

quently simply brushing the platinum point quickly over the surface. Altogether, half-a-dozen applications were made in the course of four weeks, at the end of which time there was complete disappearance of the pellicle, and scarcely a trace of the lesion remained. The internal treatment was suspended, and at the end of three months, there was no indication of return of trouble.

LESSON XVIII.

Significance of psoriasis of the tongue, following syphilis; often mistaken for mucous patches of the active stage of syphilis, and when occurring after the first or second year, called chronic mucous patches. All lesions of late syphilis, of the same significance, as to their contagious property. All caused by accumulations of so-called gummy material, or non-contagious lymphatic matter. So-called chronic mucous patches of tongue usually caused by use of tobacco. The authority of M. Fournier, favoring the view of their capacity for contagion. Case quoted by him in illustration. Analysis of M. Fournier's case, and arguments to show its failure in proving the inoculability of late chronic lesions of the tongue, and also from Fournier's work and other valued authorities to show, that no form of syphilitic lesion, is contagious after the fourth year. This position supported by the teachings and experience of M. Fournier, in his work on syphilis and marriage. Marriage proper after a certain period. Strong statements of M. Fournier to this effect. Syphilis constitutes only a temporary bar to marriage. Fournier adduces eighty-seven cases in proof of this. Tertiary lesions shown not to be capable of transmitting syphilis. Exceptions claimed, lacking authentic proof. Fournier's case, cited to prove infection from lesions present after three or four years, inadmissible. Analysis of evidence. Case adduced in rebuttal. Case cited to illustrate sources of error. What is needed is a guide, as to time, when syphilitic patient may be considered free from danger of communicating the disease. Facts and arguments to show that this time, is not necessarily more than three or four years. Sources of error in claiming infection beyond this time. Cases in illustration.

Remarks.—The foregoing case would, I think, be best characterized as a psoriasis, induced by tobacco, causing irritation of a surface predisposed to such action, by the previous occurrence of local syphilitic lesions at this vicinity, during the active period of the disease. It has been in my experience to see quite a number of such cases, with or without superficial ulcerative lesions, and which had been classed, by previous medical attendants, as chronic mucous patches, with the distinct understanding that they possessed the power of communicating syphilis. It should be understood that mucous patches, are simply papules, occurring on mucous membrane, and cannot exist as specific lesions after the active stage of syphilis has passed. It may, I think, be safely stated, that, after the third, and at

farthest after the fourth year, lesions of the mouth of whatever character,—either *superficial glossitis*, which is recognized by oval or circular, small or large patches, or tubercles of thickened sub-mucous cellular tissue; or the *deep glossitis*, which causes a general hyperthropic thickening,—are due to accumulations of gummy material, so-called; and, whether accompanied by ulcerations, superficial or deep, are of the same nature as all the other lesions of so-called tertiary or late syphilis, which have been incontestably proven to be free from the contagium of syphilis. The occurrence of superficial erosions of the tongue, from a few to many years after the termination of the active stage of syphilis, is not infrequent. The habitual excessive use of tobacco, has seemed to me more likely to produce superficial ulcerative lesions, than where syphilis has not been experienced, especially where the lesions of the active disease have occurred in the mouth. Often, in such cases, simple abstinence from tobacco, will cause such ulcerations to heal, without further trouble. In other cases, the iodide of potassium acts quickly to relieve, but, in all, the apprehension of communicating syphilis is an ever-present horror, and when, as is sometimes the case, such ulcerations, either from vices in the digestive processes, or from permanent cicatricial disturbances of the affected tissues, continue for years, the condition of such patients is sometimes, indeed, pitiable. It is true that we have the weight of an authority, so great as M. Fournier, in support of the *possibility*, nay, the probability, of infection of syphilis for many years, or, indeed, indefinitely in such cases, as is shown in the following, quoted from his popular work on "Syphilis and Marriage."* "These lesions are always superficial, limited, and mild. They are readily cured by cauterization, aided by some local care; but they are only cured to be reproduced,—to renew themselves incessantly. In themselves they are of

* "Syphilis et Mariage." Leçons Professées à l'Hôpital Saint Louis. Par Alfred Fournier, Professeur à la Faculté de Médecine de Paris, Médecin de l'Hôpital Saint Louis, Membre de l'Académie de Médecine. Paris, 1880. Page 122.

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 mercurialization (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 syphilis coming on the back part of his tongue. Now, what would have happened if, relying on 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 a 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 from the lingual syphilides of the patient."

This case is presented as a typical one, to illustrate the possible persistence of contagious lesions after many years, notwithstanding the disease is of mild form, and has been systematically, persistently, and efficiently treated from "almost from the beginning."

It will at once be seen, that, as such lesions of the mouth may appear, several years after the apparent cure of syphilis, no real guarantee against the danger of communicating syphilis, for a very long period of years, can ever be given, and if such guarantee cannot be given, *no man, it appears to me, has ever a right to advise, or even to consent to, marriage of a person who has once had syphilis.* It becomes a matter of vital importance to know, whether or not, there is a form of late lesion of syphilis, which, unlike all other late lesions, still retains the power of infection. M. Cornil says (p. 34, Am. ed. 1882): "The inoculations made by Diday render it probable that the tertiary lesions are not inoculable, and consequently not contagious." Bumstead & Taylor (ed., 1879, p. 443): "*Hence we consider the blood and the secretions in tertiary syphilis innocuous.*" Hill & Cooper (London, 1881, p. 11), say: "*All attempts to propagate the disease with secretions taken at this period have failed.*" Baumler says of the cessation of the inoculable stage of syphilis: "This takes place in the majority of cases, and at the expiration of eighteen months or two years the infection is entirely exhausted." (Ziemssens's "Encyclopædia," Am. edition).

The most complete and irrefragable evidence, in favor of the view that the injective power of syphilis is self-limited, and does not extend over a period of more than three or four years, is that presented by M. Fournier, in his recent work on "Syphilis and Marriage," adduced to justify his previous statement of opinion, that persons having had syphilis *under certain circumstances may marry.* The statement, a very strong one, appears on page 18 of his work, thus: "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 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 others. It is for me an absolute fact, an undeniable truth;" and at page

15, *ibid.*: "The truth is that, with some very rare exceptions, syphilis only constitutes a temporary bar to marriage." In support of this positive opinion he says,* "For my part alone, I have in my hands, to speak only of written facts, eighty-seven observations relative to syphilitic subjects, undoubtedly syphilitic, who, having married, *have never communicated to their wives the least suspicious phenomenon; and, moreover, these eighty-seven have produced among them a total of one hundred and fifty-six absolutely healthy children.*"

In examining the clinical records of these eighty-seven cases, given at page 231, *et seq.*, of his work, we find that thirty-six out of this number of men who were thus proven free from any power to transmit syphilis, either by direct contact or by heredity, were subjects of late or tertiary lesions of syphilis *after marriage*—some before and some after the birth of children.

These lesions comprise almost all the accidents of late syphilis, thus: gumma of penis, palmar psoriasis, dry tubercular syphilide, gumma of velum paluli, cerebral syphilis, papulo-tubercular syphilide, and costal periostosis, cerebro-spinal symptoms (evidently of specific origin), diplopia, passing attacks of hemiplegia, nasal syphilides, ecthyma of legs, specific tibial periostitis and glossitis, specific sarcocele, nasal ulcers, ulcerative laryngitis, papulo-squamous palmar and plantar syphilides, sclerous glossitis, papulo-scabby syphilides of circinate form, tubercular ulceration, syphilide of nose.

This would appear to be sufficient evidence that M. Fournier, presenting these cases to show that they lacked entirely the contagious element, was a firm believer in the non-transmissibility of syphilis from late lesions.

Another case, quite in line of the first case cited—which seemed to prove indefinite capacity for infection, appears inadvertently to have slipped into M. Fournier's 87 cases. This is Case XLIX. (p. 237 *ibid.*). Thus runs the clinical history: "Hard chancre, roseola palmar, psoriasis, syphilides of the mouth; iodide treatment; no mercury. Married four years after infection; wife remained free;

* Fournier, "Syphillis et Mariage." *Ibid.*, p. 16, also p. 231.

two healthy children. *After the birth of the second child the husband infected the wife through a syphilide of the mouth; pregnancy the following year, which ended in a miscarriage.*"

Lacking any other explanation from M. Fournier, this case would, then, appear to be, like the first case presented, one where a late lesion of the mouth had communicated syphilis, and this at least seven years after the original infection, and even after several years of marriage, during which the wife had escaped, and two healthy children had been born. Exceptions of such vital importance—the first cited as a typical exception, and the second supporting it with great force—in order to be accepted, should, it appears to me, be quite free from reasonable doubt, on all essential points. Let us examine them as critically as these meagre details will permit.

In the first case, after a mild and thoroughly treated syphilis, in a patient who was an inveterate smoker, lesions of the mouth recurred constantly, for a period of five years, influenced only temporarily by treatment—promptly benefited by leaving off his tobacco. Physician (M. Fournier) fears that this lesion is an exception to the lesions of syphilis which occur at so late a period.

M. Fournier's experience in regard to inoculability, at so late a period, are given in his work, as at p. 101, where he says: "In those cases where I have seen syphilis pass directly from the father to the child, without contamination of the mother, *I have always observed, that the paternal infection, was of a comparatively recent date, that is to say, had not exceeded the maximum of three or four years.* Beyond that time I have never firmly established the transmission of syphilis by paternal heredity."* Again at page 132: "A patient comes to us in the full secondary period, and we submit him to the usual treatment. Now, what occurs, nineteen times out of twenty at least? First, that the patient is subjected for some months—even for the first year—to secondary eruptions, more or less numerous, more or less

* Italics my own. F. N. O.

intense, corresponding to the quality of the diathesis, but generally mitigated and lessened by treatment. And beyond—from about the second year—these eruptions continue to decrease . . . Then, still later, the lessening is more marked, or becomes complete with the third, or, later, with the fourth year. From that time, the secondary period is done, and, with it, the contagious accidents which accompany it, and which constitute the principal dangers of marriage. Such is the rule: that this rule has exceptions I know but only too well; and I have already given examples of such exceptions" (p. 122 *ibid.*), [case above cited]. In this case a young man takes a mistress, who some weeks later presents with an initial lesion of the lip. The conclusion appears to have been promptly arrived at on the following basis, viz.: *possibility* of contagion from patient's buccal erosions, (which did not yield to anti-syphilitic treatment, but which did improve when tobacco was withheld); *probability* that the mistress acquired her labial chancre from the secretion of this very exceptional kind of syphilitic lesion, if it was syphilitic.

Now, is such a conclusion sufficiently warranted by this evidence, on a matter of such moment? Let us look at other causes, equally possible, equally probable. The young man did not take for a mistress, a woman whose virtue was above suspicion. Such a coincidence as the contact of such a woman's lip, with some other lip, with fresher syphilitic lesions, would not be so extraordinary, as the acquirement of syphilis, from a buccal lesion, *five years after infection.* Such a woman, would be quite in line of coming in contact with persons having active syphilis, and, either directly or by mediate contagion, might have acquired her labial chancre, even if she had not become this man's mistress, without exciting especial comment.

Let me here place in contrast to this, a case taken from my own experience. A young man had undoubted syphilis—characteristic initial lesion, general gland enlargement, roseola; no pronounced papular eruption; mucous patches on tongue and inner surface of cheeks. After a somewhat desultory treatment of two years,

he was apparently cured. Remained well for two years; began to have ulcerations at side of tongue, thin pearl-colored at edges; characteristic appearance of the so-called chronic mucous patch; was greatly addicted to tobacco—tongue resisted local treatment, unless accompanied by exclusion of tobacco; repeated recurrences for nearly five years; not markedly affected by specific treatment, which was tried from time to time. At last he married a virtuous girl, since when already two years have elapsed, and she has not yet acquired syphilis.

In regard to M. Fournier's second case: this is rendered especially remarkable, by the fact, that, besides the alleged acquirement of syphilis, by the wife, from a buccal syphilide in the husband seven years after infection, that without any specific treatment, the wife remained free from syphilis during the early years of marriage, and, besides, gave birth to two healthy children during this period. The acquirement of syphilis, from other and unsuspected source, would be much more in accordance with the probabilities of this case, than that this most extraordinary development of active syphilis, upon a diathesis which had slumbered through the initiation and development of two healthy children, should break out finally in infective buccal lesion. The theory of re-acquirement of syphilis, from a fresh source, is not so difficult to accept.

The experience and teaching of all the leading authorities, to-day, are against the acceptance of any claim for inoculability of the secretions of syphilitic sequelæ, and any cases, militating against this view, should be free from suspicion of imperfect observation, imperfect facilities for observation, and from conclusions not based upon thoroughly well-authenticated facts.

Case — on page — will show how easily active syphilis in a wife may appear to have been acquired from a husband who had had syphilis many years previously—and yet, against all presumptive evidence, she may be finally shown to have acquired the disease in a manner more in accordance with all that is now positively known of the disease. The evidence in favor of the innocence of

M. Fournier's females was no greater than in my case, and yet the latter was proven guilty out of her own mouth.

What the profession needs now, more than anything else, is some reliable guide towards the formation of an opinion, as to the time it is necessary to treat syphilis, before the patient may be considered free from the danger of communicating the disease to others. It would seem probable, that an explanation of the course pursued in M. Fournier's 87 cases might afford light on this matter. In point of time we find that the average time of marriage in the 87 cases was $5\frac{8}{10}$ years, that 25 per cent were married within three years after infection, and over 10 per cent within two years. In regard to the length and quality of treatment: over 12 per cent of the 87 cases had a treatment of less than a year's duration, several with only a few months, one with the iodide of potass. only, and another with no treatment at all (marriage seven years after infection). It would appear, then, that the contagious element of syphilis is not necessarily dependent upon *treatment* for its eradication. This would confirm the claim made in the earlier pages of this work, that syphilis, in its contagious phase, is self-limited, and that the value of a prolonged and systematic treatment, consists chiefly, in its power to prevent that damage to the tissues and organs of the body, which may finally eventuate in important lesions in after years, viz., the *sequelæ* of syphilis in their various forms. The time during which the treatment should be continued should certainly cover all that period, during which the affected organism contains any contagious element. This question must be settled by clinical observation. If we find that there are well-authenticated cases of communication of the disease, after many years, *without re-infection*,* and that we cannot tell by the degree or quality of the syphilis, what cases may behave in this manner, we are then assuming unwarranted responsibility, in allowing any persons with syphilitic antecedents to marry. If, however, we can find by strict scrutiny

* For facts and arguments showing that re-infection of syphilis is not infrequent, see Cornil on Syphilis, Am. ed.: Henry C. Lea's Son, Phil., 1882, p. 19.