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II

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Edited by

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Secretary-General

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FOURTH DAY, THURSDAY, SEPTEMBER 12TH

AFTERNOON SESSION—3 P.M.

PROF. ROBERT CAMPANA, of Rome, DR. JAMES NEVINS HYDE, of Chicago, and DR. SAMUEL SHERWELL, of Brooklyn, Vice-Presidents, in the Chair.

THEME II.—TROPICAL DISEASES OF THE SKIN

PRESENTED BY SURGEON-GENERAL P. M. RIXEY, DR. H. RADCLIFFE-CROCKER, DR. WILLIAM DUBREUILH, AND DR. CH. WARDELL STILES

THE RELATION OF THE NAVY TO THE STUDY OF TROPICAL DISEASES

BY SURGEON-GENERAL P. M. RIXEY, U. S. NAVY

When I first received the highly appreciated invitation of the Organization Committee of the Sixth International Dermatological Congress to make a short address upon the relation of the Navy to the study of tropical diseases, it naturally appeared fitting that I should first take up the consideration of that branch of tropical medicine dealing with affections of the skin. The importance of this section of the diseases of the tropics is, however, so paramount in the Navy that I shall only be able to briefly refer to the lines of investigation which have been and are being pursued by the officers of the Medical Corps of the Navy in relation to cutaneous medicine.

That this statement is based upon fact and not expressed merely for the purpose of harmonizing with the object of this Congress is best shown by the statement that, taking a period of ten years, I find diseases of the skin caused practically twice as great damage to the health of the Navy as was caused by all other diseases of a quarantinable nature. When it is

considered that I include such diseases as diphtheria, measles, small-pox, scarlet fever, rōtheln, etc., in this latter category, the full import of my statement can be appreciated. The actual proportion was as 1 to 1.8. Were I to include syphilitic affections of the skin, this disproportion would be greatly increased.

This is an age of research and of exact diagnosis, consequently the practice which prevailed in years past of designating every internal disorder of the tropics malaria and every cutaneous manifestation as syphilis, yaws, oriental sore, or lupus, according to the trend of local medical opinion, no longer holds good.

With the fevers it must now be determined by the aid of the microscope that the malarial parasite is present—otherwise, our attention is directed to the possibilities of affections not formerly recognized. The oft-repeated story that every tropical febrile case is deluged with quinine prior to death or diagnosis is familiar to all of you who have considered the matter of tropical diseases.

With skin affections I feel sure it must be the same, and with this idea in mind, my first aim when appointed Surgeon-General of the Navy, in 1902, was to establish a school where the young officers of the Medical Corps of the Navy could be grounded in the essentials of medical research.

It was unreasonable to expect our medical schools to curtail the periods devoted to the essentials of practice of medicine and surgery in order that a more extended course in laboratory work as applied to tropical medicine should be given. Consequently, in the fall of 1902, the first detail of recently appointed medical officers of the Navy was made to the Naval Medical School.

For a proper appreciation of the many tropical skin diseases due to animal parasites, and of the many which may hereafter be found to be of such etiology, it is my belief that a sound working foundation in medical zoölogy is not only desirable but essential. The Naval Medical School is fortunate in this respect inasmuch as the instruction in this branch is given by a zoölogist who is not only eminently practical in his teaching, but who possesses in rare degree the faculty of

imparting enthusiasm to those who study under him. I refer to Dr. Charles Wardell Stiles—the American authority in medical zoölogy.

For honest and capable work in any branch of tropical medicine, it is necessary that the worker be grounded not only in clinical observation, but he must possess a fair degree of proficiency in bacteriology, a good working knowledge of animal parasitology and, besides, have enthusiasm for his work. Scientific curiosity to be of value to the profession must be bred of knowledge, animated by enthusiasm, and controlled by judgment.

The medical officers of the Navy are, while in tropical waters, constantly required to study or treat such affections as ringworm and the peculiarly virulent cutaneous manifestations of syphilis. As regards syphilis, I have been struck by the favorable reports which have reached me from our naval hospital in the Philippines, in which attention is called to the infrequency of the intractable skin lesions, so common previously, after the routine employment of hypodermatic mercurial medication. Mercury by the mouth, or, preferably, by inunction, may control the ravages of the disease in temperate climates, but some factor in the tropics tends to lessen the power of such forms of treatment to control the disease in hot climates.

While serving on shore stations in the tropics, or when cruising in such waters, the naval medical officer is constantly in contact with such diseases as yaws, leprosy, ground itch, elephantiasis, tropical ulcer, and the like, and, in consequence, these diseases are of great interest as well as of importance to him in the performance of his duties. These affections, however, are of such common interest and of such general knowledge that I shall pass them over to present to your attention three or four diseases, our knowledge of which I am very desirous that some of our medical officers may advance by throwing some light upon their etiology and pathology. Of these I shall first call your attention to gangosa or rhinopharyngitis mutilans. This disease, which was studied by Daniels in the Fiji Islands, is unfortunately very prevalent in our island possession of Guam. The clinical manifestations

of the disease as observed in Guam were first brought out by Surgeons Arnold and Leys of the Navy, later by Assistant Surgeons McLean and Mink, and recently by Surgeon McCullough and P. A. Surgeon Geiger, the latter of whom is giving particular attention to the etiology and pathology. During the summer of 1906 I detailed Surgeon Stitt of the Navy to investigate the cause of this disease. The result of his investigation, which was published in my report for the year 1906, was of a negative character. From the work which had been done in connection with the etiology of syphilis and yaws he entertained the hope that a spirochæte might be found to belong to gangosa, but as to this he was unable to establish any evidence. It is possible that with some of the more recent methods of staining better success may be had.

Dr. Fordyce, the Secretary-General of this Congress, has also investigated the lesions of this peculiar disease, but, so far as I have been able to learn, without success as to determining its etiology. Here is a disease which starts as a small membranous patch of the throat, which in a few days proceeds to perforation of the hard palate and thence to the most frightful ulcerations of the nasal cavities. Those who have studied it most carefully are positive it is not syphilis and absolutely sure it is not leprosy—what is it?

Sir Patrick Manson recently, in conversation with one of the members of our corps, remarked that in Samoa there should be a splendid field for renewal of the work in connection with filariasis, especially from a pathological standpoint. The determination of the exact method by which lymphatic obstruction is brought about in this disease would be of the greatest importance. One of the medical officers, who served for an extended period of time in Samoa, informed me that although the sailors of our Navy were constantly exposed to infection by mosquitoes while ashore, yet there had never developed among them a case of any filarial disease. The only striking point of difference in habits was in the fact of our sailors drinking distilled water—is it possible that there are other methods of transmission of this disease than by the mosquito?

Another puzzling affection is what is generally termed "climatic bubo." Here we have a pathological condition which presents the picture of a prolonged continued fever following more or less the increase or decrease of the glandular swellings. It is not related to any venereal affection and the question comes up—has it any relation to Dhobie itch or other mould affection of the skin, as some think?

Speaking of Dhobie itch and the various affections of the skin so common in the tropics, including prickly heat, I am forced to believe that some of the so-called tropical neurasthenia may be connected with these affections.

The constant irritation induced by such conditions, with the attendant loss of sleep, must result in a mental state which, in a person not leading a life adapted to the tropics, will bring on a deterioration of the mental as well as the physical side.

While alcoholic excess and undue exposure to the rays of the mid-day sun may not account for all the phenomena of mental deterioration in the tropics, yet it cannot be gainsaid that such factors will produce marked aggravation of skin lesions and incidentally lead to conditions surely conducive to nervous prostration.

While in temperate climates one may not suffer seriously from neglect of treatment of simple skin affections, yet in the tropics it is a different matter, and in consideration of the fact that the greater part of the time of our force afloat is spent in tropical waters, the importance of this question for the Navy cannot be overestimated.