

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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not asserted by any means that these vesicles are precursors of the initial lesion of syphilis, simply that the coincidence is sometimes noticed. A most frequent mistake is to regard a commencing initial lesion as herpes. The vesicles of herpes become readily abraded, and then resemble very much the commencing initial lesion of syphilis. This feature is fully described in the part relating to the appearances of the initial lesion.

A person having chancroidal ulcers is manifestly unfit for marriage. The rule in such cases is that the rite should be postponed until at least twenty days after the disappearance of the ulcer. The cicatrix, or spot left, should be then carefully watched, and the ganglia constantly examined. In this way we make certain that the patient did not contract two contagions, chancroidal and syphilitic. After the proper lapse of time the latter may be excluded.

Now, it sometimes happens that men and women, having recovered from syphilitic ulcers, are, from force of circumstances, obliged to marry. We must meet this matter squarely in the face, since in some cases the rite must be consummated, notwithstanding the objections and protestations of the physician. It is needless to consider the circumstances. Any physician who has had much experience in venereal diseases, or has a large general practice, has undoubtedly had to give a reluctant consent to the marriage of a recently syphilitic man or woman. If such a person is thus forced into matrimony while still suffering from the initial lesion, he or she must wholly abstain from sexual intercourse. If excuses can be reasonably given, it is well to use them; but if not, the truth must be told.

The marriage of a recently syphilitic person endangers the consort and also the progeny. The indications then are to avoid infecting the healthy consort, and to prevent conception. This question is one of extreme delicacy; still it is of vital importance that it should be fairly met. In the secondary period of syphilis, particularly in the first year, the blood of syphilitics is highly contagious; hence a syphilitic man is liable, if the mucous membrane of his prepuce is torn, to infect his wife. He should, therefore, avoid, as far as possible, such violence as is liable to produce chafes or tears of the mucous membrane. Under no circumstances should he have connection at any time during this period if he is suffering from any excoriation of the penis or preputial herpes. While it is easy for the male to adopt prophylactic measures against syphilis, it is very difficult for the female. The natural conformation of her parts tends towards abrasions and fissures of greater or less size, from which, blood exuding, are liable to be foci of infection. Of course the existence of such are to be watched for carefully. Prophylactics, in the shape of frequent and copious vaginal injections, and the most absolute cleanliness are imperative. Any abrasion or fissure should have immediate care, and chafing of the parts carefully guarded against. If the male is acquainted with the dangers he runs, he can take proper measures to avoid them.

It may be stated, in broad terms, that no syphilitic father should procreate children until at least two years after infection,—during which he should sedulously follow a systematic course of treatment. There is no doubt whatever of the power of the father to transmit syphilis to his offspring even without the infection of the mother. This question has already been fully considered. The duty of the physician, then, is to insist that such a syphilitic man shall not impregnate his wife. The means of accomplishing this end will not be considered here. All will depend upon the tact and delicacy of the physician. His duty is equally as imperative regarding the syphilitic wife. While she may, from force of circumstances, be obliged to have connection with her husband, she must be warned not to allow herself to become pregnant. Here, again, the duty of the physician is imperative and delicate.

If possible, it is always well to delay the marriage of a syphilitic person until the end of the second year of infection. But this only holds good for cases which have been treated regularly and systematically during that period, and which, at the expiration of that time, are apparently free from the disease.

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