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SYPHILIS & MARRIAGE

FOURNIER

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SYPHILIS & MARRIAGE

BY

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PREFATORY REMARKS.

The English profession will, I am sure, owe its thanks to those who have decided to supply to it a translation of Fournier's well-known Lectures on Syphilis and Marriage. The subject is one of great importance, and it has not as yet obtained, in our country, the recognition which it undoubtedly claims. In these Lectures it is treated by one of the largest experience; an acute and original observer, and a trained medical logician. I have therefore accepted with much pleasure the proposal with which I have been honoured, that I should write a few words of preface to this English Edition of the work of my distinguished friend. Not that I am guilty of the error of supposing that Alfred Fournier stands in any need of an introduction to English surgeons, or of the presumption of believing that, if he did, I could availingly give it. I have wished simply to afford myself the gratification of expressing publicly my high appreciation of all that he has

written, and to acknowledge my frequent indebtedness, in the past, to the opinions and facts which he has brought forward.

The reader of the following pages will find the various doctrines as to the pathology of Syphilis, which concern the question of marriage, expounded in a clear and vigorous manner. The author believes in paternal heredity, that the offspring may inherit taint from the father only, and he believes, though perhaps with less certainty, in the risk of maternal contamination, if the wife, previously healthy, becomes pregnant by a tainted husband. He is very familiar with facts as to the long, and almost indefinite, persistence of the syphilitic taint when imperfectly treated; and of the lamentable consequences of rash and unauthorised marriage under such circumstances. Not only, as he is careful to remind us, have these consequences concerned the health of wife and child, but occasionally, by the permanent incapacitation of the husband, the family has been plunged into deep poverty. So strong has been the impression which facts of this kind have made upon his mind, that he has been driven to conclusions, which may appear to others, less conversant with them, to partake of an alarmist character. But it is certainly very desirable that

a large section not only of the public but of the profession, should estimate these dangers as much more real and serious than it is at present the custom to do. No one can doubt that many patients who seek medical advice on this point receive permission to marry far too early, and under conditions when such permission had much better be withheld. Having said this, however, I must next in honesty add, that I feel scarcely prepared to go the full length which M. Fournier suggests, in the direction of caution and of prohibition. With his medical reasoning I fully agree, and what of difference in opinion there may be between us concerns rather questions of social expediency than of pathological science. Respecting a malady so common as syphilis, whilst it is often our duty to warn in the strongest possible language, it is also, not unfrequently, equally our duty to encourage. Our patients vary very much in temperament and in sense of responsibility; and, whilst the majority under-rate, there are those who err gravely in the opposite direction. It is scarcely possible under any circumstances to allow a man who has once had syphilis to marry without some risk, but then we must remember that, from so important a compact as that of marriage, the exclusion of risk is impos-

sible in many directions. We seek a reasonable exclusion of the risk of insanity, tuberculosis, and the like, but we cannot aim at anything absolute, and the same must content us in respect to syphilis. The surgeon who, on account of past syphilis, forbids marriage to an otherwise eligible man, must remember that he forbids it, at the same time, to some woman who possibly, if well informed as to her risks, would willingly encounter them. He must remember also that in not a few instances his prohibition will lead directly to the formation of illicit connections, or to yet more degrading immorality. Where morality is concerned, and a social institution of such vast importance as marriage is at stake, the surgeon must not push medical scruples too far, but must be content to know that his clients are reasonably safe. It may perhaps be said that the final conclusion must rest with the patient, and that the surgeon has to concern himself only with the physical facts, and not with their indirect consequences. I cannot, however, believe that such a division of responsibility is practicable; and feel sure that in a majority of instances the surgeon must not only inform his patient of the facts, but must judge for him as to what their practical bearing ought to be. The precise line of conduct to be followed must vary

with the degree of intelligence and scrupulosity of our patients. With, possibly, some little deductions on the score of excessive caution, I do not think that better rules can be devised for our guidance than those which are set forth in the following pages.

JONATHAN HUTCHINSON.

September 1880.

TRANSLATOR'S PREFACE.

Syphilis has been carefully studied from nearly every possible point of view. Controversies have been carried on for centuries respecting its origin; dozens of treatises have been written about its natural history; and hundreds, or perhaps even thousands of publications have been made concerning its treatment. The most important, however, of all the issues which it raises—the question of the marriage of syphilitic subjects—has hitherto attracted but scant attention: being represented in medical literature by a few pamphlets, articles in medical journals, and debates at medical societies. The reason of this apparent neglect is obvious.

Twenty years ago "the question" of the marriage of a syphilitic subject did not exist. A man might not marry whilst he had a chancre, but he was free to do so as soon as it was healed. According to Ricord, whose authority was supreme, secondary symptoms were not contagious.

Now that the virulence of these lesions is fully recognised, this question of marriage becomes far more delicate.

It is impossible to draw a line which shall separate syphilis in action, and manifesting itself by contagious lesions, from that which is accompanied only by the sequelæ of an extinct disease. Every case is a special in itself, and can only be decided on broad principles, and with a thorough knowledge of all its elements.

Professor Fournier's treatise, of which I now offer an English translation, contains as complete an exposition of the subject as is compatible with the present state of science. In undertaking this work I have wished not only to acknowledge the debt which every student owes to a former teacher, but also to partly discharge the obligations I am under to the Grand Faculty, of which Professor Fournier is so distinguished a member.

I have been doubly fortunate in securing the co-operation of Mr. Jonathan Hutchinson, who has kindly contributed the English preface. With such an introduction any further preamble would be superfluous.

ALFRED LINGARD.

October 1880.

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1*st*, Sometimes syphilis is transmitted directly.

2*d*, More frequently causing the *death* of the child by unfitness for life. Miscarriage. Successive miscarriages. Death immediately or quickly following upon birth.

3*d*, Degeneration of the germ, assuming later various morbid forms.

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SYPHILIS AND MARRIAGE.

GENTLEMEN—I propose to place before you, in a series of Addresses, an exceedingly serious and most important subject, whether we contemplate it from a medical or social point of view; this subject is that of Syphilis, in connection with marriage.

The subject is eminently complicated, as may be readily judged by its title. It embraces a number of diverse problems; difficult, delicate, and perilous; linking themselves with the deepest interests of families, and placing upon the shoulders of the physician the heaviest responsibility.

My wish and my ambition will be, if not to solve all these problems, at least to place them before you, and to handle them in such a manner as will convince you of the importance of the duties resting upon you *in your connection with society*, and of the seriousness of the position which depends upon you as protectors of that society.

A natural division of the subject here presents itself.

1*st*, A syphilitic subject desires to marry, and he comes to you for advice. What conditions of health should he exhibit, so that you may sanction the mar-

riage? Or, inversely, What conditions should exist, so that it becomes your duty absolutely to interdict such marriage?

2d, The marriage takes place, and syphilis is imported into the marriage-bed.

What position now presents itself for our consideration, and what must we do to lessen the dangers of such a situation?

Or, in other words, what is? what should be? the duty and action of the physician, before and after such a marriage.

Such is the double question which we have to solve.

FIRST PART.

BEFORE THE MARRIAGE.

I.

It will happen to you, Gentlemen, more than once, in the course of your practice, to be consulted by a patient (known or unknown to you) with a pre-occupied, almost an anxious air, who will probably address you somewhat in the following manner:—

Doctor, I have come to consult you on the question of my marriage; now, I have not always been strait-laced, particularly in my younger days, and, what is worse, I have not always been fortunate; in fact, I formally contracted syphilis. I exhibited such and such symptoms, and was treated in such and such a manner. Now the matter becomes serious, and I come to you

to see if I am sufficiently cured, and to ask you the momentous question, Can I, without danger to my future wife, without danger to my possible progeny, consummate the marriage upon which I have risked my happiness? Will you then fully examine and question me, and give me your verdict?

Now, Gentlemen, when such a question is asked of you, you cannot think of it too seriously, or treat it with too much gravity.

Upon your reply hang the most serious, the most sacred interests, and those most dear to the heart of every right-minded man, as also they are the most varied and the most numerous. The reply that you are about to give, involves you, on your part, in a responsibility which I cannot designate otherwise than *overwhelming*. And I do not think I exaggerate in saying that in the many serious questions which a medical man has to solve, few present phases, on the one part so grave, and on the other part so complex, so difficult, or so delicate, as this one now before us. Judge then of this matter, and see what may be the consequence of an error on your part in such a situation.

Suppose then, that a physician should speak lightly in a case of this kind, and as it were pledge himself to one or the other of the two sole errors, possible in such circumstances, to what deplorable results would he not lead his patients?

In the first case, it may be that a patient who has formerly had syphilis is none the less fit, in consequence of the treatment he has undergone, as also by

the actual condition of the diathesis, to contract a marriage. The physician consulted mistakes the situation of his client, and forbids marriage.

The consequence of such a mistake is, that we see a man unduly condemned to celibacy, barred from the honest life into which he proposed to enter, thrown back into an irregular one, with all the degrading influences which form part of, and surround it; we see then, a man who, by this medical *fiat*, has his future clouded, his affections withered; forced to abandon a union which would perhaps have assured him his social position, and have satisfied the feelings of his heart. In any case you see a man deprived of the happiness of family life; deprived of those two things which, after the turmoil of the first years of youthful folly, become the usual and natural aspiration, the love of wife and child.

Again. The error is committed in an opposite sense, and the physician allows, prematurely, the marriage of a man in whom syphilis is still active and dangerous.

Alas! then, the consequences of such a mistake are truly disastrous, for

1*st*, That man may infect his wife, and what greater misfortune could befall an innocent young woman than such a calamity?

2*d*, To this infected couple may be born children, who either die of the disease engendered, or carry from their birth the malady of their father; and what more painful to a young family than harbouring such a

disease in the cradle? Not to speak of other possible consequences which are likely to follow such a condition of things, as, for example, the infection of the wet nurse, etc.[1]

Take my word, Gentlemen, that after having already assisted at many such scenes, I declare that I know of nothing more grievous, more lamentable, or more disastrous, than the situation of a man who has imported into his young home this dreadful disease. Think of the situation of that man—think of his poor disconsolate wife, who weeps, but whose tears are unlike those which accompany complaints and recrimination, for love and affection complain not of an injury, but forgive: Think of the wife's connections and family, who will *not* forgive—who have a right to their anger, and who will also give vent to it: Think of the unhappy infant, who, in place of being the "dear baby," upon which the hopes and dreams of the young wife have centered, and whose advent the family have expected with so much delight, is to all nothing but an object of horror and disgust: Think also of the nurse, now infected; who threatens, gossips, divulges—and throws shame upon the whole family, etc. Imagine for yourselves such a scene, and judge what would be the feelings, what the torment, of the man upon whom rests the responsibility of all these miseries.

Such then are the situations it is given to you medical

[1] In another series of Lectures, I have described the redoubtable consequences of infantile syphilis in connection with nurses. I therefore simply state the fact. Vide *Nourices et nourrissons syphilitiques*. Leçons professées à l'hôpital Saint Louis. Paris, 1878. A. Delahaye.

men to prevent, thanks to your art, to your experience, to your authority. It is these situations that should occur to you as soon as a syphilitic patient comes to you to talk about marriage, it is these that must be present in your mind at that moment when, in one sense or other, you deliver your reply; or, to put it more truly, you pronounce your decree.

Judge then, by these few words, the importance of the rôle you have to play in your position as arbitrators; and again I would insist upon the responsibility you incur in the events which may follow; judge what service you are called upon to render to your client in either the one or the other case, whether it be that you permit the marriage, or, whether, on the other hand, you throw light upon the possible consequences of his condition (consequences which perhaps he ignores or does not fully appreciate), and thus preserve him from the dreadful gulf into which he was about to plunge.

And observe also, from the moment you pronounce your sentence, it is not the interests of your patient alone which you hold in your hands,—your authority extends itself far beyond him. For beyond the patient is the health and happiness of a young girl, of possible children, the interests of the family and of society, whose only protection lies in your decision.

See then the importance of the position of the physician, and the complexity and extent of the interests involved in his arbitration.

II.

Before entering fully into the question, and discussing the different problems which will form the object of this exposition, let us first lay down a principle, attempting to state clearly the situation as it presents itself in practice, and to determine exactly the rôle which is assigned to us.

When a patient seeks advice concerning the possibility of a marriage, in spite of syphilitic antecedents, it is as physicians, exclusively and entirely, that we are consulted, thus our duty is clearly determined by that alone. It is as physicians that we should give our answer; it is a question of pathology alone, which we are called upon to judge, and it is our absolute duty to judge it exclusively upon pathological grounds, *uninfluenced by considerations of other kinds, let them be what they may.*

But you will say, Why this preamble, why this rule of conduct, set up as a signpost at the entrance of the subject?

In practice, Gentlemen, you must see things as they are, and men for what they are. Now learn this, supposing that you do not already know it, among the numerous patients who will come to consult you upon the possibility of a marriage under the special conditions which interest us, there are many certainly (if we say the great majority it will probably be true), who will present themselves to you with the double

intention of learning perfectly their condition and of submitting to your opinion, that is to say, of renouncing their intention of marrying if you forbid it; you need not be suspicious of these. But others that you will meet are of a different kind; and these latter, more numerous than you would at first suppose, will come to you with the intention of asking your advice and following their own headstrong desires, let you say what you may; and of marrying, even against your counsel, simply because marriage pleases them, and because they have resolved to marry even before crossing your doorstep.[1] Under these conditions it is not

[1] I have already seen many syphilitic subjects marry contrary to all medical prohibitions. It is scarcely possible to imagine the disdainful indifference to medical views upon this subject of some. Of this one can judge by the following case, which, I think, may be here suitably inserted.

One of our most learned and estimable confrères, Dr. X., was consulted by a young man, the son of one of his most intimate friends, who suffered from secondary symptoms, consequent upon recent contagion. Knowing that it was the intention of this young man to marry, he earnestly added to his medical advice a long lecture upon the dangers of syphilis in connection with marriage, and tried to induce his young friend and patient to renounce his matrimonial views. For the greater security, and with an exclusively friendly feeling, he went to the young man's mother, and revealed to her the terrible consequences which would result from marriage under such conditions. He left her (to all appearance, at least) thoroughly convinced.

As a reply he received, some weeks later, a letter, accompanied by an invitation to the whole of the matrimonial ceremonies.

It is needless to explain how and with what feelings Dr. X. received this ironical missive.

But the expiation soon followed, and it was severe, as you will see.

Three months later the young people called upon Dr. X. under the pretext of a wedding visit. After the first few polite remarks the husband all at once changed the conversation, and asked some medical advice for his wife, who already showed the first symptoms of pregnancy, and who, moreover, had shown, for some weeks, upon her lip, a small pimple. Now, upon examination, this pimple proved to be nothing else than a syphilitic

advice or counsel that they want, it is an assent or acquiescence in their projects which they hope to force from you. Such a consent will not only relieve their conscience, but, in case of need, should things happen "to turn out badly," it will serve them as an excuse and shift their responsibility.

Now, to gain their own ends, to force your convictions, these self-willed patients of the last category never fail to fight shy, almost immediately, of medical questions, in order to induce you to follow them into considerations of quite another description. They have a hundred reasons at their service to plead their cause, and to lead you to share their sentiments.

chancre, a chancre clearly transmitted to the young wife by her husband, who had for some months been, and was still, affected by buccal eruptions.

It is almost superfluous to add that the chancre was soon followed by constitutional syphilis.

Eight months afterwards the young wife was confined of a puny, miserable child, who soon became covered with syphilides, and quickly succumbed to the disease.

Another example of the same kind.—A young man contracted syphilis, and came to ask my advice on the subject. Some months later, still affected by secondary symptoms, he announced to me that he had become engaged, "almost in spite of himself," and that the marriage was to take place very soon. I tried all I could to induce him to give up such an idea. I pointed out to him the dangers to which he was about to expose himself and his future family; I tried to convince him of the immorality, the culpability, of such an act. Nevertheless, he married, and I lost sight of him for some time.

Some months later he sought me, in a real condition of despair and misery. He had infected his wife, and he came to bespeak my care for her. I found, in fact, that his young wife was in full bloom of syphilis. I prescribed for her, and most emphatically impressed upon the husband to avoid, at all costs, the possibility of her becoming pregnant. I explained to him that her pregnancy would be a second disaster, as in all probability it would end either in miscarriage or the birth of an infected child.

Such a one, for example, "will have given his word;" he is committed; committed too far for retreat, and you surely would not have him break his "plighted troth."

Here another brings forward urgent material arguments; reckoning upon the fortune of his future wife he has bought an estate, an office, into a business, etc.; if you force him to break his engagement it will be for him ruin, bankruptcy, dishonour.

Another, more plausible, will bring sentiment to bear upon you: "I love a young girl," he will tell you, "and I am beloved; our two families, our old parents, place upon our union their most cherished hopes. A rupture would break the hearts of all," etc.

All these reasons (absolute facts, reproduced textually, I give you my word),—all these reasons, I say, and many others which I pass in silence, have nothing

Nevertheless, two months later the young wife became *enceinte.* I treated her with such rigour that I had the satisfaction of seeing her escape the danger of a miscarriage. Then, when I thought that I was sure of securing an accouchement at the full term, I formally impressed upon the mother the absolute necessity of herself nursing the child; at least, I said to the husband, to avoid a third disaster, "take care not to confide your child to a nurse, for most probably this nurse will receive from him the disease." M. Ricord, consulted upon this matter, confirmed the fears I had expressed, and insisted upon the absolute necessity of the mother suckling the child.

Some months went by without my seeing this family. One day the father again appeared, accompanied on the one hand by his child, covered with syphilides, and on the other by the nurse to whom this child had been confided. Thus that which I had foreseen had taken place. The nurse was infected, and had upon one of her nipples an indurated chancre of the most typical character.

To conclude, here were three transgressions against medical advice, followed by three disasters,—infection of the young wife, the birth of a syphilitic child, and the contamination of the nurse.

whatever to do, Gentlemen, with the position in which we medical men are placed; were these reasons as good as they are detestable, you must not regard them ; they have for us no professional value; let them then be no guide for us. I again repeat, let us understand how to separate ourselves from all considerations which do not interest us clinically ; we must not quit our standpoint, but confine ourselves to pathological considerations alone, in a question which, for us, should never depart from pure pathology.[1]

I go farther, I even say that we should be guilty, truly guilty, to act otherwise ; I mean were we to come to a conclusion on grounds foreign to our art. The difficulty we should have to vindicate our conduct, if misfortune followed,—if a patient whose marriage we had authorised, upon reasons extra-medical, imported disease into his home. What would be our reply if, in such a case, these remarks were thrown in our teeth ? "What! you decided that this young man was medically unfit for marriage, dangerous to others, and because he forcibly placed before you arguments of proprieties, of position, of pecuniary wants, of sentiment, etc., you have permitted him to run the risk of introducing disease into the conjugal circle!"

Let us guard ourselves then against the possibility of such recriminations, against this grave fault, into which (experience gives me a right to say) we are only too ready to fall, inasmuch as to avoid this difficulty our

[1] Ch. Langlebert. *La syphilis dans ses rapports avec le marriage.* Paris, 1873, p. 10.

course is easy, that is to say, never to go outside the natural line of duty which our profession assigns to us.

In a word, in such cases as we have considered let us remain physicians, and judge only as physicians, the matter submitted to us. No concessions to be made to any arguments foreign to our purpose; no concession which we may at a future time bitterly regret, and which, without benefit to any one, and risking injury to all concerned, may end in compromising gravely our authority and our position.

III.

These preliminaries established, let us approach our principal subject.

And, first, let us examine a question which, if it were decided affirmatively, would end all future discussion, by rendering useless all that follows.

Does syphilis constitute a formal prohibition, an absolute obstacle, to marriage?

Without doubt, Gentlemen, you have more than once heard this common statement: "With syphilis one must be content to remain a bachelor." It is this that many laymen, who, be it said, know nothing of the subject in question, are fond of repeating, as if it were an axiom, endorsed by all the Faculties. It is this also (and here it is excusable) which is affirmed with energy by those families who have been interested in the question, and who have seen syphilis introduce itself into their circle under cover of marriage. These

families cannot sufficiently reprobate any man, who, having had syphilis, dares to aspire to the position of husband; for them, and for all those who have been the victims of similar calamities, this disease is radically "incompatible with marriage."

But there is yet more, and this becomes by far more serious. For some medical men syphilis is an absolute bar to marriage. I have always been glad to talk about this question (which has occupied me many years) with any of my *confrères*, and I have many times heard this opinion from their lips, "One should never marry if one has had the misfortune to contract the disease." I could even cite two of our most eminent men who have joined practice to precept, and who have supported their opinion by their example in remaining bachelors, and this for the sole reason that they had contracted disease during their student life. One of these, a most distinguished physician, whose heart does honour to his talent, has never allowed himself to be moved by me (who have the honour of being his friend) from the view of what he calls "his incapacity for marriage." "You may say what you choose," he has repeated to me a hundred times, "when a man has syphilis he should keep it to himself, and not risk communicating it to others, above all to wife or children." To this, I have always returned the following answer: "When you have the disease you can cure it; and when, thanks to proper care and treatment, it has been rendered as inoffensive to others as to yourself, you have a right then to aspire to marriage."

Then in fact, Gentlemen, the truth is not with those who wish to make the disease an insurmountable obstacle, a permanent, eternal, and absolute prohibition to marriage.

The truth is that, with some very rare exceptions, syphilis only constitutes a temporary bar to marriage; and a syphilitic subject, after a proper period of probation, regains a state of health which renders him fully capable of the double rôle of husband and father.

Upon this point I appeal to common daily observation. Do we not continually meet, whether in town or hospital practice, subjects who, having had syphilis in their youth, have afterwards married, and who, when married, *have never communicated disease to their wives; and, moreover, have had healthy, well-formed children;* as lively and as intelligent as anyone could wish?

One meets with cases of this kind at every step. I defy any medical man, of a few years' experience, not to be able to bring his contribution of personal examples in support of the consoling proposition I have laid before you.

For my part, I have in my hands (to speak only of written facts) eighty-seven observations relating to syphilitic subjects, undoubtedly syphilitic, who having married, have never communicated to their wives the least suspicious symptom; and more than this, they have produced among them a total of 156 children, absolutely healthy.[1]

These observations, which I have chosen from many

[1] Vide *Notes and Documentary Evidence*, Note I.

others, are most conclusive to me, as I hope they will also prove to you, Gentlemen, when I tell you that they all relate to patients and their families whom I myself have scrupulously examined, and whom I have had under my observation for many years at least, and of whom many remain to this day in constant relation with me.

For that matter, let me cite two of these cases to you as examples.

Two of my patients, formerly syphilitic, married, one without consulting me, the other after having received my consent.

The first has now four children, the second five. Now, for twelve years I have been the medical adviser in these two families, and I am able to give you the fullest assurance, *firstly*, that the wives of these two patients have never exhibited the slightest suspicious symptom, or the least manifestation of anything analogous with syphilis ; *secondly*, that the nine children of these two families are absolutely healthy and well formed ; and, thanks to the solicitude of their mothers, I have been able to watch them at leisure, since their birth until this day, not only in their serious illnesses, but in their more trifling indispositions ; and never have they exhibited in any degree, or under any form whatever, the slightest indication of paternal infection.

What would you more ? Here are incontestably two families where the disease of the father has produced no effect, where everything has happened as it

should and would, in the total absence of any antecedent syphilis.

Also, one of these two families which—pardon this incidental digression—offers the most complete type of domestic happiness, has suggested to me more than once a reflection upon the subject which now occupies us. More than once I have said to myself, when seated as a friend at this happy hearth, and a witness of their home joys: "What a fault should I not have committed had I by an exaggerated fear of a former disease prevented this marriage, had I nipped in the bud all the present happiness of these two beings so affectionately united, and had I prevented these beautiful children coming into the world."

Then yes, a hundred times yes, *one may marry after having had syphilis;* and the results of such a marriage, contracted under these conditions, may end absolutely happily, medically speaking. This I affirm, and fearlessly proclaim it from the house-tops, after having conscientiously studied this grave question, both clinically and socially, and after having religiously consulted numbers of observations of my own, and of others. It is for me an absolute fact, an undeniable truth.

But this said, I hasten to add at the same time, "If one may marry after having had syphilis, one may and should marry, in these circumstances, only upon certain conditions which it is indispensable to observe."

What are these conditions? They are those which we now attempt to define.

IV.

To determine under what conditions it may be permitted, medically and morally, that a syphilitic subject contract marriage, we must investigate all the possibilities by which that man may become dangerous in marriage.

Such is, naturally, the first point to establish ; for such is the base upon which we rest, in order to resolve the problem here imposed upon us.

Now, to my mind, as I understand the question, a man who, before marriage, has contracted syphilis, may become dangerous in marriage in three directions—*firstly*, as husband ; *secondly*, as father ; *thirdly*, as head of the social community which he constitutes by his marriage.

In other terms he may become dangerous :—

Firstly, To his wife.

Secondly, To his children.

Thirdly, To the interests common to his family.

Let us see then what is meant by this programme, and examine in turn the three terms of this proposition which we have formulated.

V.

First point : *A man who enters upon marriage with syphilitic antecedents may beeome dangerous to his wife.*

This is evident, and need not in truth be discussed.

It is manifest that a healthy young girl who unites herself to a syphilitic man, may become the victim of the same disease. Common sense admits it *à priori*, and it is undoubtedly confirmed by experience.

In fact, and how many times have we not seen—and who has not seen—cases of this kind? A young girl, in perfect health, marries a man who has had syphilis in the days of his bachelorhood. Some months later syphilitic symptoms appear; this evidently by the means, and by the means only, of her husband.

This syphilis of young married people—let us say it incidentally, since the occasion presents itself—is sufficiently frequent, even more frequent than one dares to suppose. You will find the proof of this in the numerous observations collected in different works, as also in the following statistics, which I myself have collected:—In a total of 572 syphilitic women, who have come to me in my private practice, I find not less than 81 who have contracted syphilis *from their husbands in the early days of marriage.* This list is sufficiently eloquent of itself to need any comment.

Let, then, families be more attentive to the health of proposed sons-in-law; let them be careful to protect their daughters against men of light, cynical, or indifferent character, to whom it is a matter of little care whether or no they import disease into their homes.

Thus this fact is patent: young married women frequently receive syphilis from their husbands.

How do women, under these conditions, contract syphilis from their husbands? How, in a word, is the contagion communicated by the man to the woman?

In two ways. Two ways—one of which is very common and ordinary; the other is special, mysterious, not materially demonstrable, but rendered undeniable by the results of observation. I will explain myself, and enter into some fuller developments.

I. The first mode of contagion, that which I have just called common and usual, consists simply in this: transmission, through a contagious symptom occurring in the husband after marriage.

A syphilitic husband, not completely cured of his disease, is affected by a suppurative lesion of a specific character. He has, at this time, connection with his wife. Naturally contagion is communicated by the direct means of this lesion; this is self-evident.

Nothing is more simple, nothing more absolutely normal than this mode of contagion; which is, as we all know, the usual way in which syphilis is transmitted and propagated.

Now for examples of this nature:—

A young man marries after fifteen months of syphilis. He exhibits upon the glans two circinated erosions, of the kind which are called technically papulo-erosive syphilides. Considering this a simple herpes (to which he is also subject), he continues conjugal relations, and thus communicates to his wife the disease, which, commencing as a hard chancre, is rapidly followed by more general symptoms.

Another young man, belonging to high Parisian Society,[1] marries, in spite of my advice, after two years' of syphilis. A great smoker, he is often affected by slight labial erosions, concerning which he is perfectly indifferent, and persists, in spite of my assurance to the contrary, in considering them as inoffensive; in short, he subjects them to no treatment; the end is, that by one of these erosions, which I had always considered indubitably syphilitic, he transmits disease to his wife, upon whose under lip I discover a hard chancre.

One of our medical *confrères* contracts syphilis. He treats himself, he believes himself cured, and he marries three years later. Some months after I receive from him this sad letter: "A lamentable catastrophe," he writes, "has befallen me. Quite lately I have had the dreadful misfortune to infect my young wife (nineteen years old); and I have infected her, it is almost incredible, through the wretched means of a miserable little papule upon the penis—an erosive one, it is true—but so small, that it passed unobserved for some time, and when observed I thought it of no importance."

It is thus, Gentlemen, that I could produce many

[1] I write this designedly, and I shall call further attention to it. Many imagine and affirm that these transmissions of syphilis in marriage are only to be met with "among the lower classes," and as a result of ignorance, carelessness, and squalor. This, however, is an illusion, a serious mistake, and one answered by everyday experience. Cases of this kind are to be found equally among all classes, from the most humble *to the very highest.* For my part I declare that I have seen numerous instances in the middle and upper classes, that is to say, in the social scale in which education, intellectual and moral culture, affluence, personal independence, etc., should seem to exclude such a shame.

other cases of the same kind,—some, no doubt, varying in form, but fundamentally the same.

The first mode of contagion, I repeat, is then frequent, even in marriage. And how can it be otherwise, seeing how extremely contagious is the suppurative form of secondary syphilis; seeing how easy is its reproduction, and how frequent is the reappearance of symptoms in subjects who have been imperfectly treated; seeing also the multiplicity of means by which contact takes place in domestic and family life, thus exposing the wife to contagion through her husband?

The last consideration which I am about to mention is of the greatest importance, and I beg you to remark it. Contagion, in fact, is rendered so easy by intimate and incessant communication, the result of marriage, that it becomes almost certain. I know, from long experience, that it is rare to see a young wife live with a syphilitic man (or inversely, but the reciprocity does not interest us just now), without the health of the one party being affected by the unhealthy one. It was this that caused a witty observer, M. Dechambre, to say—"La vérole se partage entre époux comme le pain quotidien."

II. The second means by which contagion is communicated in marriage is altogether different from the preceding, and is absolutely special, as you will see. It consists in what is called *syphilis by conception.*

Little known, or at least not fully accepted amongst us, denied even by many, this syphilis by conception

must here receive the attention it deserves, for it forms part—in fact a most essential part—of our subject.[1]

How does it present itself clinically? How does it reveal itself to our observation? Let us see.

A young girl, pure and healthy, is married to a syphilitic man, who has not been thoroughly cured; called upon a few months later you find her diseased; you observe, for example, distinct secondary symptoms, such as cutaneous syphilides, mucous patches in the mouth, scabs on the scalp, swelling of the cervical glands, headache, vague pains, lassitude, febrile attacks, loss of hair, etc.

Here, then, there can be no mistake, this woman has syphilis.

This recognised, you seek the why and the wherefore of this condition. How has syphilis seized upon this young wife? by what means has it been introduced? what was the initial symptom? where was the chancre?

Here a double surprise meets us.

In the first place, not a trace of that which we call primary infection; not a vestige of chancre; no history of a local lesion having preceded the present symptoms. Let that pass, you say; for every one knows that the chancre in the woman may be a most ephemeral lesion, which may easily escape the observation of the patient, and may even not be perceptible to the doctor after a short time. But at least I shall find the bubo;

[1] If I treated this question otherwise than most cursorily, I should quote here the opinions and the well-known works of MM. Depaul, Diday, Hutchinson, de Meric, Melchior Robert, Bazin, etc. etc.

for the bubo is not only the faithful companion of the chancre, to quote M. Ricord, it is also a posthumous witness, which remains a long time, and which tells the story of what has existed long after the chancre has healed up ; you seek for the bubo, but you do not find it. No trace at any point of primitive adenopathy. In fact no other but secondary symptoms, as if syphilis had commenced by these manifestations, without any primary lesions.

This at first sight is very strange, is it not? But this is not all, another surprise is to meet us.

This syphilis recognised in the young wife, you take the husband aside, who confesses to you his antecedents, if you have not already divined them. Then you naturally ask him what new symptoms he has observed since his marriage, thus to have infected his wife. Upon this, protestation upon protestation follow one another of the most solemn kind. "No," he tells you, "I have observed nothing new since my marriage ; nothing—absolutely nothing. I know my condition. I have been warned by my medical adviser of the danger that my wife would run if any symptoms reappeared similar to those I formerly exhibited. Now, I have been upon my guard. I have examined myself. I have scrupulously watched ; and I can assure you most solemnly that nothing suspicious has appeared upon me since my marriage. Upon this you may rely."

Not content with these protestations, etc., you proceed to examine your patient in the usual manner, the result of this examination is negative. Not the slight-

est symptom upon the skin, or upon the mucous membrane; not a vestige of a symptom recently passed away.

So, taking matters as they appear, you must admit this, that the young wife has become syphilitic by contact with her husband, *without his having any external lesion capable of infecting her.*[1]

Ah! undoubtedly, Gentlemen, if cases such as these were only offered to our observation by chance, or in an exceptional manner, one would strictly have right to throw doubts upon them, and even to reject them, saying, These are anomalous cases; doubtful, defective, cases; in which there have been mistakes either on the part of the wife, who has not seen, or who has not been sensible of the existence of the chancre, or on the part of the husband, who has deceived himself, or is deceiving us. Let them pass then, let us not attach any importance to them. On the contrary, these cases are common and frequent, and crop up with significant persistence; they exhibit themselves with unchanging identity—always under the same conditions; and in fact they impose themselves upon our convictions.

Not but that we may in some cases explain away matters by considering them as "not proven," where

[1] I shall not discuss here the possibility of contagion through the semen. It has long since been established by clinical observers that the semen of a syphilitic subject is not capable of transmitting contagion. Experiment has recently shown the same thing. Healthy subjects were inoculated with the semen of persons affected with syphilis, and, as was expected, the inoculation was harmless. Vide Mireur, *Recherches sur la non-inoculabilité syphilitique du sperme.* Publiées dans les Annales de Dermatologie et de syphiligraphie, t. viii. 1876-1877, p. 423. Dr. X. oral communication.

one can allege, for example, that we have to do with a negligent husband, unconscious of danger; capable, in a word, of permitting to pass unobserved upon himself any specific indication. But there are other cases of a totally different complexion, which have been observed among husbands very attentive to their condition of health, scrupulous, conscientious; fully alive to the danger which may result to their wives from their old diathesis, who have never ceased to examine themselves with minute attention; cases of the same order too, have been observed upon themselves, in their own families. I have known many such cases, but unfortunately I am not at liberty to quote them.[1]

Now, when husbands, so sure of themselves, when men of the profession, all repeat to you to satiety, 'No, I affirm to you that I have had nothing in the way of a symptom since my marriage. I have had no indication, either upon the penis, the mouth, or elsewhere, not the least erosion, the slightest pain, the least redness, capable of infecting my wife;" when such assertions are made to you, under such guarantees, and when these assertions are identically reproduced, not only in a few cases, but in a crowd of cases of the same description; when a fact so inexplicable, so extraordinary as it appears, becomes not the exception but an almost habitual rule under such conditions, the fact must be accepted, and we must depart from our otherwise legitimate incredulity, and say, "So be it!

[1] Cf. Jonathan Hutchinson, *Medical Times and Gazette*, December 1876, p. 643, *et seq.*

Here is a woman who, on the one hand, has syphilis without *having shown a primary lesion;* on the other, has been infected by her husband *without this husband having had any contagious symptom.* What then is the mystery?"

I say, What then is the mystery? Well, Gentlemen, here is the key: it is, that this woman who has become syphilitic without a primary lesion, without chancre, and become diseased by contact with a husband exempt since his marriage from all contagious lesion—it is, I say, that this woman is PREGNANT, and she is infected by conception.

In cases of this kind, Gentlemen, there is always a special element which intervenes to complicate the morbid *complexus*, and this new element, supernumerary (allow me the expression), is *pregnancy.* Under such circumstances pregnancy never fails to support this proposition. If it happens to you (and it will happen to you many times in your practice) to meet a woman who has acquired syphilis without having shown primary symptoms, and who, moreover, has contracted the disease from a husband, who for a long time has been exempt from all suspicious symptoms, keep always your attention directed to her pregnancy. Question and examine the woman with this point in your mind, and you will infallibly establish this:—

Either the woman is actually pregnant at the time of your visit, or she has been *enceinte* recently, has just been confined, or has miscarried.

If then it is thus, if always and invariably the facts

which we study present themselves in this way, with the necessary addition of a special element, that is to say pregnancy, this becomes to us as a ray of light.

Since, then, the cases which deviate from the normal laws of syphilitic contagion are always complicated by a special element, which acts with undeviating constancy, may not this element be the cause of the anomaly? may not here be the acting power in producing this apparent deviation from the usual course of contagion? may not this woman, who appears to owe syphilis to her husband, have really taken it from her child, from the child she carries in the womb, blighted by the syphilis received from its father?

Truly, Gentlemen, we answer in the affirmative, such without doubt is the origin of this syphilis in the cases here in question. The wife-mother, infected in this manner, that is to say become syphilitic without primary symptoms, and become so by contact with a husband long since freed from all exterior indications, is a patient, who contracts syphilis, not from her husband, but *from her child.*

This is not then syphilis transmitted by contagion in the usual manner, as cases run; it is syphilis conceived *in utero*, conveyed by the child while in the mother's womb, communicated to the mother by the infant; it is this, in one word, that we call SYPHILIS BY CONCEPTION.

I should depart from my subject were I now to approach the clinical side of this syphilis by conception, so different from ordinary syphilis, both in its origin

and in its primordial evolution. But it is necessary that you should not have any doubt as to its real existence; and it is with this end in view that I will add the following considerations:—

1*st*, In the first place, if one should reject this pathogenesis of the transmission of infection to the mother by the fœtus, in the class of cases now occupying our attention, the syphilis of young married women, who, on the one hand, never present the primary symptom of chancre, and who, on the other hand, receive, or appear to receive, the contagion from a husband who is apparently healthy—this syphilis, I say, would remain absolutely incomprehensible, absolutely inexplicable.

And I again repeat to you that cases of this nature are too numerous, too defined, for one to oppose to them the argument of not proven; for one to dream of interpreting them by material errors of observation. They impress themselves on you in practice, and we must accept them as so many facts, however much we may discuss them in theory.

2*d*, These same cases, which differ from the general laws of syphilis, never vary when they are joined to a *special* element, which is no other than pregnancy. Always, invariably, they relate to women who are pregnant, or who have recently been confined. Is not this significant? Does not this imply that pregnancy here plays a *special* part in modifying the usual conditions of syphilitic contamination?

Again, there are certain facts that prove still more,

if that is possible. These facts may thus be summed up :—

A healthy woman is united to a syphilitic man ;— so long as she does not become *enceinte* she remains free from disease ; but let her once become pregnant, and quickly syphilis is developed in her. Now, why this immunity before pregnancy, and why does this infection exhibit itself with pregnancy, if conception has nothing to do with it, if it had not played a part in the specific contamination ?[1]

3*d*, A third argument arises from the morbid condition of the child. I will explain :—

What happens to the child in the course of things of which we are now speaking ? More often, in reality, it dies before birth. Was it, or was it not, syphilitic ? We know nothing in this case, and have nothing to say, though the single fact that it has died, constitutes a presumption in favour of syphilis. But at other times it is born alive, and then syphilis is invariably seen upon it by the most unequivocal symptoms ; *it is always syphilitic.*

Now, if the child in these conditions is tainted with syphilis, what is there impossible or extraordinary in the transmission to the mother of the disease during inter-uterine existence ?

If maternal syphilis has the power (and this everybody admits) of giving disease to the child, why should

[1] Cases of this kind have been already mentioned by a number of writers. It will suffice, then, to record the fact, without quoting particular instances.

not the child in like manner be competent to communicate its disease to the mother? What! Here is a child who, begotten by a diseased father, exists, with syphilis, during many months in the womb of its mother, and you find it extraordinary, impossible, that the disease of that child should be transmitted to the mother! A diseased organism is enveloped by a healthy one, and the one shall not contaminate the other! In truth, it is not the infection of the mother, which, under such circumstances, would constitute anything surprising to my mind; to me it would be remarkable if the mother did remain free with such chances of contagion.

4*th*, To sum up, syphilis by conception is but the analogue of that syphilis which, during the time of pregnancy, is reflected in the opposite direction from mother to child. It must then, as common sense shows us, obey the same laws as the last, and that is precisely what takes place, as you will see.

The peculiarity of hereditary syphilis, you know, is its appearance at once by general symptoms, that is, without any primary period; in a word, exempt from those two symptoms which constitute the fatal and necessary *debût* of all syphilis contracted in the usual way, the chancre and the primitive adenopathy, symptomatic of it.

Well, it is exactly the same in syphilis by conception. It also presents neither the chancre nor the bubo among its symptoms. It also begins at once, by manifestations of a general kind, and this departure from the great laws which rule syphilis in its usual forms,

certainly finds its reason in the special mode in which contamination here takes place.

Such are the statements—brief, but sufficient—which concern our actual subject ; such are, I say, the considerations of divers sorts which establish the undeniable fact of possible infection of the woman by means of conception.

The fact admitted and accepted, it remains to us now to discuss its interpretation, if this does not extend beyond the boundary to which we should confine ourselves. How does the syphilitic impregnation extend from the fœtus to the mother in the case which we have studied ? Does maternal infection result from contact with the fecundated ovum, and is it produced in the fallopian tubes or in the uterus at the period when this ovum is connected to the mother by no organised graft ? Or is it produced later through the medium of the placental circulation ?[1] or does it pursue any other special unknown method ? Upon this point we confess ourselves completely ignorant. We know nothing of the mechanism of infection, and we could only suggest on this subject hypotheses without value.

At all events infection does take place under these peculiar conditions, and most frequently women are the victims of it. This is enough for the subject we have in view. Let us retain the fact, and leave alone the interpretation.

[1] This is what is taught by Mr. Jonathan Hutchinson, who has applied to this mode of infection the expressive term "fœtal blood contamination." *Vide* Memoir, already quoted, *Medical Times and Gazette*, 1876.

This settled, let us bring together the preceding elements, and resume that which treats of the first proposition by saying:

A man who enters into marriage with syphilitic antecedents may become dangerous to his wife in two ways:

1*st*, *Directly*, by *transmissible contagious lesions*, which may develop themselves in him after marriage.

2*d*, *Indirectly*, by his *generating power*—that is to say, by the *procreation of a child, by which infection may be given to the mother.*

VI.

Second point: *A man who enters into marriage, with syphilitic antecedents, may become dangerous to his children.*

I. Until quite recently, the paternal inheritance of syphilis was a view accepted without contest, and with very few exceptions. No one doubted that a syphilitic father could and even would beget syphilitic children. This opinion was admitted generally, and science seemed to have definitely settled the question. Now, in our own day, the aspect of things is very much changed; numerous observations,—important works, abound on all sides. Their tendency is nothing less than to limit, in a singular manner, the paternal influence of the hereditary transmission of syphilis.[1] According to many authors the inheritance

[1] Cullerier, *De l'hérédité de la Syphilis* (*Mémoires de la Société de Chirurgie de Paris*), 1851, t. iv. p. 230.

of paternal syphilis is only a very rare thing, almost exceptional. But this is not all ; one is led still farther along this path. One is led to put aside the paternal influence in the transmission of the disease, and to say, "The influence of the father is nothing, absolutely nothing, as a mode of transmission of disease to the fœtus. The child of a syphilitic man is born healthy, exempt from syphilis."

Imagine, Gentlemen, what importance this question has for the special subject which now occupies our attention. For, in the case of a syphilitic patient who comes to consult us as to whether he may or may not marry, our responsibility would be much lighter if we had placed before us the certainty that this man, although syphilitic, could not be in any way prejudicial to his children.

Let us then examine this question with all the care and attention, all the solicitude, of which it is worthy.

In order to get at some truth, the new doctrines

Notta, *Mémoire sur l'hérédité de la Syphilis* (*Archives générales de Médecine*, 1860, t. i.)

Charrier, *De l'hérédité Syphilitique* (*Archives générales de Médecine*, 1862, t. ii.)

Durac (J. E.), *De l'hérédité de la Syphilis* (*Thèses de Montpellier*, 1866).

Mireur (H.), *Essai sur l'hérédité de la Syphilis* (*Thèses de Paris*, 1867).

Owre (Adam), *Sur l'étiologie de la Syphilis héréditaire.*—Publications diverses, de 1868 à 1878. Analyse dans les *Annales de Dermatologie et de Syphiligraphie*, publiées par A. Doyon, t. v. p. 388.—Association Française pour l'avancement des Sciences ; 7e Session, Paris, 1878.

Sturgis (F. R.), Note sur quelques points d'étiologie de la syphilis héréditaire (Analyse in *Annales de Dermatologie et de Syphiligraphie*, publiées par A. Doyon, 1877, t. ix. p. 113). Etc.

which have been introduced into science relating to the non-transmission of syphilis by paternal inheritance, or, to speak in a more general manner, the non-influence of paternal syphilis upon children,—these new doctrines, I say, contain manifest exaggerations, and more than exaggerations,—great and dangerous errors, in a social point of view; dangerous in all respects; and consequently it becomes necessary to combat them energetically.

For my part, in fact, after what I have myself seen, also after the numerous observations which my reading or obliging friends have put within my reach, I hold it invariable that a syphilitic father, with the disease still vigorous, may be eminently dangerous to his children. And of this I am able to furnish proofs, as you will see.

In the first place, to reason the question out in a purely theoretical manner, how can one admit for a single instant that the state of a diseased father can be inoffensive to his progeny? What! When we see, so repeatedly and so manifestly, paternal heredity revealing itself in the child by so many resemblances of all kinds. When we see this attested not only by moral and physical analogy, but also by the most striking pathological analogy, can we believe that inheritance will not exercise itself with regard to a malady such as syphilis, a malady especially diathesic, especially chronic, affecting the organism so deeply as to have the double power of affecting the whole system and of developing its manifestations at almost any period, at any lapse of

time, even up to thirty, forty, fifty years, from its origin! Can we then accept as uncertain the inheritance of a malady of this kind from father to child? If it were thus, it would in truth be a most wonderful anomaly; it would be a monstrous departure from all we know relative to the general laws of heredity.

Syphilis, then, in the father, does not remain inoffensive towards the product of conception; this is what theory would suppose, and this is what legitimate induction, based upon the elements of every-day observation, would bear out.

But on such a matter, upon a subject at once so difficult and so important, we cannot have too many indirect inductions, too many comparisons, too many reasons *à priori*. It is facts, and precise facts, which we need. Let us then consult our cases, and see what they teach us.

Let us commence by making the greatest possible concessions (regretting that we cannot make them still greater) to the partisans of the doctrine we are about to combat, and say with them—

Yes, it is true, absolutely true, that in practice one meets with many men who, having contracted syphilis before marriage, have had healthy children, perfectly free from disease, their wives remaining uncontaminated.

Examples of this nature may be seen daily in town practice. Ricord, Cullerier, Notta, Charrier, Durac, Mireur, and many others whom I pass in silence, have recorded cases of this kind, as authentic and convincing as possible. For my own part, my personal observations

agree entirely with those of the authors I have just quoted; and I find in my notes (to speak only of that which I have personally known) 87 cases in which syphilitic husbands, married to wives who were healthy, and who have remained healthy, have had healthy children; absolutely free from all syphilitic symptoms and from any suspicious disease.[1]

I am averse to relate here particular cases, the thing is so common and usual. Nevertheless, there are recorded facts, in which the non-influence of the father upon the child is seen in so extraordinary, so striking, a way, that you will, I am sure, pardon me if I relate some of them, in order to fix your convictions on the subject.

A patient of our distinguished colleague, M. Charrier, had been affected with syphilis for some years, when he became the father, at exactly the same time, of two children—one born of his wife, to whom he had communicated syphilis; the other born of a mistress, who was exempt from any specific antecedent. Now, what happened? It was, that of these two children, the one —the legitimate child—came into the world with syphilis; the other, the natural child, was born and remained healthy.[2]

The formal conclusion which we draw is: that if the mother is healthy, the syphilitic influence of the father may go for nothing in the matter of conception.

[1] Vide *Notes and Documentary Evidence*, Note I.

[2] Charrier, *De l'hérédité Syphilitique* (*Archives générales de Médecine*, 1862, t. ii. p. 327).

Another example,—this one we owe to M. Mireur. A man married, after having had syphilis for eleven months (his wife remaining free from contagion). He became the father of a fine child, absolutely healthy. Now this child was completely free, even from the slightest spot indicative of disease. But at the end of two years it contracted syphilis, and from whom? From its father! The father had upon the mouth an eruption of a secondary character, and from that he communicated a chancre of the lip to his child.[1]

But there is more,—and here are two kinds of facts still more confirmative, in that they admit an additional element—that is to say, the breaking out of syphilitic symptoms upon the father either posterior to conception or at the time of it. Nevertheless, the children born under such conditions have been able to escape hereditary syphilis, although paternal infection was manifestly persistent, or even revealed itself by actual symptoms contemporaneous with procreation. I will explain myself.

Thus:

1. It is a matter of frequent observation to see a syphilitic man beget healthy children, and afterwards present various symptoms of syphilis; unequivocal witnesses of the persistence of the diathesis at the time when conception took place.

For example: one of my patients, syphilitic ten years, married—apparently free from all diathesic phenomena—and became the father of six children. These

[1] Thèse citee, p. 26.

six children, of whom the eldest is eleven years old, I have never ceased to have under my care since the time of their birth. I have attended them in their slightest indispositions, and I am ready to declare that they are absolutely healthy; neither has their mother shown the slightest suspicious symptom. *Now, after the birth of his third child*, this man was affected by a tuberculous syphilide on his chest; and, moreover, *consecutive to the birth of his fifth child*, I had to treat him anew for a palatine gumma of serious character.

Here, then, was a man who had begotten six healthy children, in spite of syphilis persistent and vigorous, and who exhibited intense symptoms beyond the period these several children were born.

In the same way one of my old clients married without consulting me, and in spite of a very insufficiently-treated syphilis. He had two children, of whom I may say that I have not lost sight since their birth, and who have always remained free from any syphilitic symptoms. (The elder is fourteen years and the younger twelve.) Now, this man has recently succumbed to cerebral syphilis—not only diagnosed by clinical symptoms, but put beyond doubt by microscopic examination.

These two facts, and many others I could add, are they not absolutely demonstrative? [1]

[1] In one list, which will be produced farther on (Vide *Notes and Documentary Evidence*, Note I.), the reader will find not less than thirty-five cases of this kind, all relating to subjects once syphilitic, who have begotten children quite healthy, and who, after the birth of these children, have been re-attacked by various specific symptoms.

2. But this is not yet all. One has seen syphilitic subjects beget healthy children, free from the least suspicious symptom, when they were in the full secondary period ; when even they were affected, at the moment of conception, with different symptoms of syphilis ; when, in a word, they had not passed that period when the diathesis makes, so to speak, its sharp crisis, and that it seems reasonable that it should be most pernicious in the direction of hereditary transmission.[1]

I have, in my notes, some cases of this kind; but none among them are so convincing as a fact kindly communicated to me by our distinguished colleague M. Maurice Raynaud, and which was observed under most favourable conditions, so that its history is nearly mathematically exact, and it is well worthy of a place here.

A married man contracted syphilis in an extra-conjugal adventure. During several months he found ingenious excuses for avoiding connection with his wife ; but at last, one day he forgot himself. The next day he hurried in a state of alarm to M. Raynaud, who noticed upon his mouth some mucous patches. Nine months later, and without any other intimacies taking place, the young wife was confined, and confined of a perfectly healthy child, who at this moment, having reached the age of ten, has never presented the slightest evidence of syphilitic infection.

[1] Many cases of this sort will be found in N. Notta's interesting work, to which we have already referred (*Arch. général. de Méd.* 1860, t. i.)

Here you have a syphilitic man who, at the very day he begot a child, presented secondary symptoms,—nevertheless, his child was born perfectly free from disease. What could be more conclusive ?

You see then, Gentlemen, I hide nothing. Very far from this, I insist with all earnestness upon these curious facts of hereditary non-transmission of syphilis by paternal influence ; for these facts constitute to my mind one of the most interesting acquisitions of the science of the day ; and it is not necessary to say what importance they acquire when relating to the subject which now occupies us.

The conclusion of the foregoing is, that hereditary syphilis proceeding from the father (and from the father alone, the mother remaining healthy) is much less active, much more limited, than one could have thought possible until now.

Given on the one side a syphilitic husband, and on the other a healthy wife, there is every chance that the issue of this couple will be born free from syphilis.

We see then what, contrary to the old belief, contemporary researches have clearly and positively established ; and this result does not, happily, leave us without consolation in the matter which concerns us.

II. But this fact recognised, this concession made to the partisans of the doctrine I combat, I quickly retake my stand under clinical observation, and I say to my adversaries :

No ; it is not true, unhappily, that paternal influence

in syphilis is as inoffensive as has been maintained. Still less is it true that it is nothing—that it never has any influence upon the fœtus. To have given forth such propositions you must have seen only one side of the question; you must have considered only one of the elements of this problem. For there is an abyss between the conclusions to which you have been led and those which are founded upon the observation of clinical facts. Judge by that which is about to follow.

In the first place, if paternal inheritance, as we have just said, only shows itself in a rare and exceptional manner, it is certain that it does show itself *sometimes*. We see children born syphilitic from the disease of the father, the mother remaining free from all contamination. A number of cases of this kind have been related by MM. Ricord, Trousseau, Diday, Depaul, Cazenave, Bazin, Hardy, Bœresprung, Hutchinson, Bassereau, Beyran, Martinez y Sanchez, Líegeois, De Méric, Martin, Parrot, Lancereaux, Kassowitz, Charpentier, Pozzi, Keyfel, Carl Ruge, etc.[1] Some have come

[1] See an interesting work of Dr. Léon Richard (*Étude sur l'hérédité dans la Syphilis; de l'influence du père*, Thèses de Paris, 1870), which reproduced a certain number of cases in question here. See also Piquand, *Influence de la Syphilis des générateurs sur la grossesse* (Thèses de Paris, 1868).

Bricard (Ph.), *De la transmission de la Syphilis du père à l'enfant avec immunité de la mere* (Thèses de Paris, 1871).

Kassowitz, *Die Vererbung der Syphilis*, Wien, 1876; Carl Ruge, *Ueber die Fœtus sanguinolentus* (Zeit. für Geburtsk. und Gynäkologie, B. 1. Analyse par Porak, dans la Revue des Sciences médicales, publiée par G. Hayem, t. xii. p. 203).

Professor Parrot related to me quite lately a fact of this kind observed by himself, under particular conditions, which left no room for error:—"A young man married with syphilis in full force; he had two

under my own observation also, though they are very few compared with the whole number observed, I must avow.[1] Thus I saw lately one of my colleagues, who, doing me the honour of consulting me about an old syphilis, said "that he had had five syphilitic children, although his wife, examined with the greatest care, and submitting to constant surveillance, had never presented the least symptom of it."

That, among the facts cited in support of this thesis, and reproduced in many monographs and many collections, there are a certain number to exclude—to except, by reason of insufficient guarantee, I do not deny; nay more, I would even affirm. But will it be possible to exclude all at once and as a whole? Is it to be believed that the authors who have seen, published, and commented upon such facts, have all fallen into the same error of failing to recognise the syphilis they have seen upon the mothers and children who have

children, who both presented undoubted symptoms of hereditary syphilis. Now, their mother, who has been most carefully watched and examined since her marriage, has not exhibited, and does not now exhibit, any suspicious symptoms—she remains without doubt unaffected."

Mr. Hutchinson is also strongly in favour of the paternal inheritance. According to him hereditary syphilis is for the most part derived from the father exclusively. "I am firmly of opinion that, in a large majority of instances in English practice, inheritance of syphilis is *from the father*, the mother having never suffered before conception" (*Medical Times and Gazette*, Dec. 1876). See also *A Clinical Memoir of certain Diseases of the Eye and Ear consequent on inherited Syphilis.* London, 1863, p. 209, Aph. xiv. *On the transmission of Syphilis from Parent to Offspring* (*The British and Foreign Medical Review*, 1877, vol. lx. p. 455).

[1] I find in my notes only eight cases of this kind. Some of these, even, are wanting, I must confess, in authentic support, which should be unquestionable in matters of so much delicacy and contestability.

fallen under their eyes? No; in truth this is not admissible. However zealous a partisan one may be of a new doctrine, one is only authorised, it seems to me, in rejecting *en masse* all the collection of former observations which do not square with this doctrine, after a long, a very long, and more than a sufficient experience. Now, such an experience is still wanting; so that, in short, in the present state of our knowledge, we are obliged to take into consideration the facts adduced in favour of paternal heredity, and to admit this:

That, however rare and however relatively exceptional may appear to be the hereditary transmission of syphilis by the father to the fœtus, it can nevertheless occur in this manner in a certain number of cases.

Consequently, in that which concerns us, we have here the first danger upon which we must reckon before giving a decision upon the capacity for marriage of a syphilitic subject.

III. But this is only, as I am sure you will see, and as I have a strong desire to convince you, the small side of the question. For, in a much more frequent and much less disputable manner, the syphilis of the father creates for the child other dangers of a far graver kind.

What are then these dangers?

Summarily they consist of these:

1. *Inaptitude for life*, showing itself as death, which takes place either *in utero* or very shortly after birth.

2. Constitutional weaknesses, morbid tendencies, degenerations, congenital malformations, arrested developments, etc., which, for me as for many other physicians,

constitute modified transformed expressions of specific inheritance.

Now, we here see a whole series of considerations well worthy of our notice, relative to the question we are pursuing. We are here in the midst of our subject, let us then insist upon the several points I am about to raise.

I have said first, that one of the consequences of paternal syphilis for the child may be inaptitude for life, an inaptitude showing itself by *death in utero.* In other terms, *a child born of a syphilitic father and a healthy mother is exposed, by the fact of paternal syphilis, to die before birth.*

This is the first point upon which my conviction is now well established. For a long time I have been struck by the frequency of miscarriages in households where the husband is infected by syphilis, the wife meanwhile remaining healthy. Later, I have wished to confirm this general impression by a precise inquiry instituted into the subject. To this end I am engaged in noticing, in a most exact manner, everything relative to the cases which present themselves to my observation; that is to say, the results of a union between a syphilitic man and a healthy woman. Now, after several years of investigation in this matter, the summing up of my observations furnishes me with a list of no less than fifty miscarriages produced under the aforesaid conditions, and occurring without other possible cause than paternal diathesis.

And I beg you to notice (this is essential to specify)

that the items of this list have been gathered among the well-to-do—that is to say, in the social class, where the anti-hygienic conditions of misery, of forced work, of fatigue, of insufficient food, excess, debauch, etc., have played no part as predisposing causes in these miscarriages. Note also that it has been gathered, as the analysis of my observations shows, among young women—healthy, for the most part recently married, and not presenting any uterine lesion, etc. So then, among all the cases mentioned (reserve being made for two or three at most), there is no cause whatever, be it constitutional or accidental, which can give sufficient reason for the miscarriage. This then remains inexplicable by the predisposing and determinating influences to which it is usually imputable; while, on the other hand, an etiological element unites in common all these cases, and presents an explanation—namely, *the syphilis of the husband.* Is this not already sufficient to carry conviction?

Add also that this fatal influence of paternal inheritance does not manifest itself by a single miscarriage; it is often prolonged—often it is continued through the course of several pregnancies, more or less near to one another. So that two, three, four miscarriages follow one another, with no explanation except that of the husband's syphilis. Cases of this kind, I repeat, are not rare; and I could, for my own part, cite more than twenty examples.[1] Such

[1] Cf. J. Hutchinson, *On the Transmission of Syphilis from Parent to Offspring* (*The British and Foreign Med. Chir. Review*, 1877, vol. lx.)

facts are certainly most significant by themselves, but they take a more enhanced value when they are confirmed and supported in the following manner: Warned by the physician of the probable cause of these continued abortions, the husband submits to a prolonged specific treatment. Finally follows another pregnancy, which brings the child to its right time. Succeeding pregnancies appear, and these in result are not less happy. Then the evidence is manifest. How deny, under such circumstances, the corrective influence of the treatment upon the syphilitic diathesis, and the influence of that diathesis upon former pregnancies? Successive miscarriages before the treatment, happy pregnancies afterwards—what would you have more convincing?

Now, cases of this kind exist in science, but they exist in greater number in the memory of practitioners, as I am myself convinced by many conversations with my *confrères*. For my own part, I have observed many, such as the following for example, which struck me forcibly at the beginning of my career; and I cannot resist the desire of shortly relating it to you.

It is fifteen years since I met an old college comrade, of whom I had lost sight for a long time. We chatted, and then my friend related to me his sorrows: "You see a most unfortunate man," he said to me; "my wife has just had her fourth miscarriage at the end of some months of pregnancy; and what is worse is, that all these miscarriages are brought about without the slightest apparent cause, without a fall, without imprudence of any kind. My wife is tall, strong, of a

good constitution, well developed; nevertheless I see to my sorrow that we shall never have any children."

A thought then came across me. I replied, "Perhaps your wife is not as responsible as you in these successive mishaps. I knew you some years back in the Quartier Latin, with a well-developed syphilis, which it appeared to me you did not seem to treat in the most exemplary manner. In your place, I should re-treat myself; I should take mercury and iodide."

Although this advice was given at random, it was followed; and the treatment was continued with the utmost vigour. Now, fifteen months later, the wife of my friend was confined at the right time of a living child, which now is twelve years old; and since then she has been confined three times.

The conclusion of all this is, that numbers of miscarriages supervene without cause in healthy women, which nothing can account for but the marital syphilis.[1]

The syphilitic influence of the father kills the fœtus in utero. Here is a fact which, supported upon observations as reliable as they are numerous, merits to take a place in science; and I am astonished that it should not have been more noticed hitherto.

In the second place, the same *inaptitude for life* of the infant procreated by a syphilitic father is shown again by *an immediate or rapid death after birth.*

In the list from which I have borrowed the facts which precede, I do not find less than thirty-six other

[1] M. Dupaul has related many facts of this kind in his learned Clinical Lessons.

cases of pregnancy (always issues of a *father diseased* and *wife healthy*), which have resulted in still-born children at full term, or in children dying, or in miserable, pale, diminutive, old-looking children, destined to a rapid death.

Again (and this is both curious and essential to know in practice) children begotten under these conditions sometimes come into the world as average children; then after some days, or some weeks at most, they suddenly pine—they die one day without malady, without apparent cause. Of what do they die? I am not able to say, for in some cases where it has fallen to my lot to perform an autopsy I have discovered nothing to explain the cause of death. They always succumb very quickly, almost instantaneously—without shock, without morbid symptoms being manifested, and to the great surprise both of their parents and their doctor; without doubt they fall a prey to congenital disease, inherited weakness, to their "*natural inaptitude for life*," rather than to any incidental, eventual, or superadded cause.

This is not yet all. The more I advance in practice, the more I feel myself impressed with this conviction, that, beyond the mere birth, the influence of the syphilitic father shows itself in various ways; by an organic and general debility; by a weak and impoverished constitution—"delicate" as people of the world say,—inferior to the usual average; by a feeble resistance to morbific causes, which give to incidental illnesses a pernicious and malignant character; by a predisposition to nervous weaknesses, notably to con-

vulsions ; by a tendency to lymphatic and scrofulous affections, etc.

But allow me to reserve, for a time, this class of considerations—to which we shall soon return *apropos* of mixed heredity. I wish to speak of paternal and maternal heredity combined, and upon these I shall discourse with the necessary minuteness.

Then, to sum up. The hereditary influence of paternal syphilis is very far from being as innocent, minute, or as negative, as it has pleased certain authors to advance.

It has been said that a child begotten by a syphilitic father had very little, even nothing, to fear in paternal inheritance.[1] This is a great and dangerous error, condemned *à priori* by common sense, and refuted by clinical observation.

In reality, paternal influence, if it is only exercised in a limited number of cases (this we have established previously), is not less subject to exercise itself sometimes in a very positive and very authentic manner ; and then it is developed in the three following modes :

Either, that which is the exceptional case, by the transmission of syphilis to the fœtus ;

Or, that which is sufficiently common, by the death of the child ;

Or, lastly, by the inherent degeneration of the germ,

[1] Criticising this doctrine, M. Voillemier has cleverly said, "If we accept the ideas of M. Cullerier, the father is only the occasion of the child—one is only in reality the child of one's mother" (*Gazette des Hopitaux*, 1854, p. 303).

which ultimately reveals itself under very various morbid conditions.

IV. Meanwhile, do not lose sight of this other essential point: a syphilitic father is not only dangerous to his children in his capacity of father; he is, or may become, dangerous to them in his character of husband of their mother, if I may use the expression. In other terms, he may become dangerous to them *in consequence of the risk he runs of communicating the syphilis to his wife.*

And then, the father and mother both becoming syphilitic, what kind of children will be begotten by this infected couple?

Ah! it is here, Gentlemen, that a page of pathology is presented to us which is sad to write; it is here that a situation begins which is truly heart-rending for families. One must have observed this in all its details and under its varying forms, thoroughly to understand its sorrows.

This condition of things, of which I intend to present a faithful picture in the interest of the serious subject now occupying our attention, is copied from nature in all its painful reality.

Two young people are married. A short time passes; the wife becomes pregnant, and already sighs for her title of mother. The two families, full of the sweet hope which precedes the coming of a new-born child, await impatiently the ending of this pregnancy. And what will be the result? What will happen to the

child begotten under such conditions as those we are here supposing—that is to say, the issue of a father and mother both syphilitic ?

What will happen to him we doctors can predict ; for, with very rare exceptions, his future is comprised in the three following alternatives :—

1*st*, This child *will die before birth ;*

2*d*, Or, *it will be born with syphilis ;* and with all the possible and serious consequences of infantile syphilis, which in most cases are almost equivalent to death itself ;

3*d*, Or, finally, it will be born without syphilis, but with *uncertain health ;* with a weak nature and an impoverished constitution, which will or may expose it to a rapid death ; with menacing morbid tendencies ; with a predisposition to certain organic diseases,—in a word, in a state of relative primitive decadence.

And this is not all. Let there come a second, third, fourth pregnancy, and it may be that this state of things will accompany each of them. And thus it will continue, until the diathesis has been worn out by lapse of time, or by the intervention of energetic treatment.

What a situation ! what mourning for a young home, what grief for families ! And, from another point of view, what a social calamity !

See then, Gentlemen, what this disease does, and what it can do, when the maternal and paternal influence act on the same side—when the two, as it were, conspire in unison against the fruit of these pregnancies.

And these unhappy results—I do not give them to

you as likely only, as simply possible; I give them to you, if not as constant (for in heredity there is nothing constant), at least as very frequent, as very common.

But we must persevere, for the subject is worth the trouble, and justifies the preceding summaries.

1*st*, I have just told you that the child of a syphilitic father and mother is almost necessarily fated to one or the other of the three alternatives which I have specified, and it now remains to us to study them in detail.

The first is *death in utero;* hence miscarriage or birth before due time.

Upon this first point contradiction is not possible; here science has spoken, and spoken plainly, by the common agreement of practitioners.

Open your books, peruse the observations contained in the classical treatises, in the special collections, and you will find, not by hundreds, but by thousands, cases that, from the point of which we speak, always bear witness to the same meaning, and appear as though copied the one from the other. Everywhere, and always, it is identically the same observation, so to say, stereotyped, reproducing itself in the same terms.

"A man marries in a syphilitic condition. In one way or another he contaminates his young wife. She becomes *enceinte*, and miscarries in a few months, or is brought to bed before her time of a dead child."

The intra-uterine death of the fœtus, the issue of syphilitic parents, is the most usual effect of the hereditary influence of the diathesis.

Truly, the fact is so common, so usual, so thoroughly

supported by many observations, that I refrain from discussing it. I should be wasting your time if I stopped here to relate particular cases.

But in similar circumstances this is not always the end of the matter, for the pernicious influence of mixed hereditary syphilis, that is to say proceeding from the two parents, very often prolongs itself *into a series of subsequent pregnancies.*

It is thus that one sees over and over again unhappy syphilitic wives become pregnant by congress with syphilitic men, miscarry *twice*, *thrice*, *four*, *five*, *six*, even as many as *seven times* in succession, or give birth to a dead or dying child.

At the present moment even, I can show you in our wards a case of this kind. The patient in No. 35 bed in the St. Thomas Ward received syphilis from her husband. Some years passed. Since then this woman has become pregnant *six times*, and has miscarried *as often*, at the third, fourth, or fifth month of pregnancy.

In the same way a lady, one of my patients, young, of good constitution, contracted syphilis from her husband in the early days of marriage. She became pregnant *four times* in three years, and miscarried *four times.*

Cases of this kind have been cited by many observers. But I know nothing comparable to the history of a patient whom I have treated for a long time at Lourcine, a history which, with your permission, I will shortly reproduce here.

This woman, tall, vigorous, and healthy, was married at nineteen years of age. She commenced by having

three superb children, of whom two are alive still, and who by her own account are in excellent health ; the third appears to have succumbed to some incidental acute illness.

Subsequent to her third confinement this woman contracted syphilis from her husband, who himself had recently acquired it in an amorous escapade. Since then she has become pregnant *seven times*. Now, what has been the end of these numerous pregnancies since contagion ? The thing is curious, though in truth sad :

First pregnancy (after syphilis).—Miscarriage at five months.

Second.—Premature birth at seven months and a half ; child miserable, stunted, dying on the 15th day.

Third.—Confinement nearly at the full time ; child born dead.

Fourth.—Premature confinement ; child born dead.

Fifth.—Premature confinement ; child born dead.

Sixth.—Miscarriage at three months and a half.

Seventh.—Miscarriage at six weeks.

Résumé : Ten pregnancies, of which three prior to syphilis resulted in proper full-term children, well formed ; and seven subsequent to syphilis, of which four were premature births and three miscarriages !

What can be more instructive ? And what can you desire more telling in support of the thesis we are developing ? [1]

[1] Vide *Notes and Documentary Evidence* (Note II.), relating in full this curious case.

I owe the communication of another analogous fact to Dr. Le Pileur, physician to Saint-Lazare.

Second alternative: The child of a syphilitic couple may be born alive, but it is born *with syphilis*, and will suffer all the serious and deplorable consequences of an hereditary syphilis.

Here I shall not require long consideration to establish two facts which are patent, which are shown by proofs, unhappily too evident, of common and almost daily experience, that is to say:

1*st*, That the children of syphilitic parents are most commonly born syphilitic, particularly those of the first pregnancy following the infection of the parents, that is to say, when time and treatment, those two grand correctives of the disease, have not yet exercised their diluting and depurative influence upon the diathesis of the couple.

The first fact is neither contestable nor contested. It is useless then to insist further.

2*d*, That children who are born with hereditary syphilis are exposed by the existence of that syphilis to many and serious dangers. By great care we certainly effect the cure of a certain number. But whatever we may do, in spite of all treatment a very large number escape us. I do not hesitate to confess that my own statistic concerning syphilitic new-born children, even when treated, is truly deplorable as to percentage

The case may be summed up as follows:—A syphilitic woman became *enceinte* eleven times. Of these eleven pregnancies five terminated by miscarriage, or by the expulsion of a stillborn child, at various times during gestation. Six others were born alive, of whom five died of convulsions, viz. four of them on the first or second day, and the fifth at six weeks. A solitary child has survived.

Eleven pregnancies resulting in one solitary survival!

of death. Nothing is so murderous as hereditary infantile syphilis. This is a second fact which it is sufficient simply to enunciate, it being so much a matter of common observation.

3*d*, The third and last alternative. It is certainly possible that an infant born of syphilitic parents may escape death *in utero*, even syphilis itself. But that is not saying everything. For the syphilitic influence may yet act upon it according to other methods, which it now remains to me briefly to indicate.

I will not conceal from you that we are here now touching upon one of the most difficult and most delicate points of pathology. In fact, as the hereditary influences present themselves formally and indisputably, when they manifest themselves from one generation to another, by the reproduction of the same disease, so do they become doubtful and debatable in the opposite conditions ; that is to say, when in the following generations they show themselves by symptoms differing from those manifested in the previous generations. Nevertheless, this inheritance, *with dissimilar morbid forms*, so to speak, is not less authentic than the inheritance of identical morbid forms, only it escapes attention more readily, as it does also scientific demonstration. Such is the case here. Every one is agreed upon hereditary syphilis, which descends from one generation to the following by symptoms of the recognised type, while it has been long a matter of discussion, and long will be, whether syphilitic influence of parents can exercise itself in their descendants by

manifestations or morbid tendencies of a character which are not comprised in the syphilitic catalogue.

As for me, I have taken my stand upon this question, which has long occupied me, and which, I may say, I have studied with minute attention. Having doubted, I doubt no more. My present conviction is, that the syphilitic influence of parents does not show itself only in their children by ordinary symptoms of syphilis, but also by morbid conditions and morbid dispositions, which have nothing syphilitic in themselves, and which exhibit no external evidence agreeing with the classical syptomatology of the disease, which are even as different as possible therefrom, but which do not any the less constitute modified expressions of the ancestral diathesis, or, if I may use the expression, a kind of indirect legacy of syphilis.

And, meanwhile, what is there singular, what abnormal, what inexplicable, in this hereditary modality? Is it that syphilis has only, in the patient whom it affects, manifestations of a specific order? Are all its results, all its morbid troubles which follow, always and invariably of a specific kind? Has it not, accompanying its peculiar lesions, also a number of common symptoms? At the same time that it shows itself by skin troubles, erosions, ulcerations, organic infiltrations, visceral neoplasms, etc., does it not exhibit itself as commonly by the phenomena of anæmia, asthænia, denutrition, atrophy, organic poverty, and deterioration, sometimes also by nervous troubles; in a word, by the reactions of a common kind upon different systems?

Does not syphilis, as has been so justly said by M. Ricord, wake up scrofula in the scrofulous? Does it not also awaken tetter in the "dartrous," as was taught in this hospital by our much-regretted colleague M. Bazin?[1] Does it not react upon traumatic lesions, as M. Verneuil and his pupils are at present teaching?[2] Syphilis, then, is not only a malady with syphilitic symptoms; it is a disease of the whole being; it is a disease which creates a general trouble in the whole organism, which affects or may affect that which one calls usually "health," which stirs up or may stir up very different morbid dispositions; in a word, it is a malady with multiple and polymorphous symptoms.

Now, if it is thus, if the syphilis is capable of producing at the time disturbances as profound and also as complex in the organism it affects, what is there, then, astonishing that inheritance should reflect these various morbid dispositions upon the product of conception, upon the child of syphilitic parents?

Let us then leave these theoretic discussions, and let us regard only that which is shown by observation, that which our cases teach us.

What our cases teach us is, that children born of syphilitic parents are exposed to certain morbid conditions, to certain morbid inclinations, which are developed in them with significant frequency.

[1] Vide *Leçons théoriques et cliniques sur la Syphilis et les Syphilides*, 2e edit., Paris, 1866.

[2] *Vide* Henri Petit, *De la Syphilis dans ses rapports avec le traumatisme* (Paris Thèses, 1875). The reader will find in this excellent work a complete history of the question.

Let us be precise as to facts.

1*st*, These children are very frequently remarkable, almost recognisable, by their inherent weakness. They come into the world diminutive, mean-looking, sickly; of poor constitution, wrinkled, shrivelled, stunted; "looking like little old men," as is said, with skins too large for their bodies. Sometimes, again (and I called your attention to this particular symptom), they present on the anterior surface of the legs a sub-œdematous condition of the integuments which are not movable over the subjacent parts, these appearing adherent to the cellular tissue and the aponeuroses of the region. Beyond this there is nothing in these children; in these "little old men," as they are called, which indicates their syphilitic condition, neither is there any evidence of other disease; and yet, at a glance, one concludes that they will not live. The nurses themselves are not deceived, and I have known many refuse to nurse such children; "they are not born to be reared," say they. These children have hardly strength to suck; "they wont draw," their mothers and nurses continually repeat to you; they go to sleep upon the bosom; then they grow weaker and weaker, day by day, and the first prediction is confirmed. These children do not die, properly speaking; they become extinct; they cease to live; for the simple reason that they carry death in their birth; they are unfitted for life by the functional inadequacy of their organs.

2*d*, In other cases (and here I am about to repeat a pathological fact, of which I have already spoken),

in other cases, I say, these children come into the world with a better appearance; they are weakly in constitution undoubtedly, but with an average or passable development, which allows one to look upon them as likely to live; one has a right to hope that with care and a good nurse "they may get over it," after the manner of so many new-born children, who, though at first weak, delicate, and puny, develope and strengthen rapidly in the course of a few weeks, and in fact these children continue to live without symptoms, and without apparent malady. Then, after a few days, or perhaps a few weeks, they suddenly decline and go off rapidly, without apparent reason, without additional morbid indication. Sometimes, even, as I have already remarked, they die instantaneously, in a most unexpected unforeseen manner, without parents or doctors knowing why the *sudden death* takes place. I have in my notes more than a dozen cases of this kind, and as an example, if you will permit me, I will cite the following, which I attended in company with one of our most distinguished and well-known accoucheurs:—

A young man contracted syphilis, and did not treat himself, or treated himself in so slight a fashion that it was altogether insufficient. Some time after he married. His wife became pregnant almost immediately. During the time of her pregnancy she began to be affected by various symptoms of secondary syphilis. She was confined, almost at the full time, of a child of average weight, tolerably strong, and exempt apparently from all symptoms of syphilis. Now, suckled by the mother,

watched by my colleague and myself, this child grew as usual for some weeks, without exhibiting the slightest morbid phenomena, syphilitic or otherwise. Everything seemed to go on for the best, or relatively so, when one morning we learned that the child had succumbed during the night. The evening before it had been examined by my colleague, who had found it in a sufficiently satisfactory state. An hour previous to its death its mother had held it in her arms, and changed its linen, without remarking any change. In short, the death took place in a manner absolutely sudden and unexpected.

Note well, Gentlemen, these cases of *inexplicable sudden death* (at least, at present) are not preceded by any apparent morbid phenomena. You will assuredly meet with them in your practice, for they are not very rare. Many accoucheurs among my colleagues or friends have made the same observations that I have, and almost always these observations are connected with syphilitic children, or the children of syphilitic parents. This, then, is a fact to which I call your attention.

3*d*, In other cases, the children born of a syphilitic father and mother escape both death and the disease. But they come with a puny appearance; an impoverished feeble constitution, in a state of persistent anemia, which resists all remedy; with vital powers much below the average. One might think, only to look at them, that an illness would easily carry them off; that these subjects are predestined for what is called malignancy in their

diseases; and in truth they are often carried away by affections over which they would have easily triumphed had they been more healthy and gifted with a more vigorous temperament.

4*th*, Another point, upon which I have no misgiving is, that children who are the product of syphilitic progenitors indicate a real predisposition for *affections of the nervous system.* A great number, for example, die of *convulsions.* In searching my personal observations I do not find less than fifty cases where children born under such conditions, syphilitic or not syphilitic, died suddenly after one or may be several attacks of infantile convulsions. And numbers of facts of the same kind are found in special treatises or periodical publications.

The same children are strongly predisposed to meningitis. This is an idea I expressed long ago, and I am not alone in expressing it.[1] I should not even be surprised that the reported success of iodide of potassium in tubercular meningitis (some cases of this kind, you are aware, have been published) was to

[1] Whilst reading over the proofs of this volume, chance furnished me with a new and deplorable example of the hereditary influence of syphilis in producing meningitis.

One of our most distinguished confrères came to pay me a friendly visit. The conversation turned upon our common friends, doctors like ourselves :— "You will remember," said my confrère to me, "poor X. . . . whom we both treated for a serious syphilis ; well, he has just lost his third child, who has fallen a victim, as his two others did, to meningitis. . . . He does not doubt, more than I do, that these successive meningites, which carry off all his children, are only the distant consequences of his old diathesis. . . . For that matter," added my friend, "I believe firmly in the hereditary influence of syphilis as a cause of meningitis in children. I have seen too many cases in my practice not to be thoroughly convinced on the subject."

be explained by the specific character of the lesions for which this remedy has been exhibited.

In acute forms this meningitis, of children the issue of syphilitic parents, is almost always fatal. In its slow progressive forms it may spare life, but it ends generally in a state of intellectual incapacity, bordering on imbecility or idiocy. Rest assured that a certain number of children who are backward, imbecile, or idiotic, are none other than the product of hereditary syphilis.

I have under my eyes, at this moment, an example of this kind, so thoroughly complete and descriptive, that I cannot resist the desire of making you acquainted with it. Here it is in a few words :—

A child was born of syphilitic parents. These parents had already produced two syphilitic children, both of whom were speedily struck by the hand of death. From the first it failed in physical development ; its growth was so delayed that, at the age of twelve years, you would suppose that it was a child of six at the most. Towards its thirteenth year it lost intelligence, became stupid and sullen, it unlearned the little it knew, lost its memory, could hardly find words to express itself, and it fell into a sort of torpor.

Then ensued an acute attack of encephalo-meningitis, vomiting, obstinate constipation, strabismus, delirium, partial convulsions, tremblings, epileptiform fits, alternating with long periods of resolution and of coma, paralyses, contractions, etc. Although specific treatment was commenced very late (that is to say, iodide of potassium and mercurial frictions), these dis-

sipated this morbid complexus with significant rapidity. But intelligence was not re-established. Far from this, it remains a blank; extinguished, and annihilated in the full sense of the word; so much so, that at the present moment this child is nothing less than a veritable idiot.[1]

I do not hesitate to affirm that hereditary syphilitic influence (even limited to the father alone), constitutes a predisposition to hydrocephalus. This is supported by a number of facts which I have had occasion to collect in my practice. I could cite, among others, the case of one of my patients who, having had the imprudence to contract marriage, in spite of untreated syphilis, has had in succession three hydrocephalic children. I will add that, having made researches upon this subject, I have met here and there, scattered in scientific works, numbers of observations of a similar kind.

5*th*, Finally arises the question of *lymphatism* and of *scrofula*, which, according to certain authors, are nothing else than disguised forms of hereditary syphilis.

Assuredly it would be great exaggeration to regard scrofula as simply the outcome of syphilis. Assuredly it would be a considerable error, from a pathogenetic

[1] I have, from my colleague and friend Dr. Tarnier, a case of congenital idiocy in a child born of a syphilitic father:—"From the very commencement of its life, says the learned accoucheur, the strange appearance and general habits of the child had directed my attention towards the discovery of syphilis. Although, however, nothing else justified my suspicion, I questioned the father upon this matter, and learned from him that he had syphilis a short time before his marriage, and had never been treated in an efficient manner."

And many similar cases I could produce.

point of view, thus to make it entirely subordinate to syphilis; to look upon it only as a bastard syphilitic affection, transformed or metamorphosed. Scrofula, undoubtedly, has not absolute need of syphilis to exist. It exists, and is derived from causes independent of syphilis. It is not at all unusual for one to meet scrofulous children born of parents who have never presented the least syphilitic symptoms.

But that which, on the other hand, is not less certain, is, that syphilis constitutes, if you will forgive the expression, *one of the affluents* of scrofula. It supplies its share to scrofula as a debilitating and anemia-producing disease, as an impoverisher of the organism, a deteriorator of the constitution, and as a destroyer of vital forces. It carries scrofula in its train, it is a predisposing cause, as are all depressing influences—such as wretchedness, insufficient alimentation, captivity, chronic overcrowding, etc. And this action which it exercises upon the health of parents is reflected, as shown later in the child, by manifestations peculiar to lymphatism in general, and to the highest degree of lymphatism—that is to say, scrofula.

Such are, to speak only of certain facts, the conditions or morbid tendencies which may be the outcome of syphilis as hereditary consequences. Still I am far from telling you the whole of my mind, for I strongly suspect that syphilis serves as the origin of other functional or organic disorders,—such, for example, as congenital malformations, arrests, delays, or deviations in development, spinal curvatures, cophosis,

keratitis, strabismus, etc. But I avoid these different points, as they may form subjects of discussion, and upon which I have not yet established the right to speak to you with a sufficient degree of certainty.

V. From the foregoing we derive the following general results: that the hereditary influence of syphilis becomes truly *disastrous* when the father and the mother are at the same time affected.

This settled, we can go farther. Can we distinguish in this mixed influence that which belongs to the father from that which comes of the mother —that is to say, estimate the part, if I may use the expression, which the hereditary action of each of the two parents plays upon the fœtus? This is a problem involving great difficulties, and it would be impossible to solve it in the actual state of our knowledge, for sufficient data are wanting to institute a comparison between the results of maternal and paternal inheritance exercising themselves separately. All that we can say, in a general way, avoiding a too minute definition, is, that

The syphilitic influence derived from the father only reacts upon the child in a limited number of cases, whilst the same influence from the mother is exercised upon the child in a manner much more frequent, more active, and, on the whole, much more dangerous.

When a child has a syphilitic father but a healthy mother, it has many more chances of escaping either death, syphilis, or the indirect consequences of syphilis.

On the contrary, when the child has a syphilitic mother, should the father even be free from syphilis, it has a very slight chance of escaping the hereditary influence, under whatever form it may appear. One may even say that it certainly will be influenced if the maternal syphilis is of recent date, or if it has not been kept down by specific treatment.

In the most positive manner, and without any exaggeration, the syphilitic influence of the mother is unquestionably *pernicious* to the fœtus.[1]

It is this which is established, on numerical evidence unhappily too exact to be questioned, by the two following statistics, which are derived from different sources, and which I have designedly kept apart.[2]

1. The first has reference to syphilitic women in private town practice. It is composed of 85 cases of pregnancy, which, giving the exact result, and therefore the least subject to error, that is the simple death or life of the child, has furnished me the following numbers :—

Survivals	27
Deaths (miscarriages, premature confinements, still births, children dying shortly after birth) . . .	58
Total	85

[1] To thoroughly appreciate the isolated influence of maternal syphilis upon the fœtus, it is necessary to take the case where the mother only is diseased, and the father is healthy. Now this kind of cases (that is those free from all chance of error) are very rare in practice, and I have only succeeded in collecting a small number. Our only chance, then, is to make a comparison between the cases where the mother is healthy, and those where she is infected. The first are already known to us by that which has gone before, and we are about to see what will be the outcome of the second.

[2] Vide *Notes and Documentary Evidence*, Note III.

Thus in 85 births there are 58 deaths, that is to say, in round numbers, *more than two deaths for three births!*

This is already a lamentable proportion; very inferior, however, to that which is to follow.

2. Our second list has been gathered from patients treated in hospital, either at the Lourcine, for the most part, or at Saint Louis.

We will say beforehand, in extenuation of the sorrowful results that we are about to produce, that among the sufferers of the second series the syphilitic influence is manifestly complicated by other factors which it would be unjust not to recognise, and which are eminently prejudicial to the safety of pregnancy, such for example as misery, privation, irregular and insufficient food, hard work, fatigue, night watching, debauch, often professional debauch, excess of all kinds, alcoholism, neglect of common hygienic conditions, and of special treatment, etc. Under these circumstances it is evident that the mortality of children is destined to increase. This in fact has been the case, but in proportions assuredly beyond one's anticipations.

Thus, the compilation of my hospital notes gives me the following results in 167 cases of pregnancy coincident with syphilis :—

Survival of child	22
Death of child (miscarriages, premature confinements, still-born, children dying shortly after birth) . .	145
Total	167

145 deaths in 167 births, that is to say, *one single child survives in seven or eight births.* What a monstrous

proportion! What frightful mortality! In truth it would be beyond belief, and I should not myself believe it if I had not under my eyes the irrefutable lists which have furnished me with the data for my calculation.[1]

I have not been alone in gathering the preceding lamentable results. Observing upon this same ground at Lourcine, Dr. Coffin has arrived at results still more heartrending. Thus, for 28 pregnancies of syphilitic women which have terminated at the hospital, he has given the following :—

Children dead (miscarriages, confinements before due time, dying from first to forty-fifth day) .	27 cases.
Children surviving	1 case.
Total	28

[1] It will not be useless, I think, to add some commentaries upon this last statistic, the results of which, so truly frightful, require some explanation.

First, I repeat that the greater number of the observations which have served as data have been gathered at Lourcine, that is to say, among a special female class, composed in great part of prostitutes, making their living by debauch, addicted to every excess, etc.

In the *second* place, I ought to remark here that almost all the patients who figured in that list were women affected by secondary syphilis, more or less recent. Consequently, they were in that condition which is most detrimental to the fœtus.

Add, that the great majority had not followed any treatment, or at least any serious treatment, before their entry into the hospital. More than this, one knows by experience how the patients treat themselves at Lourcine,—practising all kind of ruses to avoid the action of mercury, quitting the hospital uncured, with indications of the disease still visible, only to return and again leave ; unobservant outside of any régime, medication, or hygiène, etc. In a word, without fear of going too far from the truth, one can consider the preceding statistics as cases of *syphilis not treated;* abandoned to chance ; and exercising upon the product of conception the fulness of their murderous influence.

One solitary child surviving in 28 pregnancies! What a proportion![1]

One of my old pupils, Dr. Le Pileur, now physician to Saint-Lazare, has, at my express desire, searched the registers of Lourcine for a period of ten years, and prepared statistics of mortality furnished by the children of syphilitic mothers. Now this long labour has given him the following results:—

1*st*, Of 414 pregnancies, 154 have terminated by miscarriage, or by the premature birth of dead children at different periods of gestation.

2*d*, Of 260 children born at full time and living, 141 died in a very short time (22 only having survived more than a month).

The summing up gives a total of 295 deaths in 414 pregnancies, that is to say, in round numbers, almost *three deaths in four births.*

And again note this, that among the children considered here as "surviving," it is very sure that a certain number succumbed later, from the simple fact that they carried with them the disease.[2]

In the same way M. Durac, observing at Toulouse,

[1] *Étude clinique pour servir à l'histoire de l'influence de la Syphilis, du traitement mercuriel, et des ulcérations du col sur la grossesse* (Thèses de Paris, 1851).

[2] This for two reasons: 1*st*, Because hereditary syphilis only makes its attack some weeks after the birth; that is to say, at a period when the mother and child may have already quitted the hospital; 2*dly*, Because numbers of the patients are very pressing in demanding their discharge from the time when they see their child declining, "not wishing, they say, that it should die at Lourcine;" not wishing, in reality, that the certificate of death should show upon its face their presence in the hospital.

has seen in 43 pregnancies of syphilitic women 36 terminate in a fatal manner for the child.[1]

After such observations all comment would be superfluous. It is only too manifest from the numbers which precede that the infection by the mother exercises or may exercise upon the child a most active, hurtful, and most murderous influence.

Then, also, as regards our actual subject, the worst danger that a child, to be born of the union of a syphilitic man with a healthy woman, will run is, that this woman shall become infected by her husband. For, in this new situation, the health and the life of the child are both compromised in the most serious manner.

See then, Gentlemen, how and in what numerous ways a man who contracts marriage, with an uncured syphilis, may become dangerous to his children.

VII.

Third point: *A man who enters into marriage, with syphilis, may become dangerous, through himself, to the partnership and to the family.*

In other words, he may become dangerous to the family by reason of the personal dangers to which he himself is exposed by his disease, and by his obstinate diathesis.

[1] *De l'hérédité de la Syphilis* (Thèses de Montpellier, 1866).

With regard to this third point, generally overlooked and neglected—why, I do not know—we touch upon the most difficult and delicate side of the problem we are considering. Here, in fact, there are not only questions of pure pathology to examine and discuss, but morality itself takes her part and enters the lists. Rest assured of this, I know to whom I am speaking, and I will not waste either my time or yours by preaching to those already convinced. I shall only want, in this new path, to propound certain principles, certain obligations, certain duties, which are in the heart of every honest man ; which are equally unquestioned as they are unquestionable ; but, on this occasion I will apply them to our subject only where they are indispensable.

I have no occasion, speaking to professional men, to repeat my premises—that syphilis is a serious, very serious malady, capable of giving rise, when left to itself or insufficiently treated, either to important illnesses, serious infirmities, or even (and that more frequently, much more frequently than is said or believed) to a termination still more to be regretted—death itself. This is of usual and common knowledge.

But what I have to notice, because it is directly connected with our subject, is, that with very few exceptions, and those of a special kind, syphilis hardly ever ends in these serious or mortal symptoms except at the *expiration of a very long period*—that is to say, after a long series of years ; for example, ten, fifteen, twenty, or even more. It is, as you know, in the third

period—a period almost indefinite as to duration—that the most grave manifestations take place, the real catastrophes of the disease show themselves.

That which concerns us is, that syphilis contracted in the years of youthful folly has only its grave consequences in ripe age, in the age when the gay young man of other days is transformed into the grave and reverend husband, with all the family cares of father upon his shoulders.

Does not pathology teach us that things occur in this way?

Now, if this is so, see then, I beg of you, what is the situation of a man who, having contracted syphilis in his youth, and not having submitted to efficient treatment, offers himself in marriage.

This situation, medically, is that of one who has every chance of being exposed in future, more or less near, to the attacks, more or less serious, of the diathesis. The situation is that "of a future sufferer," if I may thus speak; that of a man whose health is compromised, of a man physically shaken, indebted to a disease, which will assuredly claim its due.

Under such conditions, is it admissible that a man should aspire to marriage? Is it honest, is it moral, that this future invalid should dream of becoming husband and father? And if he consults us doctors to know if he be or be not fit for marriage, can and shall we allow him to engage himself in this future upon our own responsibility? Such is the question we have to solve.

Well, no, it is not admissible ; it is not honest, it is not moral, that a syphilitic subject, under the conditions we are stating, should think seriously of marriage ; and the distinct duty we have to perform is to render this quite clear when he comes to seek our advice ; to refuse him the authorisation, the free license—allow me the expression—which he comes to claim from us, and to explain this refusal (only speaking even of the single point in question at the time) by the reasons which are about to follow.

What then, in short, Gentlemen, is marriage ?

Marriage is not only an affair of sentiment, of passion, of convenience, or of interest. To judge of these things in the most positive and the highest manner at the same time, marriage is an association freely entered into, where each of the parties is supposed to give in good faith his share of health and of physical worth, in view of co-operating, on one part, to the material prosperity of the partnership ; and on the other part to the rearing of children, this supreme and highest end of all union.

Now, what will then be, I ask you, the return made to the partnership by a syphilitic husband, uncured of his disease ? His share will be that of *compromised health*, burthened by a debt on the future (I use the word designedly) ; face to face with that unrelenting creditor, syphilis.

In consequence of syphilis, in fact, this man may, one day or another, become the victim of a grave illness which will ruin his health ; or of such an infirmity

as will render him incapable of winning his daily bread. Then what will become of the partnership of which that man is the avowed support? What will become of the wife, what of the children? In consequence, too, of syphilis, this man may die; and again the question arises, What will become of wife and children?

Is it then right that a man should dream of creating a family when he is thus exposed to the chance of failing in his ability to support that family?

Is it right, is it honest, is it moral, that a man should dream of possessing a wife and children when his health renders it so possible that his wife will soon become a widow, and his children orphans, and his family plunged in misery? No—a hundred times, no.

Thus, I do not hesitate to say—the man who, syphilitic, and uncured of his disease, and who nevertheless does not fear to put his name to a marriage-contract, commits in so doing a *bad action;* an immoral and unhealthy action; an action which all honest men would be unanimous in condemning severely.

A comparison will express my thought in materialising it under a common form. Two individuals associate their interests for some sort of industry, we will say. The one makes his contribution in good money or in good securities; the other, unknown to the first, brings his contribution with, say the burthen of a mortgage upon it, which will have to be met and paid when the time comes. What do you think of the action of this latter?

Well, that latter is our syphilitic, who enters into the partnership of marriage with tainted health, and, so to speak, with a probable or certain perspective of pathological catastrophes which may compromise seriously at any moment the interests of the partnership.

In these two cases, though differing in matter, the principle is the same. It is the same immorality on the one part as on the other.

And do not, Gentlemen, here accuse me of exaggeration. Do not think that, for the necessities of my cause, I designedly overstate the situation—that I darken the picture.

It is not so. I speak as I have seen, exclusively and without fanciful additions. Unhappily, it is only too true, that even in the single point of view of which we speak, even the single consideration of the personal dangers of the husband, the disease is a frequent source of the most lamentable of social miseries, the most heartrending of home dramas. If you entertain any doubts of this, I have that here which will convince you. I open my notes and copy from nature.

A young man marries, after some years of a very neglectedly-treated syphilis. Six months after his marriage he is attacked by cerebral symptoms of a specific nature. He dies, leaving a wife and a young child in absolute poverty.

One of the best-known and most popular actors of one of our great theatres marries in spite of syphilis, which he had never otherwise treated, to use his own ex-

pression, "than with contempt." He had the good luck not to communicate the disease to his wife, and to have a healthy child. But, some years later, he began to be affected by tuberculo-ulcerative syphilides, which he always treated with the same stupid indifference. They took on a phagedenic character, ploughing up his whole visage, then completely destroying his nose and upper lip, and then penetrating into the nasal fossæ, and devouring all the internal bones and cartilages of that cavity, the palate, the "velum palati," the pharynx, etc. This unhappy wretch thus became a kind of hideous monster, an object of terror and disgust to all who approached him. He thus dragged through a few miserable years, before being released by a death which even to him was slow in coming. What a situation! What a spectacle for a young wife and a child—for a family; not to mention the moral punishment and pecuniary ruin.

Another artist of talent and of great promise married after a very insufficiently-treated syphilis. All went well for some years. The pictures were sold, the little *ménage* prospered, and the home was brightened by the advent of a child. Then disease of the eyes attacked the husband, the nature of which was at first misunderstood, and which being too tardily attacked by specific treatment, ended in complete blindness. The consequence was: a ruined family, reduced to absolute poverty, and forced to apply to the parochial authorities to prevent starvation.

A young man came to consult me for various

symptoms, the result of a neglected syphilis. I treated him, and all disappeared. Some months later, in spite of my advice and my warnings, he married. Twelve days after his marriage, during his wedding tour, he was taken with a violent epileptic fit, the first symptom of cerebral syphilis, which soon defined itself, intellectual troubles, and left hemiplegia, and despite all my care he succumbed a few months later, and left his young wife *enceinte*.

A medical student acquired syphilis, and judged it proper to treat himself exclusively by iodide of potassium, neglecting to take mercury at all. Shortly after gaining his M.D. degree he married. A few years later he was affected by slight paraplegia, which was pronounced to be syphilitic by all the medical men whom he consulted. Nevertheless, again he treated himself in an irregular manner, "by fits and starts," to use his own expression. Finally, his legs became absolutely paralysed, and when he was shown to me I found him in a definitively incurable state. Think of the situation of our unhappy confrère, when I tell you that without fortune he remained infirm, with the charge upon his hands of an equally infirm mother, a wife, and two young children!

A young clerk contracted syphilis and treated himself regularly enough during some months. Being apparently relieved from all symptoms of the disease, he thought himself rid of the affair and left off all treatment. Three years later, and without consulting a doctor, he married. Hardly was he married when he

communicated syphilis to his wife by a renewal of a secondary symptom which showed itself on the penis. Then symptoms of cerebral syphilis set in, which I managed to moderate at first; but a recurrence of the symptoms carried off the patient rapidly.

Epilogue.—The young wife, become *enceinte* immediately on her marriage, was delivered of a syphilitic child, which by vigorous treatment was saved. Very soon she herself showed all the symptoms of malignant syphilis: confluent eruptions, headache, severe neuralgias, ecthymatous ulcerations, with phagedenic tendency, reproducing themselves as soon as cured, and ending by covering her body with extensive wounds. Under the influence of such symptoms the health failed: she became emaciated, her strength left her, her appetite declined, digestive troubles and diarrhœa attacked her; finally pulmonary tuberculosis; then death.

An orphan, and without resources, the child has to be provided for by public charity.

I now give the last example, for I should never finish if I were to recount all the miseries of this kind at which I have already assisted.[1]

A manufacturer married in despite of an insuffi-

[1] At the moment I am penning these lines, a new and sorrowful case of this same kind has just been brought before me. Sent for lately in consultation at a lunatic asylum, I found a young man affected by cerebral syphilis, and a prey to the most violent delirium; his state is such that it leaves little room for hope. Now, the history of this patient is a stereotyped reproduction of those I have already related. At nineteen years he contracted disease, and was only treated a sufficient length of time to make the prominent symptoms disappear. Later he married (now sixteen months

ciently-treated syphilis. Thanks to his intelligence in business matters and to his wife's fortune, he established a large manufactory, which prospered wonderfully. Some years later he was affected by gummatous periostoses and exostosis of the skull. Then followed gradually cerebral symptoms of various kinds ; intellectual disturbances, vertigo, epileptic fits, hemiplegia. At last he dissipated all his fortune, and compromised his commercial honour, in great and adventurous undertakings which he had become incapable of directing ; or, to speak more plainly, which he never would have undertaken had his mind been clear. He was ruined. Finally, he fell into a state of dementia and died, leaving his wife and four children in a state bordering on poverty.

What shall we say, Gentlemen, of such things, of such social calamities ? and what shall we say also of those who have caused them ; who, in short, remain the responsible authors ? To their relief let us admit that they have been ignorant, imprudent, rather than culpable ; let us admit (that which is only justice in most cases) that they were not conscious of the misery that they could cause to others ; of the mourning and disasters that they ran the risk of scattering around them ; but their victims are none the less there, sorrowful witnesses of the terrible consequences which may follow in so grave a matter, indifference, thoughtlessness, and carelessness.

since), without paying attention to his antecedents. It is one month since he became a father. Without means ; he lived by his work. What a situation for his wife, what a future for his child !

It were well at least that these regrettable examples should not be lost, that they serve as lessons pointing out to us the professional duty, we say more, the social duty, which is imposed upon us in similar circumstances. And this duty, which you already understand, will lead you as follows.

If it is not the business of men of the world, and of our patients, to know what syphilis untreated can give rise to at a distant date, it is our business to know it, and to tell it to those who are ignorant. It is our mission, then, to enlighten on this point all our clients and patients, and more particularly those who come to consult us upon the possibility of their marriage, in spite of an insufficiently-treated syphilis, threatening future trouble. It is our mission to deter from marrying all those who present themselves to us in such a condition; to deter them not only for their own sake, but for the good of all; to point out to them the abyss which stretches yawning at their feet; to reveal to them the dangers to which they would expose, by a premature union, their future family; and finally, with the authority of our science and our character to say, "No, no; it is not possible, under your present conditions of health, that you should dream of marriage, to speak only of the personal risks to which you are exposed by your old illness. Until to-day you have chosen to live with syphilis, and to keep your syphilis; it was your business, and no one could interfere, for you were a bachelor, consequently your imprudence rested with yourself alone. But now that you aspire to

marriage the situation becomes very different. To marry means to take charge of others; and since you do me the honour to consult me, it becomes my duty to remind you that you have not the moral right *to associate others in your personal risks*, that is to say, to make your wife and children share the possible consequences of your disease."

Here, Gentlemen, terminates the first part of this exposé.

I have explained how a syphilitic man can be or may become dangerous in marriage.

I have endeavoured to point out to you, point by point, that he may be dangerous in a threefold way: to his wife, transmitting to her the disease from which he is suffering; to his children, by heredity; to his family, by the personal risks to which he remains exposed.

This will serve as a starting-point for the discussion which is to follow.

For from that which precedes follows this natural result—1*st*, That marriage ought to be interdicted to every man who has still the disease remaining sufficiently active to render it dangerous. 2*d*, That, inversely, it may be permitted to all in the opposite conditions.

But data as general as this would be far from sufficient for the solution of this essentially practical problem which we have discussed. It is necessary to approach the question nearer, and to descend into details, to search the clinical elements, from which we may be able to judge whether a syphilitic subject has

or has not ceased to be dangerous for marriage, and whether we may justly accord to him the authorisation which he demands of us, or justly place our veto upon his projects of marriage.

This new study will form the subject of our next Lecture.

CONDITIONS OF ADMISSIBILITY TO MARRIAGE.

GENTLEMEN—The natural sequence of our subject leads me to-day to discuss before you the following question :—

In what state does a patient affected with syphilis cease to be dangerous in marriage? or, what comes to the same thing, In what condition does *he become admissible to marriage?* if I may use this expression.

Now, just as we have been hitherto free in discussing the perils that a syphilitic man imports into marriage, and in laying down theoretically the general principles of medical admissibility or non-admissibility to marriage, so shall we now encounter troubles and difficulties in passing from theory to practice, and in comprehending the various, numerous, and complex data of particular cases.

And these embarrassments—these difficulties—we shall feel them the more strongly, as here, to say truly,

we are working upon an almost virgin soil. Experience of ancients, of our predecessors, of those who, with a just respect, we call the masters of our art, is in this matter almost wanting. And in fact, Gentlemen, consult classical works, interrogate special treatises, and nowhere do you find this grave question, the marriage of syphilitics, discussed, debated, or attacked. Without doubt here and there you may chance to discover a few general allusions, always more or less vague, relating to the subject. But nowhere, I can by experience assure you, will you encounter a true programme of the subject, either drawn out *in extenso* or even sketched. All, or nearly all, remains to be done; and this is not the least of the difficulties I have to encounter.[1]

Let us attempt nevertheless to handle this difficult and perilous problem, taking as our guide, on the one part, the principles which we have established in our preceding Lectures, and on the other part, the results furnished by our cases.

[1] It would be a grave injustice, however, not to mention here, with praise, the names of two contemporary physicians who have handled in a special manner some of the questions bearing upon our present study, namely :—

M. Edmond Langlebert, author of an interesting book, very cleverly written, upon *la syphilis dans ses rapports avec le marriage* (Paris, A. Delahaye, 1873). The reader will find there many chapters deeply studied, and bearing the impress of extensive clinical knowledge.

Unfortunately, it is to be regretted that the author has permitted himself to be turned from his principal subject, and devoted a large part of his book to questions foreign to it.

And M. Diday, who in many of his publications, particularly his *Thérapeutique des affections vénériennes* (Paris, 1876, G. Masson), has treated the same subject with that sparkling *verve*, that vigour, that *humour*, which is so characteristic of him.

To my mind, from what I have myself seen, as well as from the result of my reading, the principal conditions which a syphilitic subject should satisfy to enjoy the moral right of marrying (this I will abbreviate into the *condition of admissibility to marriage* for a syphilitic subject), may be recapitulated in the following programme :—

1*st*, ABSENCE OF ACTUAL SPECIFIC SYMPTOMS ;

2*d*, ADVANCED AGE OF THE DIATHESIS ;

3*d*, A CERTAIN PERIOD OF ABSOLUTE IMMUNITY SINCE THE LAST SPECIFIC MANIFESTATION ;

4*th*, THE NON-MENACING CHARACTER OF THE DISEASE ;

5*th*, A SUFFICENT SPECIFIC TREATMENT.

Such are, at least from the results of my experience, all the conditions, medically essential, which are required to open the wedding portals to a syphilitic patient. If the patient satisfy all these collective conditions I believe him capable of becoming without danger both husband and father.

In the contrary case, I do not think myself authorised to give him my consent, or the moral authorisation, which he comes to ask of me ; I dissuade him from marriage; I interdict his marriage with all my power.

But let us enter into details. Let us explain, let us comment upon, and let us justify this programme, which I am assuredly far from giving you as definite (even for myself) as insusceptible of future amendments or im-

provements; but it at least appears to me to contain the principal obligations to which all syphilitic subjects aspiring to marriage should conform themselves.

I.

First condition: ABSENCE OF ACTUAL SPECIFIC SYMPTOMS.

Here is the first point, which assuredly will not be disputed. It is evident, in fact, to every one, for men of the world as for the profession, that the first obligation a syphilitic ought to fulfil as a candidate for marriage is that he present no syphilitic symptoms *at the time of his marriage.*

For the existence of the least syphilitic symptom is a striking witness of the disease, not only in power but in action.

And it matters little if the symptom be or be not of a transmissible nature. For 1*st*, If it is of a nature to be transmitted, the objection to the marriage is as formal and as absolute as possible; 2*d*, Should it not be of a contagious character, it does not the less reveal a permanent diathesis, with all its dangers,—with all its consequences.

But let us not insist, for the evidence is too formal. And one might well be astonished that a proposition such as this—the absence of symptoms at the time of marriage—had need to be enunciated. *A priori*, in fact, one could hardly believe it possible to find men sufficiently wanting in moral sense, sufficiently ignoble,

sufficiently shameless, to dare to present themselves as husbands with actual syphilitic symptoms upon them.

And nevertheless—make no mistake, Gentlemen—this incredible shamelessness is to be met with from time to time. You will find a few observations already quoted in scientific works. For my part, I have already been witness of similar cases a dozen of times. Thus, I have seen (and I submit the fact to public indignation),—I have seen, I say, with my own eyes, men marry, presenting, even *on the very day of their wedding*, such symptoms as cutaneous syphilides, palmar psoriasis, papulo-squamous syphilides, ecthyma of the legs, *plaques muqueuses* in mouth, throat, or on the genital organs, specific sarcocèle, or the prodromata of cerebral syphilis.[1] I have even in my notes the history of two persons who, in spite of me, in spite of my

[1] The last case, to which allusion is made here, is indeed extraordinary enough to merit special mention :—

A young man, syphilitic for some years, allowed himself to be drawn into a marriage in spite of different cerebral phenomena, of which, however, I believe I may affirm he had but an imperfect consciousness (heaviness of the head, ephemeral vertigo, less power for work, changes in character, and, above all, failing memory). The day of his wedding came, and the bridegroom did not appear at the ceremony. They hastened to him, and found him thinking of anything but marriage,—reading his paper by the side of his fire, *having totally forgotten that he was to be married on that day!* Nevertheless (although it is almost incredible) this was overlooked, and the marriage took place.

The cerebral troubles, as might well be thought, went on increasing. A few months later a separation became necessary, in consequence of the insults, threats, and violence to which the wife was exposed. Then came a fit of mania, followed by different symptoms, which became more and more unmistakable, of specific encephalopathy ; and finally the patient fell into a state of dementia. One of my friends, an English physician, has related to me an almost identical case.

most earnest protestations, married, when they had each of them upon the penis an indurated chancre in full development. Is not this almost incredible? Well, that this was so, I give you my word: it only goes to support once more the saying, that "truth is stranger than fiction."

What motives, what unhealthy impulses, urge some people to marry under such conditions, in spite of actual syphilitic symptoms? This is an inquiry, a subject for study, which would concern the philosopher, the moralist, more than the physician. The study, however, is not a matter of indifference to us, for we have often need in the exercise of our ministry to know the moral, as well as the physical pathology of our clients. Allow me, then, to say a few words to you on the subject.

From what I have been able to see, the motives which prompt certain people to commit so unjustifiable an act are not those which, at first thought, one would suppose to be the kind which would tempt them—that is to say, ignorance or interest.

Without doubt there are people who plunge into marriage, in a full condition of disease, through absolute ignorance of the dangers to which they are about to expose their wives, and their future children, or themselves. They are ignorant of their state of health; they have not thought of the matter; they have not even dreamed, through carelessness or stupidity, of consulting a doctor. Such as these are the simple, the indifferent, or the foolish.

Without doubt also there are others—and I have seen them—who know perfectly what they have and what they may transmit; who perfectly understand the situation and know all its dangers, and who, nevertheless, brave those dangers, because they have some strong interest to drive them on,—that is to say, a fortune to possess, a situation to secure, a "position" to conquer. Such as these are the unfeeling and the infamous.

But these are not the cases which come the most often before us in general (at least, from the result of my own personal observations), the persons who are brought to the revolting act of marriage while suffering in full disease are thoughtless people, weak of character; who have allowed themselves giddily and sillily to engage in a marriage when they were as unfit for it as was possible; then who, when the fatal moment has arrived, find themselves driven into a corner, out of which they cannot retreat. Although thoroughly ashamed themselves of the action they are about to commit,—much as they regret it, deplore it in their own minds, they have not the courage to draw back for fear of a scandal, of the noise of a rupture without reasonable motives; for fear of what would be said if a gossiping public came to suspect their malady.[1] In

[1] For example: A few years since a young man from the country consulted me on account of symptoms of secondary syphilis (sore throat, alopecia, eruption on the scalp). When I had written my prescription, he added, in an embarrassed manner, that he was thinking of marriage, and finally acknowledged that "this might take place very shortly." I hastened to declare that it was absolutely impossible for him to execute his project in his present condition, and I explained the reasons to him. I insisted the more earnestly, as I saw that he was ill disposed to allow himself

short, to save appearances, they commit nothing less than the worst of villanies.

Are these last less culpable than the preceding? At all events they only arrive at the same goal by different paths.[1]

to be convinced, and I pointed out to him all the dangers to which he was going to expose himself and his future family. Now, to all my arguments, this young man opposed the obstinate and unvarying answer that "he was obliged to marry in order that no one should suspect his disease." It seems to me that I still hear him repeating, "I should like to follow your advice, doctor, but it is no longer possible. What explanation could I give to my present and future families? What would they say about me, in my little country town; their inquisitiveness would find out or suspect the true reason for breaking off the marriage, and then . . . ? I shall be lost, dishonoured," etc. A few weeks later I heard indirectly of his marriage.

[1] If I did not fear to exceed the limits of my subject I should add to this chapter some considerations relative to those who marry *in the full incubation of syphilis*. Cases of this kind are naturally very rare, but none the less worthy of attention. They may be summed up as follows:—A healthy subject has connection a short time before marriage,—a fortnight for example,—with a diseased woman, and is infected by her. As the first symptoms of syphilis are always about three weeks distant from the time of contagion—sometimes a month, and even more—this man may marry apparently in perfect health; it is only eight, ten, or fifteen days later, that the primary symptoms of infection, in the form of one or more local erosions, appear, so that, contracted before, syphilis is only developed after marriage; thanks to the prolonged incubation which it always requires. Now, what happens in this case? the husband, ignorant of all knowledge of syphilitic incubation, and believing himself beyond all possible contagion, is perfectly careless of the lesion which appears upon him; he is far from supposing that this lesion may be of a dangerous character; he takes it for an "abrasion, a scratch, or an insignificant little pimple." In consequence, he continues to have connection with his young wife, and so infects her with syphilis.

I have myself already seen four cases of this kind, and in each of these four cases the young wife became diseased. As an example, I will relate one of them hereafter.—*Documentary Evidence*, Note IV.

The possibility of contamination of this kind in marriage is generally little known, or seems to have attracted little attention; but it is desirable, in the interest of all, that it should be more commonly recognised.

II.

Second condition: ADVANCED AGE OF THE DIATHESIS.

In this second division we come upon conditions of more importance, the most essential of our subject.

In a general way, indeed, one may set it down as an axiom, that

The more recent the syphilis of the husband, the greater and the more numerous are the dangers that he introduces into the marriage.

Hence this corollary—

The longer a patient has had syphilis, the greater will be our authority (unless contraindicated by prevailing symptoms) to give our sanction to the marriage.

Let us now develop what precedes.

I. First of all, let us examine the question of the danger of contagion for the wife.

Without fear of contradiction we may say that, above all, recent syphilis is the most dangerously contagious.

1*st*, It is a common idea that scattered and disseminated manifestations of the diathesis, which, under the names of *plaques muqueuses*—or, better, of erosive, papulo-erosive, or papulo-ulcerative syphilides—affect so frequently the various mucous membranes and

the skin,—it is a common notion, I say, that these lesions belong, above all chronologically, to the first stage of the malady, that which is called the *secondary period.* It is almost exclusively in the commencing months, in the first two or three years of the infection, that they are observed. Now, the contagious nature of such symptoms is not required to be proved to-day.

We may even say that symptoms of this sort constitute the principal source which nourishes and perpetuates the disease among us.

2*d*, Every one knows, in the second place, that in the first two or three years of the diathesis the morbid manifestations of which we are now speaking are essentially subject to rapid developments and *to reappearances*, and that with a persistence sometimes disheartening. Let me cite, for example, the *plaques muqueuses* of the mouth, which, with smokers more particularly, continually reproduce themselves during the first months, I may say the first years, of the disease.

3*d*, And, moreover, at this same period of the diathesis, the manifestations of syphilis seem to have two seats of election, namely, the *mouth* and the *genital organs.*

Now, with reference to marriage these are the two most particularly dangerous localities, for it is from them that the contagion of syphilis has the greatest chance of being derived.

Let us add yet another consideration ; secondary

syphilis is particularly dangerous as regards contagion, *from the deceitful mildness of its symptoms.* Very often the lesions which they cause upon the mucous membrane of the mouth, and particularly of the penis, consist only of very superficial erosions, with a minimum extension ; often only a mere desquamation. Now, such lesions very easily pass unnoticed, even among careful people particular about their health. And they easily run the risk of being confounded with common, usual, and insignificant erosions. On the penis, for example, they are frequently mistaken for simple excoriations, for inflamed chafings, herpetic or otherwise. On the mouth they pass not less commonly for *a breaking out*, for chaps, for "local irritations, caused by the cigar or cigarette," etc. etc. Thus, for one reason or another, patients are not suspicious of them, possessing, as they do, so inoffensive an appearance. And therein lies the danger ; for symptoms so slight, so harmless (as they suppose), do not seem to impose on them the duty of continence, and so the origin of frequent contagion in marriage explains itself. This is a point which I must refrain from dwelling upon just now ; I shall, on a later occasion, have to return to it more in detail.

Such are, Gentlemen, some of the different reasons which make recent syphilis so formidable as a transmitting agency.

On the contrary, at a later period, and consequently in a more advanced stage of the diathesis, these same dangers of contagion exist no longer, or are present in a lesser degree and much less commonly. And

that for precisely opposite reasons, namely, because old syphilis shows itself by manifestations which are infinitely less numerous and less subject to reappearance, and because it no longer exhibits that same predilection for those two places so favourable for contagion—viz. the mouth and the penis; because the lesions exhibited at that period consist no longer of superficial and tiny erosions, liable either to pass unperceived or to be confounded with inoffensive symptoms of a harmless character, but of deep, large, important, and durable ulcerations, which could neither pass unobserved nor permit of a contagion by indifference or by accident.

You must not, Gentlemen, take what precedes for theory alone, for it rests upon reasons deduced from experience. Consult clinical data, and examine what period of the diathesis produces the greatest number of cases of contagion in marriage. Notice, above all, who are the husbands who communicate the disease to their wives. I have made that search for myself, and I re-examine my notes on the subject, and, full of confidence, I arrive at this:—

If not always, at least in the great majority of cases, the husbands who communicate syphilis to their wives are those who have entered into marriage with a syphilis yet recent; that is to say with a disease which does not date back more than a few months, or a year, or perhaps two; more rarely three or four.

When a man marries with recent syphilis in full development, the contagion of his wife is nearly certain.

On the contrary, cases are very rare indeed where the wife is infected when the syphilis of the husband is more or less advanced ; that is to say six, eight, or ten years, and over.

Upon these two points, I repeat, my observations are formal, peremptory ; and as convincing as possible. I sum up by saying :

Syphilitic contagion in marriage is the more to be feared for the wife if the syphilis of the husband is of recent date.

II. And even in the case of hereditary influence the advanced age of the paternal disease is an equally favourable condition.

It is a well-established fact, and recorded positively as such by many authors, that the syphilitic influence of fathers upon children exhibits a progressive decrease as the age of the diathesis advances.

Thus, for my part, in the few cases where I have seen syphilis pass directly from father to child without involving the mother, I have invariably observed that paternal infection was of a comparatively recent date, that is to say, that it had not exceeded the maximum of three or four years. Above that term never have I firmly established the transmission of syphilis by paternal heredity.

Another proof is again furnished to us by these cases of successive miscarriages which I have already mentioned to you as the possible consequence of the husband's syphilis.

More than once it has been observed that a healthy woman, free from syphilis, commences by several miscarriages ; then, under the curative influence of time alone (the husband continuing to neglect all treatment), she no longer miscarries, she is simply confined *prematurely*, and always of a dead child ; then she is confined at full time of a dead child, or of one who is destined to an early death ; later still, she fulfils her due course, and becomes the mother of many *living* children.

What more is necessary to prove the normal decrease of the hereditary syphilitic influence, under the sole action of TIME ?

Apropos of this, allow me to quote a curious case, related by one of our English confrères, well known among us, Mr. Jonathan Hutchinson.

A medical man contracted syphilis, and for about six months treated himself. Believing himself cured, and being relieved of all fear, three or four years later he married. His wife remained *healthy*, and became enceinte *eleven* times. Now, notice well, Gentlemen, the results these successive pregnancies furnish, and observe the gradual lessening of the diathesis under the influence of time :—

First pregnancy—child born dead.

Second pregnancy—child born dead.

Third pregnancy—child born *alive*, but *syphilitic*, and *dying* with the usual symptoms of hereditary syphilis.

Fourth pregnancy—child born living, but *syphilitic*, and *dying* also of syphilis.

On the contrary, the seven last children, although born syphilitic, resisted the disease and lived.[1]

And, meanwhile, how can one resist the evidence which points to the fact that paternal hereditary influence becomes less, and is corrected by time, when that same influence shows itself so decidedly in maternal inheritance, or collectively in mixed inheritance, derived from the two members of the partnership? Is it not a fact, absolutely demonstrated,—is it not a true pathological law,—that there is a gradual lessening, then a final extinction, of the syphilitic reaction of parents upon their children? Convincing examples of this kind have been given by various authors, especially by Bertin,[2] by M. Diday,[3] by M.

[1] Memoir quoted (*The British and Foreign Med. Chir. Review*, 1877, vol. lx.)

[2] Here is the summary of the curious observations of Bertin, to which allusion is made :—

Father and mother syphilitic.

First pregnancy—miscarriage at the sixth month.

Second pregnancy—confinement at the seventh month—child lived eight hours.

Third pregnancy—confinement at seven and a half months of a dead child.

Fourth pregnancy—confinement at the full term—child syphilitic, lived eighteen days.

Fifth pregnancy—confinement at the full term—child syphilitic, lived six weeks.

Sixth pregnancy—confinement at the full term—child syphilitic, lived.—(*Traité de la maladie vénérienne chez les nouveau nés, etc.* Paris, 1810, p. 142.)

[3] In compiling those cases in which syphilitic parents have had successively a large number of children, it is to be remarked, that even in the absence of all treatment, the disease exerts its greatest influence upon the elder, becoming milder as its victims become more numerous. In the first case pregnancy takes place at five months; in the second it is extended; the

Bazin,[1] by M. Roger,[2] by M. Kassowitz,[3] and by many others. But nothing is more demonstrative and better suited to command conviction than a very curious case communicated by M. Mireur, related as follows :—

A young mason contracted an indurated chancre and married at the end of the secondary period ; and he did not fail (as might be supposed) to infect his young wife. Upon this followed eight pregnancies, of which the results displayed themselves, following the sequence proper to the malady, *the husband and wife remaining untreated.*

Now, these eight pregnancies ended in the following manner :—

First pregnancy : miscarriage at the end of five months.

third gives a child at full term, which does not live ; the fourth is born with a more resisting constitution ; what is observed, in a word, is the gradual decrease of the diathesis in the children. (*Traité de la syphilis des nouveau nés et des enfants à la mamelle.* Paris, 1854, p. 183.)

[1] *Leçons theoriques et cliniques sur la Syphilis et les Syphilides.* Paris, 2d edit., 1866, p. 164.

[2] Summary of an observation related by M. Roger :—

Father and mother syphilitic.

First pregnancy—confinement at the eighth month and a half,—child dead.

Second pregnancy—confinement at full term—child dead.

Third pregnancy—confinement at full term—child living, syphilitic, covered with eruptions at the age of one month, dying at four months.

Fourth pregnancy—confinement at full term, child living, strong and healthy. In two or three months the child was affected by syphilis, limited to the buttocks ; then with snuffles. Died at eight months.

Fifth pregnancy—confinement at full term, child syphilitic like the previous ones, but in a less degree (simple roseola). Treated by mercury ; it completely recovered. (*Étudé Clinique sur la Syphilis Infantile* (Union Medicale, 1805, t. 1. p. 147.)

[3] *Die Vererbung der Syphilis.* Wien, 1876.

Second pregnancy: miscarriage at the end of seventh month.

Third pregnancy: prematurely confined — child born dead.

Fourth and fifth pregnancies: *children both living*, but *syphilitic;* dying,—the first at thirty days, the second at forty-five days.

Sixth, seventh, and eighth pregnancies: children living and healthy.[1]

Such a fact, in truth, is eloquent enough without any comment.

Now, if it is thus in mixed inheritance, one can hardly understand that it can be otherwise for isolated paternal inheritance.

Then, that time lessens the syphilitic influence, and renders it less and less dangerous for the children, appears to be a well-established point.

The practical conclusion of all this is, that with syphilis it is better *to wait as long a time as possible* before aspiring to the rôle of father of a family. That, at least, appears to me to be the most reasonable deduction from the facts observed by myself up to the present moment.

III. Lastly, as regards the personal risks that a syphilitic person brings into marriage, the advanced

[1] Thesis quoted, p. 91. A curious point it is that, consecutively to the last three pregnancies, which produced children living and healthy, the father and mother still shared various syphilitic symptoms of a grave nature; so noticeable, said the observer, that "gummatous tubercules and ulcers were abundantly spread over the limbs."

age of the diathesis is still a certainly favourable condition, and again constitutes a *guarantee*—if not absolute, so to speak, at least relative.

And, indeed, the advanced age of the diathesis gives us a better chance of understanding in some measure the "quality" of that diathesis, its degree of intensity, and its general prognosis. Although, assuredly, in syphilis the past cannot always be considered "as the mirror of the future," as has been said; far from it. Not but that a syphilis originally mild may end in the future in serious or mortal symptoms. But at a period more or less advanced we have no longer to fear certain symptoms, certain malignant and menacing forms of the disease. Further—and this is essential—the interval comprised between the time of infection and the actual epoch (tertiary period) may have been utilised by a long and salutary treatment, which confers the best and most solid of guarantees.

Then, in every respect, you see that the advanced age of the malady constitutes an essential and indispensable condition for admissibility to marriage.

According to my view, a syphilitic subject has no right to aspire to marriage unless his disease has already existed a certain time. This I energetically affirm; and I hold it as a principle, being absolutely convinced that it rests securely upon a great number of observations.

Now, with just reason, you press me closer; demand of me more categorical views. You may say, "So be it! A certain duration of the disease is indis-

pensable before admitting the right to marry. But, speak clearly ; speak in precise terms. What is, or what ought to be, according to you, that duration ?"

It is here that our difficulties recommence. So long as we confine ourselves to general terms, the solutions are easy ; but when we come to figures the difficulties commence.

Nevertheless, the same facts which served me to form the general preceding notes will help me, up to a certain point, to satisfy you, and I will answer you thus :—

At first sight, the age of the disease is not the only datum, according to which one can determine admissibility or non-admissibility to marriage.

That determination has often factors involving other essential and important conditions, of which we will shortly speak, such as the nature of specific symptoms, the quality of the diathesis (you will see what I mean by that word), the submission to a proper treatment, the influence exercised by that treatment, etc. So that we can never base ourselves only upon the age of the disease to solve the problem which we are considering ; that is to say, to decide whether a syphilitic subject has or has not become fit for marriage.

With this reserve, I will discuss the question to which you require an answer, and I will at once deliver you my profession of faith, which may be summed up thus :—

Not to take into account for the moment other data

than age, I do not believe that it may be permitted to a syphilitic subject to dream of marriage under a *minimum* of *three to four years*, devoted unremittingly to treatment.

Three to four years, such is, according to my view, the MINIMUM (note well the word, if you please), the necessary, indispensable minimum, in order that the diathesis may sufficiently disappear under the double influence of time and treatment, and that the patient, again returning to a healthy position, may have the right to aspire to the titles of husband, father, and head of a family.

Yes, three or four years; and it is not too much. I am not too exacting. A longer time *would be even better*, I am certain; for with syphilis it is always well to wait when it involves interests so sacred as those of a young wife and a whole family.

Thus, I reaffirm the proposition that I have just enunciated, by giving to it this consecration of experience.

Under the aforesaid minimum everything is to be feared, and the dangers of the husband's disease are shown by catastrophes which, if not unavoidable and constant, are at least frequent and usual.

Beyond this term the dangers of the husband's syphilis lessen and disappear, if not absolutely (for mathematical certainty is, and always will be, wanting), at least usually, so usually indeed that we are authorised to permit marriage. Again it must be understood (and this is a point upon which I do not fear to dwell

anew) that during the lapse of time in question, the corrective influence of years ought to be joined to the curative influence of a methodical, severe, and prolonged treatment.

Before three or four years have passed away I should never dare, for my part, whatever had been the intensity of the treatment, to deliver a clean bill of health for the marriage of a syphilitic subject. For I have seen the most sorrowful, the most unforunate consequences follow premature unions of this kind.

After three or four years have passed, usefully devoted to a proper treatment, I think myself authorised by experience in *tolerating* the marriage, excepting on account of some particular contra-indications deducible from one or other conditions of my programme. And that, because, under these conditions, I have seen many syphilitic subjects marry without injury to their wives or children.

Intentionally, I say that, under the aforesaid conditions, I judge myself right *in tolerating* marriage. And, indeed, I tolerate it in such cases much more than I advise it. I tolerate it because I consider a term of three or four years as sufficient to save the interests which I have at heart to protect. But I shall not deny that a longer delay would satisfy me much more, in assuring me of a more certain guarantee. For a patient whose syphilis (meanwhile well treated) dates back to six, eight, or ten years, I feel myself more completely at ease in according to him a clean bill of health; and this I repeat again,

because, from numerous points of view, security grows with the age of the diathesis.

Practically, my rule of conduct is as follows :—

Consulted upon the possibility of marriage by a patient in whom syphilis (however regularly treated) dates back only three or four years, I always begin my advice by counselling him to wait, and defer his marriage projects, and by insisting upon a renewal of the treatment, with a view to increase and perfect the chances of security.

If, nevertheless, the patient urges serious interests involved in an immediate marriage, and if he satisfies all the other items of my programme, I do not feel that I have a right to run counter to his projects ; I *tolerate* his marriage under these conditions, and I give him the medical authorisation which he desires ; but not without adding thereto some advice, some indispensable recommendations, of which I shall speak to you later on, when finishing my exposition.

III.

Third condition : PERIOD OF IMMUNITY SUFFICIENTLY LONG SINCE THE LAST SPECIFIC MANIFESTATIONS.

A third condition which I consider as indispensable in itself, is, that a longer or shorter time should pass *without specific symptoms* between the last manifestations exhibited by the patient and the time fixed for his marriage.

That is to say, before having the right to dream of marriage, the patient should have remained exempt from all diathesic manifestations during a time sufficiently prolonged. It is to this lapse of time, passed without any specific incident, without any awakening of the disease, that I give the name of the *period of immunity.*

Now this period of immunity forms a necessary and indispensable guarantee for admissibility to marriage, and that for various reasons :—

Firstly, It has a meaning ; it shows that the diathesis has passed its acute period, I mean that particularly formidable period where the syphilitic outbreaks follow one another in rapid succession, sometimes even continuously, and which are not less dangerous by their number than by their contagious character.

In the second place, a longer or shorter time passed without symptoms, enables one to judge of the extent to which the diathesis is improved. It is a witness of non-activity, of the actual calming down of the diathesis.

Without doubt it is possible that the absence of symptoms during a certain period may be nothing more than a truce proclaimed by the malady, which at any given moment may renew the combat.

But it is also possible, in the case where energetic treatment has been vigorously pursued, that this truce may be the forerunner of a lasting peace. How should a definite peace begin if not in this manner ?

At any rate it is undeniable—and that by general

acknowledgment—that a prolonged immunity constitutes a good sign, a sign which corresponds with the cessation of the malady, which attests its lessening powers, or at least its provisional decline. And, if this favourable condition is supported by the guarantee of a sufficient treatment, there is reason to hope that the diathesis has ceased to display activity, and that the security required is now attained.

All this is so true, that a prudent physician will never consent to the marriage of a syphilitic subject, who has but just emerged from a period of syphilitic outbreak. For my part, I never allow marriage to a syphilitic subject immediately after any specific symptom whatever, however small that symptom may be, and this for two reasons: the first, the appearance of any syphilitic symptom indicates not only that the diathesis exists, but that it exists in full activity; and, in the second place, because that, under such conditions, it is impossible to foretell what may follow. Will other morbid manifestations appear shortly, or is quiet about to reign? Time only can decide this question. Then, delay is proper, and the only thing under such circumstances. But, on the contrary, if a client presents himself to me and says: "It is now two, four, six, or even ten years, since I have shown any indication of disease," this long inactivity places me at my ease. I feel that I have to do with a diathesis now in a fair way to recovery; which has passed its acute period; which will not reproduce any secondary symptoms, so dangerous for contagion and heredity, etc. Conse-

quently, my apprehensions, under such conditions, concerning marriage, are so much the less.

I will add that this period of immunity will give me even greater satisfaction if it has at the same time been associated with a prolonged suspension of specific treatment. For then it carries a much more decided significance ; it shows that the disease has lost its power, independent of the repressive energy of medicine, and has no tendency to reproduce itself. And we have a better reason for this. We know, in fact, that syphilis is at one time docile, at another rebellious to our remedies ; appears cured from the time that it is treated only to take a fresh flight after the cessation of the treatment.[1]

One must distrust these last cases, and not forget that a prolonged immunity in itself, *outside all therapeutic intervention*, alone constitutes a reliable guarantee for safety in marriage.

[1] There is very surely a kind of syphilis which we cannot leave to itself beyond a certain time, without its assuming fresh vigour. As long as it is under the influence of specific treatment it remains silent ; but if the treatment be suspended, new symptoms are at once—or at any rate shortly—reproduced. We must to a certain extent treat these cases continuously to keep them under.

Now, as regards our subject, What guarantee would be afforded by an immunity exclusively due to *permanent* therapeutic influence? Should we allow a patient affected with this kind of syphilis to marry, relying upon the guarantee of a lengthened immunity and a prolonged treatment? It might happen that, as soon as treatment was suspended, new symptoms would appear, with all their consequences and with all their dangers. Marriage then, must not and should not be allowed, except after a long period of immunity, *independent of any therapeutic intervention.*

The form of syphilis to which I allude is not absolutely rare ; it must be recognised, for it is incompatible with marriage as long as it exhibits an active character with a perpetual tendency to relapses.

This principle understood, namely the necessity of a certain period of complete immunity before marriage, I foresee that here again, as you did previously, you will demand of me figures, exact arithmetic, and say, "What then is the exact duration of time, which you call the period of immunity,—that experimental probation, which you exact from the patients?"

Now, here again, as before, I shall only partly satisfy you in replying to you only as I have a right to reply.

1*st*, A fixed and precise measure of time would be impossible to determine. From the nature of things the right method is to keep the sufficient length of time as extended as possible.

2*d*, The longer this period of immunity, the more satisfactory it will be on all accounts, but especially as regards the question of marriage.

3*d*, Lastly, to fix a minimum. I think, from my own observations, that it would be imprudent to lower the duration of the period of immunity under *eighteen months to two years.*

Eighteen months to two years passing without symptoms, without any return of the diathesis, appears to me a minimum strictly necessary to exact rigorously from all syphilitic subjects before granting a license to marry.

Meanwhile, let us well note that the duration of the state of immunity must naturally depend upon varying conditions. It should be longer or shorter according to cases, and it will be the business of the physician

to proportion it to the exigencies of each particular case. It is evident, for example, that we should be authorised in demanding a longer time if the last symptoms of the malady had been of a serious nature; or again, if the diathesis in general assumed a menacing character. And inversely, also, we might depart from such severity in opposite conditions.

But I perceive that with considerations of this kind we should encroach upon the fourth part of my programme, so we will reserve them for what follows.

IV.

Fourth condition: NON-MENACING CHARACTER OF THE DIATHESIS.

Evidently, there is syphilis and syphilis, as has been repeated many times; above all, in our days.

Without contradiction there is a *benign* and a *malignant syphilis*.

There is a benign syphilis which, however it may be treated, will have external symptoms few in number, superficial, and without importance; as also a malignant syphilis, which, though treated methodically and energetically, does not fail any the less to exhibit serious and important manifestations; doubly important both by the number and character of its symptoms.

Now, I say, that the *quality*—(allow me the expression)—the quality, I say, of the syphilis by which a patient is affected, is far from being without interest to

the subject now under consideration; on the contrary, this is in itself a most important consideration, one most essential, which it is necessary to take into account in the solution of our problem.

Indeed, given a patient who requires our advice upon the possibility of marriage, if the syphilis by which he has been affected has been on the whole slight; if it has exhibited only a small number of breakings out, and if the symptoms which have accompanied them have been superficial and mild; if the diathesis has been submissive to treatment, and has been rapidly and easily amenable to the influence of therapeutic agents, these are, without possible contradiction, so many excellent conditions which should dispose us to give his question a favourable consideration. This appearance of benignity is assuredly competent to inspire confidence, and induce the physician to depart, almost in spite of himself, from the severity necessary in so serious a matter. The past would appear here to be a guarantee for the future, and forces (if I may so speak) our acquiescence in the marriage.

Moreover, this is only justice; for, from experience, the favourable anticipations deduced from such mild antecedents are almost always confirmed by subsequent events, when, above all, the patient has submitted himself to a long and severe treatment.

Nevertheless, we must not exaggerate anything in this direction. It is certain that the original benignity of the syphilis constitutes a favourable condition for

marriage, but that is all; it fails by itself to satisfy the other complex conditions of the programme which we are studying. To trust to it alone in permitting the marriage would be a serious imprudence, which might lead to the most unhappy results; and I regret to say that this imprudence is only too frequently committed. Of this I have here in my hand sufficient proof.

I shall not fear, then, to insist on this point; and repeat that, let the disease have been as benign as it may in its first period, one is not authorised by this fact alone, on this solitary datum, to permit the marriage, without additions to that datum,—without indications of other kinds.

In spite of this benignity, the importance of which I fully recognise as regards our position, it is no less necessary, according to my way of thinking, that the patient should fully satisfy all the usual conditions to which every syphilitic candidate for marriage should submit himself. Now, this is "*de rigueur*," and here is the reason:—

On the one part, experience teaches us that syphilis originally mild may reveal itself, sooner or later, in serious symptoms if it has not been submitted, like the more malignant forms, to a prolonged and severe treatment. And one has seen more than once syphilis of this kind, negligently treated by reason of its apparent benignity, become later singularly dangerous in marriage, in the double possibility of contagion and heredity.

On the other part, and this is no less important, this same syphilis, primitively mild-looking, is not without casting a shadow into the future ; and this shadow (permit me the expression) relates to the personal risks of the husband. I will explain myself.

It is well proved to-day, and I hope that I may have contributed my part towards this useful demonstration. It is to-day proved, I say, that the initial benignity of syphilis does not constitute in any degree an absolute guarantee for the future. Such syphilis, which begins well, is not for that reason less exposed to a bad end.[1] It is thus that one frequently observes patients who, having presented at the commencement of the diathesis slight, nay almost insignificant, secondary symptoms, are affected at the expiration of ten, fifteen, or twenty years later by the most serious tertiary manifestations. Cerebral syphilis, for example, as I have established in a recent publication,[2] appears to attack by preference subjects whose syphilis has been of a singularly mild character. It is the same, as I will show you, with syphilis of the cord. And for that matter, Gentlemen, I must now be speaking to those who can follow me

[1] This is a point upon which I never cease to insist in my Lectures. I have studied it, and fully developed it in my *Leçons sur la Syphilis chez la femme*, and you find there a long series of observations relating to patients who had presented at first slight symptoms, which ended later in the gravest forms of the tertiary period (p. 1012, *et seq.*)

[2] *La Syphilis du cerveau.* Clinical Lessons, collected by E. Brissard. Paris, 1879.

Dr. Broadbent professes a similar opinion :—"From cases which I have seen," he says, "I deduce this opinion, that the subjects who are most exposed to nervous symptoms are the very ones with whom secondary symptoms have been transitory or slight."

with conviction, for I am speaking to students of this hospital, which is the chosen refuge of syphilitic subjects of long standing. Do we not meet here, almost daily, patients who, affected by tertiary lesions of every description, menacing both regarding the local and general prognosis, have nevertheless commenced most lightly, most benignly, and with most favourable appearance? This is so true, that among a great number of them we have the utmost difficulty in getting at the origin of the disease,—an origin almost forgotten not only by reason of the great effluxion of time, but by reason of the small importance of the symptoms which signalised it.

There have been long discussions upon this singular syphilis, which, after being remarkable for its singular initial benignity, afterwards ends in the most serious symptoms. For my part I do not see anything very extraordinary in it, and I consider it simple that a syphilis which has not been submitted at its commencement, by reason of its apparent mildness, to sufficient treatment, should end later in the same consequences in which all non-treated syphilis may end.

At all events, from what has gone before, there follows for us, relatively to our actual subject, an important and precise notion; that is to say, that *the initial benignity of syphilis does not constitute a pledge of security for marriage if it is not joined to other guarantees, notably to sufficient treatment.*

After mild syphilis we come to the study of syphilis of precisely an opposite order.

There is, I have said, bad syphilis for marriage. This bad syphilis—I repeat the word, and I will explain it—comprises all such as, for different reasons, are likely, more than others, to become dangerous in matrimony.

What, then, is this bad syphilis? It presents numerous and different forms. I cannot enumerate all, for one cannot foresee all, and particular cases multiply and vary *ad infinitum.* But, at least, I will here cite the chief of them; those which are essentially necessary to be known and to be guarded against in the solution of the problem, the study of which we pursue.

1*st*, To begin, certain kinds of syphilis are bad in marriage, which, without being severe, present an unusual tendency to repeated reproduction; to an easy, reiterated, and almost incessant recurrence of various symptoms of secondary forms, especially in erosions of the mucous membranes. It is thus that certain subjects remain exposed during several consecutive years. And, at times in spite of treatment, followed carefully, to erosive lesions, which localise themselves around the mouth, affecting more rarely the genital regions. These lesions are always superficial, limited, and mild; they are readily cured by cauterisation, aided by some local care; but they are only cured to be reproduced, to renew themselves incessantly. In themselves alone they are of no importance, but they become only the more dangerous in respect to contagion. Such, for example, is the case of a patient whom I treated some time ago.

This young man had been infected with a syphilis

five years before, which one could fairly call mild, since the initial chancre was only followed by a roseola, a palmar syphilide of slight intensity, and a sore throat. He treated it almost from the beginning sufficiently well—several times he submitted, under my advice, to a strong mercurialisation (15 to 20 centigrammes of proto-iodide daily). Well, in spite of this treatment, and in spite of all my efforts, the patient (who by the way is a smoker, a circumstance essential to note) has not ceased to be affected, *during a period of five years*, with lingual syphilides *almost continuously*. I cured him of one breaking out; one or two months later a new one attacked the tongue; then came a new treatment followed by a new cure; then reappearance of the malady, and so on. To be brief, I always cured him, and "it always began again," to use his own expression. Now that he has completely given up tobacco at my earnest solicitation the eruptions become less frequent, but have not altogether ceased; and quite lately I have again seen him with syphilides coming on the back part of his tongue.

Now, what would have happened if, relying upon the mild nature of his disease, and satisfied as to the treatment followed, I had allowed the patient to marry between the two outbreaks of such symptoms? What would have happened I need not predict theoretically, because I have had practical demonstration.

This young man took as a mistress last year a woman who till then was perfectly healthy, exempt from every venereal symptom. Some weeks later he brought

her to me affected by an indurated labial chancre, manifestly received by contagion from the lingual syphilides of the patient.

II. Equally bad as regards marriage are those numerous varieties of syphilis which, under various titles, one can describe as *serious :* serious it may be from the number and intensity of their symptoms (early malignant syphilis for example) ; may be by the nature of their manifestations (deep extensive phagedenic ulcerations, etc.) ; may be by their precocious tendency to affect the viscera, or, more generally, by the morbid deteriorations, which are only produced habitually in an advanced period of the diathesis ; it may be by the reaction they exercise upon the constitution, the nutrition, and the health (asthenic, depressive form of syphilis, etc.) ; it may be by a character which rebels against treatment ; finally, by other peculiarities, endlessly variable, but all presenting a common attribute, attesting to an unusual intensity, even a real malignity, in the diathesis.

III. Still more especially bad, in the same way, is the syphilis which selects for its morbid determinations some organ of the first order, such as the eye, the brain, the spinal cord, etc.

The ocular symptoms of syphilis, for example, are very often remarkable for their obstinacy, their fixity, and their return after cure ; and, above all, by the serious functional troubles which they leave in their

train. Numbers of times I have seen them end in complete blindness, and that in spite of the most energetic treatment,—in spite of all the efforts of the most distinguished ophthalmologists.

What shall I say also of cerebral syphilis? All cerebral localisations of syphilis bear for the present and the future the most serious prognosis. Assuredly, one may be cured of cerebral syphilis,—even serious, nay very serious (I have given examples of such cure); but how? At the cost of the most severe treatment; a treatment which requires to be eminently prolonged; to be repeated after cure, many and many times; and more, at the price of a special hygiene, upon which I have insisted at length elsewhere, and which exacts a length of observance, almost indefinite.[1] Then, the cure effected, comes the chapter of relapses; which relapses are most common, at the same time most grave. Such patient who has resisted the first assault upon the brain succumbs to a second or a third. The relapses are so habitual that they almost form the *rule*.[2] Hence in all respects, as well as in that which concerns us, the particularly serious prognosis of all cerebral manifestations the outcome of syphilis.

So, consulted upon the possibility of a marriage by a subject whose specific antecedents present symptoms of cerebral syphilis, the physician ought to be more than ever prudent and rigorous. To my mind, from what I have seen, all symptoms of cerebral syphilis

[1] Vide *Syphilis du cerveau*, p. 596 *seq.*

[2] Vide *Syphilis du cerveau* p. 528 *seq.*

constitute almost a formal interdiction of marriage, by reason of the future eventualities to which it leaves the patient exposed. For my part I should make every effort to dissuade from all conjugal projects any man who, though cured, should divulge to me that in his past life he had shown undoubted symptoms of specific encephalopathy,—such as epileptic fits, apopletic appearances, hemiplegia, intellectual troubles, etc. Such antecedents are, according to my idea, absolutely INCOMPATIBLE WITH MARRIAGE. I should not even discuss the possibility of a marriage under such circumstances.

But if the diathesis, though really affecting the brain, is limited to more superficial indications, to slighter functional disorders, then alone I should feel that I might possibly depart from an absolute interdiction. But even then I should grant my consent only after a thorough analysis of the case, and under certain express conditions, such as the following:—If the patient is absolutely cured of all cerebral trouble; if he has been cured of it for a long time,—that is to say, a minimum of some years; if, since then, no new symptom has appeared; if the most rigorous treatment has been followed with persistence since the cure; if a long time of immunity since the treatment appears to give evidence of a complete cure, etc. And again, I confess, that in spite of all these guarantees it would be only with secret apprehension — perhaps overstrained, I should hope; it would be with regret, that I should take upon my shoulders the responsi-

bility of a patient with such antecedents engaging in matrimony.

In this matter, Gentlemen, perhaps you will say that I am too severe; but, once for all, I will answer that, "now or never," severity is required: as, 1*st*, Marriage is an optional state into which one only enters voluntarily; 2*d*, It carries with it numerous interests, involving a whole family. In any case, I do not speak to you without being supported in a manner by deplorable and unhappy examples. Among many others are the two following:—

A young man who had been syphilitic for nine years, and who had shown very slight specific symptoms, and had been treated very insufficiently, suddenly exhibited cerebral phenomena. One day, when out shooting, he noticed that he could not support his gun with his left hand; his left arm, without being actually paralysed, had become inert, numbed, and "half-dead." Energetic treatment (mercurial frictions and iodide) soon dispelled the attack. The following year symptoms of a similar kind returned at different times,—sudden inability to use the tongue, stammering, difficulty in articulating the words. Renewing the treatment, all disappeared. The patient then wrote to me consulting me on the subject of his marriage. I earnestly advised him not to entertain such a project. Nevertheless, he took his own path and married. Now, ten days after his marriage he was suddenly taken, this time with cerebral symptoms of the most grave kind,—apoplectic ictus, hemiplegia, complete amnesia,

intellectual troubles, etc.; and in spite of treatment these phenomena remained and increased. Progressive intellectual depression, general debility, and death in dementia followed six months later.

The second case, almost identical with the preceding: A young man, syphilitic since 1863, was attacked in 1870 with violent fits of headache, with partial paralysis of the third pair (external strabismus, mydriasis, diplopia). I treated him, and had the good fortune to see him rapidly improve. He then quitted Paris, and I lost sight of him. He married in the country, against the advice of one of my old pupils consulted on the subject. Some years later, in 1875, I was sent for to him, and I found him in the most lamentable state,—left hemiplegia, amnesia, psychical troubles, etc. A rigorous treatment was then commenced, and followed for a long time; the patient's life was saved, but the left arm remained useless and his intellect deadened.

Unable to manage his affairs, he was obliged to sell out, not without considerable losses; so that, with a wife and two children, he simply exists, and his position is one of unhappiness, bordering on misery.

That which I say regarding the affections of the eye and of the brain as contra-indications to marriage, I would apply textually to specific lesions of the spinal cord, which are particularly remarkable for their obstinacy, their recrudescences, and their relapses, which frequently carry in their train other most serious infirmities. To convince you, call to mind the unhappy patient in bed No. 27, St. Louis Ward, reattacked

three times by paraplegic symptoms, evidently due to an old syphilis. He managed to get out of trouble three times, thanks to energetic treatment on different occasions by M. Vidal, by M. A. Guérin, and by myself. A fourth time last year the symptoms were renewed, but with far greater intensity; but in spite of the most severe measures, and in spite of my greatest exertions, the patient is to-day in an absolutely desperate situation, menaced by death, which cannot long be delayed.

After the diverse examples which I have mentioned, it will be useless to multiply them; those which precede ought to amply suffice for demonstrating that which I propose to establish, viz. that certain kinds of syphilis, and even certain kinds of syphilitic symptoms, should make the physician very circumspect and very rigorous in the verdict which he is called upon to pronounce as to the suitability for marriage.

One of the essential elements of such a verdict resides, as we shall show, *in appreciating the intrinsic prognosis of each particular case*, in the exact determination,—at least as exact, as precise as is possible to establish,—of the *quality* of the syphilis which has affected the patient who comes to seek our advice, and submit his destinies to our judgment.

It is the business of the physician under similar circumstances to throw as much light as possible upon the antecedents of the patient, and upon the nature of the symptoms which he has presented. It is his business to draw up, by an attentive and minute inven-

tory, what I will call the "pathological total" of his patient, to judge of the quality of the diathesis which he has under his eyes; then, the analysis finally made, to decide medically, if there is reason to apprehend danger in the diathesis regarding marriage.

In this matter we cannot give any general rules; for all here depends upon the individual case and the particular circumstances surrounding it; the rest must be left to the knowledge and experience of the physician.

This is the true clinical side of the problem, and I need not speak of the great importance which attaches to it.

V.

Fifth Condition: SUFFICIENT SPECIFIC TREATMENT.

Treatment, sufficiently prolonged, is the fifth and last condition; and this is surely "par excellence" *the* condition. For, in truth, as concerns our present study, all points converge and return to this: A syphilitic patient aspiring to marriage, is he or is he not sufficiently cured of this diathesis, to be no longer dangerous in marriage? Here, at this point, the question of the admissibility to marriage of a syphilitic subject is almost equivalent to this,—the curability or non-curability of the disease.

We need no long developments to show that which is no longer doubtful, and which is at the present time accepted by all, namely, that it is specific treat-

ment which, in a general way, lessens the dangers of syphilis.

Hence the entirely natural corollary in that which concerns our subject, that it is specific treatment which lessens its dangers in marriage; it is this which furnishes the most lasting guarantee with respect to fitness for marriage of a patient who has been aforetime stricken with the malady.

This proposition will find many proofs in the following considerations :—

I. From all evidence, it is specific treatment which constitutes the best safeguard, the most reliable guarantee, against the personal risks which the husband brings into the community of marriage.

To be convinced, it is only necessary, in an advanced period of its evolution, to compare treated with untreated syphilis.[1] Reserve being made for some exceptional cases, which thwart all therapeutic efforts, one may say that treated syphilis (I mean treated with method, energy, and perseverance) has no third period. Beyond a variable number of initial eruptions, it does not produce anything further, it becomes and remains inactive, and the patient, thenceforward exempt from symptoms, appears to return to the usual

[1] Concerning this subject see my Lectures *Sur la Syphilis chez la femme.* In a long chapter devoted to the comparison of syphilis treated and non-treated, I believe that I have there demonstrated—after many others, it is true—the inestimable benefit of an earnest treatment, at the same time as the disastrous consequences of a system of expectation when applied to syphilis (p. 1052 *et seq.*)

state of health. On the contrary, the syphilis which has received insufficient treatment, ends constantly in serious tertiary lesions at a more or less advanced stage of the disease. The tertiary period is the ending, where the indifferent or negligent syphilitic patient pays the heaviest debt to his malady; and syphilis is a hard creditor, as M. Ricord has said,—a creditor who does not accord grace to any one. What examples of this kind have we not here under our eyes! What tertiary lesions can we not show here in our wards! And almost all are the outcome of cases lightly treated, or (and that is not rare) of cases which have remained devoid of treatment altogether.

But we pass from this point, which, I repeat, is accepted by all, some very few excepted.

II. Is it any less evident that specific treatment diminishes and suppresses the chance of *contagion* in marriage; and in fact that patients submitted to a rigorous treatment acquire, if not an immunity always, at least in the majority of cases? See how things happen in everyday practice:—A patient comes to us in full secondary period, and we place him under the usual treatment. Now, what happens nineteen times out of twenty at least? First, that the patient is subject for some months, even for the first year, to secondary eruptions, more or less numerous, more or less intense, according to the quality of the diathesis, but generally mitigated and ameliorated by the treatment; and beyond, from about the second year, these

outbreaks continue lessening; they confine themselves to some isolated and mild manifestations; as, for example, erosions of the mouth. Then, later still, the lessening is more marked; with the third it becomes complete, at the latest with the fourth year. From that time the secondary period is ended, and with it end the contagious symptoms which accompany it, and constitute the principal dangers to marriage. Such is the rule.

That this rule, like all rules, has exceptions, I know but only too well, and I have already given examples of such exceptions.[1] But these are always rare; and more, they comprise precisely those cases which I have pointed out, as incompatible with marriage.

III. In the same way, it is the specific treatment which lessens and suppresses the risk of hereditary syphilis.

This, at first, is superabundantly demonstrated in the case of paternal hereditary influence.

Recall, as examples, those striking cases I have already touched upon, and which may be summed up in this:—

A healthy woman miscarries many times in succession, without apparent cause or reason. This necessitates inquiry. The reason for these miscarriages is sought, and no other possible explanation can be suggested than syphilis in the husband. He is specula-

[1] *Vide* p. 114.

tively placed under a serious specific treatment; subsequently fresh pregnancies occur; these terminate happily,—that is to say, produce at full time well-developed children. What can better demonstrate the case?

Well, this result of treatment is not less evident in relation to maternal or to mixed heredity; and here, perhaps, you will permit me a short digression, which, though diverting me for a moment from our actual subject, will soon show its application.

Treatment, I say, corrects equally the influence in *maternal heredity*. For proof, there exist innumerable cases in which one has seen syphilitic women begin by miscarriages, or by giving birth to syphilitic children; then, after having been submitted to a specific course of treatment, have given birth to children living and healthy. Observations of this kind are so common that I think it useless to waste your time by citing particular instances.[1]

Sometimes, again, the influence of the treatment upon maternal heredity shows itself in a most striking manner by reason of the peculiarity of certain cases; such, for example, is the following:—A woman acquired syphilis from her husband, and treated herself very slightly. As a widow she was again married, this time to a healthy man; and by this man she had

[1] Example: "A woman contracts syphilis, and from that time has eight miscarriages, without being able to bring a child to full time; she submits herself to a prolonged mercurial treatment, becomes again pregnant, and is delivered of a child at full time, in good health, five years old to-day, and who has never shown the least trace of syphilis." (Notta, *Memoir* already quoted.)

several children, who either died *in utero* or were born syphilitic. Treatment was then resorted to; following this, several other children were born living and healthy.

In the third place, the influence of treatment upon *mixed heredity* may often be observed in practice.

Such cases as the following are commonly seen:— Two syphilitic parents begin by begetting a series of children who either die before birth or are born syphilitic. They then treat themselves. Subsequently they procreate other children, who are born at full time, alive and healthy.

It is not very rare to observe in a series of consecutive pregnancies the progressive influence of the treatment: every pregnancy marks a step towards cure. I have gathered many cases of this nature, among others the following:—

A young man married, in spite of recent syphilis very negligently treated. His wife, becoming infected almost immediately, miscarried several months later. The pair then began to treat themselves seriously. Four pregnancies occurring quickly gave the following results:—

First confinement, before time; child still-born.

Second confinement, at full time: child syphilitic, died some days later.

Third confinement, at full time: child syphilitic but lived.

Fourth confinement, at full time: child healthy.

But there is more; and here a double fact should

find place, for it has not been as yet sufficiently remarked.

1*st*, It is not necessary in syphilitic parents who beget healthy children, that the diathesis should be extinguished in the said parents. In other terms, and to make it more clear, the children of syphilitic parents may be born healthy, *although their parents be still under the influence of the diathesis*, the proof of which is the appearance of specific symptoms upon the latter after the birth of their children. This is incontestable as regards the father, as we have already established ;[1] and it is further demonstrated with regard to the mother. For example, see one of our patients, now in St. Thomas's Ward (bed No. 31). This woman entered into the hospital affected with a sclero-gummatous inflammation of the tongue, of which the origin dated back to three or four months. Now her last child, fourteen months old, has never shown the slightest suspicious symptom ; it is a beautiful child ; absolutely healthy, as you have seen and may again see for yourselves.

In the same way, a young lady, one of my clients, acquired syphilis from her husband ; she has had two children perfectly healthy, although after each of her confinements she has been affected by a severe eruption of syphilitic psoriasis.[2]

[1] *Vide* p. 40 ; *Notes and Documentary Evidence*, Note I.

[2] X. . . . 22 years old, of vigorous constitution. Married at twenty years of age to a man affected with recent syphilis. First pregnancy in 1868. Secondary symptoms towards the fifth month (erythemato-papulo syphilide, buccal and vulvar syphilides, alopecia, cervical adenopathy). Energetic

2d, It may be sufficient for a child to be born healthy, but of syphilitic parents that they should at the moment of procreation be under the influence of mercury.

However strange, however paradoxical, above all however inexplicable, such a fact may seem at first sight, it appears to be proved in a very evident manner, by a certain number of well-authenticated observations. Such is a case related by Turhmann (of Schœnfeld), which is as follows :—

A syphilitic woman began by having seven pregnancies, during which she did not treat herself. Seven times she was confined of syphilitic children, who died shortly. Becoming pregnant an eighth and a ninth time, she treated herself during the course of these two pregnancies. Each time she was confined of a healthy well-developed child. After this came a tenth pregnancy. This time the patient did not treat herself. She was confined of a syphilitic child, which died in six months.

Finally came an eleventh pregnancy, in the course of which, through the intervention of the treatment, a *healthy* child was brought into the world.[1]

mercurial treatment. Confinement at full time; child healthy, in good health up to this day.

Two months after confinement annular syphilitic psoriasis covered the side of the left foot. Ecthyma of the left leg. Treatment, mercury and iodide of potassium.

Second pregnancy in 1872. Confinement at full time; child healthy, and remaining so up to this time.

Three months after the confinement papulo-squamous syphilide, annular psoriasis, constituting a ring of large diameter upon the back of the left foot. Renewal of treatment. Disappearance of symptoms.

[1] Vide *Gazette Médicale*, 24 Juin 1843.

Had this fact been invented,—theoretically imagined, for the necessity of our cause, it could not in truth be more striking.

For my own part, I have already in my notes several observations of the same kind, relative to syphilitic parents who have begotten, turn by turn, healthy children when they were submitted to a specific treatment, and syphilitic children when they were not being treated.[1]

It would appear then from this, that even the influence of a *temporary* treatment may suffice to restrain *temporarily* the hereditary effects of syphilis. Such at

[1] The same fact has been also remarked by Herr Kassowitz (*Die Vererbung der Syphilis*. Wien, 1876).

Among many observations supporting this I will cite the following, of which I will guarantee the authenticity :—

A young workman marries in the third year of a vigorously-treated disease. His wife becomes *enceinte* after some months, and commences to exhibit symptoms of secondary syphilis towards the middle of her pregnancy (roseola, neuralgia, mucous syphilides, alopecia, etc.) She submits to severe treatment, and is confined at her full time. The child is born syphilitic, and dies of marasmus at the age of one month.

The young wife continues to be treated, and becomes *enceinte* five months later. She has a fine child, which, under the minutest supervision, shows no indication of disease, and remains well to this day.

Satisfied as to the health of this woman, in consequence of her producing a healthy child, her medical attendant treated her no more. She became again *enceinte* a year later, and miscarried.

Another pregnancy after the same interval, and another miscarriage.

Two years later the fifth pregnancy. Twins at full time, both syphilitic.

Even admitting in this case that the influence of the treatment is a matter for discussion, it is none the less certain, both from this and similar observations, that *a syphilitic woman may alternately engender syphilitic and healthy children.* This is a fact which we cannot deny, however strange or paradoxical it may appear. The explanation is yet to be found, but it is the explanation only, and not the fact, which can give rise to discussion.

least would be the legitimate deduction from the preceding cases.

But I will not commit myself to give you this last fact as absolutely demonstrated. More prudently, I limit myself to handing it over to you as an object for study ; assuredly very curious, already rendered probable by several observations, appearing well authenticated, but still destitute of a sufficient guarantee to give them a fixed place in science.

All the preceding considerations concur, in their several fashions, to establish the modifying, corrective, and depuratory influence, which treatment exercises upon the diathesis. And the natural conclusion of all this, and that which concerns us especially, is, that

The essential condition to be fulfilled by all syphilitic subjects aspiring to marriage, is contained in rigorous specific treatment,—a treatment sufficient to confer a relatively complete immunity from the numerous and various dangers which syphilis brings into marriage.

That a syphilitic person may have the moral right to become a husband, father, and sustainer of a family, it is indispensable that, thanks to a sufficient protective treatment, he shall cease to be dangerous to his wife, to his children, and to himself.

But what is this treatment "sufficient, sufficiently protective," to which we so ceaselessly return, as our best safeguard ?

That, Gentlemen, I have long since explained to you in a previous series of Lectures, tracing with you in

detail the rules for the treatment of syphilis, such at least as I for my part understand them, such as they have been taught to me by my masters, and by my own personal experience.[1] I have only to refer you to these Lectures, of which part has been already published, and which you can consult at leisure.

In a very summary fashion I will limit myself today to reminding you that a treatment worthy to be qualified in itself "as sufficient," is that—

1*st*, Which has for foundation the administration of those two grand remedies, which are commonly called, and with justice, "specifics," namely *mercury* and *iodide of potassium*:

2*d*, Which has for foundation the administration of these two remedies, *in really active and curative doses*; very different from those insufficient, timid, indifferent doses shall I say, almost even inert, which some content themselves, under traditional routine, more often to prescribe:

3*d*, Which is prescribed and administered following a certain method, which has for aim and result to keep to the remedies, in spite of their prolonged administration, their primary intensity of action (a method called *successive* or *intermittent treatment*):[2]

[1] *Du Traitement de la Syphilis.* Lectures delivered at the Hospital of Saint Louis (in print).

[2] *Vide* my *Leçons sur la Syphilis Étudié plus particulièrment chez la femme.* Paris, 1873, p. 1087, *et seq.*

There is a fact, of which experience has absolutely convinced me, and that is, that mercury and iodide of potassium, steadily administered for a long time, gradually lose their efficacy. For these two remedies, as for many others besides, the continual usage creates a tolerance, which

4*th*, Which, under these conditions, is to be followed with rigour, during *many* consecutive *years*, at least during *three* or *four* years.

I insist particularly upon this point, and I say,

A chronic illness must have chronic treatment; such is the general absolute law. The medication ought to be long—very long; if one is not content with its action upon present symptoms, if it is desired to exert an influence upon the disease as a whole and its future. Experience teaches us that it is false that we ever "have done with syphilis," after a treatment of some months, of a year, or of two years even, the limit which it seldom exceeds. Treatment of this kind furnishes nothing more than a temporary immunity, than a transient quieting of the diathesis, and leaves it in force, with all its future dangers, and with the fatal imminence of tertiary symptoms.

Treatments of this kind I can say are condemned to-day by their numerous and deplorable results. It is time, in truth, to renounce once for all these *curtailed* medications, and to assimilate the disease, therapeutically, to those constitutional maladies, such as scrofula, gout, ague, etc., which, by common consent, are only curable by a treatment of long duration, by a series of succes-

weakens, and at last destroys their therapeutical effects. In consequence of this I have endeavoured so to use these two remedial agents so as to preserve their full therapeutic action. I have exposed this method, which I have explained at length in my Lectures, and which I call *Method of successive or intermittent treatment.* I believe that I am justified in saying that it has rendered me the greatest service in practice, and I recommend it to the attention of the profession.

sive cures, by an intervention, almost chronic intervention, of the remedies which combat them.

For my part, I believe myself authorised to say, from what I have seen, that in no case the duration of anti-syphilitic treatment should be less than three or four years, whatever may be the form of the disease, and however mild it may have been originally. Three to four years methodically consecrated to an energetic medication, such is the necessary minimum, according to my view, I will not say to cure the disease, but to suppress its dangerous manifestations for the present and for the future.

And even then it is prudent that beyond this term a patient should submit himself, from one time to another—every two or three years for example—to a new course of iodide, so as to keep the diathesis continually in check, if I may thus speak, and to hold the ground already won.

Combined with time the specific treatment of the diathesis certainly constitutes the best guarantee to a syphilitic subject who aspires to marriage.

Time, on the one part, and the treatment on the other; here you see, without possible contradiction, the two grand correctives of syphilis; here you see the two major conditions to exact of all syphilitic patients before opening to them the marriage-gates.

VI.

I cannot leave this chapter on treatment without adding thereto some words relative to the practice of a usage very widely spread, and considered among the public as an infallible criterion of the cure or non-cure of syphilis.

A popular belief, as you know, attributes to sulphuretted mineral waters the singular property of revealing, "of bringing out," syphilis in those who are not yet cured.

Under this opinion, many patients gravitate each year towards one or other sulphur spring, either of their own choosing or under the counsel of their physician. And there they religiously take the waters during the traditional twenty-one days; watching, not without anxiety, the result of their cure. According to them, "if they yet have something in the blood the waters will expel it; whereas, if they have nothing, if they are cured, nothing will come out." Under the first alternative, the appearance upon the skin of new syphilitic symptoms will be the index of a new treatment to be undergone; and under the second, the absence of exterior manifestations will constitute a guarantee of cure.

Now this "*judgment by waters*" has been applied (as it could not fail of being) to the grave question of marriage. You will find the opinion widely spread among your clients that before taking a wife every syphilitic subject is bound to make a pilgrimage to

some sulphur watering-place, so that he may judge of his specific condition in general, and of his fitness for marriage in particular.

Well, I need scarcely tell you this reputed *revealing* action of sulphur waters is far from being as reliable as is generally supposed; it is far, very far, from *revealing the unknown*, to use the common expression, and from furnishing a criterion of the cure of syphilis.[1]

Without doubt sulphureous waters may determine specific eruptions in some patients under the influence of syphilis. And considering the exciting and irritating action which they produce upon the skin, it could scarcely be otherwise, the more so, as in most of these bathing-stations a daily use is made of baths in some form, either piscina, douches, or hot-air (étuves). Most practitioners at these stations are familiar with such cases, and I could for my own part relate examples.

But this action of the waters, it must be understood, *is not constant*, and here is the proof :—

In the first place, a number of patients are sent every year to these watering-places for different reasons, even when they are not supposed to be cured ; they are sent, for example, to recruit themselves, to "get over both disease and treatment." Now we see most of these return without having observed any new manifestation whatever in the skin, without having experienced the slightest cutaneous awakening of the diathesis.

[1] *Vide* Péry, *Du rôle des eaux minerales sulfureuses dans le traitement des maladies vénériennes.* Bordeaux, 1868. The historical part of this subject is treated very fully in this work.

On the other hand, we know by experience the value of these reputed *revelation* cures. I have notes of hundreds of cases of this kind, relating to patients who, having passed one, two, three, and even as many as six seasons at the waters, have seen no symptom produced by them, and who later, at different periods, have suffered from the later, and even the most serious effects of the diathesis. Quite lately, for example, I was asked to see a young man who presented undoubted symptoms of cerebral syphilis. Now this patient went to Luchon before his marriage, and on that account. He had even passed three seasons there, and no symptoms had appeared to show that his disease was still in activity; relying upon this he had been allowed to marry. Events showed the value of the prognosis.

It has been the same in many other cases, which I shall quote later,[1] and the list of which could be increased by every practitioner.

The *revealing* action then of sulphur waters in no-

[1] The two following observations may serve to confirm this view :—

Obs. I. X. . . . contracted syphilis in 1861. Hard chancre, followed by various secondary symptoms. Mercurial treatment for some months.

From 1862 to 1874 *passed six seasons* at Luchon. *No "revealing" action.*

In 1876 tubercular ulcerative syphilide of the neck, of phagedenic character. Specific treatment; cured.

Obs. II. X. . . . Syphilis in 1856. Hard chancre of the lip, followed by secondary symptoms. Six months' treatment by mercury and iodide of potassium.

In 1858 and 1862 ecthymatous syphilide. Specific treatment; cured.

From 1862-1872. *Seven seasons* passed at Luchon, and during the two first specific treatment was associated with the waters. No symptom was provoked by these remedies.

In 1874 palatine gumma, perforation of *velum palati.*

wise constitutes a criterion upon which we may rely. This judgment of the waters is a fable to me, and to be given up like so many others. It is false, absolutely false, that sulphur waters "liberate" syphilis from the organism in the same way as a reagent liberates a body from a chemical combination. And, clinically, we have no right to rely upon a thermal course to determine the state of health of our patients in regard to marriage.

For one case in which this revealing action may be seen, it is wanting twenty, or perhaps even fifty times. What security is offered by a test so subject to error? What should we think, in chemistry for example, of a test which should fail nineteen times in twenty to reveal the existence of the special body which it was supposed to precipitate?

Let me not be accused here of being prejudiced against sulphur waters; the accusation would fall to the ground, for I am a "believer" in them; I prescribe them frequently in the course of syphilis, and every year I send numbers of patients to the Alps and Pyrenees; but I believe in the use of these waters, and I prescribe them, for other reasons than that of their reputed revealing power. I believe they are useful as tonic and reparative agents, above all in asthenic cases of syphilis, and in syphilis which is complicated by lymphatism and scrofula; I also think that they can render the greatest services in facilitating the tolerance of severe mercurial treatments in those cases where it is necessary to push the administration of mercury to the utmost. I do not deny that they may sometimes be useful in diagnosis, by

giving rise to cutaneous eruptions which would never have occurred without them. What I contest, what I combat strenuously, as a dangerous error, is the *faculty of judgment* which is attributed to them in questions as serious as the cure or the persistence of syphilis—the fitness or the unfitness of a syphilitic subject for marriage.[1]

[1] I am happy to find that upon this point I am in agreement with several colleagues, who have a special knowledge of the question.

Dr. Doyon, physician of the important establishment at Uriage, does not admit that sulphurous treatment can be used as a *touchstone* to find out whether a syphilitic subject is still under the influence of his disease.

"The sulphur waters of the Uriage, as the others," says he, "have *no certain revealing action*. It is impossible to credit them with the power of revealing latent syphilis by the determination of cutaneous exanthemata. But it is true that they sometimes, nay often, give rise to eruptions in patients who have been insufficiently treated; and it is true, moreover, that a patient who has experienced no revelation effect, during one or more seasons of active treatment, may remain for a certain length of time free from any syphilitic symptom. But in all this there is, there can only be, the element of *relative* security. In short, we are not justified in considering a syphilitic subject cured simply because one or more sulphur treatments have given rise to no cutaneous symptoms," etc. (Manuscript note.)

Dr. Vidal, inspecting physician at Aix (Savoy), is no less explicit on this particular point.

"I believe no longer," said my talented confrère, in a conversation which I recently had the pleasure of holding with him, "I believe no longer in the reputed revealing action of sulphur waters in syphilis. Our waters have not the power, unfortunately, of compelling syphilis to reveal itself by morbid eruptions of the skin. At the most they only aid further and excite the cutaneous manifestations, which the diathesis determines spontaneously.

"Our waters will never develop a syphilitic exanthem if the diathesis is not in a condition to produce it. But if there is a spontaneous tendency to such an exanthem, our waters will give it a fillip, will stimulate it, and communicate an intensity to its development which it might not otherwise have shown.

"Thus, we are sometimes forced to send away some syphilitic patients in whom the thermal action produces this class of effects, and certainly exaggerates the influence of the diathesis alone."

Such are precisely my views.

VII.

I have passed in review before you, Gentlemen, the different conditions which, in my opinion, a syphilitic subject must satisfy, to have the right of aspiring to marriage.

From what precedes you have already deduced the natural conclusions: 1*st*, That the physician should formally and strenuously *interdict* marriage to every patient not fulfilling all the conditions of this programme. 2*d*, That he should *permit* marriage, in my view, to all who fully and entirely fulfil all these conditions.[1]

This, in fact, is self-evident from the premisses which we have established, it is simply their application.

[1] It is of course superfluous to mention the different recommendations which should accompany this permission, and which follow naturally from what precedes. Of these the chief, the most indispensable, is that which relates to the constant and careful supervision which the future husband should exercise over his person, in order to leave nothing unperceived which might evince a renewed activity of the diathesis. It is most essential that our patients should be warned and convinced of the possible danger from any lesion which may appear, however insignificant it may look. It is most essential that they should be formally enjoined to abstain from all intercourse, and all contact, if they should happen to be affected by any lesion, either of the genital organs, or of the mouth and throat, etc. How often have I not heard patients who have been so unfortunate as to infect their wives, complain bitterly of their medical attendants who had not sufficiently instructed them as to the dangers of contagion! The husbands in this sad position always make the same complaint,—"I was not properly warned; if I had known what I have since learned to my cost, I should never have communicated the disease to my wife," etc. . . . Let us then be warned, and let us not risk the chance of such reproaches. . .

VIII.

After having sketched and defined, however, this programme for fitness for marriage, as I understand it, I must follow it by some commentaries which to me appear indispensable.

In the first place, you must take this outline for what it is,—for what it is worth. We have not here a programme which has been debated and settled, and accepted by contemporary science; it is purely and simply the result of my personal observations, supported by facts, which I have borrowed here and there from various sources.

We have, moreover, a programme which is subject to revision, susceptible of amendment, of addition and of correction, and I should be the first to modify it should further observation show me what changes to make; and when certain points of the question which are now obscure and unexplained shall be cleared up.[1]

[1] To speak of one of these points only, it has always been a mystery to me, and a subject of constant wonder, that some syphilis should be so formidable and so pernicious, whilst others are so mild and inoffensive as regards their consequences in marriage.

Thus, I have at hand some notes of patients who, marrying in spite of severe and inefficiently-treated syphilis, were still harmless both to their wives and children. One of my clients, for instance, married in spite of my advice, and scarcely cured of a most menacing phagedenic sore throat. Another, who did not consult me about it, had hardly got over the numerous symptoms of a malignant syphilis (deep ecthyma, rupia, constant headache, hemiplegia, etc.) when he married; and yet this imprudent pair, contrary to all rational prevision, have had healthy children, and have not infected their wives. On the other hand, we sometimes see patients who have had the disease in a mild form, and who have treated themselves more

Now, Gentlemen, do not be deceived as to the possibility of drawing up what I may call, if I may use the expression, *a perfect code of marriage for the use of syphilitic subjects;* that is to say, of framing a programme which shall meet all possible eventualities, which shall determine absolutely, and in every case, the fitness or unfitness of a patient tainted with syphilis for marriage. A categorical solution, and one bearing the impress of mathematical exactitude, is not, and never will be possible, in a problem of this nature. Indeed, no true physician could even hope it. Whatever we might wish, our verdict must always be based upon a simple *theory of probabilities;* that is to say, the essentially difficult and delicate appreciation of vague and ill-defined elements, such as, on the one part, the prognosis of the diathesis, and on the other the extent of corrective and preventive action exerted upon the diathesis by treatment.

or less thoroughly, and who, having waited conscientiously several years before engaging in marriage, nevertheless engender syphilitic children, and somehow or other contaminate their wives. For example, one of my clients contracted syphilis in 1864, which showed itself only by slight symptoms (mucous patches of the throat, a few scabs on the scalp, and temporary thinning of the hair); he treated himself from two to three years. In 1871, having been free from any suspicious symptom for about five years, he married, and not without consulting an eminent confrère. And then he begat a syphilitic child, which, *in utero*, communicated syphilis to his mother.

What a disproportion between these two kinds of cases! They have both their "raison d'être," without doubt, and their organic material explanation; but we must admit, in the actual state of our knowledge, that this explanation escapes us entirely.

There is here an *unknown quantity* which is for the present hidden, and numerous observations will be necessary before it can be separated from the multiple elements of this complex problem.

Consequently, we must deceive ourselves no more than we should deceive our patient; our judgments can only have a degree of certitude in proportion to the value of the elements upon which they are based; which is to say, to speak plainly, that whatever attention, whatever care we may give to the examination of a particular case, it is possible that events may not justify our views. It is possible that we may be led into error. For, I repeat the expression intentionally to establish our judgment, we rely, and can rely only, upon the "theory of probabilities." But, Gentlemen, let not this expression impress you unfavourably. Because mathematical certitude is wanting in this matter it does not follow, far from it, that the physician is unable to render both to patients and to society frequent and inestimable services in this grave question of the marriage of syphilitic subjects.

See how things occur, and appreciate the situation as it presents itself to you in practice.

A patient consults his medical attendant to know whether he may marry in spite of having acquired syphilis; the physician questions, examines his client, and seeks for favourable or unfavourable conditions for marriage; in a word, draws his conclusions, and forms his opinion. It is one of two things:—

Either the physician will have obtained from his examination sufficient data to judge of the situation of his client, and to decide one way or the other; and in this case there is little chance of events disproving his opinion.

Or else the elements of an opinion are wanting, and in this case he must abstain from giving one. For—and this should be noted—the physician is not obliged to have formed an opinion; he is not in the position of a judge who must pronounce between two contending parties. On the contrary, he can abstain; he can appeal to the future; and can say to his client, "In the present state of things it is impossible to tell what your state of health really is. Perhaps you may still be dangerous for marriage. Do not then take any steps in this matter at present; it is necessary to wait."

Such and none other is the situation, and please to remark it, for it is not recognised sufficiently. And, I repeat it again, the physician is not obliged to give an erroneous or haphazard opinion when he has not the elements necessary to form a correct judgment.

It is by remaining faithful to this line of conduct, and by keeping within these limits, that the physician will respect scientific method and serve most usefully the interests of his client.

Furthermore, facts are there to show the degree of certitude of our opinion in such a matter, and the usefulness of our intervention.

I have seen many patients marry against the advice and in spite of the formal prohibition of their medical attendant; and, upon consulting my notes and my recollection, I find that if some of these have not had cause to regret their temerity, by far the greater number (I may even say the vast majority) have given rise to the most deplorable catastrophes, either in introducing syphi-

lis into the conjugal circle, or by procreating syphilitic or weakly children, almost always destined to early death ;[1] or, lastly, by paying a personal debt to syphilis, to the great detriment of their families.

On the other hand, I have seen many patients marry, after medical examination, with the consent of their physicians. Now, here the same proportion is found in the result, but in an inverse manner. By the side of a few rare, even *exceptional* cases, in which the prevision of the physician has not been verified, the almost absolute rule is that such patients have been dangerous neither to their children nor to themselves.

Marriages contracted under these circumstances have almost invariably ended happily ; this I am able to prove by my statistics.

[1] I have lately observed a fact which is well worthy of record :—

A young man contracted syphilis ; at first there were only mild symptoms : roseola, erosive syphilis of the mouth, scabs in the hair, cervical adenopathy. He treated himself mercurially for a few months. All symptoms vanished, and he thought himself out of the scrape. Six months later he married, *in spite of the formal prohibition of a physician ;* his young wife soon became pregnant ; in the fourth month of pregnancy she began to show undoubted symptoms of secondary syphilis (erythemato-papular syphilides of the mouth and vulva, iritis, headache, general *malaise*, neuralgia, disturbed sleep, and nervousness). She miscarried at the sixth month.

The following year she became pregnant twice ; miscarriage occurred at the fifth month ; confinement at about full time of a syphilitic child, which died in twenty-four hours.

Fifteen months later fourth pregnancy. Confinement in the eighth month ; a still-born child.

Both husband and wife treated themselves most irregularly. Ten years later the husband was seized with cerebral symptoms, which were attributed, by different physicians and by myself, to specific encephalopathy. Anti-syphilitic treatment, administered too late, was only of temporary avail, and the patient soon died.

Does not this show that the opinion of a competent and prudent practitioner offers in this matter, in this "calculation of probabilities," a reliable guarantee?

And does it not prove—and I dwell upon this last point with satisfaction—that the physician who is consulted upon the question of marriage by a syphilitic patient renders the most salutary, the most useful, and the most benevolent services, in protecting at this solemn moment on the one hand the interests of his client, and on the other, beyond his client, the interests of society?

SECOND PART.

AFTER MARRIAGE.

HITHERTO we have only considered the questions arising out of syphilis *previous to marriage;* we now come to consider it in its effects *subsequent to marriage.*

I.

Let us suppose that the evil which we wished to prevent has occurred. A syphilitic subject, with his disease uncured, has married ; he is now a husband.

What dangers may result from this situation ? and what part shall we play in order to prevent or lessen these dangers ? Such is the question which we must now consider.

A practical question, if ever there was one ; a question pregnant, as you will see too well in the course of this *exposé*, with doubts, with difficulties of many kinds, and with equivocal, complex, and delicate situations. A question, moreover, which we never meet with at the hospital, but which crops up and claims, truly too frequently, the attention of the practitioner in his private practice. I have thought, then, that it will be useful to discuss it with you in all its

details, so as to spare you an apprenticeship which is always more or less difficult and thankless.

The evil is accomplished I said. A syphilitic subject, uncured of his disease, is married ; and we must consider him now in his home, with a syphilis in full vigour and symptoms in full activity.

This is a deplorable situation, but one which is not infrequent. Either that the patient (and this is most usually the case) allows himself thoughtlessly to be drawn into marriage, thinking himself cured ; either that he risks, consciously and voluntarily, the dangers attendant upon such a position ; or else that he has been ignorant of the real nature of his disease, and has mistaken the importance of the symptoms which affected him before marriage. We will join to these two other kinds of cases which, although differing from the preceding in their chronology, lead nevertheless to a situation which is identically the same.

1*st*, Cases, and these are very numerous, where a married man acquires syphilis *after* marriage, in an adventure, or rather misadventure.

2*d*, Cases, and these are infinitely less common, where syphilis appears in a recently married man from a contagion preceding his marriage by a few days. I will explain myself by an example borrowed from my notes.

A young man of high social position had connection with one of his former mistresses eleven days before his marriage. She was affected at this time (as was later shown) with vulvar mucous patches. This

young man married apparently healthy, but eight days after his wedding slight redness made its appearance upon the glans, which soon became a typical indurated chancre, the forerunner of a syphilis which was soon transmitted to his young bride.[1]

Now, whatever may be the chronological origin of syphilis, whether contagion be previous or subsequent to marriage, the situation is absolutely the same in both cases. We always find, indeed, the same actions and the same actors,—here a healthy woman ; there a syphilitic husband.

Now, under these circumstances, what will occur ? Why, the husband, as soon as he observes any symptoms, will rush off and see a doctor, to whom he will speak (and I copy from nature, believe me) somewhat in the following manner :—" Doctor, you must save me. I believe I have symptoms of syphilis. I am *married.* Imagine what it would be if I were to infect my wife, and if I should have syphilitic children ! Get me out of this difficulty, I beg you ; tell me what to do to guard me from these dangers."

If you are consulted under these circumstances (you may be often, I assure you), what should be your reply ?

In my opinion your medical duty is strictly laid down ; and if you will believe me your answer should be as follows :—

[1] Cases of this kind are extremely important in practice. I recommend them to my readers' attention. (Vide *Documentary Evidence*, Note IV.)

"Sir, there are *three kinds of dangers* in the situation upon which you ask my advice.

"1*st*, The personal dangers which beset you on account of your disease.

"2*d*, The danger of infection for your wife.

"3*d*, The danger of transmission to your future children.

"Now, these three dangers should equally be the subject of your special care; for you would be guilty, as I should myself, if we were to concern ourselves only with your personal security, without considering your wife and your children.

"The advice which I have to give you consequently assumes a threefold aspect.

"First of all as regards yourself; you, sir," you will continue, "you must treat yourself, and cure yourself as soon as possible. For it is from you in fact that all the dangers which menace your family radiate.

"For this purpose I should advise you," etc.

Now, before following up this scene any further, what will you prescribe for this patient who presents himself under these special conditions?

Why, as regards the nature and quality of remedies you will prescribe what is usually given, for I am not aware of any particular remedies for the special use of syphilitic husbands.

But, as regards severity of treatment, in my opinion a great difference must be made; observe that you have to do with a *husband*—one who is living in contact with a young woman, and who risks infecting her in the

innumerable familiarities of their common life, to say nothing of sexual intercourse, from which your client in spite of all your warnings will probably not abstain. *Apropos* of this—and this is worth noticing—your client may be all the less docile in practising continence, inasmuch as he may wish to hide his condition ; he may not want, as he will tell you, "his wife to suspect anything." We can be less certain of such a patient than of those who have not the same inducements.[1]

Now, special indications result from these particular conditions, and you have already guessed their end, and their utility.

To speak only of the chief of them, these indications may be summed up as follows :—

1*st*, In the first place *suppress immediately all foci of contagion* by a sufficient cauterisation. Should we, for example, have to deal with (as is most often the case) secondary lesions of the mouth, throat, or penis, destroy them immediately by a rigorous cauterisation.

Nitrate of silver is too weak a caustic, and might not be thoroughly efficient, choose then the acid nitrate of mercury, which is far stronger and much more certain in its effect.

[1] I have seen syphilitic husbands afraid to abstain from intercourse with their wives, even when they were in a condition to transmit contagion, and that for fear that the suspension of their usual attentions should give the cue to their disease ! To avoid suspicion they risked infecting their wives ! This is scarcely credible, but it is none the less true.—It is so true, that two of my patients in this situation have, "*to divert suspicion*," managed to infect their wives.

Such facts as these should be stated, for we could not conceive them *à priori*, and we could not suppose them possible without personal experience and peremptory demonstration.

If this cauterisation does not neutralise immediately *in situ* the *contagium* of the lesions, it at least promotes speedy cicatrisation. And this is what we desire.

It is needless to add that after cauterisation appropriate topical remedies should be used to effect the rapid cure of these contagious foci.

2*d*, *Suppress by most vigorous treatment the contagious symptoms of the secondary period.*

In ordinary circumstances, when we have to treat syphilis, the medication usually prescribed is mild, cautious, and restrained; we endeavour to adapt it to the individual case; we go slowly, softly, and patiently, because we have plenty of time before us; we measure our steps, allowing the diathesis to come to the surface from time to time.

But in these special conditions the case is different. Here it is urgent that the imminent dangers should be minimised.

To this end we should strike at once, and *strike hard*, if I may use the expression, so as to silence the menacing manifestations,—menacing, be it understood, not for the patient, but for the wife whom it is necessary to protect.

So that instead of the usual doses—instead of the traditional "grain" of proto-iodide, there is every reason to start at once with an energetic repressive treatment; and I think it wise in this matter to act as one does when in presence of grave specific symptoms which it is necessary to immediately suppress. In a word, here I would advise the most speedy and severe measures,

without however passing a certain limit, and running the risk, by wishing to go too fast, of losing ground, I mean of having to suspend the treatment.

Here then you must prescribe at once large doses of mercury. Two or three grains of proto-iodide—*two, three, and even four-fifths of a grain* (two, three, and even four centigrammes) *of corrosive sublimate* daily is not an excessive medium dose, allowance of course being made for idiosyncrasy. It will often be advantageous to combine this with the use of the iodide of potassium, to increase the effect of the treatment. This treatment should be continued about two months, after which it should be suspended for a few weeks in order to avoid the effects of over-tolerance. It should then be recommenced and continued for a similar time, and so on.[1] In this manner you will often, if not always, manage to suppress all or most of the secondary symptoms; you will manage—and this is the end you have in view—to diminish them in number and intensity, perhaps even to prevent entirely those eruptions upon the mucous surfaces, which, under the name of *mucous patches*, are so formidable as regards contagion, and constitute the common and ordinary cause of infection in marriage.

Without doubt this treatment "à outrance" will

[1] I shall not speak of mercurial frictions for this purpose; frictions most certainly constitute an excellent method of treatment, and may be most useful; but here they are almost always inapplicable, for we have to consider the exigencies of the particular case. How could we persuade a young husband to anoint and swathe his body every night, and present himself so arrayed at the conjugal couch? Such a treatment is ill calculated to keep secret that which the patient is desirous of concealing.

not always be to the taste of your patient; it may produce considerable soreness of the gums and disturbance of the digestion. But with careful watching, with moderation and prudence in your severity, you will almost always manage to establish a toleration of this kind of treatment.[1]

I will relate, for example, the case of a patient whom I treated five years ago for syphilis, which made its appearance ten days after marriage; this young man (whose history is identical in the peculiarity of its commencement with one of our preceding cases)—this young man, I say, allowed himself to be induced to accompany an old flame, "of whom he felt quite sure," a fortnight before his wedding, and after the traditional ceremony which is called "the farewell to bachelorhood;" in this way he acquired syphilis, which, after an incubation of twenty-five days, appeared as a chancre on the glans. The situation was most critical. I put into practice the method of which I have spoken, and to my great satisfaction it was crowned with success. The secondary period was scarcely noticeable; the risk of contagion was prevented; and all was saved, even appearances as the patient put it.

And yet it was not without trouble that I managed to make him accept this severe treatment; he grumbled

[1] I do not say, be it understood, that treatment of this kind can be pursued in all cases; but I say—and here is the difference—that *in those cases where it can be applied* it should be used in this manner and on these bases.

It constitutes the surest means of suppressing the contagious manifestations of the secondary period.

over and over again at my prescriptions, at what he called my "veterinary treatment," and what I myself more fitly termed "treatment for husbands who do not wish to infect their wives."

II. So much for the first point.

Let us now consider the second, that which relates to the danger of contagion run by the wife. These dangers, as you know from what precedes, are of two kinds—

1*st*, The danger of direct infection through a contagious symptom in the husband.

2*d*, The danger of indirect infection, as a result of pregnancy (syphilis by conception).

Now we have to preserve the young wife from these two perils. To this end how shall we act?

As regards the danger of direct contagion, our line of duty is clearly drawn; we must warn the husband in the most complete and explicit manner, and even frighten him if possible, about the risks which his wife will run. A little fear will only serve to render him more careful and prudent.

Instruct him then concerning the dangers of contagion, which dangers may be unknown, or at least insufficiently known, to him.

Do not confine yourself to saying (as is generally said), "that he may be contagious, and that he should refrain from intercourse with his wife should he observe any syphilitic symptoms." This is much too vague; impress upon him, do not hesitate to enter into

details, for the thing is worth the trouble ; persuade him thoroughly that, in his state of health, any sore, any erosion, or any excoriation, contains or may contain the germ of contagion. That, however small, however insignificant, such a lesion may be, it is none the less dangerous on that account ; that it matters not where the lesion be situated ; that there are contagious lesions in the mouth as well as on the genital organs, etc.[1]

"*Whatever you may see*," you will add by way of conclusion, "you must impose upon yourself the formal and absolute obligation of abstaining from all intercourse with your wife, for this may infect her with the worst of contagions."

And, Gentlemen, I repeat to you, that you are not only authorised in saying this, but it is your duty to put it in these terms, for such language is in perfect harmony with what we know, relative to the usual mode of syphilitic contagion in marriage. Shall I tell you what practice has taught me in this respect ? My notes are absolutely precise as regards this matter, and allow me to affirm the two following propositions :—

1*st*, In the vast majority of cases *syphilitic contagions which occur in marriage from husband to wife are due to lesions of the* SECONDARY *period.*

2*d*, That, almost invariably, *these contagions are due*

[1] It is commonly supposed by the public that syphilitic contagion can only be transmitted by the genital organs, and the notion of syphilis implies that of *genital* contamination.

This is a common error which should always be combated, and more particularly in such cases as we are now considering.

to secondary lesions of a superficial EROSIVE *character, or at the most papulo-erosive,* that is to say, lesions which are essentially benign in appearance, almost insignificant, on account of their seeming benignity; without importance, and eminently susceptible of being misinterpreted even when they have been perceived. And this is readily understood, this double proposition necessarily results from the nature of things.

For, on the one hand syphilis is infinitely more dangerous during the secondary period than at any other, on account of the extreme multiplicity of its lesions. And, on the other hand, contagions which take place in marriage can only be the result of lesions of so little importance that a husband, conscious of his condition, may overlook them or misunderstand their importance. For a husband does not infect his wife in the manner of prostitutes, the so-called "gay women," who continue their avocation through interest or indifference, whatever may be their state of health. A husband infects his wife by accident. He transmits his disease to her by the means of some little lesion, so insignificant that he has not suspected its real nature, or may be has not been conscious of its existence.

I have said many times, and I like to repeat it, that *the most dangerous as regards contagion, are the very mild lesions of the secondary period.* These are the most dangerous on account of their apparent benignity. They seem so unimportant, they have such an inoffensive look, that no account is taken of them, their nature is not suspected, and consequently they become sources

of contagion. Add, moreover, that they may often remain unperceived.

Little secondary lesions of the lips, tongue, and the penis—such are the usual sources of contagion in marriage.

Remember, for example, two cases, which I related at the beginning of this exposé. In one contagion was transmitted by a secondary erosion of the glans, which had been mistaken for herpes; in the other it was the result of a slight erosion of the lips, scarcely even desquamative, and only comparable with the epithelial exfoliation produced by the abuse of tobacco.

I could add to these fifty cases of the same character, all pointing in the same direction. It is almost invariably, then, by means of a slight lesion, of a *simple erosive secondary syphilide*, that syphilis is transmitted from husband and wife.

This is so true, that the most attentive patients, the most conscientious observers of themselves that you can imagine, have fallen into this danger of contagion. Even physicians, competent observers if there are any, have not escaped it in their own homes. I feel it my duty to relate to you the following case:—

One of our most distinguished physicians, one of those men who honour our profession both by their character and talents, contracted syphilis in the exercise of his calling. He immediately warned his wife, and began to watch himself with the most minute care. Every day, both morning and evening, he examined himself thoroughly. And yet in spite of all his vigil-

ance he ended none the less by infecting his wife. Hear his own account of his misfortune, in this letter, which he did me the honour of writing to me.

"One morning last year I was horrified to find, on getting up, a little spot, scarcely apparent, about the size of a lentil, in the fold of the glans penis. It was dry on its whole extent, and slightly excoriated in the centre, over a surface as large as a pin's head. I say I was horrified, because I had had during the night intercourse with my wife. And yet I had examined myself as usual the preceding night. Now, it was this miserable little spot, this insignificant little *pimple*, that most certainly infected my poor wife. For, at the expiration of the usual period, that is to say three weeks later, she noticed a little spot upon the vulva, and this spot became a chancre. . . . Let not my example be lost; make use of it, my dear friend, you who have engaged in this special study, to warn those who will hear how contagion may take place in marriage, and to convince them that it may be through the slightest and most inoffensive lesion; so inoffensive as to escape the watchful eye of a virtuous husband, who is at the same time an attentive and forewarned physician."

This sad and instructive example needs no comment.

III. This is not all, Gentlemen; a third point claims our attention.

You have not forgotten the situation which we are discussing. A married man has come to seek your

advice on account of syphilis. First, you have prescribed a treatment for him ; secondly, you have warned him against the danger of infecting his wife by direct contagion. But your task is not completed ; for there remains the danger of pregnancy. And pregnancy occurring under these conditions might be the cause of a double disaster :—

As regards the mother, who is exposed to acquire syphilis from her child.

As regards the child, who is exposed to all the risks of syphilitic heredity.

Now, it is your duty to prevent this double consequence.

We may suppose that your patient has no idea, or at any rate is only partially aware of the deplorable results which may follow pregnancy occurring in these conditions. It is for you, then, to enlighten him upon this subject ; to enlighten him *in extenso;* clearly and fully; so that "he may take cognisance," as the lawyers say, and shape his conduct on the knowledge of his situation.

Consequently, you will continue your admonitions, if you will take my advice, in the following manner :—

"Above all, sir, in your present state, *there must be no child.* Take care to prevent conception ; your wife must on no account become pregnant !

"For, on the one hand, the child that you will engender may be the inheritor of your disease, or it may die before birth ; and, on the other hand, your wife may be infected by her child, that is to say, may receive from her child that syphilis it inherits from you.

"So—listen to me attentively—you must take every care *not to have any child*."

You are free, Gentlemen, to enlarge upon this subject, and to complement your meaning by such instructions as your clients may require; you are free, as M. Diday puts it, "to be the professor to the end; but, whilst keeping within the bounds of decorum, let not your meaning be doubtful."

Such, Gentlemen, is the first of these situations, arising out of the introduction of syphilis into marriage.

And, however complex and delicate it may be in more than one respect, it is the most simple of all, as regards the medical directions which it necessitates.

Let us continue our study, but in anticipation of far more serious difficulties.

II.

A second class of cases present themselves in the following manner:—

A recently married man has a recurrence of specific symptoms, due to an old syphilis, which has been incompletely treated. His wife has remained unaffected, but she has become *pregnant*. And, justly alarmed, that man seeks advice, and asks the double question—

1*st*, "How shall I treat myself?"

2*d*, "Is there anything to be done for my wife, and for her child?"

This state of things is far more complex than any

of those which we have dealt with, since it presents all their difficulties, but with the serious complication of pregnancy.

In such a case, what should be the conduct of the physician ?

I. As regards the husband there can be no hesitation. Our rôle is precisely what it was in the cases which we have already studied, and we have only to provide an appropriate treatment for the present symptoms, and to warn our client against the possibility of contagion, which would here be doubly disastrous, since both a wife and a child would be affected.[1]

II. But it is with reference to wife and child that we shall now encounter the most serious difficulties. It is evident that both one and the other are endangered. First, the young mother may be infected by her child, engendered by a syphilitic father, whose syphilis is still active enough to exhibit symptoms. All the perils of syphilis by conception arise then here. And on the other hand, the child, in virtue of the

[1] With reference to this, I have thought it unnecessary to repeat that contagion transmitted during pregnancy has two kinds of dangers :—

1*st*, Those relative to the mother; these are self-evident.

2*d*, Those relative *to the child.* The occurrence of syphilis during pregnancy may determine either a *miscarriage* or a *premature confinement. The infection of the mother may also be transmitted to the fœtus*, with all the serious consequences of the congenital diathesis.

Such cases are sufficiently common, I think, to need no further comment. Several instances, moreover, will be found amongst the statistics at the end of this volume. (Vide *Documentary Evidence*, Note III.)

hereditary dangers to which it is exposed, may be born syphilitic, or may else (as is more frequently the case) die before birth.

Now, a question arises, Is there no possibility of preventing these occurrences by taking proper precautions, that is to say, by administering in advance specific treatment to the mother? Is not the attenuating and neutralising influence of treatment shown by analogous, if not identical facts? Do we not see, for example, the timely administration of anti-syphilitic medicines cut short a series of successive miscarriages, due to the influence of paternal syphilis, and lead to a pregnancy ending satisfactorily? *Preventive* intervention, then, is rationally indicated in that case.

But, from another point of view, are we justified in such preventive intervention? What exact knowledge have we of the child's condition, whence are our fears for the mother? Without doubt the child runs hereditary risks in consequence of paternal infection,—this is incontestable. But, as was shown above, there is nothing *absolute* in syphilitic heredity, especially when depending upon the father. The child may have received no disease from its father; and in this case the mother has nothing to fear from the child. Our intervention may be unnecessary.

With this uncertainty what should be done? Shall we, none the less, decide upon a treatment directed, perhaps, against imaginary dangers?

Or should we confine ourselves to expectation, and "chance it," to use a common expression?

A question most serious in its issue ; and one which our present knowledge does not, unfortunately, allow us to settle.

Indeed, you will search in vain for information on this subject in your books. It would be vain to look for a precise and categorical solution. In most of our classical special treatises the problem is not even mentioned.

And should you, as I have done, interrogate public opinion, you will find it singularly undecided on this question. I have myself done that ; I have instituted a kind of inquiry into the matter ; and, after consulting a host of medical men, I have found that, whilst some speak unreservedly for the advisability of preventive treatment, others are averse to this practice ; and the greater number have formed no opinion on the subject, and remain undecided and wavering between the opposite parties.

I had wished to be able to give you the opinion of an illustrious teacher, of the man who has certainly found himself most frequently engaged in difficulties of this nature, and whose vast experience is always so precious, and I went quite lately to see M. Ricord on this special subject ; but I found that he also was hesitating and uncertain. "I could not possibly," said he, "give a categorical solution to the serious question which you have raised, and which has been a subject of anxious thought with me for a long time. However, from what I have seen, I have been led to believe that, on the whole, expectation is the best course to pursue

in this matter. . . . However great my desire to avoid further disaster, *I dislike to work at random*, and undertake the campaign blindfold. I am averse to subjecting a young woman, who has no present syphilitic symptoms, to a mercurial treatment; as she may, as well as her child, have escaped infection; and as, moreover, such a treatment might not prevent the disease if she were likely to get it. . . . . But I cannot, and I have no right to blame the opposite school, which is based upon the most reasonable intentions, as well as upon a salutary prevision . . . . it is for experience to pronounce. But at present, I acknowledge that I prefer the expectant method; and should such a case come before me to-day I should reserve action rather than work in the dark."

Such is also the rule of conduct to which I have inclined, but without, I acknowledge, being able to vindicate my view by sufficient clinical reason.

The question, as you see, Gentlemen, remains undecided. It is not that it is new; but it is so delicate, and so difficult to appreciate in its details, that we can scarcely wonder at the absence of a precise solution. See, indeed, in what opposite ways clinical observations, upon which alone we can rely, are capable of being interpreted.

Paternal transmission does not always occur, as I have already said; so that the children begotten by syphilitic fathers are sometimes born healthy, sometimes they die *in utero*, and they are sometimes born syphilitic. And again, they sometimes leave their mothers un-

affected, whilst at other times they react upon them, and communicate syphilis to them. Now, suppose that in a case of this kind we should make treatment intervene. The woman is confined at full time of a healthy child,—remains healthy; are we then authorised in attributing this happy result to treatment? Why, it would immediately be objected, that "things would have happened in the same way without the treatment," and a certain number of the most authentic cases might be selected in support.

In order to have sufficient grounds for a decision, we should possess a large number of cases of this kind, which would allow us to draw a parallel on an extended scale between the result of therapeutic intervention and that of expectation. Before the imposing figures of such a statistic, all would be bound to incline. Unfortunately, a statistic of this importance is still wanting, and I am obliged to repeat, by way of conclusion, that the problem is simply enunciated, and at present we are unable to solve it.

I would, however, make an exception. There are *particular* cases in which the doctrine of expectation should be abandoned, and give place to active intervention.

What are these cases? I will give you an example:

A healthy woman, married to a syphilitic husband, has *had several miscarriages* in quick succession, without any apparent cause. Upon careful examination you find no plausible explanation of these successive miscarriages but the syphilis of the husband.

Now, supposing this woman again becomes pregnant. Justly alarmed, she asks your advice, or else, as is more often the case, her husband or family consults you about her.

In such a case would you remain inactive? Evidently not. For, on the one hand, you know by past experience what expectation will in all probability lead to; and, on the other, you possess a remedy which, by acting upon the probable causes of these successive miscarriages, may lessen or suppress them. Why not use this means: why not resort to this treatment? At least there is a chance of success, and it seems to me that you have no right to prevent your client from benefiting by this chance.[1]

For my part, in such a case I do not hesitate to prescribe a specific treatment as the only means of avoiding the danger which threatens the child, and of bringing pregnancy to its proper ending. I do not hesitate to prescribe mercury, and, if necessary, to disguise it from the knowledge of the young wife, under some name which I have agreed upon with the husband.

If I am not deceived, I believe that this practice has given me satisfactory results, difficult of contestation, on several occasions.

[1] Professor Depaul has developed the same opinion in his *Leçons Cliniques*. He thinks that "after a series of miscarriages, without any evident cause, we are authorised in prescribing empirically a specific treatment, the more so as it is inoffensive when properly directed."

III.

In the third case, and this is, unfortunately, most common : *a syphilitic husband has infected his wife.*

Consulted in these circumstances, what have we to do ? What are the indications of treatment ?

" Nothing more simple you will say ; we have here two patients, treat them both." No doubt ; but this is not all ; our duty is far more complex in reality than we might be inclined to think, and does not end here ; we are now in the midst of practice, and *difficulties of practice* arise, which no one who has not experienced them personally can know.

Let us enter into details.

I. As regards the husband, there can be no doubt there is nothing else to be done than—

1*st*, To prescribe him a treatment.

2*d*, To intimate to him, most clearly and most unmistakably, *that paternity is interdicted.*

You know, Gentlemen, what happens in a pregnancy when both parents are infected, above all when maternal syphilis is recent, and has not yet undergone the corrective influence of treatment. Pregnancy under these circumstances is a disaster ; it is your duty then to instruct your client upon this point, and in order to leave no doubt in his mind you must speak as follows :— " In your present condition, in the disease which affects both you and your wife, pregnancy would be the greatest possible misfortune, for your child would either die

before birth, or else it would come into the world with syphilis, to the great trouble both of yourself, your wife, and your two families, not to mention the gossip of your friends, etc. I say nothing of the poor child, which, in spite of all care, would soon succumb. Your common interest is, then, to avoid at any price, and until further orders, the possibility of a pregnancy."

Such advice is urgent, but more easily given than taken, as will shortly appear.

II. The husband's course is clearly laid down. But now for the wife; it is as regards her that we shall be placed in the most delicate of situations; the more delicate in that our usual functions must be tempered by the most skilful and diplomatic action. You will soon understand.

For, in the vast majority of cases, things occur in such a way that the woman is ignorant of the disease which affects her, and it is your moral duty to deceive her in this matter by hiding from her the name and the nature of her malady.

And why? because nine times out of ten, at least, you are placed in the following position as regards her:—

A young husband who has infected his wife will come to one of you, for instance, in the greatest anxiety, and will commence the conversation thus: "Doctor, a great misfortune has happened to me. I have had syphilis. I have been wrong enough to marry without being thoroughly cured, and I have given the disease

to my wife. I have come to ask you to treat my poor wife ; but, above all, I beg of you, and I urge you, on no account to tell her the truth, but to keep her completely ignorant of the name and nature of her disease, for if she knew it I should be lost. There would be an end to her affection and to her esteem ; and if she should tell her family, imagine the scene ! . . . . So you must promise me not only to give her your best care, but also to be completely silent as to the true cause of her illness."

Should we, Gentlemen, draw back and refuse the double service which is required of us ? Certainly not.

So that we are at once placed in a most singular situation,—the situation of a physician who is treating a patient, and whose mission is to hide from his patient the real nature of her complaint. I have said a most singular situation, but one which we may accept, as it is in nowise incompatible with professional dignity ; for, after all, we are not responsible for it, and we only accept it in an essentially moral and benevolent intention,—that of hiding a culpable action in order to protect the happiness of a whole family.

But, Gentlemen, do not allow yourselves to be deceived as to the difficulty of the mission which you will have accepted under these circumstances. To treat a woman for syphilis (and to treat her for the length of time which the nature of her disease requires) *without ever allowing her to guess at or suspect the truth*, is a task which might tempt a diplomatist, but for which a physician is ill prepared.

For you will have to follow a line of conduct in which you are not practised ; you will have to scheme and dissimulate constantly ; you will have to improvise answers to a hundred questions which your patient will daily ask of you. "But what is the matter with me? For what are you treating me? How did I get this disease? How is it that I have exactly the same symptoms as my husband?" etc. You will have to adorn the morbid manifestations which may arise with innocent, acceptable, and likely pseudonyms ; you will have to conceal the nature of the specific remedies, which must be prescribed under various names ; and all this without ever hesitating, or even allowing yourself to be taken aback.

Now this rôle, you will find out only too well in practice, presents more than one difficulty ; it requires an amount of tact and assurance which can only be acquired after long experience. In short, believe me, it is less easy to manœuvre on such a ground than might be supposed ; and more than one accomplished practitioner has been worsted in this struggle with feminine perspicacity. Be warned, Gentlemen, and do not forget that when you engage, or rather become engaged, in this game, you may have to play against a very strong hand.

Know also that the women whom we try to deceive in this way are far from being always our dupes. In truth, we deceive them less often and less thoroughly than we imagine, and than their husbands think. I have noticed frequently that some of my lady clients,

whom I had thought in the dark as to the nature of their illness, knew perfectly what to expect in this matter. But towards me, as also towards their husbands, they accepted—because it pleased them to do so—the part we had laid out for them; some even, after a time, end by putting the physician to whose care they are confided at his ease, by giving him to understand that they are aware of the situation. "Pray, do not take so much trouble," said one of my clients to me, "to persuade me that I have a different disease from that from which I suffer. I have long since understood the nature and reason of my illness. But I must remain ignorant in the eyes of my husband, for *my dignity compels me to ignore what I cannot pardon.*" Another patient, with more humour and less dignity than the preceding—if you will allow me to relate the anecdote—seemed to be absolutely reliant upon my imaginary diagnosis, until one day, when she enlightened me in the following little speech: "I am very grateful to you, dear doctor, for all the trouble you have taken to hide from me the nature of my illness, and perhaps you would have been successful without my husband and M. Littré; for my husband hid your prescriptions too carefully for me not to have the greatest desire to read them—and I did read them, you may be sure; and you had forgotten to warn M. Littré against giving in his dictionary the synonym of your deceitful word 'hydrargyrum.'"

Such is the way things happen, and it is not superfluous to know it in practice.

Another point, and one of capital importance.

If it is difficult, as we have seen, to treat a woman for syphilis without her knowledge, it is far more difficult to do so as efficiently as you would wish,—that is to say, by a thorough and lengthened course. I will explain. I do not hesitate to insist upon this point, for a major interest, and one which deserves all our consideration, is attached to it.

You know—and I never fail to repeat it here—that syphilis is only cured, or rather definitely silenced, by long and continued treatment, requiring a minimum of several years. You know, moreover, that for this treatment to be efficient it should be directed in a particular manner ; that it should be alternately interrupted, renewed, suspended, and begun again in a different way. All this requires much time and patience, as well as constant medical supervision. In a word, syphilis is a chronic disease, which can only be got rid of by chronic treatment.

Now, judge whether such a treatment is easily applicable in this particular situation.

First, how shall we get a treatment of this kind accepted by a woman who is ignorant of her real condition, and whom it is forbidden to enlighten as to its nature, and as to its multiple consequences and its future dangers, etc. ?

How, moreover, shall we get such a treatment accepted by a woman who is being constantly deceived, and whose husband repeats every day, by way of consolation, or in extenuation of a fault, which, however,

he takes care not to acknowledge, "What she has is of little importance, and will soon be cured"? etc.

Note, moreover, that the said husband, as soon as the more manifest symptoms have disappeared, and as soon as syphilis ceases to give unmistakable evidence of its presence, will become less anxious to co-operate with you. In proportion to the zeal which he showed at the outset in favour of active treatment and in watching its application, you will now find him cooled down; now that the ostensible symptoms have disappeared, and that the end of the treatment becomes mainly preventive. A few months before you were a "saviour," and you were welcome in the house. But now that all is finished,—that it is "no longer of any importance,"—your presence, your visits, your prescriptions, and your treatment, "which were doubtless of some use, but which might have had the merit of being less protracted,"—all these become a subject of annoyance, of irritation, and of uneasiness, by renewing unpleasant recollections and prolonging a difficult situation, and one calculated to awaken suspicions. In short, to speak plainly, the husband desires only to get rid of you (this expression is strictly exact), and your departure will be a real deliverance for him.

Hence this lamentable consequence: *every married woman who contracts syphilis under the conditions which we have considered, will always be very insufficiently and incompletely treated; and will consequently be exposed to the most serious future dangers.*

Such, Gentlemen, is the invariable history of women

who have been infected by their husbands. At the outset of their disease these women are always treated (exception being made for some who, thanks to the egotism of their husbands, have not been treated at all). They have been "whitewashed," to use a common but very usual expression. But a treatment which might awaken suspicion and compromise the husband has soon been renounced. The medical attendant is dismissed as soon as possible, *and then there is an end to treatment.* What then happens? It is, that the disease continues its influence over these unfortunate women; and ten, fifteen, or twenty years later the most varied symptoms may occur, always more or less serious, sometimes very grave, and occasionally mortal.

Add to this, that, happening to married women of irreproachable conduct, and in whom a past of high morality and of legitimate consideration seems to forbid all idea of syphilis, these specific symptoms of the *tertiary period* run the chance of being misunderstood; they are consequently left uninfluenced by the only suitable treatment, when there is every probability that they will end in the most serious manner. It is highly probable that such an error of diagnosis will be made. In the first place, the physician, by reason of his patient's respectability—I mean to say of her supposed antecedents—does not dream of syphilis; he is very far from suspecting it in this virtuous, respected, and venerable circle. Even should he suspect it, he can obtain no acknowledgment and no information from his patient, for the excellent reason that she cannot reveal the

existence of a disease of which she was kept in ignorance. And, on the other hand, he is scarcely better informed—at least generally—by the husband, who is little inclined to revive a disagreeable past, and little disposed to confidences which he considers unnecessary, etc.; so that, as an almost general rule, a true diagnosis is not made, unless (which is exceptional) it is evident from the objective nature of the lesions. I leave you to judge of the consequences of such a mistake, that is to say, in presence of a lesion so serious as those of tertiary syphilis.[1]

I insist upon this fact, that *nothing is more frequent in practice than tertiary symptoms of syphilis contracted by women in marriage.* Such observations are most abundant. I can reckon them by hundreds in my hospital and private notes. For the most part, in the vast majority of cases, they relate, I repeat, to women who have been treated inefficiently at the outset of their disease; who have been treated only just long enough to dissipate the first symptoms, "to save appear-

[1] It may be objected that "the antecedents of the patient will be known to his medical attendant, who will consequently have no difficulty in recognising the nature of the symptoms which will occur later." Yes, I will answer, if the physician called upon in the latter case happens to be the same who originally treated the disease; but if it be otherwise? There is every reason to believe that it frequently happens otherwise, in practice. It is the more frequent, in that, very often—this is a matter of experience—the physician who is called upon to treat a woman infected with syphilis by her husband, does not remain the usual attendant upon this patient. He nearly always gives place to a confrère after a certain time, and this through means of the husband, who is loth to keep near his wife the confidant of the compromising past. For this, then, or for some other reason, it frequently happens that the patient's antecedents are unknown, even when a diagnosis depends upon that knowledge.

ances," and to exonerate as soon as possible the husband from blame.

I am far from affirming that it is by a cold and cowardly egotistical calculation that many husbands are led in this manner to sacrifice the future of their wives to their own personal dignity, and to the selfish care of hiding the fault of which they have been guilty. Such an accusation would be unfounded, exaggerated, and absurd. But I cannot help seeing what is, and of reading in certain facts the condemnation which they bear. I cannot help, for instance, reprobating strenuously the conduct of those husbands, who, in order to avoid suspicion, have no other care than to shorten the treatment prescribed for their wives, and to compromise the health of another in order to guard what they are pleased to call "their honour." Neither can I help taxing with carelessness, imprudence, and thoughtlessness, those who, as soon as the first symptoms have disappeared, take no heed of what may happen ; allowing things to follow their own course ; and who lull themselves in a security which is the more perfect as their own health is no longer in question, and thus prepare the most formidable future catastrophes with entire indifference.

There is no lack of examples in proof of what I have stated ; the following, among others, may support your judgment :—

A young girl of high rank married a syphilitic man, and soon became infected by him. You may imagine the trouble. M. Ricord was called in, and prescribed a

treatment. All symptoms soon disappeared, and the great question was to get rid of M. Ricord ; and for two pins they would have been ready to declare that they had never seen him.

The disease, however, remained active, and was shown by the deplorable results of three pregnancies, which ended in three still births.

Some years passed in quiet. Then the young wife began to present unusual symptoms about the nose. She had always a "cold in the head," with an abundant discharge of sanious or purulent mucus from the nostrils. Numerous treatments of all kinds were tried, but without result. Two seasons at the sulphur springs were of no greater use. About this time a medical man suspected syphilis, and questioned the patient, who, in ignorance of her specific antecedents, naturally gave an indignant denial. The husband present on this occasion remained mute and impassible, convinced that "his wife had been cured of what she had had, and that the present symptoms had nothing to do with the former *little trouble.*" The lesions, however, increased, until they ended on the one hand in an unbearable ozœna, and, on the other, in perforation of the palate. Then only was the husband's conviction shaken ; then only did he consent to recall M. Ricord, who immediately recognised the specific nature of the disease. Summoned in my turn, I had no difficulty in confirming both the diagnosis and the treatment of my learned teacher. But the lesions had now become such that the osseous framework of the nose was becoming

necrosed. For three whole years the unfortunate woman was obliged to condemn herself to absolute sequestration on account of the insupportable odour, and which all possible medicines failed to counteract. She was cured only after the expulsion of numerous sequestra, and the total loss of the palate.

I have also in my notes numbers of cases relating to women who, after acquiring syphilis from their husbands early in marriage, have been submitted only to brief treatments, and have been affected later with the most serious tertiary symptoms ; one, for example, with a phagedenic syphilide, which ploughed up the face and disfigured her terribly ; another with the loss of the nose ; another with a stricture of the rectum, which had to be operated, and nearly carried off the patient ; another with a cirrhosis, the nature of which being misunderstood, she rapidly succumbed ; and another still, with osseous lesions of the skull and cerebral gummata, which successively gave rise to epileptiform attacks, hemiplegia, gradual loss of intelligence, dementia, and death ; etc.

Such results are certainly too common, but I do not relate them as constituting manifestations peculiar to the cases which are now occupying our attention ; but what is certainly both remarkable and at the same time painful is, that such occurrences should be *common in marriage ;* and that they should be so frequently met with in the upper classes of society, where the many social conditions of education, of civilisation, and of morality, would seem to exclude them ; and, lastly,

that those upon whom it was incumbent, as the authors of the evil, to do all in their power to prevent its terrible consequences, should nevertheless, for one reason or another, have failed in this duty.

So, Gentlemen, in such a situation a humanitarian duty is imposed upon you; and you have already understood and defined it in the course of the preceding discussion. This duty is to take care of the woman who has been confided to you, and in respect to whom you have been, until now, only *the accomplice of the husband*, and charged to deceive her as to the nature and the possible consequences of her disease; it is, in spite of a selfish or indifferent husband, to protect the health of this woman both at present and for the future; it is, in a word, to do everything, both as a man and a physician, to benefit this woman, as you would any other, by serious, lengthened, active, and sufficiently protective treatment.

It is needless to say that your duty will be often rendered easy by the proper feeling of the husband, who may be a man of heart, bitterly repenting the misfortune which he has caused, and anxious to do all he can to repair his fault. It will suffice to explain to him the future dangers to which his wife would be exposed in the absence of sufficient treatment, in order to obtain *carte blanche* relative to the direction and duration of your therapeutic intervention.

But, in return, you must expect to meet other cases where your situation becomes much more delicate and embarrassing; when, for example, you have to deal

with the selfishness, the indifference, the doubts, the fears, and the ignorance of the principal person concerned. In such cases it will be your business, and it will depend upon your tact and knowledge of the human heart, to overcome these difficulties for the better interest of your patients. You will have to sustain the combat with persevering adroitness, and finally, when you feel yourself beaten, to energetically remind the husband of the duties which rest upon you and upon him in such a situation. I would not advise you, however, to take a high hand, to put yourself forward as a redresser of wrongs, or to assume the rediculous character of a lady's Don Quixote. But I do tell you that it is better, when forced, to face the position, and to use firm and unmistakable language to the husband. "Without doubt, sir," you may say, "it may be highly disagreeable to you that your wife's treatment must be still, and for a long time, prolonged; but it is not in my power to ordain otherwise. I have engaged, to save you from an unhappy action, to be your accomplice, and I have kept my word. But I can go no further, and I leave with you the entire responsibility of what may follow, in case by your means the treatment is not carried on as it should be. Honour and common humanity both require that you should do for your wife that which you have thought proper to do for yourself. Let me then complete what we have begun, in order to make sure of the cure, which is the common object of our efforts."

Be sure, Gentlemen, that in so speaking, in accepting

and in keeping up the rôle which I have traced, you fulfil a moral duty which you have no right to avoid. Be sure also that you perform a salutary office in so saving from the tertiary clutches of the diathesis unfortunate women who were not intended for syphilis, but who would be allowed to drink to the dregs of the poisoned chalice offered by the hand of a selfish and careless husband.

This is not all, you have not exhausted all the embarrassments of the special situation we are considering.

Sometimes, indeed, you will have to do with a difficulty of a different kind; with the objections and resistance offered by the patient herself, whom you have to treat; and your attitude towards her will require a certain tact, nay, even a certain professional deception. To explain:

I will suppose that you have cured this woman of her first symptoms. Everything has disappeared; all is going on well. But now you have begun to speak about a new treatment. What is this treatment for? To what end will it serve? etc. We will suppose that your remedies are accepted for this once; but how will you be received when you return to the charge a third, a fourth, or a fifth time, etc.?—and yet this necessity is imposed upon you; this is what you must obtain from your patient; her recovery depends upon that.

You will only overcome this difficulty—and many others of the same nature—by patience, tact, and cleverness. You will overcome it only if you have

been able to assume an authority over your patient which gives her confidence in you, and renders her obedient to your prescriptions.

So, having in view the future, do not fail at once, and in your first visits, to explain to her properly the situation, and that in the way most favourable to the end in view. Of course you will be silent as to the name of the disease, the special dangers to which she is exposed, and the terrible consequences which may occur very much later. But nevertheless do not commit the fault of declaring, as her husband would wish, "that it is trifling," or that "what she is suffering from is but a temporary indisposition which will have no bad results," etc. On the contrary, as soon as you think it possible and opportune, express plainly that the present symptoms depend upon a real illness, which of course you can disguise under any name which seems best fitted in the circumstances. You must let her foresee that her disease will probably last some time, and that it may have returns and relapses. You will tell her that her state of health requires careful supervision; that she will get well undoubtedly, but that she will require prolonged treatment, etc. . . . In short, you must pave the way, and anticipate the objections and opposition which are to be feared in the future, by explaining beforehand that prolonged therapeutic intervention will be necessary. I do not of course advise you to try and inspire your patient with alarm—that would be absurd; but believe me you would overshoot your mark if you are too reassuring, and when you do not give rise to

a certain amount of vague apprehension, which may prove a useful auxiliary. All our patients (and more especially women) are so constituted that they will not treat themselves when they have nothing to fear. Do not forget this general feeling of the human heart, and profit by it in the interests of your cause, that is to say, in the interest of the patient whose health is confided to you in circumstances so peculiarly delicate and difficult in every respect.

IV.

Fourth order of cases: The husband syphilitic; the wife syphilitic and pregnant also.

This is the fourth and last possible position. A man has married in spite of an uncured syphilis; he has infected his young wife; and what is more, she has become pregnant.

This fourth position is the most serious of all those we have hitherto considered; more prolific of dangers, of sudden and unexpected changes, and of practical difficulties for the physician.

What, in fact, may result from such a state of things?

First, a child begotten under these conditions, that is to say, at the time when both father and mother are syphilitic, has few chances in its favour. It is either destined to die after a few months of intra-uterine existence, or to be born dead or dying, or may be, born with syphilis.

Of these three alternatives let us consider the best. The child is born *with syphilis*. Now, should that child be confided to the care of a healthy nurse, it is nearly certain that it will transmit infection to her. This nurse in her turn may infect her own child and her husband, as has been seen many times, not to speak of the possible tangential infections which may ensue.

Such are, summarily, the prospects which this fourth order of cases opens; and we have here most certainly a subject of study which claims all our attention.

In the first place, I shall encourage you by saying the situation is critical, and assuredly most serious, but it is not hopeless, either as regards the present or the future.

For the future, indeed, there can be no doubt. For if you treat the parents actively, methodically, and continuously, they may have later living and healthy children, who will be exempt from any specific manifestation.

And even as regards the present, as regards the actual pregnancy, it is not impossible—I say no more than that it is not impossible—that treatment may obviate a complete disaster. In other words, it is not impossible that if she be submitted during gestation to active treatment, the mother may give birth to a living and viable child; nay, even to a child who may be free from any specific symptom.

Thus:

1*st*, Specific treatment has often afforded me the first and inestimable result of *preventing miscarriage*,

and of conducting the pregnancy to its end. It is true that a child born in these conditions does not escape syphilis, but it is born viable, resistant, and able to tolerate specific treatment; able, in a word, to live with syphilis, and to be cured of it by treatment.

Examples of this are so common, that any particular mention would be superfluous.

2d, We may see, even in these circumstances, children born healthy and free from any syphilitic symptom. For example :—

A young man marries in the height of the secondary period, notwithstanding the advice of his physicians. Five months later his wife becomes pregnant. In the second month of pregnancy she was brought to me, with specific symptoms, as manifest and as unmistakable as possible. I commenced rigorous treatment, which was continued during the whole period of pregnancy. I was fortunate enough to bring the pregnancy to a normal termination. The child, moreover, was born healthy, and of almost average development. It continued to live, and free from any specific manifestation. I watched it most carefully for fifteen months, since when I have lost sight of it; and I can vouch for the fact that during the whole of this period it never showed the slightest suspicious symptoms. M. Langlebert relates an almost identical case :—"Madame X.," says he, "married, in November 1869, one of my clients, whom I had been treating for a few months for a constitutional syphilis. . . . . She became preg-

nant at once, and must have acquired the disease of her husband nearly as soon, for she was scarcely beyond the third month of pregnancy when she became covered with a confluent roseola; dusky scabs disseminated about the scalp; a considerable degree of alopecia; cervical adenopathy; and mucous patches of an ulcerative form about the tonsils: in short, everything seemed to indicate the *début* of a severe syphilis, which would inevitably be transmitted to the child if it should be born alive, which did not appear very probable. I immediately prescribed pills of corrosive sublimate, and somewhat later I administered a course of iodide of potassium, still continuing the mercury. Pregnancy pursued its normal course, and at the end of August 1870 Madame X. was confined of a daughter—weakly, it is true, but not diseased—whom she suckled herself, according to my advice. . . . . Now this child has never ceased to be healthy; it has had nothing about the body in the way of spots or stains, nor has it had any other symptom of suspicious appearance. It is now over two years old, large, well-developed, and in excellent health. It has then escaped syphilis, and this result is due to treatment which alone could have saved it from an infection which the mother's condition during pregnancy rendered almost inevitable."[1]

Successes of this kind, obtained under such unfavourable conditions, are certainly well calculated to encourage the physician, and to indicate to him the line of conduct to follow in such a circumstance.

[1] *La Syphilis dans ses rapports avec le Marriage*, p. 237.

We come now to the indications of treatment in the kind of cases which we have considered.

With regard to the husband, nothing more simple. There is nothing to be done for him beyond the usual treatment of the diathesis.

But the wife now claims all our attention. She must be treated, and treated with the more care, attention, and vigilance, in that she represents two patients, so to speak ;—in that there are two lives to protect.

And, indeed, she is to be considered in the first place ; but we must also take into consideration the child which she bears in her womb,—that child which, more endangered than herself, we cannot reach or protect except through her.

Treat, then, the mother,—this is the primary consideration which we should have in view.

Well, Gentlemen, this simple, rational, and so completely legitimate indication will not be accepted by all. It has its adversaries. Objections have been raised, and the subject has been controverted, even quite recently, in one of our learned societies.

It has been said, "What! Here is a *pregnant* woman, and you are going to treat her ; you intend to treat her ; and how ? You are going to prescribe *mercury ?* Have you no fear that this mercury may become harmful to her in many ways ? Will it not, in the first place, increase and complicate the gastric disturbances attendant upon pregnancy ? Will it not add its own special anæmia-producing action to the

anæmia and hydræmia of pregnancy? And, above all, —and here is a capital danger—is it not likely to provoke miscarriage? For we see daily miscarriages occurring in syphilitic women treated by mercury," etc.

To this, Gentlemen, our answer will be as formal and as categorical as possible.

Yes, without doubt, I reply, mercury ill-administered may be open to these objections. Mercury given in certain forms and in certain doses may produce the effects we have mentioned; that is to say, may increase gastric disturbance, may add to the anæmia, and may even possibly promote or determine a miscarriage.[1] But this is not the question, and we have not to concern ourselves with the possible effects of the toxic use of mercury, or of its absorption by those who manipulate it. The case which we have to consider is that of the skilled and prudent administration of mercury *as a remedy*, as *a mercurial treatment*, appropriate to the constitution and special conditions of the patient. Now a treatment of this kind, methodically devised and carried out, will not only be free from such dangers, but will only constitute in itself the best and surest means possible of bringing pregnancy to a satisfactory conclusion, and of protecting the fœtus.

Let us enter into details, and let us discuss, step by step, the different objections which precede. It is

[1] *Vide* Ad. Lizé, *Influence de l'intoxication mercurielle lente sur le produit de la conception.*—(Union Médicale, 1862, vol. i. p. 106.) H. Hallopeau, *Du mercure, action physiologique et thérapeutique.*—(Paris "aggregation" Thèses, 1878.)

well worth the while; for the existence of a child is at stake, and depends upon medical intervention.

I. As regards gastric disturbance, experience shows that we can easily prevent this. We should take care not to administer to these patients either corrosive sublimate, bin-iodide, *sirop de Gibert*,[1] or any other analogous preparation, so badly tolerated by women in general, and by pregnant women in particular. We should take care to prescribe preparations of mercury which are not so liable to derange the digestive functions; we should prescribe, for example, the proto-iodide, which is much milder, and which is generally tolerated by the stomach when a medium dose of five, eight, or ten centigrammes (one or two grains) is administered daily. In this hospital we constantly prescribe proto-iodide to our pregnant syphilitic patients, and nine times out of ten it gives rise to no gastro-intestinal disturbance. Should it happen, however, to occasion some slight trouble, some slight gastric or intestinal derangement, we can almost always manage by some expedient that it shall be tolerated; either by giving it before or during meals, by associating a little dose of opium with it, or by prescribing some digestive adjuvant, such as bark, gentian wine, or coffee, etc. If, however, the stomach cannot be made to tolerate the remedy which gives rise, in spite of everything, to gastric or intestinal trouble, we have still

[1] A mercurial preparation, composed of bin-iodide of mercury held in solution by a large excess of iodide of potassium.—(Translator's Note.)

a means of getting the patient under the influence of mercury without injury to the digestive functions. This means, which all of you know, consists of *mercurial frictions;* a mode of treatment whose action is too well known to require support, and which has been lately recommended in a special manner by some physicians, as peculiarly adapted to syphilitic women during gestation.

II. The second objection is entirely theoretical. For my part, I have never seen the anæmia of pregnancy increase under the influence of a wisely-directed mercurial treatment; and as to this especial anæmia of syphilis, it is now well established that mercury is its real remedy. It has been said with truth, that, as regards the phenomena of specific anæmia, "mercury is the iron for syphilis."

III. Lastly, it is entirely false that mercury promotes miscarriage in syphilis, as certain physicians fear.

From the fact that it is not uncommon to see syphilitic women miscarry during or after a mercurial treatment it has been concluded that in such cases miscarriage is due to mercury. This induction is most unreasonable; I will even say that it is entirely unfounded, for it does not take into account the most essential factor of the problem; that is to say, the disease itself—the syphilis. *It attributes to the treatment that which is the result of the disease.* It is of course

unnecessary to remind you that syphilis constitutes one of the most powerful predispositions to miscarriage; there are indeed few morbid conditions comparable with it in this respect, and which furnish so considerable a number to the sum total of miscarriages.[1] So that, when a syphilitic woman under mercurial treatment has miscarried, we are authorised in attributing her miscarriage not to the influence of mercury, but to the influence alone of the specific diathesis.

And the proof of this is to be found in these two results of clinical experience, namely—

1*st*, That numbers of syphilitic women miscarry without ever having taken an atom of mercury. This first fact is so frequent that it is commonplace.

2*d*, That numbers of syphilitic women, who before treatment have miscarried several times in succession, nevertheless have normal pregnancies after undergoing mercurial treatment. This is a point upon which I have already dwelt at length, and which it will suffice here to enunciate without fuller development. So that the opinion which considers mercury as a cause of miscarriage in syphilis cannot prevail against what I may call the clinical evidence; that is to say, against the imposing total of clinical facts, which, gathered in every direction, and related by observers in the most different fields of observation, notwithstanding all agree not only to acquit mercury from this special accusation,

[1] I take the liberty of referring the reader to a chapter in my *Leçons sur la Syphilis etudiée plus particulièrement chez la femme*, p. 995, *et seq.* *Vide* also *Documentary Evidence*, Note I.

but also to show it as the best safeguard we possess against the abortive influence of syphilis. For my part, I most strenuously oppose this opinion; and I do not hesitate, as regards the matter in hand, to call it disastrous, for its logical consequence is to deprive pregnant syphilitic women of their means of cure, which is the surest way of exposing them to the strong probability of miscarriage.

For that matter, with few exceptions, there is now agreement on this question; and I may sum up what might be called our present state of knowledge in the two following propositions:—

1*st*, Mercury does not always prevent miscarriage in syphilitic women, but there is no evidence that it ever contributes to it, that is, when administered in therapeutic, moderate, and non-toxic doses.

2*d*, It evidently prevents miscarriage very often, prolonging pregnancy, and bringing it to its normal conclusion.[1]

[1] What numbers of authors could here be quoted. Let us take some at hazard:—

"Among other baneful effects ot syphilis, perhaps none prove more distressful than the frequent abortions which it evidently occasions. A child infected in the uterus will in some instances not come away till the full time; but in a great proportion of cases abortion takes place in the sixth or seventh month, sometimes sooner, but most frequently about the middle of the seventh month. Of this I have met with such a number of instances, that I am induced to consider it as one of the most frequent causes of abortion; but as the child is commonly either born dead, or so weakly that it soon dies, sufficient evidence is not often obtained to lead the attendants to entertain any suspicion. Hence practitioners seldom hear of it unless the disease has made greater progress than usual. We have it in our power, however, when this cause of abortion is discovered, to remove it with much certainty. A well-conducted course of mercury very seldom fails to prove

When, then, we meet in practice with a pregnant syphilitic woman, our first care should be to submit

effectual."—*A Treatise on Gonorrhœa Virulenta and Lues Venerea*, by Benjamin Bell.

" . . . Gestation, far from being a contra-indication to energetic treatment, requires even more attention and sagacious action. I have seen very many more miscarriages in untreated syphilitic women than in those who have been submitted to methodical treatment."—(Ricord, *Traité pratique des maladies vénériennes*, 1838.) What M. Ricord understands here by "methodical treatment," is no other than the usual treatment of syphilis by mercury.

" . . . Mercurial treatment is considered at Lourcine as the *preservative against miscarriage*."—(Coffin, *op. cit.*)

" . . . Properly administered, mercury is one of the most powerful preservatives for the child; and, as M. Vanoni has shown (*Il raccogl. med.*, Aug. 1872), if it does not more often prevent miscarriage, it is either because it is not given soon enough or else not long enough. . . . It is so necessary to take pregnancy into consideration in the therapeutics of syphilis, that it happens that a mercurial treatment administered to pregnant women will sometimes preserve the first-born children, and allow the disease to influence succeeding pregnancies when abandoned to themselves."—Rollet, *Traité des maladies vénériennes*, 1865.

" . . . The dangers of mercurial preparations to pregnant women have been much exaggerated, but it is now recognised that they are of *immense service* when syphilis has been the probable cause of former miscarriages, for the disease may remain latent in the woman and only attack the fœtus. It is, without doubt, that it is in cases of this kind that Young, Beatty, and Russel in England, obtain the successes which they record to the credit of mercury."—(Devilliers, Article *Avortement*, in the *Nouveau Dictionnaire de Medécine et de Chirurgie pratiques*, vol. iv. p. 323.)

" . . . Without doubt the administration of mercury of iodine, or of other medicines containing a toxic principle, when pushed to the extent of producing a kind of chronic intoxication, becomes a powerful cause of miscarriage, and the observations of miscarriage attributed to mercury are not all of them errors of interpretation. . . . But it is no less true, as is evident by everyday observation to unprejudiced persons, that a treatment by mercury, or by any other active substance, of the syphilitic symptoms which occur during pregnancy, in order to destroy the diathesis and to strengthen the constitution, far from being a danger, is, on the contrary, an advantage, both for mother and child, when this treatment is conducted with prudence and moderation."—Jaquemier, Article *Avortements*, in the *Dictionnaire Encyclopédique des Sciences Médicales*, vol. vii. p. 539.

her to specific treatment; and should this woman—as is indeed the case in the kind of situations which are under consideration—be affected with a recent syphilis requiring the use of mercury, we should not hesitate to prescribe it; we should prescribe it, without doubt, in moderate doses, appropriate to the strength and gastric tolerance of the patient, but we should prescribe it actively and continuously, really, efficiently; in a word, sufficiently for the end we are seeking. And, Gentlemen, I do not hesitate to say, by way of finish, we should institute this treatment with the more care, and we should watch it with the greater method, solicitude, and vigilance, in that we have not one patient only to treat, but with our patient, and through her, another life to protect; that of the child, which at this time is intimately associated with its mother's destiny.

V.

In the preceding pages we have reviewed the four situations which may arise when syphilis has been introduced into marriage by a diseased husband; and in connection with each of these situations I have endeavoured to trace out for you the line of conduct which a physician should pursue, and to determine the many indications which we are called upon to satisfy in such cases.

Our subject, however, is not yet exhausted.

One essential and most practical point remains to be noticed; and with it I will end the present Lecture.

This point relates to a real *social* duty (and you will see that this expression is not exaggerated), which is imposed upon the physician in the particular circumstances under consideration; an evident and undeniable duty, the accomplishment of which is full of useful results, but which is often omitted, neglected, or transgressed in practice, to the great detriment of those whom we have the professional mission to protect.

Most of our classical treatises are silent upon the following question. You will allow me, then, to treat it here in some detail, to show you its importance and its practical difficulties.

When syphilis has entered into a household there is a great risk, as we have previously established, that the child born of these parents will be tainted with syphilis. Now, supposing the child be born syphilitic, it will evidently carry with it *dangers of contagion*,—that is to say, it is possible that its syphilis may be communicated to those who surround it, to those who, ministering to its different wants, are in constant contact with it. What then,—and I call your attention to that point,—what then would happen if this child were to be suckled by another? The answer is easy: The child would almost infallibly infect its nurse.

See, then, how syphilis may extend from the family of the child, and infect another person; a first misfortune, and a first deplorable consequence of the situation.

But this is not all. You all know, from having

heard me repeat it so often,[1] what a singular power of irradiation and of expansion there is in the syphilis of nurses and nurslings; how it may be propagated at a series of unexpected tangents, and so constitute multiple sources of contagion; how frequently, for example, a syphilitic child infects several persons about it,[2] and how often a nurse infected by the child transmits the disease either to her own infant, her husband, or to another nurs-

[1] Vide *Nourrices et nourrissons syphilitiques.* Lectures delivered at St. Louis Hospital, Paris, 1878. A. Delahaye.

[2] For example: A nurse infected with syphilis came into a young family to nurse their child. She infected the child. The nature of the morbid symptoms was not at first recognised, as is usually the case among those who are inexperienced in matters of this kind. What happened? The child infected, first, its mother; secondly, its grandmother; thirdly and fourthly, two servants of the house, who were absolutely respectable and *virgins.*

The young wife in her turn transmitted contagion to her husband a few months later.

I have often said, *nothing is more dangerous than a syphilitic child in a household.* The thousand little cares which the rearing of an infant requires, the pettings and the kisses which are lavished upon it, become the origin of cases, and frequent infection. I have among my notes, to speak only of cases seen by myself, a dozen examples of contagions of this kind. Thus, a lady, aged sixty-five, was infected by her grandchild, whom she was feeding with a spoon, putting each spoonful to her mouth before giving it to the child; and the virus was certainly transmitted in that way from the child's lips to those of the grandmother. In the same way I am at present treating a young woman who was infected by her child, who was itself infected by its nurse. My learned colleague, M. Hillairet, relates to me the following case: A young man affected with syphilis married prematurely, and did not fail very soon to infect his wife; a child was born of this couple, which soon showed symptoms of hereditary syphilis, and infected its nurse. Confided then to the charge of its maternal grandparents, it transmitted the contagion to both one and the other by means of the feeding-bottle. The grandfather and grandmother were in the habit of draining the feeding-bottle with their lips, and without taking the precaution of wiping it even when it came out of the child's mouth. Now, the child being affected with labial syphilides, they were both infected in the mouth, and exhibited an indurated labial chancre, soon followed by general symptoms.

ling. How often, too, does each of these new contagions become in its turn the origin of other contagions.

Cases in which these *cascades* of contagion—if I may use the expression—have been seen as a consequence of the syphilis of an infant abound on all sides; they positively swarm in our science. I related a number of them to you last year, when I described to you the syphilis of nurses and nurslings. Allow me to remind you summarily of three typical cases:—

I. A young man affected with syphilis married prematurely. He soon infected his wife; the child born of this marriage was put out to nurse, and infected the nurse. She in her turn transmitted syphilis to her own child; then to another nursling; and two months later to her husband.[1]

II. A syphilitic child, born apparently healthy, was confided to a nurse, whom it soon infected. The nurse, who at the same time was suckling another nursling, infected it, and it soon died. She then took a third nursling, which also contracted syphilis, and died. Another nurse, who had obligingly given the breast to this last child, took the disease from it, and she infected her own nursling.

To sum up, Gentlemen, five syphilitic contagions, and two deaths.

III. Another case is related by one of my most distinguished colleagues, Dr. Dron (of Lyons): A syphi-

1 Vide *Documentary Evidence*, Note V.

litic child infected its nurse; this nurse, in order to relieve her breasts, suckled three nurslings, who all three acquired syphilis; each of these three children infected its mother; each of these three wives infected her husband.[1] Add up again; ten syphilitic contaminations, originating in the syphilis of one nursling! And, did matters end here?[2]

It is almost unnecessary to add, as you will have already foreseen, that syphilis of such an origin has every chance of remaining unperceived, at least for some time, and, in consequence, of being left to itself without any treatment; so that it can scarcely fail, and in many cases has not failed, to bring about a real catastrophe; such, for example, as the death of the nurslings infected by their nurses, or as the most serious symptoms produced in the nurse, or in other persons who have fallen victims to the contagion.[3]

1 Achille Dron, *Mode particulier de transmission de la Syphilis au nourrisson par la nourrice dans l'allaitement.* Lyons, 1870.

2 Sometimes, indeed, but this is now exceptional, it is true that such cascades of contagion have made a still greater number of victims. Thus, a syphilitic nursling has been known to import into a village sixteen, eighteen, and as many as twenty-three "infections," and become, so to speak, the origin of a local epidemic.—*Vide* Amilcare Ricordi, *Sifilide da allattamento e forme iniziali della Sifilide.* Milan, 1865.

3 Examples of the kind, taken among many others:—

I. A child born to a syphilitic father was confided to a healthy nurse; various syphilitic symptoms soon appeared, and the nurse was affected; she in her turn infected her husband; the husband had an iritis, and *lost an eye.* A few years later the nurse succumbed from a syphilitic paralysis (Dr. Delore of Lyons).

II. One of my clients married against my advice, and transmitted syphilis to his wife early in marriage. A child was born, who (unknown to me of course) was given to a nurse; the child soon exhibited numerous symp-

Now, to return to our subject, it is precisely this kind of dangers that the physician should have in view when he is placed in a position to prevent them, as in any of the situations which we have hitherto considered. These dangers are known to him, and he may be sure that they will become a certainty if he does not intervene; it is then his business to prevent them. And now begins a real duty, which, without exaggeration, I have thought right to call a *social* duty, since its object and its result is to protect the interests of society. I do not hesitate to say that this duty *is incumbent upon the physician*, who would be guilty in neglecting or in avoiding it; inasmuch as in performing it he at the same time is guarding the interests of his client.

This principle being admitted, let us explain its application.

To circumscribe syphilis in its original focus, so as to prevent it extending its ravages beyond, such is the object we have in view. Now, how shall we proceed?

There is only one practical means. It is to manage that the syphilitic child, which is the source of the dangers we wish to prevent, shall remain in its family, and be nursed *by its mother*.

If it does not leave its own home, and is nourished at its mother's breast, it is evident that it will not have an opportunity of transmitting the germs of its terrible disease to a strange nurse, or to any other persons.

toms of syphilis, and infected his nurse; in her turn she infected first her child, who *died* in a few months; secondly, her husband. Ultimately, she *lost an eye* from iritis. A year later she was confined of a child, with serious symptoms of syphilis, which died at the age of two months.

This, then, is the end which the practitioner should have in view ; he should, by his influence, his advice, and his moral authority, prepare a situation which shall be harmful to no one, instead of allowing a state of things to arise independently of him, which will be prejudicial to all. To speak clearly, it is necessary—

1*st*, That the infant born of syphilitic parents be kept at home, so that it may be watched, and treated if required, and in this case the contagious symptoms which may appear eradicated as soon as possible.

2*d*, That the child be on no account given to a wet nurse ; the family must recognise the nursing of this child by its mother, as a formal and unavoidable necessity.

Let us come now to practice. To this end, and to obtain this result, what in short shall we do ?

At the proper time, that is to say when the advanced state of the pregnancy gives every probability of a confinement at full time, we should explain the situation to the husband, and point out to him all the dangers which arise from it :—Tell him that his future child runs considerable risks of syphilitic heredity ; make him understand that, under these circumstances, the child must not be given out to a nurse, as she would almost inevitably become infected ; unfold to him, without sparing him a single detail, all the consequences of such a contagion ; the just but clamorous recriminations of the nurse, the scandalous notoriety, the possible action at law, its humiliating publicity ; and conclude, finally, by insisting upon the mother's absolute

obligation to nurse her own child. The only moral, honest, and useful line of conduct possible under the circumstances.

"Take care then, sir," you will add, "*that your wife herself suckle.* Your interest, that of your child, and in fact of all, requires it. Accept it then as an indispensable necessity in your present circumstances. If then your wife should express a wish to nurse her child, be careful not to dissuade her. But if she be not so disposed you must propose it yourself, and endeavour by all the means at your disposal to change her resolution. For, I repeat again, the child must have her and her only for its nurse."

When things are put in this fashion it will be rare for the physician not to attain the end he has in view. This object will then be realised, the syphilitic child, or the child suspected of syphilis, will be kept in its family and nursed by its mother, *and thus danger to others will be avoided.*[1]

[1] If I had not so fully developed this subject elsewhere, I should have insisted upon numerous details of practice, which I pass over without notice. But it seems to me indispensable to add some considerations relative to a point of peculiar importance. I will borrow them from my *Leçons sur les nourrices syphilitiques* (Paris. A. Delahaye, 1878):—

". . . Do not expect, Gentlemen, that your advice that the mother should suckle her child will be always accepted without opposition. Not to mention reasons which have no reason, reasons founded upon social or worldly requirements; it will often be objected that the mother is "too weak to suckle," that she could not bear the fatigues of lactation without danger to herself, etc. You must insist, for it is very rare for a woman to be unable, at least for some months, to nurse her child. You must insist, and say, 'Very well then, there is no need for the child to be suckled for the usual length of time; let your wife do her best, and that is all I ask of her. Let her at least give the breast *during the first months;* this will give us

Now, Gentlemen, this result will be a considerable service, and of capital importance as regards public prophylaxis. If you have any doubt, recall to your mind what I told you last year when I described the syphilis of nurses and nurslings ; recollect the frequency of the contagions which are transmitted by nurslings ; recollect the disastrous and lamentable consequences which ensue ; the material catastrophes which may arise, the moral degradation which may become public, the scandalous lawsuits which they provoke, and the shame and humiliation, etc.

It is necessary then, in every respect, that the practi-

time, and we will then see what is to be done. At all events, it is most necessary and urgent that your wife should nourish for a few months.'

"And why, Gentlemen? Why seek to obtain, at least for a few months, maternal nursing? Because infantile syphilis, when present, becomes nearly always, if not constantly, manifest, in the first two or three months. In 158 cases M. Diday has seen it appear 146 times within this period. Such figures have a meaning which renders further comment unnecessary.

"These few months of maternal nursing may serve then both as a *criterion of the child's health* and as *a guide for future conduct.*"

And, indeed—1*st*, If in this space of time syphilis makes its appearance the matter is decided. The child must submit to the common fate of all syphilitic children. It must in no case be given to a nurse ; and this is the essential point which we have now to consider as regards public safety.

In this first alternative maternal nourishment must be continued if possible, but if not, we must have recourse to one of those special methods of rearing syphilitic children which I have described to you (a syphilitic nurse or a milch goat, etc.)

2*d*, If, on the contrary, after three months ; or, better still, after four or five months' watching, no suspicious symptom has appeared, there is a strong presumption (I say presumption, and nothing further) that the child has escaped hereditary influence, that he is not syphilitic ; and in this case we have much greater liberty of action. For if the mother be really unable to continue suckling, another nurse may be taken, but not unless the child be still submitted to constant and minute supervision, in order to obviate any risk of contagion.

tioner—when he be able, as is often the case—should put a curb on such contagions, by circumscribing the disease in its original focus, and by preventing it from spreading its dangerous germs. This is his professional obligation towards society, an obligation in which he must not fail.

But I foresee your objection: "We understand perfectly," you will perhaps say, "the interest which there is for society, and for every one, to circumscribe the disease in this manner, and we allow that the means you propose will attain this end. But if this means has the incontestable result of preventing the spread of contagion beyond the family, is it not wanting and even dangerous in other respects? But you will say, let the mother suckle her child! What will happen if the mother be syphilitic and the child healthy; or, inversely, if the mother be healthy and the child diseased? Will not contagion be transmitted from mother to child, or from child to mother?

"Will not the syphilitic mother infect the healthy child? or will not the healthy mother be infected by her diseased offspring?"

I recognise the apparent justice of this objection. Let us then discuss it with the attention it deserves, so that there shall be no doubt or uncertainty in your minds.

Four kinds of cases are here possible. Thus:—

1*st*, Both mother and child may have escaped the dangers of paternal syphilis, that is to say may have remained healthy;

2d, Or again, both mother and child may have become infected, that is to say may be syphilitic ;

3d, Or the mother may have remained healthy whilst the child has been diseased ;

4th, Or lastly and inversely, the mother may be syphilitic whilst the child is healthy.

These then—is it not true ? are the four alternatives, the four only possible alternatives. Beyond them is no other, even to conceive theoretically.

Now let us consider each of them in detail, and let us see what may be the dangers of nursing, either to the mother or to the child, in each case. This discussion may perhaps appear somewhat long and tedious, but it is indispensable to the clearness of our subject.

First supposition : Both mother and child have escaped infection.

In this case it is clear that they have nothing to fear from one another ; for, according to the proverb, " out of nothing, nothing comes." The nursing of the child by its mother then gives rise to no danger whatever.

To proceed.

Second supposition : The mother and child are both syphilitic.

Here, again, there is no fear of possible contagion. The mother and child both having syphilis have nothing further to fear from one another ; for syphilis cannot be doubled, it is not acquired twice.

Let us say even that, in this case, maternal nursing is the only method which can be medically allowable ;

for we can on no account, and for no reason, allow a syphilitic child to be handed over to a healthy nurse.

Third proposition: The mother is healthy and the child syphilitic.

It is here only that the objection would seem to acquire a real value. For here the possibility of contagion almost results from what precedes.

But, let us say at once, this position is very rarely met with in practice. As we have already established, it is almost exceptional to meet a healthy mother with a syphilitic child. Syphilis in the child nearly always implies syphilis in the mother.

Rare, however, as are cases of this kind, they have been met with, and I have myself observed, or at least I believe I have observed, a certain number of them. We must then take them into account in the present discussion.

Now the question which arises in such a case is the following: Is the mother, who suckles her child under these circumstances, liable to be infected by it?

Theoretically, we should answer in the affirmative. Why, indeed, should not this healthy mother become infected by her diseased infant?

But, practically, we arrive at a different conclusion. In practice we never see a child who is born syphilitic (syphilitic from birth be it understood)[1] infect the

[1] On the contrary, a child who, born healthy, contracts syphilis from a third person (a nurse, for example), is *ultra*-contagious to its mother; thus it is that we constantly see contagion effected under the following circumstances:—

A child is born of healthy parents; it is temporarily confided to a syphi-

mother who suckles it. However natural it may appear, the case of a mother nursing her own syphilitic child and acquiring its disease is never met with.

It matters little to us for the present what the explanation of this may be. Suffice it that it is a fact, and a hard fact, which forces itself upon clinical observation, and which has the greatest interest for our subject.

Mentioned long since by an English author, Abraham Colles,[1] and know as *Colles's law*, this singular immu-

litic nurse, and acquires from her the disease; returning to the maternal breast it inoculates its mother with syphilis.

Observations of this nature will be found on every side. I have related several in my *Leçons sur les nourrices et les nourrissons syphilitiques;* and I think it sufficient to state the fact here without going into particulars.

[1] "It is a curious fact that I have never witnessed, or ever heard of an instance in which a child deriving the infection of syphilis from its parents, has caused an ulceration in the breast of its mother."—Abraham Colles's *Practical Observations on the Venereal Disease, and on the Use of Mercury.* London, 1837.

I am aware that some cases have been quoted which are opposed to the law, or, if this word appears too ambitious, to the proposition of Colles. I do not pretend to discuss their value; all I can say is that, for my own part, I have never yet met with their like.

It is assuredly a very surprising thing to see a healthy woman nursing a child tainted with syphilis, remain healthy, and not acquire its disease. It is so extraordinary that we always ask ourselves if we are not deceived; if the woman really be free from it; if she has not escaped contagion for the simple reason that she had already been infected either before or during pregnancy. One is always inclined to believe, in short, that the woman is syphilitic, but that, for some reason or other, one has not been able to observe her syphilis at the proper time; that is to say, when unequivocal manifestations of it were present.

Such, indeed, is the interpretation put upon Colles's proposition by those who deny the paternal heredity of syphilis; for them there is no syphilitic child without a syphilitic mother; the infection of the child implies the infection of the mother; "There is nothing remarkable in that a syphilitical child does not infect its mother," say they; "it cannot infect her, because

nity of the mother from the child's disease has attracted the attention of numerous observers. It is now generally admitted as an undeniable fact, and one confirmed by almost unanimous agreement.

she is already diseased. One syphilitic subject has nothing to fear from another."

The question, indeed, would be decided in this manner if we always found syphilis in the mothers of syphilitic children. But it so happens that we do not *always* find it. Must we believe then that it exists even although we have no evidence of it? Some of our confrères have arrived at this conclusion. Mr. Hutchinson has even built a theory upon it, to which it will not be uninteresting to call the reader's attention.

According to our eminent colleague, Colles's law has its only possible explanation in the infection of the mother. And yet he is the first to recognise that generally no symptom of infection is observed in the mother. If, then, the woman is syphilitic, says he, she must be so in a *certain manner*, in a certain way, which enables her to be syphilitic without apparent manifestation.

This, then, continues he, is what most probably happens; we must believe that maternal syphilis, acquired *in utero* from a syphilitic fœtus, is a syphilis of a special kind, *a mitigated* or mild form of syphilis, and capable of remaining latent for a long time, or even indefinitely, without any external symptom. This syphilis may consequently escape our notice even when it exists, and when it has affected the maternal organism so thoroughly as to render it refractory to further contamination.

In support of this somewhat bold hypothesis, Mr. Hutchinson observes that virulent diseases have a very different evolution and intensity, according to their *mode of penetration* into the organism. Take, for example, variolous virus. When introduced into the organism by inoculation it only gives rise to a slight affection, which is fatal only once in five hundred cases. Absorbed, on the contrary, by inhalation, it produces a most serious illness, fatal once in four times. Apply this to syphilis, and you will easily understand that syphilis derived from fœtal blood-contamination may differ absolutely, both in the evolution of its symptoms and in its intensity, from the disease derived from tegumentary inoculation. In development of his theory, Mr. Hutchinson admits the possibility of three kinds of syphilis by conception, viz.—

1*st*, First group, in which the diathesis shows itself by the usual secondary symptoms. This is the exception, and it is even probable, according to the author, that cases of this kind depend rather upon ordinary contagion than upon syphilis by conception.

"It is certain," writes M. Ricord, "that in the case where a mother, while carrying in her womb a syphilitic child, has escaped syphilis, she will never contract it later in suckling her diseased child."

M. Diday says the same thing. "Never will a child syphilitic from its birth communicate the disease

2*d*, A second group, in which infection is characterised by specific symptoms of a mild kind, and essentially benignant. Indisposition during pregnancy, some loss of hair, and, months or years later, ulcerations of the tongue, palmar psoriasis, and gummata of the connective tissue.

3*d*, A third group (and which comprehends at least half of the cases), in which the disease is shown by no symptom whatever, by no disturbance of the health. This absence of symptoms during the first years does not exclude the possibility of tertiary symptoms at some future time, but more generally there are none, and the woman infected in this way by syphilis remains free from any specific manifestations the whole of her existence. ("On Colles's law," and "On the communication of Syphilis from the fœtus to its mother."—*Medical Times and Gazette*, December 1876, p. 643.)

I shall not stop to discuss this theory, for, indeed, it at present defies all criticism. We should require, either for its support or for its refutation, a series of well-observed clinical cases. Studied in this direction, we have no criterion of this kind. The whole field of investigation is new, and the first furrows only have been turned.

I feel it my duty, however, to record an interesting case, which has been communicated to me by Dr. Charrier, and which confirms to some extent Mr. Hutchinson's theory. The reader will find this case in the *Documentary Evidence* appended to this work (Note VI.)

In the present state of our knowledge we can draw two important conclusions from clinical observation :—

1*st*, That a healthy woman, become pregnant by a syphilitic man, may give birth to a syphilitic child, and still remain *healthy* herself (at least apparently so).

2*d*, That this woman suckling a syphilitic child is not exposed to contagion from it.

This singular immunity remains only to be explained ; and we have to determine whether it is not explicable, as some authors think, by a *special latent* kind of infection derived from the fœtus, but a no less special mode of contamination. The future alone can enlighten us, and at present we can only reserve our judgment.

to its mother who nurses it." As for myself, I have never yet observed a single authentic case in contradiction to Colles's law, and I hold this law as absolutely conformable to the teaching of experience.

To return then to our subject. Here again, even in this situation so perilous in appearance as that of a healthy mother exposed to the contact of a syphilitic child, the maternal nursing is free from danger.

There remains then a fourth and last alternative : The mother is syphilitic and the child is healthy.

This is the reverse of the preceding case. Here again, as before, there is no fear of contagion ; a child born healthy, notwithstanding its syphilitic parentage, never acquires syphilis from the maternal breast. For my part, I declare that I have never seen anything of the sort ; and I may say that I do not know of a single instance of a mother giving birth to a healthy child and then infecting it.[1]

To sum up then, Gentlemen ; whichever of the four alternatives we may have to deal with, we constantly and invariably see that the nursing of the child by its mother is free from the theoretical dangers which we might foresee.

Hence the easy deduction, that there is no reason in any case against the child being suckled by its mother.

[1] It is of course understood—and I repeat it only to avoid ambiguity—that I am speaking only of a mother who has contracted syphilis either before or during pregnancy ; for a mother who contracts it after her confinement is in the highest degree contagious to her child. This is a matter of common observation. It is sufficient to recall those numerous cases, in which nurses, who have acquired syphilis from a syphilitic nursling, have communicated it to their own children.

Now as, on the other hand, there is the highest reason, and one superior to all others, against the child being given to another nurse, the problem becomes solved in two different ways in the same direction. And as a final conclusion we are led to admit

That, under the circumstances, *maternal nursing is the only rational and practical way of rearing the child.*

Given then a syphilitic child, or one suspected only of syphilis, it is the child's mother *alone* who can or should act as nurse.

This is not doubtful, and, although many reasons might be adduced, there is no need of prolonging the discussion. Such is the principle.

I will say, moreover, in conclusion, that even should maternal nursing present any dangers under these circumstances either for mother or child, such a consideration would by no means modify the duty of the physician as regards society. This duty is the same in any case.

In this hypothesis, that is to say, if maternal nursing should offer any danger, it would become our business as physicians to grapple with the new difficulty, and to devise some new expedient to prevent the possibility of infection from mother to child, or from child to mother. But we should certainly not be relieved from the strict and imperious obligation which respect for the health of others imposes upon us. We cannot sanction, at any price and upon any consideration, that a syphilitic child, or one suspected of syphilis, be given to a healthy nurse.

The interests of society constitute then—I repeat it once more, and I cannot repeat it too often—the capital and predominating indication, superior to every other consideration ; and that, because this indication answers to an interest of general importance, and because it tends to the end which should be the object of our constant and common efforts,—that of *restraining the spread of syphilis* by circumscribing it in its foci, and preventing its propagation beyond by the dissemination of its germs of contagion.

NOTES

AND

DOCUMENTARY EVIDENCE.

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NOTE I.

"FOR my own part alone, I have in my hands (without reckoning written and recorded facts) 87 cases relating to subjects duly proved syphilitic, who, having married, did not communicate the least suspicious phenomenon to their wives. And, what is more, these 87 became fathers between them of a total of 156 children absolutely untouched by the disease."

This statement dominates, from its great importance, the whole of the subject developed in this book. I have therefore judged it necessary to substantiate it by a statement of the facts from which it is deduced. I cannot relate here these 87 cases *in extenso*, some of them being very long. However, I will give a summary of them, which, although concise, will still be sufficient to carry conviction to the mind of the reader.

CASE I.—Hard chancre of the glans. Roseola. Syphilides of the mouth. Sarcocele of the epididymis. Relapse of roseola circinata. Severe and prolonged treatment. Marriage six years after the advent of syphilis. Wife remained free. Three healthy children, of whom the eldest is at present six years old. Gumma on the penis after birth of second child. Renewal of treatment.

CASE II.—Hard chancre. Roseola. Palmar psoriasis. Syphilides of the mouth. Treatment tolerably prolonged, but irregular. Married six years after infection. Second marriage some years later. Wives remained free. Five children in all: all healthy. Renewal of palmar psoriasis after the birth of the first and third child.

CASE III.—Hard chancre. Roseola. Syphilides of mouth. Renewal of roseola in a circinated form. Lengthened treatment. Married three years after infection; wife remaining free. Two healthy children, of whom the eldest is at present nine years old. Ulcerated tubercle of penis nine years after marriage.

CASE IV.—Hard chancre. Roseola. Syphilides of mouth. Scabby eruption of the scalp. Palmar and plantar psoriasis. Renewal of roseola. Tolerably prolonged treatment. Marriage four years after infection. Wife remained free. One healthy child, aged seventeen at present. Latterly dry tubercular syphilides of a mild form.

CASE V.—Hard chancre of the prepuce. Roseola. Syphilides of the mouth and genitals. Iritis. Moderate treatment. Marriage three years after infection; wife remaining healthy. Four healthy children; still in good health.

CASE VI.—Hard chancre. Roseola. Syphilides of the mouth, with many relapses. Irregular treatment. Marriage six years after infection, wife remaining free. Five healthy children.

CASE VII.—Hard chancre of the corona. Immediate, severe, and prolonged treatment. No other symptom than a roseola. Marriage *nineteen months* after infection. Wife remained healthy. One healthy child, six years of age.

CASE VIII.—Hard chancre. Papular syphilides. Relapse five years later of papulo-erythematous syphilides. Careful treatment (proto-iodide pills during four years, etc.) Marriage eight years after infection. Wife remained healthy. Three healthy children.

CASE IX.—Hard chancre of the penis. Papular syphilides. Scabs on scalp. Syphilides of the mouth, with very numerous relapses. Methodical and prolonged treatment. Mar-

riage during the third year. Wife remained free. Two healthy children.

CASE X.—Chancre not noticed. Cutaneous and mucous syphilides. Treatment during six or eight months. Marriage eight years after infection; wife remaining free. Five healthy children, the eldest of which is at present twelve years old. Tubercular syphilides of thorax after birth of the third child. Gumma of velum palati after the birth of the fifth child.

CASE XI. — Hard chancres. Papular syphilides. Scabby eruptions of scalp. Syphilides of tonsils. Prolonged treatment. Marriage five years after infection. Wife remained free. Two healthy children.

CASE XII. — Hard chancre; mucous syphilides; headache. Specific treatment. Married eleven years after infection. Wife remained healthy. One healthy child, now nine years old.

CASE XIII.—Chancre on the nose. Mucous syphilides. Cervical adenopathy. Some months' treatment. Married during the third year. Wife remained healthy. Three children, all healthy.

CASE XIV.—Hard chancre on penis. Roseola. Syphilides of the mouth and anus. Prolonged treatment by iodide of potassium, without mercury. Married six years after appearance of disease. Wife remained healthy. One healthy child. Attacked by cerebral syphilis (apoplectiform ictus, hemiplegia, etc.) five months after marriage, and four months before the birth of the child.

CASE XV. — Hard chancre. Roseola. Syphilides of the mouth. Treatment not very prolonged. Married nine years after infection. Wife remained healthy. One healthy child.

CASE XVI.—Hard chancre. Papular syphilide. Continued renewals of syphilides of the mouth. Nasal caries, severe ozœna. Extremely energetic treatment for several years. Married nine years after infection. Wife remained healthy. One child healthy.

CASE XVII.—Hard chancre. Roseola. Mucous syphilides. Eighteen months' treatment. Married eleven years after infection. Wife remained healthy. Two healthy children. Papulo-tubercular syphilide and costal periostosis after the birth of the children.

CASE XVIII.—Hard chancre on finger. Papular syphilide. Cephalalgia. Energetic and prolonged treatment. Married four years after infection. Wife remained healthy. Three healthy children.

CASE XIX.—Hard chancre. Erythemato-papular syphilide. Syphilides of the mouth. Many nervous symptoms—anæmia, asthenia. Intense and prolonged treatment. Married six years after infection. Wife remained healthy. Four healthy children. After the birth of these four children cerebro-spinal symptoms, evidently of specific origin.

CASE XX. — Hard chancre. Roseola. Syphilides of the mouth. Six months' treatment. Marriage fifteen years after infection. Wife remained healthy. One healthy child. One month after the birth of the child cerebral symptoms. Speedy death.

CASE XXI.—Hard chancre, papular syphilide. Tonsillar patches. About one year's treatment. Married seven years after infection. Wife remained healthy. Two healthy children (the elder now fifteen years old). Cerebral syphilis three years after the birth of the second child. Death.

CASE XXII.—Hard chancre. Various secondary symptoms. One year's treatment. Married eight years after infection. Wife remained healthy. One healthy child.

CASE XXIII.—Hard chancre. Papulo-ecthymatous syphilide. Ecthymatous syphilide (deep ecthyma). Rupia. Cephalalgia, very severe. Hemiplegia. Renewal of rupial syphilides. Very prolonged and energetic treatment. Marriage two years after infection. Wife remained free. Child healthy. Ultimately diplopia, passing attacks of right hemiplegia, nasal syphilides, ecthyma of the legs.

CASE XXIV.—Hard chancre. Syphilides of the mouth. Some months' treatment. Married twelve years after infection. Wife remained free. Two healthy children. After the birth of these two children specific tibial periostosis and glossitis.

CASE XXV.—Hard chancre. Roseola. Syphilides of the mouth. Lengthened and prolonged treatment. Married fourteen

months after infection. Wife remained free. Two healthy children.

CASE XXVI.—Hard chancre. Syphilides of the mouth, numerous and constantly renewed. Onychia. Annulated papulo-squamous syphilides. Periostosis. Tubercle on the glans. Intense and prolonged treatment. Married nine years after infection. Wife remained free. One healthy child.

CASE XXVII.—Hard chancre. Papulo-squamous syphilide. Secondary costal periostosis. Ecthyma. Tibial exostosis. Prolonged treatment. Married six years after infection. Wife remained free. Two healthy children.

CASE XXVIII.—Hard chancre. Secondary symptoms slight. Prolonged treatment. Marriage four years after infection. Wife remained healthy. Two healthy children.

CASE XXIX.—Hard chancre. Roseola. Syphilides of the mouth. Prolonged treatment. Married three years after infection. Wife remained healthy. A healthy child. Many symptoms after the birth of the child: specific sarcocele, periostosis, nasal ulcers, tuberculous syphilides of the nose. Diabetes.

CASE XXX.—Hard chancre of corona. Papular syphilide. Circumscribed ecthyma. Specific hydarthrosis. Severe treatment. Married three years after infection. Wife remained free. Three healthy children.

CASE XXXI.—Hard chancre. Roseola. Scabby eruption on the scalp. Many relapses of buccal syphilides. Alopecia. Prolonged specific treatment. Married three years after infection. Wife remained free. One healthy child.

CASE XXXII.—Hard chancre. Palmar psoriasis. Many months' treatment. Marriage ten years after infection. Wife remained healthy. One healthy child. Ulcerative laryngitis, specific manifestations three years after the birth of the child.

CASE XXXIII.—Hard chancre. Some mild secondary symptoms. Later, nasal osteitis; perforation of the septum. Short treatment. Marriage after five years of the disease. Wife remained free. Four healthy children. Mortal cerebral syphilis. The last child was begotten after he cerebral symp-

toms had shown themselves (epileptic crises, psychical disturbance).

CASE XXXIV.—First symptoms not observed. Roseola. Scabby eruption of the scalp. Eight to ten months' treatment. Married twelve years after infection. Wife remained healthy. Four healthy children. Exostosis of the fronto-parietal region appeared a little time before the birth of the fourth child.

CASE XXXV.—Hard chancre, secondary sore throat. Cervical adenopathy. Mercurial treatment for some months. Married twelve years after infection. Wife remained free. One healthy child. Syphilitic symptoms of the cord having preceded by one year the birth of the child.

CASE XXXVI.—Hard chancre on the penis. Roseola. Tonsillar, lingual, and palatine syphilides. Severe treatment. Marriage one year after infection. Treatment continued after marriage. Wife remained healthy. Two healthy children.

CASE XXXVII.—Hard chancre. No secondary symptoms noticed, except perhaps one anal papule. Mercurial treatment, three or four months. Marriage nine years after appearance of disease. Wife remained free. One healthy child. Some months before the birth of the child cerebral syphilis appeared.

CASE XXXVIII.—Hard chancre. Roseola. Cervical adenopathy. Mercurial treatment for six months. Married five years after infection. Wife remained free. Three healthy children. Exostosis a year after the birth of the third child.

CASE XXXIX.—Hard chancre. Papular-syphilide patches on the tongue. Prolonged treatment. Married eight years after infection. Wife remained healthy. One healthy child.

CASE XL.—Hard chancre. Mucous patches in the mouth. Tolerably long treatment with iodide of potassium. Married five years after infection. Wife remained free. Three healthy children (the eldest at present seven years old).

CASE XLI.—Hard chancre. Roseola. Buccal syphilides. Lengthened treatment. Married five years after infection. Wife remained free. Two healthy children.

CASE XLII.—Hard chancre. Cutaneous eruption. Syphilides

of the mouth. Ecthyma. Tolerably long treatment. Married four years after infection. Wife remained free. One healthy child.

CASE XLIII.—Hard chancre of index finger. Papulo-erythematous syphilide. Alopecia. Tonsillar, labial, and lingual patches. Adenopathy. Cephalalgia, neuralgia. Prolonged treatment. Married four years after infection. Wife remained free. Two healthy children.

CASE XLIV.—Hard chancre. No secondary symptoms except mucous patches of the mouth. Prolonged treatment. Marriage four years after infection. Wife remained free. Two healthy children. After the birth of the last child continual recurrences of cranial exostosis.

CASE XLV.—Parchment-like chancre of the prepuce. Papular syphilide. Specific icterus. Syphilides of the mouth. Prolonged treatment. Married eight years after infection. Wife remained free. Two healthy children.

CASE XLVI. — Hard chancre. Syphilides of the mouth. Specific sarcocele. Prolonged treatment. Married nine years after infection. Wife remained free. Two healthy children, the elder now nine years old.

CASE XLVII.—Two hard chancres of corona. Papulo-erythematous syphilide. Syphilides of the mouth. Ecthymatous syphilide of the legs. Ulcerative syphilide of the palate. Married during the third year after infection. Treatment very long and energetic. Wife remained free. One healthy child. Dry tubercle of the penis some months after the birth of the child.

CASE XLVIII.—Hard chancre. Syphilides of the mouth. Alopecia. Circinate syphilides of the tongue. Treatment prolonged and severe. Married four years after infection. Wife remained free. One healthy child. Papulo-squamous palmar and plantar syphilides some months after the birth of the child.

CASE XLIX.—Hard chancre. Roseola. Palmar psoriasis. Syphilides of the mouth. Iodide treatment; no mercury. Married four years after infection. Wife remained free. Two healthy children. After the birth of the second child the husband infected

his wife through a syphilide of the mouth; pregnancy the following year, which ended in a miscarriage.

CASE L.—Two hard chancres. Scabby eruption on the scalp. Secondary sore throat. Choroiditis. Syphilides of the mouth. Prolonged treatment. Married four years after infection. Wife remained free. One healthy child.

CASE LI.—Seven hard chancres. Roseola. Impetiginous syphilides of the scalp. Tolerably long treatment. Married after seven years of disease. Wife remained healthy. Two healthy children. After the birth of the second child ecthymatous syphilide and gumma of the velum palati.

CASE LII.—Parchment-like chancre of the prepuce. Roseola. Syphilides of the mouth. Cephalalgia. Digital psoriasis. Prolonged treatment. Marriage in the third year of the disease. Wife remained healthy. One healthy child.

CASE LIII.—Hard chancre. Papular syphilide. Gummatous syphilide of the pharynx. Diplopia. Eight to ten months' treatment. Married ten years after infection. Wife remained free. One healthy child. One year after the birth of the child cerebral syphilis showed itself.

CASE LIV.—Hard chancre. Papulo-squamous circinate syphilide of the scalp. Prolonged treatment. Married in the fourth year of the disease. Wife remaining free. Two healthy children.

CASE LV.—Hard chancre. Syphilides of the mouth. Alopecia. Papular syphilide. Some months' treatment. Married four years after infection. Wife remaining healthy. One healthy child. One year after the birth of the child cerebral syphilis set in.

CASE LVI.—Hard chancre. Roseola. Acneform syphilide. Frequent recurrence of syphilides of the mouth. Tibial exostosis. Prolonged treatment. Married four years after infection. Wife remaining free. Two healthy children.

CASE LVII.—Hard chancre. Syphilides of the mouth. Superficial sclerous glossitis. Prolonged treatment. Marriage in the third year of the disease. Wife remaining healthy. One child healthy.

CASE LVIII.—Hard chancre. No secondaries noticed.

Iodide treatment. Gummatous syphilides of the velum palati and pharynx. Extensive phagedena, destroying the velum, the pillars of the fauces, the tonsils, and the pharynx. Treatment continued for many years. Married five years after infection. Wife remaining free. One healthy child.

CASE LIX.—Hard chancre. Roseola. Syphilides of the mouth. Cephalalgia. Circinate papular syphilides. Prolonged treatment. Married six years after infection. Wife remaining free. One child healthy.

CASE LX.—Hard chancre. Syphilides of the mouth. Scabs on the scalp. Prolonged treatment. Married eight years after infection. Wife remaining free. Two healthy children.

CASE LXI.—Hard chancre. Syphilides of the mouth. Ecthyma of the foot. Treated for a few months only. Married three years after infection. Wife remaining free. One healthy child.

CASE LXII.—Hard chancre. Roseola. Cephalalgia. Syphilides of the mouth. Psoriasiform syphilide. Prolonged treatment. Married four years after infection. Wife remaining free. One healthy child.

CASE LXIII.—Hard chancre. Roseola. Syphilides of the mouth. Cephalalgia. Prolonged treatment. Married four years after infection. Wife remaining free. One healthy child.

CASE LXIV.—Hard chancre. Roseola. Syphilides of the mouth. Very prolonged treatment. Married five years after infection. Wife remaining free. One healthy child.

CASE LXV.—Hard chancre. Roseola. Syphilides of the mouth. About a year's treatment. Married in the fourth year of the disease. Wife remaining free. One healthy child. Specific sarcocele at the time of the child's birth.

CASE LXVI.—Hard chancre. Mucous and cutaneous syphilides. Some months' treatment. Married eight years after infection. Wife remained free. Three healthy children. Twelve years after marriage paralysis of the sixth pair.

CASE LXVII.—Hard chancre. No secondary symptoms noticed except syphilides of the mouth. One year's treatment.

Married in the second year of the disease. Wife remaining free. Three healthy children. Ultimately sclerous glossitis.

CASE LXVIII.—Hard chancre. Roseola, ecthymatous syphilide of the legs. Tolerably prolonged treatment. Married four years after infection. Wife remaining free. Two healthy children.

CASE LXIX.—Hard chancre. Roseola. Syphilides of the mouth. Prolonged treatment. Married ten years after infection. Wife remaining free. One healthy child.

CASE LXX.—Hard chancre. Papular syphilide. Syphilides of the mouth and anus. Iritis. Prolonged treatment. Marriage five years after infection. Wife remained free. Two healthy children.

CASE LXXI.—Hard chancre. Syphilides of the mouth. Eruption on the scalp. Tolerably long treatment. Married eight years after infection. Wife remaining free. One healthy child.

CASE LXXII.—Hard chancre. Syphilides of the mouth. Palmar psoriasis. Four months' treatment. Married five years after infection. Wife remaining free. One healthy child. Ultimately gumma on the velum palati.

CASE LXXIII.—Hard chancre. Various secondary symptoms. Some months' treatment. Six years later palmar psoriasis. Treatment renewed. Married three years after infection. Wife remaining free. Two healthy children.

CASE LXXIV.—Hard chancre. Syphilides of the mouth. Palmar psoriasis. Vigorous treatment. Married during the second stage of the disease. Wife remaining free. One healthy child.

CASE LXXV.—Hard chancre. Cutaneous and mucous syphilides. Irregular though tolerably prolonged treatment. Marriage four years after infection. Wife remaining free. One healthy child. Two years later papulo scabby syphilides, of circinate form.

CASE LXXVI.—Hard chancre. Cutaneous syphilides. Some months' treatment. Married five years after infection. Wife remaining healthy. Two healthy children. Four years after the birth of the second child cerebral syphilis intervened.

CASE LXXVII.—Hard chancre. Roseola. Syphilides of the mouth. Ecthyma of the leg. Prolonged treatment. Married two years after infection. Wife remaining free. One healthy child.

CASE LXXVIII. — Hard chancre. Secondary symptoms passed unnoticed. Mercurial treatment for six months. Married three years after infection. Wife remaining healthy. Three healthy children. After the birth of the third child locomotor ataxia set in.

CASE LXXIX.—Labial chancre. Cutaneous syphilides. No treatment. Marriage seven years after infection. Wife remaining healthy. Twins healthy. After the birth of the two children palatine gumma. Tertiary ulcerations of the nasal fossæ. Cephalalgia.

CASE LXXX.—Hard chancre. Cutaneous and mucous syphilides. Palmar psoriasis. Prolonged treatment. Married four years after infection. Wife remaining free. One healthy child.

CASE LXXXI.—Hard chancre. Papular syphilide. Buccal and genital syphilides. Prolonged treatment. Married six years after infection. Wife remaining healthy. Two healthy children.

CASE LXXXII.—Hard chancre of glans. Married soon after the cicatrisation of the chancre. Various secondary symptoms. Buccal syphilides, palmar psoriasis. Prolonged treatment. The patient avoided all fecundating connection during five years. The following year, one healthy child. Wife remaining healthy. Consecutive to the child's birth tibial periostosis, cerebral syphilis.

CASE LXXXIII.—Primary symptoms unnoticed. Roseola in 1866. Syphilides of the mouth. Prolonged treatment. Marriage six years after infection. Wife remaining healthy. One healthy child.

CASE LXXXIV.—Hard chancre. Syphilides of the mouth. Prolonged treatment. Married fourteen years after infection. Wife remaining free. One healthy child.

CASE LXXXV.—Hard chancre. Roseola. Palmar psoriasis. Prolonged treatment. Married seven years after infection. Wife remaining healthy. One healthy child.

CASE LXXXVI.—Hard chancre. Various secondary symptoms. Fourteen months' treatment by iodide of potassium. A little mercury. Married five years after infection. Wife remaining healthy. One healthy child, at the present fourteen years old. Fifteen years after marriage tubercular ulcerative syphilide of the nose.

CASE LXXXVII.—Hard chancre. Papular syphilide, syphilides of the mouth, genital syphilides. Prolonged treatment. Married nine years after infection. Wife remaining free. One healthy child.

Independently of the principal demonstration which it teaches, the preceding statistic brings out in relief a most important fact, namely, that syphilitic subjects may be inoffensive towards their wives and children even when they are still under the influence of the diathesis, and likely again to exhibit serious symptoms. And this statistic comprises at least thirty-five cases of this kind, in which various symptoms, of an unquestionably specific nature, developed themselves after marriage, without the wives or children of these patients in any way being affected by the disease.

This, certainly, is very reassuring.

We must not, however, exaggerate its bearing, neither should we strain this statistic to mean more than it really does. If the patients in question did not transmit their disease to their children, and if they did not infect their wives (which is explained in part by the seats and nature of the lesions), a certain number of them have, nevertheless, been very prejudicial to their families, through the *personal* consequences of the disease. Some, for instance, died ; others who survived

have been afflicted with functional symptoms of more or less importance, or have remained with serious infirmities, etc., and that to the great detriment of the social community which they had constituted by marriage.

On the other hand—and take note of this—the preceding statistic is by no means intended to establish a numerical parallel as regards the safety of the wives and children of those who marry after sufficient treatment, and of those who do the same thing—but in precisely opposed conditions. The relation between these two classes of cases escapes us, and must necessarily do so. We only see, indeed, those patients who require us on account of different symptoms, and these are always sure of consideration in our statistic; whereas the others remain unknown to us, for the excellent reason that, having no longer any syphilitic manifestations, they do not require our services.

Lastly, the preceding statistic shows some cases of unusually severe syphilis, which nevertheless were inoffensive in marriage, at any rate as regards danger to wife and children. Case XXIII. is typical. It was certainly one of those cases in which any prudent physician would have felt it his duty *to interdict marriage* on account of the number and the severity of the symptoms (deep, recurrent ecthymatous syphilide, rupia, most violent cephalalgia, hemiplegia, etc.) The result, however, did not bear out the apprehensions which the severity of these symptoms would have led us to anticipate.

NOTE II.

SYPHILIS.—SEVEN MISCARRIAGES OR PREMATURE CONFINEMENTS.

X———, forty years of age, dressmaker, entered the hospital of Lourcine on the 16th of June 1870.

She was a tall woman, who appeared to have enjoyed robust health formerly; but who, according to her own account, had been brought into a weak state by work, worry, and numerous pregnancies.

She had always enjoyed excellent health. She even prides herself on never having been subject to the slightest illness, apart from her confinements.

Married at nineteen years of age, she had begun by having three "splendid children," of whom two are still alive, and in excellent health. The third, who appears to have been just as well made as the others, died while at the breast, and seems to have only succumbed to some chance disease of an acute form (probably pneumonia).

At the age of twenty-nine this woman contracted syphilis from her husband, who had contracted it himself only shortly before. At the same time she became pregnant. This pregnancy was troublesome, and terminated by a miscarriage at the fifth month.

The patient relates as syphilitic symptoms that she had at first a hard chancre on the vulva, and soon afterwards an eruption of small red spots, which covered the body, the limbs, and the lower part of the face. Later on, pimples renewed themselves on the skin; she had erosions in the mouth, and, in particular, a most obstinate eruption on the palms of her hands. A physician seems to have called this eruption psoriasis. It lasted no less than a year.

On account of these different symptoms the patient twice entered the hospital of Saint Louis, and was attended by Dr.

Gibert. The second time her stay there lasted six months. She remembers having been treated with some syrup of mercury, and also with a solution of iodide of potassium. Since then she has been subjected to no treatment whatever, although from time to time new symptoms have made their appearance, notably ulcerations of the mouth, violent pains in the arms and back, diffused neuralgia, and well-marked sciatica.

The reason she was not better attended to medically, she says, was, that after that period she scarcely ever ceased being pregnant. And in fact, since then, until 1877, she had had not less than six pregnancies, which all terminated disastrously, as you will see by what follows :

Fifth pregnancy, premature confinement at seven months and a half; child puny and stunted, it died on the fifteenth day.

Sixth pregnancy, confinement almost at proper time; child still-born.

Seventh pregnancy, confinement at seven months and a half; child still-born. The mother of the patient, who assisted her during her confinements, said that the skin of the child "was all black, and fell off in patches."

Eighth pregnancy, premature confinement; child still-born.

Ninth pregnancy, miscarriage at three months and a half.

Tenth pregnancy, miscarriage at six weeks, accompanied by considerable hemorrhage and followed by several floodings.

To sum up, then : *ten* pregnancies, of which *three* before infection, giving at full term healthy children ; and *seven* subsequent to infection, ending in four premature confinements and three miscarriages.

During the last two years new symptoms have shown themselves, namely, a tumour on the left clavicle, which became large and very painful ; a scabby eruption on the scalp ; an abundant falling off of the hair. These various symptoms induced the patient to come to Lourcine, where she was treated (under the care of Dr. Péan) by mercurial pills and iodide of potassium. She left cured, and even her hair has assumed its normal condition.

Outside, the patient has continued the treatment during some months, returning from time to time to the hospital for advice, where we saw her for the first time.

At last, in about a month, she noticed two indurations, "like two kernels," which had formed in her tongue. A third kernel soon appeared in close vicinity to the other two. Since then all three have ulcerated, and it is this which brought her once more under our care.

To-day we discover upon the end of the tongue three ulcerations with well-defined edges; adherent, and neatly cut out, with a greyish surface; hard cores, congested at the base; resistant They have the typical appearance of gummatous lesions. No symptomatic adenopathy. No other symptom.

Treatment: iodide of potassium, a daily dose, increasing from (45 to 75 grains) 3 to 5 grammes. Painted twice a day with tincture of iodine. Gargle of marsh mallow root and spray of iodine solution to the tongue; rapid cure.

NOTE III.

HEREDITARY INFLUENCE OF MATERNAL SYPHILIS.

"In the most positive manner, and without any exaggeration, the syphilitic influence of the mother is unquestionably *pernicious* to the fœtus. . . ." (p. 67.)

This is what will be established with the numerical evidence, unhappily too complete, by the two following statistics which have been borrowed from different sources; but which, for the above-mentioned reasons, I have thought right to leave separate.

I.

The first of these two compilations relates to syphilitic women observed in private practice in town. It is composed of 85 cases of pregnancy, which, considered only in their most formal and least erroneous results, namely, the *death* or *survival of the child*, have furnished to us the following figures :—

Cases of survival	27
Cases of death (miscarriages, premature confinements, still-born children, children dying a short time after birth)	58
Total . .	85

Here are the details :—

CASE I.—X. ———, nineteen years old. Hard chancre of the lip, nature unrecognised. Papulo-squamous syphilide. No treatment. Miscarriage at three months.[1]

CASE II.—Twenty-one years old. Infected immediately after marriage. Roseola ; papulo-erosive syphilides of the vulva and anus. A few months of mercurial treatment. Pregnancy. Confinement at about seven months. Child very puny, dying in five days.

CASE III.—Twenty-five years old. Time of infection unknown. Pregnancy. Short mercurial treatment. Confinement at full time. Child syphilitic; treated energetically, and now living (at present nine years old).

[1] I do not intend mentioning here anything but "spontaneous miscarriage," that is, occurring without reference to any accidental cause, and only attributable to specific influence. I have excluded from these statistics all cases in which there was the slightest possible suspicion of any other cause than that of specific origin.

CASE IV.—Twenty-eight years old. Time of infection unknown. Various secondary symptoms. Prolonged treatment (mercury and iodide of potassium). Pregnancy six years after the first symptoms. Confinement at full time. Child healthy, and living. Two years after the birth of the child, superficial syphilides of the tongue.

CASE V.—Thirty-one years old. Infected in the first days of her marriage. Short and irregular treatment. Four pregnancies in five years. First confinement at seven and a half months; child very small, cachectic; born with a specific eruption, and dying in a few days. The three other pregnancies ended in miscarriages.

CASE VI.—Twenty-five years old. Husband syphilitic. Pregnancy immediately after marriage. Syphilis by conception. Papulo-squamous syphilide; vulvar and buccal syphilides. Some weeks' mercurial treatment. Confined before due time. Child died, with a syphilitic eruption, in eleven days.

CASE VII.—Twenty-one years old. Infected in the first days of marriage (syphilis by conception, at least probably). Long-continued treatment. First child syphilitic, living. Second pregnancy ended in miscarriage (accidental causes to account for it). Third and fourth ended at full time; children healthy and living.

CASE VIII.—(*Vide* page 128.)

CASE IX.—Twenty-one years old. Infected by her husband during the last month of a first pregnancy. Vulvar chancre, roseola, cephalalgia. Specific treatment sufficiently long. Confinement at full time. Child syphilitic, dying in a few days. Second pregnancy, confined at eight months. Child presenting syphilitic spots at its birth, died in half-an-hour. Third pregnancy, confined at full time. Child healthy in appearance, died suddenly of convulsions in seven months. Fourth, confined at full time. Child healthy, and survived. Fifth, confined before full time. Child died in a few hours. Sixth, miscarried. Seventh, confined at full time. Child healthy and living.

CASE X.—Twenty-three years old. Time of infection un-

known. Various secondary symptoms. Some weeks' treatment. Confined at full time. Child syphilitic, infecting its nurse, and died at one month. Second pregnancy five years later, after lengthened treatment. Child healthy, surviving.

CASE XI.—Infected by her husband. Various secondary symptoms. Short treatment. Three pregnancies. First child died in six weeks; second child died after three hours; third child still-born. Then specific treatment was tried, which was continued several years. Fourth pregnancy, child healthy, and living.

CASE XII.—Twenty-one years old. Syphilis dating some months back; papulo-squamous syphilides, syphilides of the tongue, onychia. Treatment from two to three months. Miscarriage.

CASE XIII.—Twenty-eight years old. Infected by her husband. Treatment for fifteen days. First pregnancy resulting in a syphilitic child, which died in a few days. Husband and wife then submitted to a specific treatment, which was pursued for some years. Second pregnancy three years later. Child healthy, and surviving.

CASE XIV.—Seventeen years old. Chancre of the vulva, papular syphilides, palmar psoriasis, cephalalgia. Short treatment, with very mild doses. Pregnancy in the second year of the disease. Confinement before full time. Child died in three weeks, in a fearful state of marasmus.

CASE XV.—Twenty-seven years old. Syphilis in 1869. Confluent vulvar syphilides, syphilides of the mouth. Some weeks' treatment. Premature confinement in 1870; child dead. Premature confinement in 1871; child dead.

CASE XVI.—(*Vide* page 130.)

CASE XVII.—Twenty-two years old. Syphilis by conception. Erythemato-papular syphilides; syphilides of the tonsils, cephalalgia. Some months' treatment. Confinement at the seventh month. Child apparently healthy; died suddenly after some days.

CASE XVIII.—Twenty-two years old. Syphilis by concep-

tion. Secondary symptoms towards the fifth month of pregnancy. Mercurial treatment. Confinement at seven months and a half. Child severely affected with syphilis; energetic treatment, survival.

CASE XIX.—Thirty years old. Syphilis in 1872. Chancre not recognised. Syphilides of vulva and mouth; alopecia. Some months' treatment. Miscarriage in 1875.

CASE XX.—Twenty-five years old. Infected from the time she married. Vulvar chancre; syphilides. Four months' treatment. Two miscarriages in the two years directly following the marriage. Fifth year a syphilitic child, surviving. Nurse infected.

CASE XXI.—Twenty-nine years old. Cutaneous syphilides; vulvar syphilides. Some months' treatment. Pregnancy during first months of disease; miscarriage.

CASE XXII.—Thirty years old. Date of infection unknown, showing itself during the pregnancy. Papular syphilides. Palmar psoriasis. Onychia. Some months' treatment. Confinement at full time. Child died in fifteen days.

CASE XXIII.—Twenty-nine years old. Date of infection unknown. No treatment. Papular syphilide; buccal syphilides. Miscarriage. Ultimately periostosis and symptoms of cerebral syphilis.

CASE XXIV.—Twenty-two years old. Secondary syphilitic symptoms during pregnancy. Roseola, cephalalgia, intense neuralgia, retino-choroiditis. Some months' treatment. Miscarriage.

CASE XXV.—Twenty-five years old. Hard vulvar chancre. Roseola. Lingual syphilides. Some weeks' treatment. Pregnancy six months after infection. Miscarriage.

CASE XXVI.—Twenty-three years old. Infected immediately upon marriage, and became pregnant at the same time. Some months' treatment. Confined at eight months of a still-born child. Three pregnancies in three years following; some months' treatment during each pregnancy. Second child syphilitic, died at two months. Third child syphilitic; treated vigorously; survival. Fourth child healthy and well formed.

CASE XXVII.—Twenty-two years old. Hard chancre on the

buttock in 1870. Papular syphilide. Buccal and vulvar syphilides. Frontal periostosis. Ten months' regular treatment (mercury and iodide of potassium). Confined at full time in December 1872. Child healthy.

CASE XXVIII.—Twenty years old. Infected during the sixth month of pregnancy. Hard chancre of vulva. Tonsillar syphilides. Treatment commenced on the eighth month. Confined five days after of an emaciated child.

CASE XXIX. — Nineteen years old. Secondary symptoms appeared during the first month of pregnancy. Erythemato-papular syphilide. Vulvar syphilides. Cephalalgia. Two months' treatment. Confined of a still-born child.

CASE XXX.—Twenty years old. Secondary symptoms appeared at the third month of pregnancy. Some months' treatment. Miscarriage. After this mercurial and iodide treatment was pursued for a long time. A second pregnancy two years later. Confinement at full time. Child healthy. Onychia after confinement.

CASE XXXI.—Twenty-seven years old. Secondary symptoms appeared during pregnancy. Some months' treatment. Miscarriage. Second pregnancy; premature confinement, child died at fifteenth day. Third pregnancy; confined at full time. Child syphilitic; treated, and surviving.

CASE XXXII.—Twenty-five years old. Date of infection unknown; not treated. Pregnancy at the third or fourth month. Papulo-squamous syphilide; ulceration of the tonsil; alopecia. Miscarriage.

CASE XXXIII.—Twenty-seven years old. Date of infection unknown; not treated. Four months' pregnancy. Tonsillar syphilides. Pains in the bones. Miscarriage.

CASE XXXIV.—Twenty-three years old. Secondary symptoms appeared during pregnancy. No treatment. Miscarriage.

CASE XXXV.—Twenty-six years old. Syphilis transmitted by catheterism of the Eustachian tube, and remained a long time unnoticed. Herpetiform syphilide; ecthyma; cephalalgia; neuralgia. Some months' treatment. Miscarriage.

CASE XXXVI.—Twenty-five years old. Date of infection unknown, and not treated. Various secondary symptoms. First pregnancy; child still-born. Second pregnancy; child died in fifteen days. Afterwards tubercular syphilide.

CASE XXXVII.—Twenty-four years old. Roseola. Papular syphilide. Buccal syphilides. Five to six months' treatment. Pregnancy during the second year of disease. Miscarriage.

CASE XXXVIII.—Thirty-one years old. Disease unnoticed. Cicatrices clearly specific. No treatment. Miscarriage. Some years later cerebral syphilis; death.

CASE XXXIX.—Twenty-seven years old. Infected immediately after marriage. Some months' treatment. Two pregnancies, terminating in miscarriages. Later gumma of the velum palati and perforation.

CASE XL.—Twenty-five years old. Infected during the third month of pregnancy. Hard chancre of lower lip. Papular syphilide. One month's treatment. Confinement at full time. Syphilitic child; treated; died in eight months. Regular and prolonged treatment after confinement. Three years later a second pregnancy; child healthy, and living.

CASE XLI.—Twenty-three years old. Date of infection unknown. Scabby papular syphilide. Syphilides of the mouth. Irregular treatment. Pregnancy five years after infection. Confinement almost at full time. Child syphilitic; died rapidly. Two miscarriages the two following years.

CASE XLII.—Twenty-two years old. Infected in the second month of pregnancy. Parchment-like chancre of the vulva; vulvar syphilides. Mercurial treatment until confinement. Confinement at full time. Child living, having only exhibited one slight eruption, the nature of which remained doubtful.

CASE XLIII.—Twenty-three years old. Infection and pregnancy followed immediately after marriage. No treatment. Miscarriage at two months.

CASE XLIV.—Twenty-two years old. Pregnancy immediately after marriage. Secondary symptoms appeared in the third or fourth month of pregnancy. Some months' treatment. Confine-

ment at full term. Child syphilitic; treated; living. (This child infected the nurse, who infected first her own child; secondly her husband.)

CASE XLV.—Twenty-three years old. Secondary symptoms showed themselves in the fifth month of pregnancy. Mercurial treatment. Confinement at full time. Child syphilitic; treated; living. Disease transmitted to the nurse.

CASE XLVI.—Twenty years old. Infected immediately after marriage. Some weeks' treatment. Two miscarriages during the first year. Treatment renewed, and continued for two years and a half. Pregnancy four years later. Confinement at full term; child healthy (age at present five years).

II.

Our second statistic has been gathered among patients in hospital practice, for the greater part at Lourcine and at Saint Louis. It furnishes the following results:—

Cases where the child lived . .	22
Cases where the child died (miscarriages, premature confinements, still-born, children dying shortly after birth) .	145
Total . . .	167

Here follow the cases which have furnished the elements of this statistic:—

CASE I.—Twenty-seven years old. Date of infection unknown. Roseola and vulvar syphilides in 1872. Not treated. In 1875 confinement at seven months; child still-born. In 1879 tubercular syphilide, taking on a phagedenic character.

CASE II.—Thirty years old. Syphilis in 1868. Cutaneous

eruptions; mucous syphilides; alopecia. Very short treatment. In 1869 confined at full time of a still-born child. In 1875 miscarriage at three months. In 1878 an enormous gumma in the sternal region.

CASE III.—Twenty-five years old. Date of infection unknown, but the date certainly recent. Papulo-hypertrophic syphilides of the vulva; scabs on the scalp. Very irregular treatment. Miscarriage at four months.

CASE IV.—Thirty-five years old. In 1877 syphilis following upon pregnancy. Papulo-hypertrophic syphilides of the vulva and perinæum. Some months' treatment. Confinement at full time. Child died in convulsions at the age of one month. Second pregnancy in 1878. Miscarriage.

CASE V.—Twenty-one years old. Genital and peri-anal syphilides. No treatment until entering the hospital. Mercurial treatment. Confinement at full time. Child syphilitic, dying after five months.

CASE VI.—Twenty-seven years old.—Syphilis probably hereditary. Tuberculo-ulcerative syphilide of phagedenic character, having commenced at the age of eight and still existing nineteen years later. This lesion has penetrated the whole extent of an *inferior member*, following a serpigenous development. Very quickly cured by specific treatment. Five pregnancies. First pregnancy; child died at two years and a half. Second; child died at six months. Third; child affected by "a large sore, which covered the whole chest;" died in three years. Fourth; child hydrocephalic; died in five months. Fifth; child died suddenly, "without illness," at the age of three months.

CASE VII.—Thirty-nine years old. Ignorant of disease. In 1877 gummatous syphilide, having destroyed the septum and lower portion of the nose. Many and large cicatrices all over the body. The lesions which occasioned these cicatrices returned again in fifteen years. Two pregnancies in 1867 and 1868. First child died at one year old (cause unknown); the second died in three weeks, of marasmus.

CASE VIII.—Diseased at twenty-five years old. Roseola;

mucous patches ; alopecia ; bone pains ; febrile attacks. Later, ulcerative syphilide, leaving marked cicatrices. Treatment irregular. First pregnancy at thirty years of age; child syphilitic; living. Second, the following year ; child living. Five years later rupia.

CASE IX.—Twenty-three years old. In 1874 pregnancy, during the course of which cutaneous and mucous syphilides appeared. Confinement at full time ; child died at three months (cause unknown). Second pregnancy in 1875 ; miscarried at three months. Third pregnancy in 1876 ; miscarried at seven months. Treatment always very irregular. Ultimately, in 1878, ulcerative syphilide of the vulva.

CASE X.—Ignorant of disease. Gumma of the pharynx in 1878. The same year confinement before time ; child died in convulsions on the eighth day.

CASE XI.—Twenty-nine years old. Ignorant of disease. Vulvar and buccal syphilides. Alcoholism. Pregnancy. Child syphilitic ; after vigorous treatment lived.

CASE XII.—Twenty-two years old. Secondary symptoms during pregnancy. Very short treatment. Premature confinement; child still-born. The following year second pregnancy ; confined at full time ; child died in six weeks. Third, the following year ; confined at full time ; child died the first day. Ultimately papulo-squamous syphilide, of the circinate form.

CASE XIII.—Twenty-one years old. Syphilis in 1875. Infected during pregnancy. Hard chancre of vulva. Secondary sore throat, neuralgia, alopecia. No treatment. Miscarriage. Second pregnancy ; premature confinement, child still-born. In 1878, tibial periostosis.

CASE XIV.—Twenty years old. Secondary symptoms appeared during pregnancy. Two months and a half mercurial treatment. Premature confinement. Child syphilitic ; died in ten days.

CASE XV.—Twenty-two years old. Pregnancy. Infected early in pregnancy. Chancre of the cervix uteri. Roseola. Vulvar syphilides. Scabs on scalp. Short mercurial treatment. Confined before time ; child still-born.

CASE XVI.—Eighteen years old. Infection and pregnancy at the same time. Chancre of the cervix uteri. Roseola. Vulvar syphilides. Palmar psoriasis. Some weeks' treatment. Miscarried at three months.

CASE XVII.—Twenty-two years. Pregnancy at five months and a half. Hard chancre of the vulva. Roseola. Some weeks' treatment. Premature confinement; child still-born.

CASE XVIII.—Nineteen years old. Syphilis in 1869. Chancre of cervix uteri. Cephalalgia; cranial periostosis. No regular treatment. Pregnant in 1871. Miscarriage.

CASE XIX.—Twenty years old. Secondary symptoms in 1872. Papulo-erosive syphilides of the vulva. Some months' treatment. Pregnant in 1875; confined at full time. Child, probably syphilitic, died at four months.

CASE XX.—Twenty-seven years old. Date of infection unknown. Vulvar syphilides. Miscarried three weeks after entering the hospital.

CASE XXI.—Seven miscarriages, or premature confinements. (*Vide* case complete, p. 228.)

CASE XXII.—Twenty years old. Pregnancy, during which various secondary symptoms appeared (roseola, vulvar syphilides, scabby eruption of the scalp, alopecia). Some weeks' treatment. Miscarriage at six months and a half.

CASE XXIII.—Twenty years old. Pregnant eight months at the time of entering the hospital. Papulo-hypertrophic syphilides of vulva. Roseola, emaciation. Alopecia. Asthenia. Mercurial frictions and iodide of potassium treatment. Confined at full time; child syphilitic; died in six weeks in a state of cachexia.

CASE XXIV.—Eighteen years old. Infection and pregnancy simultaneous. Papular syphilide. Vulvar syphilides. Six weeks' treatment. Miscarriage at six months and a half.

CASE XXV.—Twenty-two years old. Pregnant seven months. Date of infection unknown. Confluent vulvar syphilides, alopecia, febrile attacks. Mercurial treatment. Confined at full time; child died in convulsions in five weeks.

CASE XXVI.—Twenty-six years old. Recent secondary symptoms. No treatment. Miscarried at four months.

CASE XXVII.—Seventeen years old. Pregnant seven months. Papulo-ulcerative syphilides of the vulva. Mercurial treatment during four weeks. Confined at eight months; child still-born.

CASE XXVIII.—Twenty-six years. Pregnant six months. Infection seemed to date about four months back. Vulvar, perivulvar, anal, genito-crural, and buccal syphilides. Circinate roseola. Some weeks' treatment. Confined at eight months; child still-born.

CASE XXIX.—Twenty-two years old. Pregnant five and a half months. Date of infection unknown. Papulo-squamous syphilide; cephalalgia; rheumatic pains; specific fever; frontal periostosis; enteritis; emaciation; threatening cachexia. Specific and tonic treatment. Confinement at eight months; child did not live ten hours.

CASE XXX.—Eighteen years old. Pregnant seven months. Hard chancre of upper lip. Tonsillar syphilides. Mercurial treatment. Confinement at full time; child healthy, and living.

CASE XXXI.—Twenty-one years old. Hard chancre of the vulva, in the fourth month of pregnancy. Mercurial treatment. Miscarriage at six months.

CASE XXXII.—Eighteen years old. Pregnant two months. Roseola; scabs on the scalp; cephalalgia. Mercurial treatment. Miscarriage at three months.

CASE XXXIII.—Twenty-four years old. Diseased for five years. Very short treatment. Ulcerative syphilide of the vulva. Pregnant; confined at full time; child died on the sixteenth day.

CASE XXXIV.—Twenty-three years old. Infected in 1869. Two or three months' treatment. Pregnant in 1871. Simple chancres, and suppurating bubo. Papulo-squamous syphilide; vulvar syphilides. Confinement at full time; child syphilitic; died in fifteen days.

CASE XXXV.—Eighteen years old. Chancre in May 1868. Roseola. No treatment. Confined at full time in June 1868; child did not live more than five hours.

CASE XXXVI.—Twenty-four years old. Pregnant nine

months. Hard vulvar chancres; cephalalgia; alopecia. Confinement at full time two days after entry into the hospital. Child syphilitic; died in four months.

CASE XXXVII.—Twenty-two years old. Pregnant. Infected in the eighth month. Chancre of the vulva. Mercurial treatment. Confined almost at full time; child puny, but lived (only under observation six weeks).

CASE XXXVIII.—Twenty-nine years. Secondary symptoms during pregnancy. Treatment short and irregular. Confined at eight months; child died in six days.

CASE XXXIX.—Seventeen years old. Appearance of secondary symptoms unnoticed. No treatment. Miscarriage at four months.

CASE XL.—Twenty-one years old. Pregnancy two or three months. Papulo-erosive syphilides of vulva. Two months' treatment. Confinement at full time; child syphilitic; died in four weeks.

CASE XLI.—Thirty years old. Chancre in the fifth month of pregnancy. Roseola; alopecia; syphilides of the mouth. Two months' treatment. Confinement at seven months and a half; child still-born.

CASE XLII.—Twenty-five years old. Pregnant five months. Date of infection unknown. No treatment. Roseola; vulvar syphilides. Miscarried the day after entering the hospital.

CASE XLIII.—Twenty-two years old. Pregnant eight months. Time of infection unknown. Genital syphilides; cutaneous syphilides. Three weeks' treatment. Confinement at full time; child died in five days.

CASE XLIV.—Twenty-two years old. Secondary symptoms during pregnancy. Vulvar syphilides. No treatment. Miscarriage at five months and a half.

CASE XLV.—Twenty-two years old. Pregnant eight months. Roseola; vulvar syphilides. Mercurial treatment. Confined at full time; child puny, stunted; died in five days.

CASE XLVI.—Thirty years old. Pregnant eight months. Secondary symptoms showed themselves during the second half

of pregnancy. Vulvar syphilides; temporal periostosis; cephalalgia; asthenia; emaciation. Premature confinement; child died in four days.

CASE XLVII. — Twenty-eight years old. Pregnant eight months. Secondary symptoms during pregnancy. Papular syphilide; cephalalgia; neuralgia; analgesia. No serious treatment. Confined at full time; child died the day of its birth.

CASE XLVIII.—Twenty-six years old. Secondary symptoms showed themselves during the last half of pregnancy. Vulvar syphilides. Some weeks' treatment. Confined at seven months and a half; child puny, dying in a few hours.

CASE XLIX.—Twenty-seven years old. Time of secondary syphilis unknown. Cutaneous syphilides; vulvar and buccal syphilides. No serious treatment. Confined almost at full time; child syphilitic ; died in fifteen days.

CASE L.—Twenty-three years old. Time of infection unknown. Vulvar syphilides. Some weeks' treatment. Miscarried at six months and a half.

CASE LI.—Nineteen years old. Secondary symptoms appeared in the first month of pregnancy. Mercurial and iodide treatment in small doses. Confined at full time; child probably syphilitic; died in one month.

CASE LII.—Nineteen years old. Hard chancre of the vulva, in the fourth month of pregnancy. Specific treatment. Confined at full time; child died in four days.

CASE LIII.—Twenty years old. Time of infection unknown. Many secondary symptoms. No treatment. Confinement at seven months. Child died at two months (probably syphilitic).

CASE LIV.—Twenty-two years old. Syphilis in 1869, towards the end of first pregnancy. Fifteen days' treatment. Child healthy, living. In 1872 second pregnancy. Miscarriage at six months. Ultimately gummatous syphilide.

CASE LV.—Twenty-five years old. Time of infection unknown. Secondary symptoms. Pregnancy. Hydramnios. Confined at seven months. Child still-born.

CASE LVI.—Twenty years old. Secondary symptoms com-

bined with pregnancy. Vulvar syphilides. Scabs on the scalp. Two months' treatment. Confinement at full time. Child small, stunted, died in twenty-four hours.

CASE LVII.—Twenty-one years old. Time of secondary symptoms unknown. Pregnant seven months. Some weeks' treatment. Confined of a still-born child.

CASE LVIII.—Nineteen years old. Pregnant five months. Secondary symptoms appeared to date from two to three months. Some weeks' treatment. Miscarriage.

CASE LIX.—Twenty years old. Pregnant seven months and a half. Time of infection unknown. Vulvar and tonsillar syphilides; cephalalgia; neuralgic pains. Pigmented syphilide of the neck. Some weeks' treatment. Confined at full time. Child died in a few hours.

CASE LX.—Twenty-four years old. Pregnant eight months. Time of infection unknown. Vulvar syphilides. No treatment. Child still-born.

CASE LXI.—Twenty-four years old. Pregnant eight months. Syphilides appeared to return at three months. Vulvar syphilides. Febrile attacks. One month's treatment. Confined at full time. Child syphilitic; treated, survived.

CASE LXII.—Twenty-three years old. Pregnancy occurred in the fourth month after infection. Vulvar syphilides; cephalalgia. No treatment. Premature confinement. Child still-born.

CASE LXIII.—Twenty-two years old. Pregnant six months. Infected during pregnancy. Roseola. Confluent syphilides of the vulva, perinæum, anus, and of the genito-crural folds. Emaciation. No treatment. Miscarriage.

CASE LXIV.—Twenty-nine years old. Pregnant four to five months. Time of infection unknown. Confluent syphilides of the vulva, of the anus, and of the mouth. Chloro-anæmia, cephalalgia, analgesia. Treatment very short and irregular. Confined at seven months. Child died in twelve days.

CASE LXV.—Twenty years old. Pregnant six months. Secondary symptoms appeared during pregnancy. Confluent syphilides of the vulva, palmar psoriasis, papulo-squamous syphilide.

Vigorous mercurial treatment (proto-iodide, from 5 to 20 centigrammes daily for three months). Confined proper time. Child living, appeared healthy (lost to our sight at twelve days old).

CASE LXVI.—Twenty years old. Secondary symptoms of recent date. Syphilides of the vulva and pharynx. Pregnancy. No treatment. Confined nearly at full time. Child syphilitic, died of convulsions at three weeks old.

CASE LXVII.—Forty-four years old. Infection coincided with pregnancy. Papulo-hypertrophic syphilides of the vulva and anus; buccal syphilides, alopecia, papulo-squamous syphilide, herpetiform in many places. No treatment. Miscarriage at six months.

CASE LXVIII.—Twenty-two years old. Syphilis and pregnancy coincided. Many secondary symptoms. Two to three months' treatment. Confined at full time. Child still-born.

CASE LXIX.—Nineteen years old. Secondary symptoms showed themselves during the third month of pregnancy. No treatment. Confined at seven months. Child still-born.

CASE LXX.—Twenty-six years old. Hard chancre of vulva, appeared in the third month of pregnancy. From two to three months' treatment. Confined at seven months and a half. Child still-born.

CASE LXXI.—Twenty years old. Pregnant five months. Time of appearance of secondary symptoms unknown. Vulvar syphilides, specific fever, costal periostitis. Some months' treatment. Confinement at full term.

CASE LXXII.—Twenty-one years old. Infected in the third month of pregnancy. Hard chancre of the vulva. Vulvar syphilides. Some months' treatment. Miscarriage.

CASE LXXIII.—Nineteen years old. Time of infection unknown. Papulo-squamous syphilide, alopecia, tonsillar syphilides. Many months' treatment. Confined at full time. Child syphilitic, died at three weeks.

CASE LXXIV.—Twenty-six years old. Time of infection unknown. Papular syphilide. Vulvar syphilides of the circinate form. Cephalalgia. Pregnant. Short treatment. Miscarriage.

CASE LXXV.—Twenty years old. Pregnant four to five

months. Time of infection unknown. Secondary symptoms. Some weeks' treatment. Premature confinement. Child died in five days.

CASE LXXVI.—Twenty-two years old. Infected during the first months of pregnancy. Vulvar, anal, and tonsillar syphilides. Cephalalgia. Mercurial treatment prolonged many months. Confined at full time. Child healthy (lost sight of at seven weeks of age).

CASE LXXVII.—Twenty years old. Pregnant. Time of infection unknown. Pustulo-crustaceous syphilide. No treatment. Confined at seven months. Child died at the age of five days.

CASE LXXVIII.—Twenty-one years old. Disease dating from eight months. Mercurial and iodide treatment, very regular, and followed for a long time. Confinement at full time in the second year of the disease. Child living, and healthy.

CASE LXXIX.—Twenty-two years old. Time of infection unknown. No treatment. Miscarriage at two months.

CASE LXXX.—Twenty-eight years old. Syphilis dating from eleven years. Very insufficient treatment. Three pregnancies since the *début* of the disease. Three miscarriages; at six weeks, six months, and at seven months.

CASE LXXXI.—Twenty-four years old. Time of secondary manifestations unknown. Vulvar syphilides, cephalalgia. No treatment. Miscarriage at two months.

CASE LXXXII.—Twenty-two years old. Secondary symptoms exhibited themselves during pregnancy. Cutaneous and mucous syphilides. Many months of mercurial treatment. Confined at full time. Child syphilitic, dying at two months.

CASE LXXXIII.—Twenty-five years old. Pregnant from three to four months. Time of infection unknown. Roseola, palmar psoriasis. Vulvar and peri-vulvar syphilides; cephalalgia; neuralgic pains; febrile attacks. Some months' treatment. Premature confinement. Child still-born.

CASE LXXXIV.—Nineteen years old. Pregnant. Time of infection unknown. Confluent vulvar syphilides, papulo-squamous syphilide; cephalalgia, nervous troubles. No treatment. Confinement at seven months. Child still-born.

CASE LXXXV.—Thirty-five years old. Syphilis certainly of very long standing; but of unknown date. Several gummata. Five pregnancies. Four children died—all in the first day of life. The last child lived.

CASE LXXXVI.—Twenty-two years old. Pregnant seven months. Time of appearance of secondary symptoms unknown. Cutaneous syphilides. Syphilides of the vulva and mouth. Analgesia. Nature of treatment unknown, but regularly followed for many months. Confined at full time. Child died on the fifteenth day.

CASE LXXXVII.—Twenty-two years old. Pregnant from four to five months. Syphilis dating from fourteen months. Vulvar syphilides. Some months' treatment. Confinement at full time. Child died on the twentieth day.

CASE LXXXVIII.—Eighteen years old. Secondary symptoms coincident with pregnancy. One month's treatment. Papulo-hypertrophic syphilides of the vulva. Confined at full time. Child still-born.

CASE LXXXIX.—Twenty-four years old. Time of appearance of secondaries unknown. No treatment. Miscarriage.

CASE XC.—Twenty-seven years old. Secondary symptoms appeared towards the sixth month of pregnancy. No treatment. Confined at full time. Child still-born.

CASE XCI.—Nineteen years old. Time of appearance of secondary symptoms unknown. No treatment. Miscarriage at five months.

CASE XCII.—Twenty-eight years old. Time of appearance of secondary symptoms unknown. Pregnant five months. No treatment. Miscarriage.

CASE XCIII.—Twenty-three years old. Pregnant six months. Time of secondary symptoms unknown. Vulvar and anal syphilides. Some months' treatment. Confinement at full time. Child still-born.

CASE XCIV.—Thirty-three years old. Pregnant three months. Vulvar syphilides; papulo-squamous syphilide; palmar psoriasis. No treatment. Miscarried at the sixth month.

CASE XCV.—Twenty-two years old. Secondary symptoms

appeared towards the fifth month of pregnancy. Vulvar, peri-vulvar, anal, etc., syphilides; palmar psoriasis; alopecia. Some months' treatment. Confinement at full time. Child living; lost to sight at fifteen days old.

CASE XCVI.—Nineteen years old. Time of appearance of secondary syphilis unknown. Ulcerative syphilides of the vulva; palmar psoriasis. No treatment. Miscarriage at six months.

CASE XCVII.—Twenty years old. Syphilitic chancre of the vulva in the fifth month of pregnancy. Roseola; buccal syphilides; interdigital syphilides; cephalalgia. Four months' mercurial treatment. Confined at full time. Child living; lost to sight after four or five weeks.

CASE XCVIII.—Twenty-four years old. Pregnant from three to four months. Time of infection unknown. Vulvar, anal, and buccal syphilides. Treatment of several months. Confinement at full time. Child syphilitic, died in two months.

CASE XCIX.—Twenty-two years old. Pregnant about five months. Syphilis dating one year. Vulvar, peri-vulvar, and anal syphilides. Many months' treatment. Confined at full time. Child syphilitic; living.

CASE C.—Twenty-eight years old. Infected during pregnancy. Vulvar syphilides; alopecia. Short treatment. Confinement at full time. Child died at two months.

CASE CI.—Twenty-three years old. Time of appearance of secondary symptoms unknown. No treatment. Miscarried at two months and a half.

CASE CII.—Twenty-nine years old. Secondary symptoms appeared in the second month of pregnancy. Papulo-squamous syphilides; vulvar and buccal syphilides; febrile attacks. Mercurial treatment until the end of pregnancy. Confinement at full time. Child syphilitic; treated; living.

CASE CIII.—Twenty years old. Time of appearance of secondary symptoms unknown. Vulvo-anal and buccal syphilides. Nature of treatment unknown. Confined at full time. Child living.

CASE CIV.—Twenty-one years old. Secondary symptoms

appeared in the second half of pregnancy. Vulvar and buccal syphilides. Fifteen days' treatment. Confinement at full time. Child still-born.

CASE CV.—Twenty-four years old. Pregnant eight and a half months. Time of infection unknown. Palmar psoriasis. Many months' treatment. Child healthy ; living.

CASE CVI.—Twenty years old. Pregnant three months. Hard chancre of the vulva. Papular syphilide ; genital syphilides ; febrile attacks. Treatment from two to three months. Miscarriage.

CASE CVII.—Twenty-one years old. Eight months' syphilis. Pregnant four months. Erythemato-papular syphilide ; vulvo-anal syphilides. Ten days' treatment. Miscarriage at five and a half months.

CASE CVIII.—Twenty-three years old. Two years syphilis. Papular syphilide ; vulvar and buccal syphilides. Irregular treatment. Confined at eight months. Child died in seventeen hours.

CASE CIX.—Twenty-two years old. Syphilitic chancre on the cervix uteri in the seventh month of pregnancy. Mercurial treatment. Confinement at full time. Child healthy (at least until its leaving the hospital at the age of six weeks).

CASE CX.—Twenty years old. Infected immediately after marriage. Hard chancre of the lip. Roseola ; buccal and vulvar syphilides ; cephalalgia ; neuralgic pains. Many months' treatment. Confinement at full time (ten months after marriage). Child syphilitic ; died in one month.

CASE CXI.—Twenty-three years old. Coincident appearance of secondary symptoms and pregnancy (roseola ; syphilides of the mouth). Very irregular treatment. Confinement at eight months. Child still-born.

CASE CXII.—Twenty-five years old. Time of appearance of secondary symptoms unknown. Vulvar syphilides; palmar psoriasis. Pregnant four months. Six weeks' treatment. Miscarriage.

CASE CXIII.—Twenty years old. Infected towards the third month of pregnancy. Syphilitic chancre. Roseola ; cephalalgia ;

nervous phenomena ; analgesia ; peripheral algidity ; loss of consciousness ; febrile attacks. Mercurial and iodide treatment, very severe, continued during pregnancy. Confined at full time. Child healthy. Six months after confinement the mother presented some papulo-circinate syphilides on the legs.

CASE CXIV.—Twenty-six years old. Recently pregnant. Time of infection unknown. Cutaneous and mucous syphilides. Some weeks' treatment. Miscarried at three months. One year later a second pregnancy ; child syphilitic ; died at five months.

CASE CXV.—Twenty-two years old. Pregnant from six to seven months. Ignorant when syphilis commenced. Vulvar and buccal syphilides ; roseola ; analgesia. Two to three months' treatment. Confined at full time. Child syphilitic ; treated ; living. Infected the nurse of the child ; syphilis very serious with the nurse.

CASE CXVI.—Twenty-two years old. Mammary chancre, caught from a syphilitic nursling. Cutaneous syphilides ; vulvar and buccal syphilides. Some weeks' treatment. Pregnant some months later. Confined at full time. Child syphilitic ; died in five weeks.

CASE CXVII.—Nineteen years old. Infected in the first month of marriage during pregnancy. A few days' treatment only. Miscarriage.

CASE CXVIII.—Twenty-one years old. Syphilis by conception. Secondary symptoms. Some weeks' treatment. Confinement at full time. Child probably syphilitic ; died of convulsions in one month.

CASE CXIX.—Thirty-one years old. Two children healthy and living ; born free from disease. Infected during third pregnancy. Commenced treatment for a few weeks, and since then not any medication. Child still-born. After this four pregnancies year by year. Three produced either still-born children or children dying after a few days. The fourth alone gave a child which lived ; but, although puny, it never appeared to have been affected with specific symptoms.

CASE CXX.—Twenty-eight years old. Infected one year

after marriage. Many secondary symptoms; cutaneous and mucous syphilides, scabs on the scalp, alopecia, neuralgic pains, cephalalgia, etc. Insufficient treatment. Six pregnancies in four years. Six miscarriages.

CASE CXXI.—Twenty-nine years old. Pregnant from four to six months. Ignorant of the disease. Secondary symptoms. Some weeks' treatment. Confined at eight months. Child still-born.

CASE CXXII.—Seventeen years old. Syphilis recent, and pregnant from two to three months. Vulvar, anal, perineal, and tonsillar syphilides; scabs on the scalp. No treatment. Miscarried a few days after entry into the hospital.

CASE CXXIII.—Twenty-one years old. Pregnant five months. Ignorant of time of infection. Papular syphilide; vulvar and buccal syphilides. From two to three months' treatment. Confined about full time. Child syphilitic; died in three weeks.

CASE CXXIV.—Thirty years old. Chancre during the fourth month of pregnancy. Cutaneous syphilides; alopecia; vulvar syphilides. Some weeks' treatment. Confined before time. Child still-born.

CASE CXXV.—Twenty-seven years old. Ignorant as to time of infection. Palmar psoriasis; tonsillar syphilides; vulvar and perineal syphilides; alopecia. Very irregular treatment. Four pregnancies in two years since syphilis manifested itself; four miscarriages from two to four months.

CASE CXXVI.—Twenty-five years old. Syphilis seven months. Pregnant five months. Cutaneous syphilides. No treatment. Miscarried two days after entering the hospital.

CASE CXXVII.—Twenty-two years old. Infected upon marriage. No treatment. Miscarried at three months. Secondary symptoms; papular syphilides, buccal syphilides, vulvar syphilides. Some weeks' treatment. The year following miscarried at five months.

NOTE IV.

SYPHILIS CONTRACTED BEFORE MARRIAGE AND DEVELOPING ITSELF AFTERWARDS.

In consequence of the length of the incubation of syphilis, we sometimes see the curious fact of syphilis contracted *before* marriage giving no sign of its existence until *after* marriage.

Cases of this kind are naturally very rare; nevertheless I have already collected four well-authenticated instances. The following will serve as an example :—

X——, twenty-eight years old. Good constitution; had typhoid fever at fourteen years old; nothing, except that, but passing indispositions.

As for venereal symptoms, he had two gonorrhœas at twenty-two and twenty-four, thoroughly cured.

Fifteen days before the day fixed for his marriage Mr. X—— invited his friends to a grand dinner, as a farewell to his bachelor life. Excited by copious libations he allowed himself to be led away, and finished the night in the company of a former mistress. The woman at that moment was under treatment for secondary symptoms, having then upon the vulva some "spots," which her medical attendant had called (as I learned later) mucous patches. Later I had the opportunity of seeing the woman many times, and of satisfying myself that the symptoms were doubtlessly syphilitic.

Mr. X—— married in full health. Fifteen days after his marriage he noticed upon the corona a slight redness, and a small erosion. He paid no attention to it, believing it to be "an excoriation from intercourse with his wife." It did not interrupt his sexual relations; nevertheless the erosion remained, enlarging and appearing to tumefy about the edges. He cauterised it with

"toilet vinegar," and continued his intercourse. It was only some days later that Mr. X—— became uneasy, and consulted a doctor, who expressed his fear as to the real nature of the symptoms. Frightened, he hastened to me, and I saw that upon the corona was a superficial erosion, oval in form and of the size of a lentil; the surface smooth, reddish; the centre grey, lardaceous, and pseudo-membranous; edges adherent, a little raised; base hard, with a dry almost characteristic induration; a single gland in the corresponding groin hard and indolent. I confirmed the diagnosis of my confrère, and was able to explain to the patient that the lesion with which he was afflicted was a syphilitic chancre, resulting from contagion dating back some weeks.

In the course of a few days the character of the lesion became more characteristic. The sore grew larger, and the induration became exuberant and cartilaginous. Several glands were affected, so as to form a real inguinal pleiades. The syphilitic infection then became absolutely evident.

It was only now that the patient explained the situation to me, and brought me the woman with whom he had had relations a few days before his marriage. The syphilitic condition of the woman, and the details that she gave as to her illness, fully confirmed and supported the opinion which I had formed upon seeing the lesion of my client.

Six weeks later the patient's body was covered with roseola.

Later still, syphilides of the tonsils, scabs on the scalp, slight alopecia, cervical adenopathy.

Mercurial treatment. Disappearance of symptoms.

The patient's wife would not consent at first to an examination, which her husband had proposed upon some pretext, consequently I could not see her for about two months and a half after the marriage. At that time there remained no more trace of vulvar symptoms; but, on the one hand, the patient related having had on the vulva, some weeks before, a slight "sore pimple," which produced in her a certain amount of swelling of one labium. On the other hand there existed in the groin, on the same side as the lesion, "a ganglionic pleiades," very clearly marked, which

could hardly leave a doubt as to the existence of syphilitic infection of recent date.

Fifteen days later the patient complained of general lassitude, headaches, vague pains in the limbs; then roseola soon manifested itself, and put an end to all uncertainty as to the state of matters.

Later still, palmar psoriasis; tonsillar syphilides; alopecia.

To sum up then :—

1*st*, Coitus a fortnight *before* marriage with a woman affected with vulvar syphilides.

2*d*, Marriage in full state of health.

3*d*, A fortnight *after* marriage the appearance of a syphilitic chancre, followed at the usual time by general symptoms.

4*th*, Infection of the young wife by the husband's chancre, the nature of which was misunderstood when it appeared.

My three other cases are, so to speak, stereotyped upon the preceding one. They all three relate to chancres developed *after* marriage, as a consequence of an infection having preceded marriage from eight to seventeen days. Three times in four the young couple became infected, and the fourth only escaped, thanks to an indisposition sufficiently long to suspend intercourse for the time. Lastly, it was the length of the incubation which deceived the husbands as to the nature of their symptoms, and which caused them to run the risk of infecting their wives.

NOTE V.

PREMATURE MARRIAGE OF A SYPHILITIC PATIENT —FIVE CASES OF INFECTION CONSEQUENT ON THE HUSBAND'S DISEASE—DEATH OF A STRANGE NURSLING.

The following note is interesting in two ways :— First, it shows in a general manner what may be the consequences of a premature marriage when syphilis is present. On the other hand, it shows the dangers arising from the rearing of a syphilitic child, when this child, instead of being suckled by its mother, is confided to the care of a nurse.

I.—Mr. X—— contracted syphilis. At first he was treated by a druggist, who gave him pills, the composition of which was a "secret." Four months later he consulted me, and I discovered upon him the following symptoms:—Papular syphilides on the thorax and limbs; tonsillar syphilide; scabs on the scalp; alopecia; cervical adenopathy.

Mercurial treatment. Disappearance of the symptoms in a few weeks.

Later, recurrence of papulo-squamous syphilide, affecting the scrotum. The mercurial treatment renewed; and afterwards, iodide of potassium.

The patient treated himself regularly during five or six months, after which I lost sight of him. I have since learned that after this time, thinking himself cured, he had entirely given up treatment. Two years after the appearance of the disease he married, without taking counsel of either myself or any other medical man. He was nevertheless far from being cured at that time, as was fully demonstrated by the recurrence of different symptoms in the

following years—cutaneous syphilides, erosions in the mouth, onychia, periostosis, etc.

II.—Some months after marriage the wife of Mr. X—— began to complain of neuralgia in the head, severe pains in the limbs, sleeplessness, general malaise, febrile attacks, etc. These various symptoms were at first treated, but unsuccessfully, with sulphate of quinine. Soon a confluent eruption covered the body, and enlightened the physician as to the nature of the former symptoms, which until then had resisted his treatment.

At this time the lady was brought to me, and I discovered upon her a variety of symptoms incontestably syphilitic; papulo-squamous syphilides; palmar psoriasis; scabs on the scalp, with patches of alopecia; erosions of the tonsils; cervical adenopathy, etc.

Moreover, at the same time she became pregnant.

Mercurial treatment. Rapid dispersion of symptoms. Confined at full time of a fine child, which, contrary to my express injunction, was put out to nurse and reared away from Paris.

III.—I had lost sight for a certain time of these two patients, when one day Mr. X—— requested me to see—first, his diseased child; second, the nurse infected by the child; third, her husband infected by his wife.

A long questioning, followed by a minute examination, revealed to me the following chain of evidence:—

1*st*, During the first four or five weeks the child remained entirely free from any morbid symptoms whatever. Afterwards its body was covered with pimples, especially in the gluteal region; the mouth was ulcerated; there was profuse discharge from the nose. It lost flesh, drooped, and its life was despaired of for some months. Nevertheless, it got better, thanks to the treatment prescribed by the doctor of the locality (mercurial frictions, baths of corrosive sublimate, iodide of potassium). At present it presents various specific symptoms; erosive syphilides of the commissures of the mouth; papulo-ulcerative syphilides of the margin of the anus.

2*d*, The nurse, some months after the appearance of these symptoms upon her nursling, had an "ulcerated" breast. She

had not been informed of the nature of her lesion, but she knows that she had been treated with mercurial pills. Furthermore, she had suffered a few weeks later from sore throat and from an inflammation of the vulva, with "excoriated pimples;" her body had been covered with a red eruption, and her hair had fallen out to such an extent that "she was afraid she would become completely bald." I found on her the undoubted remains of some squamous syphilides, cervical adenopathy, extensive alopecia, and pigmented stains disseminated on the neck.

3*d*, The child of this woman (which she was suckling at the same time as the infant X——) was in good health at birth, and continued to prosper for some weeks. Two months ago only it suddenly began to waste. Its body became covered with an eruption of pimples; its mouth was ulcerated; its legs swelled; and it died in a state of marasmus. The medical attendant, as they assure me, had no doubt that the child succumbed to a syphilis contracted after birth.

4*th*, and lastly, The husband of the nurse, a man of regular life and of unquestioned morality, became ill a few months after his wife. He presented "several pimples on the penis;" since then he has been affected by a confluent eruption, headaches, and sore throat. I found that he was in the full bloom of secondary syphilis; erythemato-papular syphilides, scabby eruption of the scalp, cervical adenopathy, buccal syphilides, etc. Further, I discovered upon the corona two cicatrised indurations, with a double inguinal pleiades; they were without doubt the remains of the primary infection.

To sum up then:—

1*st*, Premature marriage of a syphilitic patient.

2*d*, Contagion transmitted from husband to wife.

3*d*, Birth of a syphilitic child, which in spite of medical warnings, was put out to nurse.

4*th*, Contagion transmitted by the child to its nurse.

5*th*, Contagion transmitted by that nurse to her own child, who pined, declined, and died.

6th, Contagion transmitted by that same nurse to her husband.

That is to say, five cases of syphilis and one death, resulting from a premature marriage during syphilis !

NOTE VI.

FATHER SYPHILITIC—CHILD SYPHILITIC—MOTHER APPARENTLY FREE AT FIRST, BUT PRESENTING SIX YEARS LATER A TERTIARY SYMPTOM.

"In 186 , I attended Madame X—— during the last six months of a pregnancy, which was uncomplicated except by frequent nausea and some sickness. On the 6th of April this lady was confined of a little girl, well formed, and of healthy appearance, weighing 3 kilogrammes 152 grammes (about 7 pounds). The afterbirth came away spontaneously in twenty minutes. The placenta was healthy. The subsequent progress was satisfactory.

"Towards the tenth day the child had a slight fever, green stools, and erythema of the buttocks. The fifteenth day an eruption appeared upon various parts of the skin. It very soon took on the characteristics of a syphilitic ecthyma. On the 15th of May thoroughly typical mucous patches manifested themselves around the anus and the vulva. A treatment, consisting of baths of corrosive sublimate and frictions of mercurial ointment, rapidly overcame these various symptoms.

"Nevertheless, the mother continued to suckle her child. She has not ceased to have good health, and she has never had any symptom which could be set down to syphilis. I will add that upon questioning her as minutely as possible I could not discover any specific symptom in the antecedents of this lady. When she ceased to suckle (fourteen months later), she was a little anæmic, and complained of a persistent pain between the shoulders. She recovered herself rapidly, and that without any medicine, simply by the fact of her having ceased suckling the child.

"The father, questioned by me upon his antecedents, had admitted that four months before his marriage he had contracted an infecting chancre, and that even at the time of conception he was still affected by various secondary symptoms (mucous patches around the anus, the same on the tonsils, and scabs scattered about the scalp).

"So, I found myself in the presence of—(*1st*) a syphilitic father, who still retained syphilitic symptoms at the moment of the conception of his child; (*2d*) of a syphilitic child, who had commenced to exhibit undoubted syphilitic manifestations on the fifteenth day after its birth; (*3d*) of a mother free from infection, appearing never to have shown any specific symptom before her confinement, and who had suckled her syphilitic child during fourteen months without contracting the slightest contagious symptom.

"This fact overthrew all my notions about syphilitic heredity, and especially my principal belief that, if a child be born with a syphilitic taint, it is certain that the mother has been infected. For me, as I have established in a former memoir, there is *no syphilis in the child without syphilis in the mother.*

"During six years I was able to watch the health of this family. Now, in the first place, the child submitted to the treatment has survived. Although somewhat lymphatic it has always continued to enjoy good health; in the second place, the father, who has rigorously followed a prolonged treatment, has never presented since then specific symptoms; in the third place, the mother, scrupulously watched, has never ceased to enjoy good health, with the exception of some slight ephemeral indispositions.

"I must admit that this case (followed by me day by day so to speak) strongly shook my previous convictions. I was preparing even to publish it, when, in the month of October 187 , Madame X—— came to consult me about a tumour on the right arm. This tumour underneath the skin, immediately above the olecranon, was about the size of a pigeon's egg, it was hard at the circumference and base; on the contrary, it was soft in centre; it has never given her pain; and it was then indolent, even to palpation

and to pressure. In those places where there was softening the integuments presented a brownish-red colour. I watched this tumour with great care, and became convinced that it could not be accounted for except upon the supposition that it was a *syphilitic gumma.* Ten days later the tumour opened towards the centre. A liquid came out which was formed of two distinct components. The one transparent and gelatinous, like mucilage; the other purulent. When the tumour was emptied I perceived its floor was greyish as if putrelaginous. The opening quickly enlarged and presented a sinuous outline, clearly defined, and punched-out edges. The base of the tumour still remained hard. These features, and this evolution, confirmed me in my original view. I diagnosed a gummatous tumour, and indeed I do not believe that any other diagnosis could have been made.

"Treatment by iodide of potassium, at first in increasing then in decreasing doses. Rapid improvement took place, and the lesion was cured in less than three weeks.

"The nature of the tumour was evident, for with what other lesion could I have confounded it? With an anthrax? With an abscess? The absence of pain, of inflammatory symptoms, the objective appearance of the lesion, its morbid evolution, excluded such hypotheses; and, moreover, the rapid cure effected by iodide of potassium thoroughly demonstrated—at least so I think—that I had to do with a tertiary syphilitic lesion.

"It is certain then that Madame X—— had been infected at some time, either before or during her pregnancy; but her syphilis had remained latent and anomalous. It had passed unperceived by the patient and by myself; finally, it had become revealed in an undoubted manner *six years later* by the serious but unexpected outbreak of a tertiary lesion.

"To sum up, this fact, which at first appeared to overthrow the theory that I have held so long (in common with MM. Cullerier, Notta, and other observers)—namely, that *every syphilitic child is born of a syphilitic mother*;—this fact, I say, adds another argument to the theory in question, and confirms it absolutely."—*Dr. A. Charrier.*

NOTE VII.

OF INAPTITUDE FOR LIFE AS A HEREDITARY CONSEQUENCE OF PATERNAL SYPHILIS.

One important fact, which I have endeavoured to bring out in this work, relates to the more serious of the hereditary consequences of paternal syphilis.

I have said, and I believe demonstrated, that a child begotten of a syphilitic father is very often stricken with a kind of *inaptitude for life*, or in other words the child is likely to die either *in utero* or a short time after birth.

I cannot here reproduce all the cases which have served to establish my conviction on this point. But I shall place before you a certain number of them as examples, and as documentary evidence of the truth of this statement.

CASE I.—Hard chancre of the penis. Roseola. Palmar psoriasis. Syphilides of the tonsils. Six or eight months' treatment, but irregularly carried out. Married five years after infection. Wife healthy, remained absolutely free. Four pregnancies; four *miscarriages*.[1] The patient then submitted to a new treatment (mercury and iodide of potassium for about one year). Four subsequent pregnancies. Four confinements at full time. Children living and healthy (the eldest at present twelve years old).

[1] I mention, once and for all, in this case as in the following ones, that miscarriage or premature confinement can be in no way related to any accidental or constitutional cause dependent on the wife. I only quote cases (having chosen them purposely) in which, by careful investigation, research, and after exclusion of every other cause, the death of the fœtus remains exclusively attributable to syphilis in the husband.

CASE II.—Hard chancre. Buccal syphilides. Insufficient treatment, of some weeks' duration. Married fifteen months after infection. Wife remaining absolutely free. Nine pregnancies. Five miscarriages. Three confinements before full time; children lived from some hours to three days. The ninth pregnancy produced a living child at full time, which fifteen days later was covered with syphilides.

CASE III.—Hard chancre, followed by some secondary symptoms. Treated for six or eight months. Three years later ocular paralysis. Married seven years after infection. Tertiary symptoms (exostosis) the same year. Treatment energetically renewed. Wife remained free. Four pregnancies, year by year. First ended in miscarriage; second, confinement at eight months, child still-born; third, confined at full time, child dying in a few hours; fourth, at full time, child living, and healthy.

CASE IV.—Hard chancre. Cutaneous and mucous syphilides. About a year's treatment. Married four years later. First pregnancy ended in a confinement at full time, child living, and healthy. Two years later an awakening of the diathesis; tuberculo-ulcerative syphilides; rebellious to treatment, and relapsing; sclerous glossitis; gummata, ecthyma. This outbreak of symptoms lasted in spite of energetic treatment for three years. It coincided with three pregnancies which all terminated in miscarriage. Wife unaffected.

CASE V.—Hard chancre, followed by some very slight secondary symptoms. Mercurial treatment for two months; in the following years small doses of iodide of potassium from time to time. Married fourteen years after infection. Wife remained free. Two pregnancies in the course of two years which followed marriage. The first ended at full time, child still-born. The second a syphilitic child, which died in three weeks. Subsequently, the husband was attacked with tertiary symptoms.

CASE VI.—Syphilis. Hard chancre on the penis. Two or three months of mercurial treatment, in small doses. No secondary symptoms noticed. Married four years later. Wife remained free. Three pregnancies ended in three miscarriages. At this

time symptoms of a tertiary character; energetic and prolonged treatment by mercury and iodide of potassium. A fourth pregnancy, one year later, brought at full time a child, healthy and living.

CASE VII.—Hard chancre on prepuce. Confluent roseola. Several months of mercurial treatment. Later, lingual syphilides. Married five years after infection. Wife free. Three pregnancies ended as follows:—One miscarriage; two premature confinements; children still-born. Subsequently, the husband affected by psoriasiform syphilide.

CASE VIII.—Chancre of the lip. Cutaneous syphilides; mucous patches in the mouth; onychia. Several months' mercurial treatment. Married one year later. Wife remained free. Three pregnancies in three years. The first two children were still-born. The third was born syphilitic, and died in three months. Subsequently, the husband was affected by a psoriasiform syphilide of the hands.

CASE IX.—Hard chancre. Secondary symptoms. Mercurial treatment for one month only. Married two years later. Wife remained free. Two pregnancies ended in miscarriages. Third, child at full time, cachectic; died after some weeks. Later, the husband relapsed and had ulcerative syphilides on the penis.

CASE X.—Chancre of the lip. Roseola. Syphilides of the tonsils. Three months' mercurial treatment. Married ten years later. Wife remained free. Four pregnancies. Two miscarriages. Two hydrocephalic children at full time, who died rapidly. Subsequently the patient was affected by cranial exostosis; symptoms of inflammation of the brain; death.

CASE XI.—Hard chancre of the prepuce; papular syphilide; buccal syphilides; onychia; cervical adenopathy; tibial periostosis. Six months' treatment. Marriage three years later. Wife remained free. Four pregnancies. The first two ended by miscarriages. The third brought at full time a syphilitic child, which died on the second day. Renewal of treatment. Fourth pregnancy; child syphilitic, but living.

CASE XII.—Hard chancre. Roseola. Anal and buccal

syphilides. Four weeks' mercurial treatment, then two months of iodide of potassium. Married during the second year of the disease. Wife remained free. Two miscarriages. Third pregnancy brought a syphilitic child (syphilides, pemphigus, osseous lesions), who died shortly.

CASE XIII.—Hard chancre. Secondary syphilides of the skin and mucous membranes. Iritis. Some months' treatment. Marriage two years later. Wife remained free. Four pregnancies, quickly following one another. The first two ended in miscarriages. The third brought a syphilitic child, who, thanks to vigorous treatment, lived. The fourth resulted in a child which to this day has shown no signs of specific disease.

CASE XIV.—Hard chancre. Some secondary symptoms. Several months' treatment. Married four years later. Wife remained free. Two miscarriages. The third child syphilitic; died at four weeks old.

THE END.

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