department, Nov. 18, 1911, what it thought its readers would be most interested in from a six-page decision of the First Appellate Division of the Supreme

Court of New York in the case of *People vs. Fox*, or, more fully, *People ex rel. Barone vs. Fox*, 129 N. Y. S. 646, which had a three-page dissenting opinion attached. And at the date of the receipt of the above communication, a special search failed to show that any official or other report had been received, or was discoverable, showing the reversal stated, although the memorandum report of that may come later.

The last paragraph of the discussion in the opinion from which quotation criticized was made reads: "It is also claimed that this act relates to women only, and not to men, who are suffering from these diseases. But it was clearly a question for the legislature to say whether the public interests or the public health required that a woman afflicted with a venereal disease should be treated differently from a man. But public prostitution only applied to women, and every person convicted of public prostitution is within the act. Nor do I think this can be said to be an unreasonable exercise of the police power." —EDITOR.]

### The Petition to Restore the Canteen

To the Medical Profession of America: In THE JOURNAL of the American Medical Association, December 16, was published in full (but, of course, without the 275 signatures of leading medical men all over the country) a petition to Congress to pass the Bartholdt bill restoring the canteen in the Army. The petition explains fully what the canteen really is.

My own position in the matter is this: I never place wine on my table on any social occasions whatever; I did not do so even at the weddings of my daughters and I never partake of it at any dinner or on other social occasions. If I had autocratic sway in America, I should nail up the doors of every saloon and put on them a placard "TO RENT for some decent business"; and yet I am in favor of allowing beer (and be it noted that beer only would be provided in the canteen) to be sold to the soldiers. As a surgeon I am bitterly opposed to mutilating the body of any fellowman by amputating a leg, but when I have met with the alternative that the man must either lose his leg or lose his life, I have unhesitatingly sacrificed the leg in order to save the life.

It is by a precisely similar course of reasoning that I have reached the conclusion that the canteen should be restored. As I have read over for some years the reports of the Surgeon-General of the Army I have been deeply stirred by the recent enormous increase in the prevalence of venereal diseases to nearly 20 per cent. of the army annually. In my personal relations as a surgeon I have known no less than five of my warm professional friends who have suffered from an innocent syphilitic infection which has destroyed their health or their lives. My old friend, the late Dr. Nevins Hyde of Chicago, when I was discussing the matter with him one day told me that he had at that moment seven physicians under his care for an accidental syphilitic infection, and he mentioned several cases of physicians of his acquaintance who had committed suicide as a result of such an infection.

The wives and the children of our soldiers are much more subject to accidental and innocent infection than physicians. Many of their wives are inevitably infected either with gonorrhea or syphilis and their lives made miserable and the community deprived of healthy child-bearing women. Many of their children are doomed to blindness from gonorrheal infection in the very act of birth, many of them are rendered hopeless and wretched subjects of inherited syphilis; and in turn both father, mother and children may infect others.

When I read in the *North American Review* of March, 1911, an article by the Hon. James H. Blount summarizing and collecting much of this information, I was not content simply to raise my eyes to Heaven and piously sigh "What a dreadful state of affairs!" and go to sleep; but I asked myself at once "What is my duty as a citizen, a surgeon, and a Christian toward the men in the Army, toward their wives and children, and toward the community?"

After thinking the matter over very carefully and again referring to the Surgeon-General's Reports, I concluded that there was laid on me a duty to try to influence Congress to repeal the bill prohibiting the sale of beer in the Army posts and that the most powerful influence I could bring on Congress

would be a petition from medical men alone and based on medical grounds. Accordingly I drew up the petition that is published in THE JOURNAL and sent it to a number of medical men all over the country.

I selected them from lists of our various national societies as men of unusual prominence and influence in their communities. I sent them a copy of the petition with a request to read it carefully and, if they approved of it, to sign it. A number, of course, neglected it entirely, some, I happen to know, from absence, illness and other causes.

I have received 278 signatures, three too late to be included in the petition. I have received only three refusals to sign: one because of want of information, a second because that correspondent's brother had died as a result of dissipation, the last because the third correspondent was opposed *in toto* even to the use of beer, no matter what the consequences in other respects might be.\*

The verdict, therefore, of the profession at large, it seems to me, is very clear. Our petition referred only incidentally to the benefits of temperance, which we all would approve, to the diminution of the number of desertions and courts-martial for infractions of discipline which certainly would be diminished by the restoration of the canteen. Our main plea was a purely surgical and humanitarian one, viz., the alarming increase of venereal diseases and their results to the soldier, his wife and children and to the community and the nation. On these points we speak "with authority and not as the scribes" and Pharisees.

To my mind the alternative is simply this: Reestablish the canteen in which simply beer may be sold, and sold under supervision of the military officers of each post; or, on the other hand, abolish the canteen and drive our soldiers to the vile saloons just outside the military reservations, resorts, which are brothels as well as saloons, where the soldiers are supplied with the vilest kinds of whiskey, not seldom drugged, robbed of their scanty pay, and infected with either gonorrhea or syphilis, which in turn they transmit to their wives and children, and it may be to others who are entirely innocent.

Between these two alternatives any sensible man, it seems to me, cannot hesitate which one to choose.

Before I took any step in this matter I carefully counted the cost to myself. I knew that I should be misrepresented, that I should be abused and possibly even that my motives might be assailed. The above statement as made to my colleagues of the profession is the absolute truth from beginning to end. I accept the consequences.

If you, my colleagues, approve of the stand taken in the petition, I hope that you will write immediately to your representative and your senator, and to any other in either house of Congress whom you may know, or on whom you can

\* My attention has been called to the fact that this paragraph may produce the erroneous impression in the minds of some readers that not many more than 281 petitions were sent out, of which only three were returned with a refusal to sign. I, therefore, went over the list of those to whom the petition was sent and found that 484 had been sent out, 281 were returned as mentioned in the letter, leaving 203 from whom no word was received. These non-signers should be divided into four classes:

1. Those who approve of the petition but did not wish to be drawn into the controversy or to be annoyed, attacked, and even ostracized, especially in communities where the local anticanteen spirit was very pronounced. Judging by the results of the known returns (278 to 3), it is my opinion that these may be set down as over one-half of the 203.

2. Those who did not approve of the petition but also preferred not to be drawn into the controversy.

3. The indifferent, many of whom very possibly did not even read the petition.

4. Those who by reason of change of residence, absence, etc., did not receive the petition or received it so late that they thought it useless. The early copies of the petition were sent out just as many were starting for Denver and Los Angeles to the meetings of the American Surgical Association and the American Medical Association and a considerable number were starting for their summer holiday. While writing this footnote one of the June petitions has reached me, duly signed, making, therefore, 282 heard from and 202 unheard from.

How many belonged to each of these four classes I do not know. May I add also the closing paragraph from General Leonard Wood's annual report, just issued: "It is the consensus of opinion in the Army that the canteen should be reestablished. This opinion is concurred in by the undersigned."

This is the judgment of an army officer who is a physician as well, and one who also knows the sentiments of the Army.—W. W. K.

exert any influence, and that you will especially write to the chairman of the Committee on Military Affairs of the House and also the chairman of the same committee of the Senate. Public opinion rules in America and while there are undoubtedly a number of members of either house of Congress who may be afraid of the bitter assaults that would be made on them by the ultratemperance advocates of the country, I believe that there are enough men of independent sound judgment in each house of Congress who will vote conscientiously and in accordance with their sincere convictions after careful investigation of the subject. More than this we cannot ask. Less than this we should not be willing to accept.

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### The Subperitoneal Plexus

To the Editor:—I note, in an abstract in THE JOURNAL (Dec. 16, 1911, p. 2034) of Gobiet's article on "Thrombosis of Mesenteric Arteries and Veins" (*Wien. klin. Wchnschr.*, xxiv, 45), the sentence: "A spontaneous cure is possible if the obstruction occurs so slowly that a collateral circulation can develop."

I do not think it is generally known, because not generally taught or referred to in the text-books, that in occlusion of these vessels a collateral circulation with spontaneous cure may be established. According to Da Costa, this occurs in about 5 per cent. of cases.

Sir William Turner, in 1863 (*Brit. and For. Med. Chir. Rev.*, 1863, xxxii, 222), demonstrated the existence of what he named the "subperitoneal arterial plexus," which communicates, on the one hand, with the arteries of the abdominal viscera, and, on the other, with the arteries of the different parts of the abdominal wall, such as the phrenic, intercostals and lumbar. In regard to the vessels which we are considering, he states: "It [this plexus] passed downward between the folds of the mesentery, reaching as far as the coils of small intestine and communicated with the branches of the superior mesenteric artery."

Six years later, Dr. John Chiene (*Jour. Anat. and Physiol.*, 1869, iii, 65) described in detail a case of complete obliteration of the celiac and mesenteric arteries, the viscera receiving their blood-supply through this subperitoneal arterial plexus. This patient had died of paralysis, the result of a large aneurysm which extended from the bifurcation of the aorta upward to the crossing of the left renal vein. Although the branches of the celiac and mesenteric arteries were fully injected, the main trunks were completely obliterated at their origins, the obliteration in each case extending to the first branch. They were plugged by organized clots. In the case of the celiac axis a plexus connected the left phrenic and pancreaticoduodenal with the renal and suprarenal arteries. In the case of the mesenteric vessels, their branches were filled through the superior hemorrhoidal, which equaled the size of the femoral, and inosculated below with the internal iliacs, and above with the left and middle colic arteries. The last dorsal inosculated with the ileocolic, and the lumbar arteries with each other and with the ilio-lumbar and circumflex iliac arteries.

Thus, contrary to prevailing statements, these arteries are not end-arteries, as are those of the brain, but may, under favorable conditions, form efficient functional inosculations.

It seems to me that our forefathers had something on us in blood-letting, an art which has fallen into innocuous desuetude. Following along the lines of thought in this letter, while in the case of the thrombosed vessels the interest may be more academic than practical, yet it becomes purely practical when we see relief follow generous wet cuppings of the loins in nephritis, enteritis and other conditions that are reasonably amenable to such therapy.

PENN. G. SKILLERN, JR., Philadelphia.

### Cellular Emphysema in Obstetric Cases

To the Editor:—In THE JOURNAL for July 22, p. 285, is the report, by Dr. Siegelstein, of a case of emphysema during labor, and an editorial note refers to the rarity of the affection. I refer you to a case reported by myself to the Ohio