

Kober (Geo. M.)

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## *Original Communications.*

ART. I.—*Syphilis and Prostitution.\**

By GEORGE M. KOBER, A. M., M. D., Washington, D. C.

The cause of syphilis has not been definitely determined, although there is much reason for believing that it is due to the bacillus of Lurtgarten, who discovered this organism in all syphilitic affections and in all stages of the disease, and never found it in non-syphilitic organs. The proof that this bacillus is really the cause of syphilis is rendered difficult by the fact that animals are not susceptible to the inoculation of syphilitic virus, and it is, moreover, difficult to distinguish this microbe from other bacilli.

The virus of syphilis adheres to the tissues and secretions of syphilitic ulcers, and is evidently also contained in the blood and the secretions of the breast as soon as it has passed beyond the stage of a purely local affection.

The transmission of the virus most frequently takes place in sexual intercourse, but it may also be conveyed in kissing, upon eating and drinking utensils, in nursing excoriated lips, in circumcision, in vaccination, through the

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milk of syphilitic mothers, the sperma of syphilitic fathers, or the maternal blood.

The susceptibility to the virus differs in different individuals. This may be due to the existence or non-existence of abrasions, and perhaps to a greater amount of resistance on the part of the tissue-cells and fluids of the body to the syphilitic germ. One attack of syphilis does not offer immunity from a subsequent attack, and second attacks are not usually characterized by milder manifestations.

*Prophylaxis.*—The measures which have been proposed for the prevention of syphilis are numerous enough, but not so easy of practical application. Parkes makes a strong plea in favor of continence, and believes that the sexual passion, though very strong, can be accelerated or delayed, excited or lowered, and hopes, by the cultivation of pure thought and conversation, removal of temptation, constant and agreeable mental and physical employment, and finally temperance, that continence may not only become possible, but easy.

The same author also favors early marriages as the salvation of the working youth of any country, and believes that the best thing a young man can do is, as early as possible, to make his home, and to secure himself, both from the temptations and expenses of bachelorhood.

Since the above most excellent measures can only be attained by a higher cultivation and moral training of the male youth in all its grades, we must pass to the consideration of what may be done now towards the prevention of the disease.

In the way of individual prophylaxis, something may be accomplished by temperance, moderation, and cleanliness; and the latter may be supplemented by the instant ablution and injection with a solution of corrosive sublimate—1.1000 after connection. "It may seem an offence against morality to speak of such things, but we must deal with things as they are, and our object now is not to enforce morality, but to prevent disease." (Parkes.)

Contact of every description with syphilitic persons should of course be avoided.

But, after all, one of the surest means of preventing the disease is to detect and cure the disease in prostitutes. This involves, that they shall be registered, placed under the supervision of the police, and subjected to sanitary inspections. If found to be infected with syphilis, they should be placed in special hospitals provided for their treatment, and the same measures should be applied to women suspected of clandestine prostitution and found affected with the disease.

A German lawyer, in a paper on the relations of the State to prostitution, suggests that all men who know themselves to be affected with a venereal disease and fail to have the same treated, or neglect to be treated because they are ignorant of the contagious character of the disease, shall be punished by law. Whilst the first portion of this proposition appears just and reasonable, the second clause is too radical; since not every man can be expected to know the contagious character of venereal diseases.

In the Section of Hygiene at the recent International Congress, an interesting and important debate took place regarding the matter of licensing houses of prostitution. Dr. Thiry, of Brussels, earnestly advocated the licensing system, with sanitary inspection twice a week. Dr. Kapósi, of Vienna, took similar grounds. The views advanced were opposed by several others, and Dr. Drysdale, of London asserted that there was as much syphilis in Paris, where prostitution is regulated, as in London, where it is not.

A vote of the Section was finally taken, and it was shown that a great majority of the members were opposed to regulation.

The *New York Medical Record*, in commenting upon the above, considers this action in accordance with justice, common sense and experience, as licensing and sanitary inspection tend to produce secret prostitution; and besides, such methods enforce penalties upon women, but not upon men, and are therefore most unjust.

There is no doubt that clandestine prostitution furnishes the largest number of syphilitic cases. In Strassburg, between 1879 and 1884, 3,601 suspected prostitutes were examined, and 67 per cent. were found to be affected; whilst in 46,800 inspections of registered prostitutes, only 785 cases occurred during the same period, and they were of a mild type, requiring only half the number of days for treatment.

In Metz, 21.2 per cent. of the secret prostitutes were found to be diseased; and, in Berlin, of 159 "suspected" waiter girls, not less than 95, or 35 per cent., were found to be syphilitic.

Mauriac reports that of 5,008 syphilitic soldiers 4,012, or 80 per cent., contracted the disease from secret prostitutes, 733 from registered prostitutes, and 263 from other women.

Indeed, there seems to be no remedy against the evils of secret prostitution other than strict supervision of the police, proper education, and the encouragement of all classes, to report their misfortune and seek prompt treatment. We fail to see the injustice of a law which would compel men and women to be treated for a contagious disease, or which would subject prostitutes to sanitary inspections, and not the men. A woman chooses to follow a dangerous trade, as dangerous as if she stood at a corner of a street, exploding gun-powder. By practicing this trade she ought at once to bring herself under the law, and the State must take what precautions it can to prevent her doing mischief. The State cannot prevent prostitution, but it is no more interference with the liberty of the subject to prevent her propagating syphilis than it would be to prevent her propagating small-pox, and the man who knowingly and willingly spreads the disease should be punished and held responsible for the damage inflicted.

The beneficial effects of rigid sanitary inspections have been shown by the collective statistics of the Medical Society of Rostock, in which city the control of prostitutes began in 1883.

The number of cases of syphilis treated in that city amounted in—

1881	1882	1883	1884	1885	1886	1887
240	269	164	112	92	92	70

The medical statistics of the garrison at Strassburg show that the percentage of syphilis—

In 1850, was .....	12.8
In 1868, was.....	13.3
In 1875, was.....	4.9
In 1880, was .....	2.7
In 1884, was.....	2.4

And the sudden decrease of venereal diseases coincides with the introduction of a strict control of prostitution. Similar good results have followed the "contagious diseases act" of England, by which the prostitutes of certain military and naval stations are brought under supervision.

Parkes adduces the statistics to show that in the eight years the State was saved very nearly 10,000 cases of syphilis; and, supposing that each demanded only twenty days of treatment, 200,000 days of sickness have been saved in eight years.

According to the *Lancet*, the percentage of syphilitic soldiers after the establishment of this control fell—

At Davenport, from.....	7.6 to 5.8
At Portsmouth, from.....	11.6 to 4.1
At Woolwich, from.....	8.8 to 5.8
At Colchester, from.....	18.2 to 5.5

In 1885, the percentage of syphilitic soldiers at the "unsubjected stations"—*i. e.*, at the places where the prostitutes are not under police supervision, was still 13.6, whilst, at the "subjected stations," it was only 7.4. In 1865, 76 per cent. of the prostitutes examined at the "subjected stations" were found to be syphilitic; in 1868, only 39 per cent., and since 1870, only from 8 to 6 per cent.

All of this shows that something has been accomplished by these so-called unjust laws. In the meantime, let us at least contribute our share towards the prevention of this dreadful disease, and its serious and far-reaching consequences.

## ART. II.—Surgical Treatment of Appendicitis.\*

By RANDOLPH WINSLOW, M. A., M. D., of Baltimore, Md.

PROFESSOR OF SURGERY IN THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE, ETC.

In approaching this subject from a surgical standpoint, great difficulty is experienced from the confusion in the nomenclature applied to the inflammatory troubles in the right iliac fossa. This confusion in nomenclature means an equal obscurity in our ideas of the pathology of these affections.

The terms typhlitis, perityphlitis, and paratyphlitis, are used more or less indiscriminately for painful inflammatory affections of the right flank, which may be widely different in character.

*Typhlitis* is an inflammation of the cæcum, which may be limited to its mucous coats, or may penetrate more deeply, until the peritoneal coat is reached, when the resulting peritonitis, with its accompanying exudation, is called *perityphlitis*; and if pus forms, a *perityphlitic abscess* is said to be present.

It was supposed until quite recently that the cæcum was only partially covered by peritoneum, leaving a large part of its walls with no peritoneal coat, and in immediate relation with the post-cæcal connective tissue. This is an error; the cæcum has a distinct mesentery in the vast majority of cases, and floats quite freely within the peritoneal cavity. And when an abscess forms, it is almost invariably found to have its primary seat within the peritoneal sac—the diffusion of the pus being prevented by adherent coils of intestines. Sometimes, as a secondary result, the peritoneum is destroyed and the pus escapes into the post-peritoneal connective tissues. It would be much better to use the terms *cæcitis* and *appendicitis* to describe inflammations of the cæcum and vermiform appendix, and to discard such expressions as *typhlitis*, *perityphlitis*, and *paratyphlitis*, as being obscure and obsolete. *Cæcitis* or *typhlitis* is a disease

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