

## THE VENEREAL INFIRMARY AT CAMP HUMPHREYS, VIRGINIA.\*

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NOVEMBER 26, 1918, the two venereal infirmaries which had been in operation at Camp Humphreys were consolidated. The building assigned to the new infirmary was situated at Belvoir, in close proximity to the Development Battalions which it was intended to serve. This building was of the old barrack type, 180 feet long by 21 feet wide. It was piped for sewer and cold water connections at one point.

As it was understood that the building was to be used for temporary purposes only, no more labor or materials were expended upon alterations than was absolutely necessary. The partitions dividing the structure into rooms were moved to give the arrangement shown in the accompanying diagram. At the easterly end of the building was an office in which the paper work was done; next to that was a room for the administration of salvarsan. The center room was arranged for a waiting room; it opened into the treatment room, which was 60 feet long. Beyond the treatment room were two small rooms, one of which was a laboratory, the other a smaller waiting room for outgoing cases. Each room was heated by a stove. Water was heated over an old stove resurrected from the scrap heap. Small oil stoves were used to heat the sterilizer.

The treatment room, 60 by 21 feet, was divided lengthwise by a railing. Along the left-hand wall were shelves for urine glasses (bottles which once held "Pin Money" pickles), and 12 feet of ordinary latrine troughs supplied with two faucets. Along the railing were placed 6 galvanized iron cans about 26 inches in height. Above the cans and above the troughs were Valentine irrigators 2½ feet apart. There were 17 in all.

That part of the room to the right of the railing contained three tables, one for dressings and two for sound cases, and two stoves. There were several small tables for records, instruments, and solutions, and a home-made cabinet for supplies.

The personnel consisted of 5 medical officers. Of these, one was in charge of the records, the attendance, and the administration of the clinic. Two examined patients and two others passed sounds, gave prostatic massage and did dressings. A sergeant was quickly trained to stain

smears and to examine them for pus and for gonococci. In doubtful cases his work was checked up by one of the medical officers. Another sergeant had charge of the supplies and of the enlisted personnel. There were two clerks, one for the office and one to check the attendance and give out records. Six enlisted men and a corporal were employed in the treatment room where they helped with dressings, attended to the irrigators, and made themselves generally useful. Most of these men were colored; they were obedient, quick to learn, and faithful. No trouble whatever was experienced from the mingling of the two races.

The patients treated at the infirmary were both white and colored. The great majority were from the Development Battalions, to which they had been transferred because of chronic venereal disease. Cases of urethritis in the Development Battalions were divided among 5 companies, 3 colored and 2 white. At one time there were about 500 under treatment. They reported every day except Sundays and holidays. Each company reported at a different hour under the supervision of a commissioned or non-commissioned officer. This man was held responsible for the attendance of his men. He had a list of the venereals in his company and every day checked it up with the roster maintained by the Infirmary. Upon the latter the daily attendance of every man was checked. Careful supervision of the attendance was made necessary by the careless attitude of some of the patients, who took every opportunity to escape treatment. This attitude changed, however, when it became known that a man had to be discharged from the Infirmary before he could get out of the army.

Daily reports were sent to the Personnel Officer and the Battalion Surgeons containing the names of patients discharged or admitted by the Infirmary.

The men entered the building by a door opening into the waiting room. They filed past a table and were given their record cards. At the same time the attendance was checked off. They passed into the treatment room, where a medical officer received the record and made what examination was necessary. Each patient urinated into two glasses, which he presented for inspection. The medical officer then indicated his treatment.

In all acute cases of venereal disease a Social Record was made. This questionnaire, which

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was sent from the Surgeon General's office to all camps, read as follows:

#### SOCIAL CASE HISTORY SHEET.

Date \_\_\_\_\_  
 Diagnosis { Laboratory \_\_\_\_\_ M., S., or W.  
               { Clinical \_\_\_\_\_ Age \_\_\_\_\_  
 Patient's name \_\_\_\_\_ Rank \_\_\_\_\_ Reg. No \_\_\_\_\_ Unit \_\_\_\_\_  
 Date of admission \_\_\_\_\_  
 Date of exposure to infection and of first symptoms. \_\_\_\_\_  
 Source of infection (Woman's name and address if possible). \_\_\_\_\_  
 Would patient be willing to identify her? \_\_\_\_\_  
 Was she paid? (In any way, monetary or otherwise. State particulars.) \_\_\_\_\_  
 Ascertain all facts in reference to woman believed to be the source of infection. The following facts should be included.  
 Age \_\_\_\_\_  
 Social condition. \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Wage \_\_\_\_\_  
 Single, married, widowed, divorced. \_\_\_\_\_  
 Had either the patient or the woman believed to be the source of infection indulged in alcohol at the time of infection? \_\_\_\_\_  
 Did infection take place in a house of prostitution? (Give full particulars of all circumstances in connection therewith.) \_\_\_\_\_  
 What venereal prophylaxis was used and by whom was it administered? \_\_\_\_\_  
 How long after exposure was venereal prophylaxis used? \_\_\_\_\_  
 Do you know of other cases infected from the same source? \_\_\_\_\_

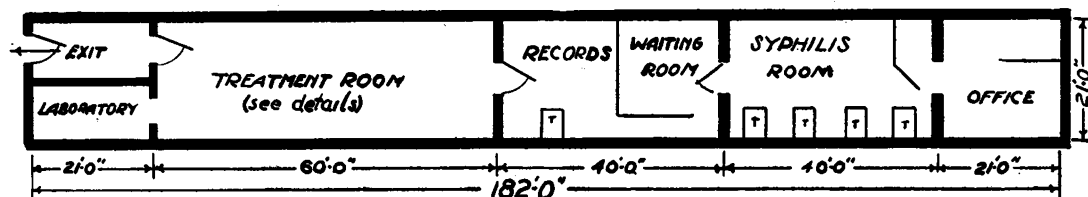
The Social Case Histories were sent to the Camp Surgeon, who informed the local Boards of Health of the presence in their territories of

commanding officer whether the man was subject to Court Martial for failing to take venereal prophylaxis. If the patient stated that he had taken prophylaxis, the truth of his statement could be verified by the records of the infirmary in which he claimed to have taken it. Beginning November first, 1918, all cases in Camp Humphreys who contracted venereal disease were liable to court martial, whether they had taken prophylaxis or not.

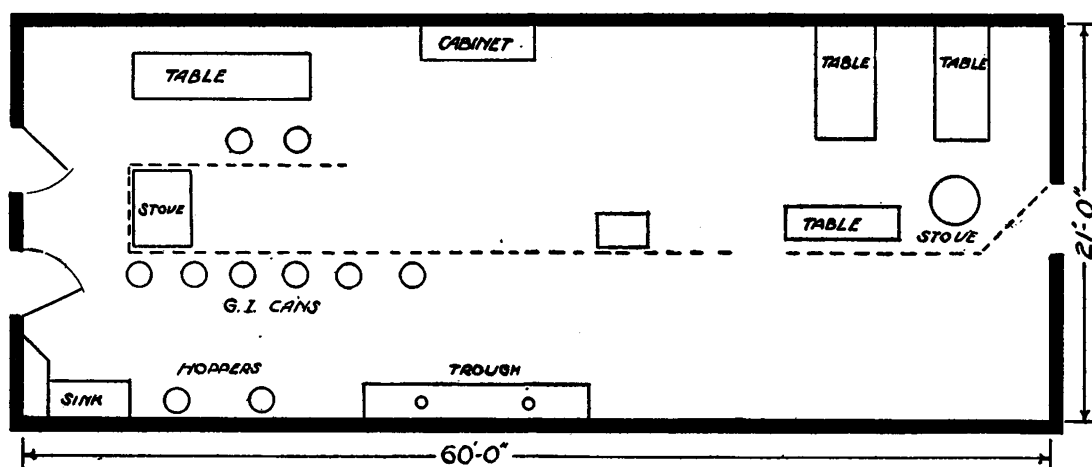
Statistics show that of 274 cases of venereal disease among white troops in the First Development Battalion, 84% were infected before entering the army. This fact is supported by the records of cases discharged from the Venereal Infirmary at Camp Humphreys during December, 1918. Approximately 80% of these were chronic. In the table which follows, the cases marked "observation" are those who were sent to the Infirmary with so few signs of disease that a definite diagnosis could not be made. Undoubtedly some of them had a slight urethritis, but they could be considered with the chronic cases rather than with the acute.

Cases discharged from the Venereal Infirmary during December, 1918:

Gonorrhea, chronic .....	327
Gonorrhea, acute .....	17
Syphilis (mostly chronic) .....	49



PLAN OF VENEREAL INFIRMARY



DETAILS OF TREATMENT ROOM

Chancroid .....	13
Observation .....	65
Phimosis .....	3
Circumcision wound .....	2
Stricture urethrae .....	4
Condylomata acuminata .....	4
Herpes progenitalis .....	2
Incontinence, urinary .....	1
Balanitis .....	3

Total number of cases ..... 490

The requirements for discharge in the case of patients with urethritis were: Absence of urethral discharge upon stripping the urethra, clear urine for at least one week, prostatic secretion in which there was an average of not more than two pus cells per field (oil immersion). A few cases with persistent mucoid discharge were declared free from venereal disease after at least 3 microscopic examinations of the prostatic and vesicular secretion showed (1) no gonococci, (2) no more than 2 pus cells per field.

Cases of syphilis were declared "available for transfer" after they had been given 6 intravenous injections of arsphenamin, usually 0.3 gram at a time, and mercury either by inunction or by intramuscular injection.

Urethritis was treated mainly by lavage of urethra and bladder with potassium permanganate about 1-8000 in strength. Valentine irrigators equipped with metal nozzles were used; the nozzles were boiled after each irrigation. In the more acute cases, anterior urethral injections of one of the silver albuminates were given by one of the attendants. Sounds and prostatic massage were employed, but to rather less extent than is customary in other clinics with which the writer has been connected. The amount of involvement of prostate and vesicles seemed less than is met with in such clinics as that of the Massachusetts General Hospital. The incidence of epididymitis was certainly less. Only 6 cases developed during the 6 weeks in which the Infirmary was operated at Belvoir. This may have been due in part to the fact that many cases were of long duration and that the gonococcus, if present at all, was in an attenuated condition. It may have been due also to good general condition of the men incident to their regular, outdoor life. To offset this factor, however, there was the hard physical labor of drill and of working on details. All our cases, with occasional exceptions, were kept on full duty during the course of their treatment.

In the treatment of syphilis, a diagnosis had to be made before any medication was started. Open lesions were sent to the Laboratory of the

Base Hospital for Dark Stage examination, as there was no electricity at the Infirmary during the day. If spirochaetae were found or if the blood showed a double plus Wassermann, treatment was begun at once.

The urine of each man was examined for albumin before each injection of arsphenamin. One case was found who developed albuminuria after one treatment. As he continued to have a large trace of albumin for a week, he was sent to the Base Hospital for further treatment.

Injections of arsphenamin were given in the late morning or in the early afternoon. The men were then sent to quarters and the next morning were put on full duty. Some 300 injections in all were given. Aside from the case of albuminuria mentioned above, there were no untoward results. With one medical officer mixing the solution and two others administering it by the gravity method, a considerable number of treatments could be given in an afternoon. 36 was the greatest number given on any one day, but more could have been handled with ease.

The chief interest in this study resides in the fact that really quite efficient treatment can be given with a comparatively crude equipment. With plenty of floor space and sufficient irrigators, a surprisingly large number of men can be treated. It was estimated that 200 patients per hour could have been cared for in the Infirmary at Camp Humphreys, had there been need.

The writer wishes to express his indebtedness to Captain Meylackson, whose Venereal Infirmary at Camp Meade furnished many suggestions of value, to Lt.-Col. I. W. Brewer, Camp Surgeon, and to Major Stephan Szumanski, Commanding Officer of the Development Battalions, for their coöperation, and to all the men, officers and privates, who worked for the welfare of the Infirmary.

## THE NORMAL ARTERIAL TENSION.\*

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[Abstract of a paper entitled "Inquiry through Analysis of Measurements of the Maximum Tension of the Radialis Artery."]

WHAT is the normal arterial tension, and what constitutes an abnormal arterial tension? One hundred years ago the normal temperature of the body was unknown; but more than two thousand years ago the ancient physicians recognized increased body heat as the sign of acute

\* Paper read before the Boston Society of Psychiatry and Neurology, Jan. 17, 1919.