

SYPHILIS IN RELATION WITH THE FAMILY AND SOCIETY.

It is obvious that if every infected individual were restrained from communicating syphilis to another, the extension of the disease would speedily be checked. Unfortunately, the barriers to such an advance in the improvement of the public health seem at present to be insuperable. The duty of the physician, however, is none the less clear and urgent. The victim of the disease should be impressed with the fact that he is a possible source of danger for the uninfected, and should be shown the methods by which he is to protect those with whom he must necessarily come in contact. To the father of a family and to the unmarried of both sexes it is, in general, proper to state the nature of the disease recognized, if this be unknown before the date of consultation, and also to point out the danger of transmission and the methods by which such accident may be prevented. In the presence of a syphilitic wife ignorant of her condition the physician is placed in a position of peculiar delicacy. As a rule, these innocent victims of the disease have been infected by a guilty husband. The physician then discharges his task if he insists upon a personal interview with the master of the household, declaring the facts to the latter and insisting upon the need of informing his partner at once of the nature of the disorder, that she may take such measures as will ensure her safety. In such cases it is plainly the office of the husband rather than of the physician to perform this disagreeable duty. An infected wife separated from her husband by death, divorce, or mutual

arrangement should, as a rule, learn the truth directly from her physician. It is her right to understand the nature of her disorder, that in any emergency she may have a clue to the treatment which may then be demanded urgently. Women have actually lost their lives in consequence of ignorance on this point. Before, however, any communications of this sort are made by the physician to the patient, the former should be absolutely certain of the correctness of the diagnosis. As the peace of a family is often at stake, an error here is unpardonable. In any case of doubt further advice should be sought.

If the husband or the wife be infected from an extramarital source, it is the obvious duty of the diseased to inform the sound partner of the fact, that he or she may take precautions sufficient to ensure safety. Here, too, it is plainly the duty of the guilty to inform the innocent, and the physician has a right to insist upon the performance of this duty, to save not merely the uninfected, but also his own personal reputation. Otherwise, when the facts are eventually discovered (and they usually are) he may be held to have been a party to a plot to conceal the truth to the damage of the infected. If there be a positive refusal of the patient to discharge this duty, there are two ways in which the physician may proceed: One is that suggested by Fournier: The physician may send a written letter to the guilty party, insisting upon the need of telling the truth, and retain a copy of this letter for later justification. The other way is for the physician to decline further connection with the case.

As a matter of fact, in the great majority of all cases the infected consort cohabiting with the non-infected

person who is ignorant of the facts sooner or later transmits the disease, notwithstanding all protestations and precautions. As a matter of fact also, the "confessed" cases are those where transmission almost never occurs. There is sufficient popular dread of the disease to ensure the forewarned against the incurrance of risk. Exceptions may possibly be made in the instance of long separation of husband and wife, or of long-continued illness of either, rendering the performance of the sexual act impossible or remotely improbable; and also in cases where each of the married couple habitually occupies a separate chamber and bed. In some of these cases the temptation to indulge in the sexual act, from a sudden and scarcely resisted impulse, at a time when objective symptoms of the malady seem to be for the moment removed, is to a large extent set aside.

It is a remarkable evidence of the tenacity with which the marriage tie unites even those who have disregarded its sacredness, that but a small proportion of the men who confess to their wives their fall and their infection by that fact alone break up their families. It is an offence against a woman, usually unpardoned, if her husband, after violating his marriage vow, afterward inflicts upon her a venereal disorder through a cowardly dread of confessing the truth. The courts fully recognize this, and give her, when she asks it, speedy and just redress. In daily practice, however, a man who, unfaithful to his wife, has been, as a consequence, infected, and who confesses to her his story rather than contaminate her in his embrace, usually wins her sympathy and often retains her love. She respects his courage, and if, as often proves to be the case, the husband has committed his offence when under the influence

of alcoholic stimulants, she often forgives. The conscientious physician cannot be too strongly urged to conserve the health and the peace of families threatened by the advent of an infectious disease by exerting all his influence in the direction of securing a confession to the wife by the husband, who in the great majority of all cases is the one at fault.

It need not here be set down that the unmarried infected with syphilis should not indulge in the sexual act. When under an engagement to marry at the date of infection, both parties to the contract should earnestly be advised to cancel the engagement. In the intimacy between two such persons made possible in most classes of society, a kiss upon the lips has often served to transmit the disease, and to convert an affectionate regard into a feeling of detestation and horror. For most of these people a period of three years at the least is likely to elapse before the physician can consent to a union, and it is unjust to expect a young woman to bind herself for that period to any man capable of acquiring syphilis by the usual methods of its transmission. The course which will in the end save the most mental and physical misery for both persons, and which will in the future furnish the least anxiety to the physician, is disruption of the bond:

With respect to the marriage of the veteran of syphilis the decision may be different. There is no time in the life of the infected when, for any reasons known to science, it may positively be affirmed, without possibility of disproof, that he or she can become the progenitor of healthy children and not infect a partner in marriage. This is, in effect, a proposition that the infected should never marry; and, as thousands of men

annually do marry and have sound children and never transmit syphilis to their wives, it follows that there must be some rule which, if not absolutely safe, will furnish in its application a maximum of practical and satisfactory results.

It is wholly unfair, when considering the question of marriage from the point of view of medical science, to set the patient who has made a satisfactory progress toward the termination of syphilis in a category apart from the tuberculous, from those having a record of recurring insanity in their family histories, and from those affected with infirmities tolerably certain to terminate life within a brief period of time. All these classes annually marry and intermarry, with disastrous results to themselves and to society. The veterans of syphilis make a far better statistical showing.

It is impossible to lay down rules for all cases, but the following limits are fairly well established in practice: A previously healthy young man or woman, skilfully treated for between three and four years after infection, and free for the last year from any but the most insignificant symptoms, will in the large majority of cases fail to infect a married partner or transmit syphilis by inheritance.

No man should marry, whatever time may have elapsed after infection, who has not had a long interval—at the very least six months—of absolute freedom from symptoms; and the reverse is true, that no man should marry, however remote the date of his infection, who bears upon his person active symptoms of his disease. There are subjects of syphilis who should never marry, though these are few. In them the disease has induced a cachexia permitting an evolution of the malady to the

point where the systemic infection is too profound and too persistent to permit a return to a normal standard of health.

When syphilis has actually been transmitted from husband to wife, or the reverse, and the two, after a reasonable abstinence, again cohabit, a problem of some gravity is presented to the physician. As a rule, sexual indulgence between such consorts should be postponed to the utmost limit, seeing that in case of offspring the chances of inheritance of the parental disease are doubled by reason of the infection of both father and mother. Even here, so provident is nature for its well-being, the child may completely escape; but the peril is very great. In this case husband and wife should be conjured to take every precaution against the occurrence of pregnancy; and the only safe and justifiable precaution is total abstinence from sexual indulgence. Nor is this conscientious denial of the bodily appetites the utopian dream of a social reform for the future. Every physician of experience has had knowledge of husbands and wives who, impelled by a high sense of duty to themselves, to their families, and to the world, have lived for years in asexual companionship, waiting for the time when their physical union would not be shadowed by the possibility of bringing a reproach upon themselves and a curse upon their offspring.

With respect to the question, frequently raised, as to the insurability of the infected in life-assurance societies, the companies who accept risks in the United States are not as yet agreed in their practice. The physician, however, who examines the applicant can, when the exact facts of the syphilitic history are obtained, make a reasonable forecast of the longevity prospects. With a

history of mild syphilis, and one terminating without appreciable results six months or a year before the date of the examination, the forecast is decidedly good. There is not here a question as to the danger of transmission of the disease, but solely one of longevity. The longevity prospects of the average of the infected are better than the companies themselves probably believe. The number of the infected subsequently dying of tuberculosis or of carcinoma is exceedingly small; and this immunity, as the later acquisitions of science suggest, is related to the inevitable war waged between pathogenic micro-organisms. With evidences of a recent or grave syphilis the examiner may well be cautious; but even here there is little prospect that life will be shortened save by the occurrence of some of the nervous complications of the disease.

The regulation of public prostitution by law with a view to the extermination of syphilis has long been practised in France, Belgium, and other countries, either generally or with defined limitations. This regulation has for the most part included surveillance and periodical examination of the persons of public women, with segregation of all the infected by the aid of enforced hospitalism. The results have been, from a scientific point of view, in a high degree unsatisfactory. It is a significant fact that the country that has longest regulated prostitution by law has also furnished the most voluminous literature, and until a recent period the most authoritative writers, on the subject of syphilis. The scheme of sanctioning prostitution in any way has always been repugnant to the commonwealths inheriting the traditions of the Anglo-Saxon race, and, now that such sanction is recognized as practically valueless, it is

in the highest degree improbable that the United States will ever, in the effort to solve this problem, imitate the practice of the Old World.

The proper view of this question, as of most of the questions connected with the sexual relation, must surely include both men and women. The law which demands a periodical examination of the female should also require a periodical examination of the male prostitute. Every expert to-day recognizes the fact that the syphilitic male is as liable to disseminate his disease as his companion of the other sex. If one must exhibit a certificate of health before sexual congress is permitted, so should the other. If one, in order to escape the penalties of the law, is to secure an official license, so should the other. In these closing years of the nineteenth century, when women of the highest character and intelligence are interesting themselves in this subject, no sensible person can doubt that if any regulation whatever be ordered, it will, assuredly in America, bear equally upon both sexes.

But, all said and done, the representatives of advance in social science should clearly recognize the fact that syphilis is not, as has been claimed by a class of hysterical writers in many lands, a scourge threatening, above all other maladies, the devastation of the human family. Tuberculosis annually destroys many more victims. It would not be unjust to demand that the State shall ensure the fullest security to life for the residents of large cities, in the way of provision for pure water, milk, ice, food, and freedom from accidents, before it attempts to police the houses that are visited only by those leading immoral lives. The proportion of syphilitic to other diseases in no part of the world exceeds a variation of between 2 and 5 per cent. when both sexes are estimated

in the statistical returns. Most of the published tables, unfortunately, include figures obtained from army and navy hospitals, where men only are sheltered.

The great safeguard against syphilis is sexual morality, without which no safeguards are worthy of the name. It is held by writers that for young men this is too lofty an ideal; but such objectors have no practical knowledge of the moral standard upheld by many of the wisest thinkers and realized by thousands of self-denying youths in every community. The physician who does not exert his influence in the interest of this standard, by which men and women alike not merely protect themselves from these maladies, but ensure also the safety of the community in which they live, has yet to learn the alphabet of sound health.

CHANCROID.

Synonyms.—Soft chancre; Simple chancre; Non-infecting chancre; *Fr.* Chancre mou; Chancrille (Diday); *Ger.* Einfacher Schanker; Weicher Schanker.

Chancroid is a contagious venereal disease characterized by the occurrence, chiefly in the genital region, of one or more, often several, suppurating and ulcerative lesions, due to the presence of micro-organisms, and not ultimately productive of specific constitutional symptoms. The secretions of a chancroid lesion, when unmingled with those of syphilis, are never succeeded by the symptoms of the last-named disease. It is, however, to be noted that both the virus of syphilis and that of chancroid may be implanted at one moment upon the same susceptible point, and from such a point the phenomena of the two diseases may afterward be evolved.

The establishment of an absolute distinction between chancroid and syphilis has been reserved for the latter half of the present century. For a long time after the distinctive differences between the two affections were recognized and classified, the scientific world discussed with energy the questions respecting "the unicity or duality of the chancrous virus." No one, however, at present holds that there is a duality of the syphilitic virus or of chancre. The unicity of each, to employ an outworn phrase, is unquestioned. But it is certain that