

may cause wounds to assume a definite form of gangrene, which yields, however, to specific treatment.

6. Constitutional syphilis has no connection with pyæmia, nor is it proved to predispose to wounds.

My own experience leads me to think that to the cachexia accompanying syphilis is largely to be attributed the malign influence of the disease upon wounds. Certain it is that syphilitics not broken down may receive severe wounds which often heal as in virgin subjects. Again, I think that proper antiseptic dressings of wounds in these subjects will very often prevent the syphilitic impress.

CHAPTER IX.

PROGNOSIS OF SYPHILIS.

THE opinion very generally prevails, that syphilis is a disease which, if left to itself, will always go on from bad to worse, attack in its progress the deeper and more important organs, and probably terminate in death. The correctness of this opinion, at least so far as concerns its invariability, may well be called in question, since syphilitic patients are rarely allowed to go without treatment, and consequently little opportunity is afforded for observing the natural progress of the disease; and we cannot logically infer, because certain cases, in spite of remedies, pursue a disastrous course, that the same would have been true of others, which have terminated favorably, if the treatment had been less thorough, or had been altogether omitted. It would be more reasonable, though less flattering to ourselves, to conclude that, as art has been comparatively impotent in the former, it can claim for itself but a portion of the credit in the latter; in fact, that very much depends upon the severity of the disease, which varies greatly in different cases.

There is reason to believe that, in many instances, under favorable circumstances, this disease tends to self-limitation. I have been struck with the fact that some patients, who either through neglect or ignorance fail to pursue any continued course of treatment, still live in comparative comfort, and, after several attacks of general symptoms, extended through a number of years, are finally free from further annoyance; the disease probably remaining dormant in the system, but ceasing to betray itself by any external manifestation. I have seen, as probably nearly every surgeon has who has had much to do with venereal, patients now perfectly well, but bearing evident marks of former syphilis, and who are yet totally ignorant that they ever had the disease, and who certainly have never been treated for it. Two cases, out of a number that might be related, will suffice to illustrate this point.

A young man, aged 21, was brought to my office in consultation for so-called morbid sensibility of the retina. On examining his eyes, I find posterior synechia, indicating an attack of iritis at some previous time. After considerable trouble in unravelling his case, I ascertain the following facts: At the age of 16 he contracted an ulcer upon the penis from impure intercourse; three months after he had sore throat, scabs in the hair, alopecia, and an eruption upon the skin; six months after he had an inflamed eye, attended with considerable intolerance of light, and pain. He was at the time young and ignorant of any such disease as syphilis; was told by his attend-

ing physician that he had caught cold in his eye, and had never suspected the nature of his complaint. The well-informed physician who brought him to my office told me that he had been under his observation for the last two years, and had never presented the slightest symptom of syphilis, and the most careful examination failed to discover any activity of the poison at the time.

Again, a young lady, aged 18, accompanied by her mother, came to my office to be treated for interstitial keratitis. Believing, as I do, in the general truth of Mr. Hutchinson's views as to the specific character of this affection, I at once examined the teeth, and found that conformation of the central upper incisors which is so characteristic of congenital syphilis. After closely questioning the mother, there could be no doubt that she, shortly after her marriage, was infected with syphilis by her husband, but she had never had the slightest suspicion of it, nor had she ever been subjected to specific treatment, although she is now in the enjoyment of perfect health.

Again, evidence of a tendency to self-limitation is found in many cases in which treatment is faithfully pursued, and in which the disease, under the best management on the part of the surgeon, and the utmost obedience of orders by the patient, repeatedly recurs for a time, and yet ultimately disappears, without our being able to attribute this happy termination wholly to the accumulated effect or prolonged use of remedies, which have failed to afford permanent relief in the earlier attacks. I have so often found this to be the case that I do not hesitate to assure patients, when discouraged by the reappearance of symptoms which they supposed were cured, that the tendency to return will probably cease after a time and leave them in the enjoyment of a good state of health; although never, after treatment however prolonged, do I promise certain immunity for the future. I can recall to mind quite a number of patients whom I treated for syphilis ten or fifteen years ago, and whose disease repeatedly returned, and was apparently uncontrollable by medicine, for a period of from one to three years, but who have since been exempt from further trouble, and many of whom have married and become the fathers of healthy children; and I cannot honestly ascribe their present immunity *wholly* to the remedies employed, but in a measure to the fact that the activity of the disease has been exhausted.¹

This tendency to self-limitation—or, as it may be called, *spontaneous quiescence*—of syphilis has been carefully studied by several authors, notably by Diday and Zeissl. Diday's mode of practice has afforded him a most excellent opportunity for deciding this point, since, in the great majority of syphilitic cases, he withholds all treatment, unless compelled to its resort by the urgency of the symptoms. As the results of his experience since adopting this course,

¹ "That all the constitutional forms of syphilitic affections, if left to the unaided powers of nature, have a constant tendency to wear themselves out, I am fully convinced."—EGAN, *Syphilitic Diseases*, p. 245.

Diday remarks, in the first place, that he has been struck with the regular evolution and succession of syphilitic phenomena, and afterwards goes on to say, that, in many cases, the disease never passes beyond the secondary stage; that, after several successive attacks—as, for instance, of mucous patches, exanthematous or papular eruptions, etc.—the symptoms diminish in intensity; the virus appears to be eliminated by the natural powers of the system; the tendency to fresh manifestation disappears, and a permanent and spontaneous cure is obtained. In other cases, on the contrary, he has found the disease becomes more serious and more deeply rooted by time; hence, he admits two classes of cases, in one of which syphilis naturally decreases, and in the other increases in intensity; in the former, he resorts to hygienic measures alone; in the latter, he employs specifics, but not to the neglect of hygiene.¹

Out of forty-three cases, treated by the non-mercurial plan, in twenty-six the general symptoms never assumed a serious character, and consisted merely of syphilitic fever, acne capitis, roseola, and mucous patches. These lesions reappeared on several occasions, but always with decreasing severity; the disease never passed into the tertiary stage; and finally the general health was completely re-established. In eighteen of these cases sufficient time had elapsed to render the permanence of the cure all but certain; thus, the period between the last syphilitic manifestation and the date when the patients were last seen in perfect health was in—

3 cases	. . . . .	3½ years.
3 "	. . . . .	4 "
4 "	. . . . .	4½ "
3 "	. . . . .	5 "
1 "	. . . . .	5½ "
1 "	. . . . .	6 "
1 "	. . . . .	8 "
1 "	. . . . .	9 "
1 "	. . . . .	16 "

On the other hand, in seventeen of the forty-three cases treated without mercury, the symptoms assumed a more serious aspect, threatening impairment of various organs and permanent injury to the constitution; some of them passed into the tertiary stage; and the safety of the patients demanded the administration of mercury, which was accordingly given. The following table exhibits the difference in these two classes of cases in respect to the number of the successive appearances or outbreaks of general symptoms:—

Number of outbreaks.	In the mild series.	In the severe series.
1	3 cases.	3 cases.
2	14 "	4 "
3	8 "	3 "
4	1 "	7 "
5 or 6	. . . . .	. . . . .

¹ *Nouvelles doctrines sur la syphilis*, p. 302 et seq.

Besides more numerous, the outbreaks of general manifestations, as a general rule, occurred at shorter intervals in the severe than in the mild class of cases.

According to Diday, the following are the most valuable indications to show that an attack of syphilis in a given case will be mild: a long incubation and a superficial character of the initial lesion, or chancre; simple roseola without papules as the first manifestation upon the skin; a gradual diminution in the size of the engorged ganglia; infrequent outbreaks of general manifestations, separated by comparatively long intervals, and decreasing in severity.

On the other hand, a severe attack is indicated—by a short incubation and deep ulceration of the primary lesion; by the eruption upon the scalp assuming a decidedly pustular character; by ulceration of mucous patches in positions where, in mild cases, they are almost always superficial, as upon the sides of the tongue, on the scrotum, margin of the anus, or vulva; a papular, vesicular, pustulous, or squamous eruption as the first syphilide; persistency, or having once subsided, tardy reappearance of the glandular engorgement; frequency and increasing severity of the successive outbreaks of general manifestations.

The severity of the attack does not appear to be in direct ratio with that of the syphilitic fever which commonly precedes or accompanies the earliest outbreak of general symptoms, the fever frequently being most severe in those cases which prove the mildest; nor, so far as we know, can any indication be drawn from the length of the period of incubation of general manifestations. Hereditary origin has an aggravating influence upon syphilis, both in the infant and in any person to whom the latter may communicate it; on the contrary, syphilis contracted from a secondary lesion (of acquired, not hereditary syphilis) has been supposed to be of a mild type.¹ The above indications, however, should be received with much caution, as they are founded upon a small number of statistics, and require further investigation. In my own experience, they have repeatedly been falsified, although I am not prepared to deny their value in general.

Zeissl's views with regard to the self-limitation of syphilis and its expectant treatment (given in the Wien. Med. Wehnschr., 1879, Nos. 1, 2, 3, 4) are essentially the same as Diday's, yet he freely confesses that he rarely carries them out in practice, either in hospitals or in private—not in the former, because economy requires that patients should be relieved and discharged as soon as possible; nor in the latter, because patients are unwilling to submit to a prolonged duration of their symptoms, and demand speedy relief.

While fully concurring with these views of Diday and Zeissl as to the self-limitation of syphilis in many cases, I am convinced that their tendency, unless great caution be used, is mischievous in underestimating the value and importance of treatment. It is true that many

¹ DIDAY, Histoire naturelle de la syphilis.

cases of this disease will do well under a merely expectant treatment, but no one can tell, *a priori*, which cases will do well and which will do badly. There is a dark side of the picture which must not be forgotten while looking at the light one, and the former includes the many evils—the physical deformity, public infamy and disgrace, and the ignominious death—to which syphilis, when neglected, exposes its victim. Prolonged treatment, adapted to the requirements of each case, is the surest safeguard for every one who has been so unfortunate as to contract this disease.