

that such cases are not only very rare, but are not well proven, we are then justified in assuming the known facts, as ascertained by the experience of the best observers, as a basis for our decision. For instance, in the great and well-considered experience of M. Fournier we find the following statement (p. 101 *ibid.*):

"In those where I have seen syphilis pass directly from the father to the child without contamination of the mother, I have observed, that paternal infection, was of 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." Again (p. 101 *ibid.*): "If not always, at least in the enormous majority of cases, the husbands who communicate syphilis to their wives, are those who have married *with a syphilis still young*: that is to say, with a syphilis which *does not date back more than a few months or a year, perhaps two: more rarely three or four*." It is in regard to such points, that the profession need exact observation and information. While we are prepared to accord much value to such statements as the foregoing, from so valued an authority, and to accept them as aids to judgment, to be rendered in practice: we are left in some doubt on account of the mode of expression used. "If not always," *intimates* that M. Fournier has seen cases where husbands have communicated disease when the disease was not recent: that is to say, within four years. He does not cite a well-authenticated case in his own experience. In more than thirty years' experience I have never seen such a case, nor any account of one, which would, with fair scrutiny, warrant the claim that it was well authenticated. The time of treatment of the active stage of syphilis, is a most important one, for the profession to be agreed upon. As to the means and mode they are quite in accord. It may be safely said that all authorities are also agreed, that the treatment should be persevered in, as long as any tangible or appreciable evidences of the disease remain. In America, the steady, gentle mercurial course, continuing throughout the usual period of active manifestations, and not less

than one year, is usually insisted on, and this followed with the so-called mixed treatment (mist. biniodid. or its equivalent) for from one to two years longer: the same course also insisted on, no matter how late in the actual period the treatment is begun. The practice in Great Britain is, I believe, much the same. M. Fournier, who is the leading authority in France to-day, insists upon the same but a longer treatment. Four years he puts down as the minimum. He says (page 102): "Three to four years—such is, according to my view, the MINIMUM [note well the word if you please], the indispensable minimum, in order that the diathesis may sufficiently disappear, under the double influence of time and treatment, and that the patient, returning to a healthy position, may have the right to aspire to the titles of husband, father, and head of a family."

M. Fournier is somewhat peculiar in his mode of administration of the mercurial: proceeding by periods of activity and repose—giving it for a month or two, and then omitting for about the same period. It will thus be seen, that, practically, he administers little if any more of the mercurial, than we, who administer the drug at the point of easy toleration, throughout the whole of the active period. For the settlement of questions so important as those which have been briefly touched upon in the foregoing pages, it is essential that those especially interested in, and familiar with, syphilis in its various forms, in its relation to scientific medicine and to humanity, should record with scrupulous care all *unquestionable* facts, concerning the duration of syphilis as an active contagious disease. That cases, proving disputed points or disproving them, should, when thoroughly satisfied with their value and susceptibility of proof, be forwarded to some convenient medical journal. Let an invitation be extended to those interested, to add a case in point, an opinion, or an analysis which might tend to strengthen facts, or expose errors of diagnosis, or imperfect observation. In this way, I believe, it need not be very long, before the great questions as to the duration of the period of possible communication of syphilis, would be narrowed down to such a point, at

least, that the subject of syphilis, might, within a reasonable number of years—say three or four, or even five—at least, resume his ordinary association with his kind, without the ever-present dread of communicating syphilis, from an ever possibly recurring, periodically active, mucous patch. Prolonged existence of the contagious element in the seminal fluid, though a series of years, has been claimed, and instances have been cited, with great appearance of truth. M. Fournier quotes one related by M. Jonathan Hutchinson: "Thus a medical man contracted syphilis and for about six months treated himself. Believing himself cured and being relieved of all pain, three or four years later he married. *His wife remained healthy*, and became *enciente* eleven times. 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 with syphilis. On the contrary, the seven last children, although born syphilitic, resisted the disease and lived."

Here is a case of a healthy woman, giving birth to a series of children claimed to be syphilitic. In order to make this case of value, the evidence must be fuller and more explicit. The simple death of the child, is not sufficient evidence of syphilis; repeated miscarriages are not necessarily from syphilitic influence; and in case of the third and fourth children, we are not informed as to exactly what constituted the evidences of hereditary syphilis. Various forms of imperfect development, and apparent disease of the foetus, result from scrofulous taint, from hereditary diseases not syphilitic, and from disease of and impressions on the female generative organs, and these propagated through successive pregnancies. Eruptions, termed *scrofulides*, occur in the newly-born that are, sometimes, absolutely identical in appearance with those of syphilis. Cases of the character of the foregoing, may be true as far as the attainable evidence goes, but they must remain as doubtful, when the history is imperfect—because they are opposed to all that is known, with any certainty, of the nature of the disease.

The man, after four or five years, with no appreciable disease, infects children, *while the mother remains healthy*. According to the results of M. Mireur's experiments in inoculating healthy subjects, with the semen of syphilitic men, in the active stage of the disease, *the semen does not possess the contagious property*. M. Fournier says, ("Syphilis et Mariage," p. 26, note):

"It has long since been established that *the semen of a syphilitic subject is not susceptible of transmitting contagion*." If this be the fact, how, then, could the children be contaminated by the husband, independently of any disease of the wife—who, it is claimed, *remained healthy*? It is certainly the fact, that, with the exception of some rare and anomalous cases (such as the one quoted), the weight of the evidence of every authority has been given, in favor of a gradual diminution of the contagious element in syphilis, and its complete disappearance within three or four years. Under the influence of the old views that the later lesions—the *sequelæ*—were also capable of transmitting syphilis, it was difficult to set a limit to the time, when a man could be said to be free from danger of communicating the disease, but as it has now been satisfactorily proved, that the active stage of the disease, does not as a rule exist more than three or four years, and that the secretions of the *sequelæ* and the blood are free from the contagious element, apparent exceptions to this law must be accepted as proved, only after the most rigid scrutiny, and refused admission, except on absolute proof.

Note.—In the spring of 1860, and thus over twenty years ago, I was called to see an infant about a year old, the daughter of a prominent merchant, a most upright and religious man. The child had been vaccinated some three months previously without any unusual local result. About a month afterward a rose-colored eruption made its appearance, and, while fading somewhat, it remained, and began to create some apprehension lest it had resulted from an impure vaccine virus. When I saw the child, the eruption was exactly like that of a fading syphilitic roseola, slightly red, and inclining to a coppery hue, chiefly well-marked on forehead and cheeks.

breast back and abdomen. The date of its appearance, following vaccination, suggested syphilis, also its color, first rosy, then inclining to a coppery hue. I communicated my suspicion to the father and at the same time inquired into his venereal antecedents. He acknowledged to a gonorrhœa in early youth, which had caused him much remorse, but he denied knowledge of any syphilitic lesion. The wife was apparently in good health. There were three healthy children older than the little girl. The physician who performed the vaccination, stated its source, which was unobjectionable, and stated, also, that he had vaccinated at least a dozen children with the same virus as that used on this little patient, without any sign of such trouble following. Having scarcely a doubt of the syphilitic character of the eruption, I put the child on a systematic mercurial treatment; this was continued for six months, without any especial change. I then called in the late Dr. Bumstead, (my predecessor in the Chair of Venereal Diseases in the College of Physicians and Surgeons, N. Y.) in consultation. My previous diagnosis was confirmed, unhesitatingly, and, for another six months, the same treatment was continued. Not yet making any impression on the eruption—the child otherwise in excellent condition—Dr. Wm. H. Draper, who then occupied the Chair of Cutaneous Diseases in the College of Physicians and Surgeons, was then called in consultation. The case was accepted as most singular, but previous diagnosis, after careful consideration, was again confirmed, and, for another six months, the treatment was rigidly enforced, at the end of which time I took the responsibility of stopping the mercurial, as, up to that time, apparently, no benefit had accrued from its use. I then tried a mild arsenical preparation for a few months, with equal ill success, the eruption still remaining distinct and coppery in all regions previously occupied by it. During the next *ten* years the child grew fairly well. She was somewhat delicate, and of a nervous, lymphatic temperament, and occasionally received a little aid to her nutrition, such as might be afforded by extract of malt, cod liver oil, etc. My attention at this time (when the child was now over twelve years of age) was

called to several *exostoses* on the radius and ulna, both at the distal and proximal extremities on the inner aspect, also on the outer and inner sides of the head of the tibiæ. This seemed to confirm the original diagnosis, which I had long previously abandoned. I was contemplating a renewal of the treatment, adapted to the later stage of syphilis, when it occurred to me to call in Dr. A. Jacobi, then Professor of the Diseases of Children of the College of Physicians and Surgeons. The eruption was somewhat faded, but still distinct, on the cheeks, forehead, and breast, especially well-marked during any excitement, mental or physical. Professor Jacobi expressed an opinion against the idea of syphilis, and considered the eruption a *scrofulide*, and the exostoses *rachitic*. This fully explained the anomalous case of syphilis, as it had been supposed to be, and was then accepted, as rachitic, and was subsequently treated by me, in accordance with this view. The family leaving New York, soon after went to reside in a neighboring city. Here, after consultation with the new family physician, the patient underwent another course of mercury, and this time with iodide of potassium for many months, and finally, having about a year since become quite lame from the growth of the extoses, and their interference with muscular action, a distinguished surgeon from New York was called in consultation, to see if any surgical aid could be afforded. A brother of the patient called on me a few months since to say that my old view of the case had turned out to be correct, and that no surgical aid was thought advisable, but the young lady *had been put on a thorough course of mercury and the iodide of potassium.* During the several years which had intervened, since the case had been previously considered one of syphilis, the change of opinion had been lost sight of. Meeting the surgeon soon after his examination of the case, I recited the patient's former history which had not been made at all clear in the later consultations; since this time I have had reason to believe that the anti-syphilitic treatment has been again suspended.

The father of the young lady whose history has been

given above—after apparent proof that the vaccination was not at fault—became morbidly remorseful on account of his early gonorrhœa. The later consultations were influenced, by a statement of the sons, that their father, just before his death, some years before, had given them to understand, that he had transmitted the disease to their sister through a youthful folly.

It may be safely stated that the diagnosis of syphilis has often been made, on much more slender ground than in the foregoing case, and the source of infection accepted, not because there was any reasonable proof, but because it was not positively accounted for in any other way. The mere suspicion of an attack of syphilis in a man's youth, in the minds of many physicians, appears to warrant the assumption of an ever-present contagious element, and to account for any and every obscure trouble, which may afflict himself, his wife, or his children, to the end of life.

LESSON XIX.

GUMMY TUMOR OF BONE—LOSS OF SUBSTANCE WITHOUT CARIES.

Clinical case in illustration. Facts showing that the disease is local in its nature. The *dry caries* of Virchow due, like all tertiary lesions of syphilis, to mechanical causes. No *contagium* ever discovered in them. Lesions like those in case cited due to pressure from accumulation of lymphatic material. Similarity between the behavior of so-called *dry caries* and the tubercular syphilide. Van Buren and Keyes's explanation of the latter. Clinical case illustrative of the lesion termed Syphilitic Dactylitis. Behavior of this lesion shown to be identical with that of the so-called dry caries, and due to similar causes.

CASE VII. B. W. F.; aged 70; merchant. General health always good. Came complaining of the annoyance caused by two painless ulcers, about the size of a quarter-dollar, just above each frontal prominence. The edges were abrupt and sharp; the entire integument was penetrated, and the floor of the ulcers was covered with large florid granulations. These lesions were said to have appeared about six months previously, very soon attaining their present dimensions, and continuing quite stationary, in spite of many sorts of local application recommended by the family physician. As the patient's general health was perfect, no internal treatment had been resorted to. The gentleman was quite bald, and on examination, several depressed portions of the scalp were recognized, of about the same dimensions as the ulcers. It was evident, to the touch, that there had been a distinct sinking of the bone. This was uniform and to the depth of about one line; the scalp was smooth and movable at these points. In point of fact, the evidence of a former, so-called, *dry caries*, was incontestable. All had occurred within the year, or rather they had only attracted attention during that time. Throughout their course were not recognizable by the patient, from any discomfort or sensation of any sort experienced by him. A course of potass. iodide and biniodid. hyd. (mist. biniodid. hydrarg.) was prescribed,