

sulphur water than by any other water we are unable to say. Sulphur baths are also extolled as a means of removing mercury from the system, and one pound of this metal is said to have been extracted from the body of an unfortunate patient under the care of a physician of Prague, by means of a single bath! *Credat Judæus Apella, non ego.*

CLIMATIC INFLUENCES.—A warm climate is more favorable than a cold one for persons under treatment for syphilis. In voyages around the world made by vessels penetrating the different zones, it has been noticed that the sailors affected with this disease did better in the warm than in the cold regions, and this is what might reasonably have been expected. A refuge to a warmer climate from the severity of our northern winters might, therefore, be recommended to many patients, were it only possible to secure for them constant supervision under the care of some one competent physician, and avoid their being left to themselves or seeking advice from a dozen different sources in their travels.

"SYPHILIZATION."—About the year 1844, before the distinct nature of the chancroid and syphilis was known, M. Auzias (Turenne) undertook a series of experiments to test the accuracy of the doctrine advanced by Hunter and Ricord, that syphilis is not communicable to the lower animals. By protecting the inoculated points in such a manner that the animal could not lick them and thus remove the virus, he was able to produce local ulcers with a soft base upon monkeys, cats, rabbits, and horses; but neither in his experiments nor in those of others who followed him, were general symptoms ever developed, showing that the system was not contaminated with the syphilitic virus, and confirming the statement of Hunter and Ricord. Moreover, there is reason to believe that the virus employed in many, at least, of these inoculations was chancreoid and not syphilitic, since matter was taken from the sores developed upon the animals and inoculated on four occasions upon the person of M. Robert de Welz, of Würzburg, with the effect of producing only chancroids. Even supposing that Auzias did in some instances employ the secretion of a chancre, it is none the less true that he produced merely a local sore, and that there was no absorption of the virus into the system.

M. Auzias, while performing these experiments, observed that the first ulcer inoculated upon an animal was more rapidly developed, was of a larger size, secreted a greater quantity of matter, was surrounded by more intense inflammation, and was more persistent than the second; that the second bore the same relation to the third; the third to the fourth, and so on, and that finally a period arrived when further inoculations entirely failed. He believed that at each inoculation a fresh portion was absorbed, and ascribed the final immunity to saturation of the system with the poison; when no more could be

taken up, as he thought, he said that the animal was "syphilized," and the process by which the result was attained he called "syphilization."

Reasoning upon this basis, M. Auzias inferred that the same result could be accomplished in man; that the human system could be so saturated with the syphilitic virus by repeated inoculation that any further application of the poison would prove innocuous; and in 1850 he gravely proposed to the French Academy, not only to employ repeated inoculations for the cure of syphilis, but to "syphilize" the greater part of mankind in order that they might never have syphilis!

The proposition of Auzias to employ this process as a prophylactic against syphilis was soon abandoned, if for no other reason, on account of its own absurdity; but "syphilization" for the cure of syphilis was extensively practiced by Sperino, of Turin, commencing in 1851, until he was forced to desist by the opposition it excited.

The idea thus started was subsequently taken up by the late Professor W. Boeck, of Christiania, who devoted years to its investigation, and who, in 1862, under the auspices of the Norwegian Government, issued a large and laborious work, in which were reported 252 cases treated by "syphilization," and the results most favorably compared with those obtainable by mercury and other modes of treatment.

Professor Boeck spent a portion of the years 1869 and 1870 in this country, winning the admiration and the esteem of all who knew him, by his purity and gentleness of character, and his enthusiasm, and affording an opportunity to witness his practice in my wards at the Charity Hospital¹ and elsewhere; but he failed to make converts to "syphilization."

In the last edition of this work, considerable space was devoted to an account of this visit of Professor Boeck, and to the doctrines and practice of syphilization. This treatment, however, may now be said to be dead, as is its lamented advocate, and we shall content ourselves with only a very few remarks upon it.

In the first place, syphilization is based upon an erroneous supposition. The matter employed in these inoculations, whether taken from chancroids as in Boeck's earlier practice, or from irritated chancres as in his later, is nothing but chancreoid. There is no syphilitic virus in it with which to "saturate the system," even if saturation of the system with a virus in order to get rid of the same virus were not of itself an absurdity. Practically, we do not doubt the assertion of Professor Boeck and other advocates of syphilization, that, under repeated inoculations, the skin acquires a certain immunity (which, however, we believe to be temporary), but this is simply in accordance with the general law that the integument, under the repeated application of any class of irritants, will finally cease to

¹ A report of the cases treated at Charity Hospital may be found in the Am. J. M. Sc., Phila., July, 1870.

react for a time. Nor do we doubt that syphilitic lesions disappear and fail to reappear, for a time at least, under this treatment, and this effect can only be ascribed to the eliminative or depurative action of the numerous and constantly repeated ulcerations. Trials have been made in Christiania and elsewhere by means of a succession of blisters, plasters containing tartarized antimony, etc., and the results have been the same. Certainly, no mode of treatment can be more repugnant than this to the patient himself.

In the cases treated at Charity Hospital, the patients kept their beds during the greater part of the three or four months that the inoculations were going on, although they had every inducement to be up and out upon the grounds; and it often required all our powers of persuasion to lead them to consent to a continuance of the treatment, so great was their discontent. Indeed, I never made a visit to the hospital without the fear that some of them had eloped, as actually happened in three instances. They represented that the soreness of the ulcerations was so great that they could scarcely endure the contact of the bedclothes, much less that of their daily dress, and the appearance of the sores corroborated their statement. I cannot well imagine how persons in their condition could have been about attending to their daily business. When they left the hospital they bore scars over the chest, arms, and thighs, which they will doubtless carry with them to their graves. Moreover, the serious tendency of some of the ulcers to take on phagedenic action showed that this practice is not devoid of danger.

CHAPTER XXIX.

SYPHILIS AND MARRIAGE.

THE questions whether and when a syphilitic person can marry are most important in all of their bearings. To answer them, we necessarily have to consider the course of syphilis in general.

When a person, male or female, contemplating marriage, is affected with ulcers of the genitals, the question arises, can that person marry? To this end, it is most necessary that the nature of the sores should be accurately determined. We must remember that in the male the ulcers may be the result of abrasions, may be herpetic, chancroidal, or syphilitic. An abrasion, however minute, upon the penis in such a person should be carefully watched. In such instances all sources of irritation should be avoided, and especially should active cauterization not be resorted to. Such measures, while they will not cure the abrasion, will cause such inflammatory reaction that the diagnosis will be rendered very doubtful. A simple water dressing, then, is all that is necessary. If the excoriation is of simple character, the treatment will readily cause it to heal; and if of syphilitic nature, for we have seen that the initial lesion frequently begins in a minute erosion or excoriation, it will not interfere with its course, and it will in a short time show unmistakably syphilitic appearances. In any event a patient, male or female, should not contract marriage until at least three weeks after the disappearance of such an excoriation. This should be rigidly impressed upon the patient by the physician. Indeed, much trouble would be avoided if patients, male or female, would not marry until at least a month after the last suspicious intercourse. In this interim they should be carefully examined. If nothing appears, it is strongly probable that they have not contracted syphilis, since it is quite rare for the period of chancre incubation to be longer than thirty days. If, however, there are any suspicious facts connected with the intercourse, marriage should be interdicted for fully sixty days.

In all patients the ganglia should be very carefully examined from time to time during the existence of any lesion on the genitals, since in males the chancre may be within the urethra, and in women hidden in some fold of the vulvo-vaginal tract.

The appearance of herpetic vesicles in a person contemplating marriage is an indication for care and watchfulness. Not infrequently do we see cases in which, a day or two after the suspicious intercourse, one or more vesicles appear. These usually heal readily, and in due time, say fourteen to twenty days, the initial lesion appears. It is

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