

Gross (S.D.)

SYPHILIS

IN

ITS RELATION TO THE NATIONAL HEALTH;

BEING THE

ADDRESS IN SURGERY,

DELIVERED BEFORE THE

AMERICAN MEDICAL ASSOCIATION,

AT ITS MEETING AT DETROIT, JUNE 3, 1874.

BY

Box 8 REP

S. D. GROSS, M.D., LL.D., D.C.L. OXON.

I here present thee with a hive of bees, laden some with wax and some with honey. Fear not to approach. There are no wasps, there are no hornets here. If some wanton bee should chance to buzz about thine ear, stand thy ground and hold thy hands; there's none will sting if thou strike not first. If any do, she has honey in her bag will cure thee too.

QUARLES.

Extracted from the Transactions of the American Medical Association for 1874.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
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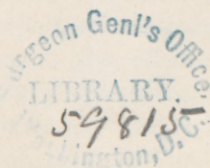
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MR. PRESIDENT AND GENTLEMEN :—

The subject which I have chosen for the Address in Surgery, although not a novel one, is, nevertheless, invested with such momentous importance that it cannot fail, if rightly understood and wisely interpreted, to enlist your sympathy and arouse your warmest feelings. I allude to syphilis, considered in its relation to the national health; or, in other and plainer terms, to its deteriorating influence upon the human race. If I say that I approach this subject, in many of its aspects so unpleasant to my taste, with great fear and misgivings, with doubt as to its fitness to be discussed upon such an occasion, no one, I am sure, will question my sincerity. It is easy to foresee that some at least of the ideas and sentiments to which I shall be compelled to give utterance will be repudiated as unorthodox, if not denounced as positively prejudicial in their bearings and tendencies. I feel, however, that I have a great duty to perform, and it is difficult to conceive of a more favorable opportunity for presenting my views than the present, standing as I do in the midst of my brethren, congregated from all sections of the United States, and representing, in no inconsiderable degree, the character and interests of the medical profession. If, in the discussion of this subject, in some of its more important relations and manifestations, I should be so unfortunate as to give offence to some of my associates in this house, or in any wise disturb the prejudices of the public, I can only say, let it be so. Far be it from me, on the one hand, to court notoriety, or, on the other, to fear the reproaches and denunciations of my fellow-citizens. My sole object is to develop and defend facts, to separate truth from error, and, if possi-

ble, to induce those who shall hear me to consider fully, patiently, and deliberately the magnitude and importance, nay, the appalling character of the subject. I shall not be sorry if, in what I may say, I shall meet with opposition. When Charles James Fox was Prime Minister of England, he one morning rushed into the House of Parliament, exclaiming "I am ruined! I am ruined!" and when some one asked the reason he answered, "because the government has no opposition." It is a trite remark that opposition is the soul of business, and I should, indeed, be sorry if this address should fall still-born from my lips. The subject is one which invites, and, I hope, will provoke discussion. It is high time that it should be thoroughly ventilated, and brought boldly and prominently, not only before the medical profession, but the American people, who are so deeply interested in it. It is high time that they should be enlightened upon what is daily transpiring in their midst, and imperceptibly sapping the very foundations of society. When a pestilence, as, for example, that of cholera or smallpox, breaks out in a community, and threatens to decimate its population, every man's fears are at once aroused, and steps taken to counteract its progress; every citizen is upon the alert, and every newspaper is urgent in its appeals for help; but here is a disease a thousand times worse than the most deadly epidemic, doing its work slowly, and, as it were, in disguise and darkness, ruining entire families, destroying many of our best men and women, and laying the foundation of untold misery, wretchedness, and woe, not unfrequently extending through several generations, and literally poisoning the very fountains of life.

In discussing this subject, I shall speak, in the first place, of the history and origin of syphilis; secondly, of its mode of propagation; thirdly, of its prevalence; fourthly, of the indestructible character of its virus; fifthly, of its alliance with scrofula and lepra; and, lastly, of its treatment, curative and preventive, the latter embracing the consideration of prostitution and of its effects upon the national health.

1. ANTIQUITY OF SYPHILIS.

It has long been my conviction, both from study and reflection, that syphilis has existed, as a distinct, independent, and specific disease, from the earliest periods of society. There can be little doubt that it is as old as the promiscuous intercourse

of the sexes. If we have no definite or authentic account of its origin and early prevalence it is simply because there were, at that early age of the world, no men competent to observe and to record what they saw, or what was passing under their eyes. The ancient physicians confounded all kinds of diseases of the genital organs with each other, often mistaking the specific for the common, and conversely; and hence arose the idea that syphilis, as regarded at the present day, was, until a comparatively recent period, a purely local affection. The bibliographical researches of various writers, as Sanchez, Hensler, Rosenbaum, and, more especially, of Cazenave, have fully established the antiquity of syphilis. Proofs of an indisputable character exist that in China and India the disease was well known upwards of twenty-five hundred years before the Christian era. That syphilis prevailed among the ancient Israelites is sufficiently apparent from the accounts of the lepra in Leviticus, a complaint which, from the graphic delineation given by Moses of its contagious nature, so closely corresponds in its main features with syphilis that they must be regarded as being one and the same malady. No impartial and enlightened physician can read the accounts of the sufferings of Job and of David, those two great and wonderful men, without being convinced that they were brought on by what are usually called "early indiscretions." The symptoms they so graphically describe clearly point to what is now known as the tertiary form of the disease. Job, in chapter vii. of the Book bearing his name, says: "My flesh is covered with putrid sores," and, in chapter xxx., he adds: "My bones are pierced with pains in the night season, and my sinews take no rest." The royal Psalmist says: "There is no soundness in my flesh because of thine anger; there is no rest for my bones on account of my transgressions. My sores stink and are corrupt, because of my folly. For my loins are filled with a loathsome disease, so that there is no soundness in my flesh." Psalm xxxviii. Gonorrhœa prevailed in the time of Moses, and men affected with it were pronounced as unclean, and, consequently, as unfit to cohabit with their wives. Is it probable that the inhabitants of Sodom and Gomorrah, both of which were destroyed on account of their wickedness, their crimes against nature, and other grave offences, were free from syphilis? Sexual commerce between the two sexes must have been of constant occurrence, and been followed, as it is in our own day, by the saddest results. The earlier races of

mankind were endowed with the same feelings and passions as the people of modern times, and that promiscuous sexual intercourse was common among them is proved by the fact that concubinage was one of the peculiar prerogatives of the higher and more wealthy classes.

The errors into which the earlier writers fell arose, it seems to me, from the circumstance that they confounded what are now accepted as symptoms of constitutional syphilis with the effects of lepra, elephantiasis, mentagra, lichen, and other cutaneous affections now recognized as distinct and separate complaints, or as modifications of the action of the syphilitic virus, brought about by the influence of climate, occupation, modes of life, and other causes. Passing by the writings of the "Father of Medicine," who, in speaking of a disease peculiar to the Scythian women, mentions the occurrence of ulcers upon their genital organs, it is a well-known fact that Galen was acquainted with osteocopic pains, so graphically described by Job and by modern syphilographers, and also that he recommended circumcision in a case of obstinate chancre of the penis. Aretius speaks of the destruction of the uvula, tonsils, and fauces, as far as the root of the tongue; Plutarch, of erosions of the tibia; and Marcellus Empiricus, of serpiginous ulcers of the leg. Josephus, in his account of the last illness of Herod, attributes the death of that monarch to the putrefaction of his genital organs. Oribasius, *Ætius*, and Paul of *Ægineta* afford evidence of the clearest character, in their writings, that they had just notions of the nature and effects of syphilis.

If we seek for information respecting the existence of this malady among the early Romans, it will not be difficult to find it. The Latin physicians, imperfectly educated as they were, knew and distinguished several forms of sores upon the genital organs, corresponding with the hard, soft, and other varieties of chancre of the present day. Celsus, so celebrated for the purity and elegance of his diction, describes buboes and ulcers of the groins as products of diseases of these organs. Martial, in his epigrams, refers to the existence of sores in the mouth and throat of debauchees, and he has a verse admirably descriptive of a family all the members of which, the parents as well as the children, were affected with condylomatous excrescences. Horace, in one of his odes, makes distinct mention of the disease; and Pliny states that a woman was drowned as a punishment in the lake of

Como because she gave her husband a disease in his genital organs, from the effects of which he died. All these, of course, are isolated cases, but they are, nevertheless, of great value as showing the existence of syphilis among the earlier Romans. How depraved the ancient Roman women were, in the latter periods of the republic, is evinced by the fact that they openly wore breast-pins and other ornaments representing the male genital organs. To suppose that such a people were free from venereal maladies is an egregious absurdity, unworthy of serious refutation.

The assertion that syphilis originated in the New World, and that it was thence carried to the Old by the sailors who accompanied Columbus in his voyage of discovery, is without the slightest foundation in truth. Indeed, so far from this having been the case, there is every reason to believe that these men imparted the contagion to the natives, and thus planted the seeds of the disease upon this continent. The notion of the American origin of syphilis may be regarded, as has been happily remarked by Cazenave, a falsehood invented by a Spanish writer, Oviedo, who published a pamphlet upon the subject in 1518, nearly twenty years after the outbreak of the epidemic in Italy, in order to palliate, if not to justify, the outrages committed by his countrymen in America; atrocities so heinous as to excite the indignation of all Europe.¹

The history of syphilis, nosographically considered, remained very imperfect until the close of the fifteenth century. The earlier writers had only, or chiefly, studied it in its primitive relations, as it affected the genital organs and the groins. The constitutional effects of the disease, especially the various forms of eruptions to which it gives rise, were either unknown to them as separate and distinct entities, or, as seems more probable, they were misinterpreted, or ascribed to other causes. That this should have been the case is not at all surprising when we reflect upon the fact that hardly anything was known of visceral syphilis, now ascertained to be of such frequent occurrence, until within the last fifteen or twenty years. Knowledge is originally bounded by narrow limits; it is only by degrees that it expands, and assumes definite proportions, shedding its luminous rays upon the objects of its investigation. J. Fernel, whose work, entitled "*De Lues Venereæ Curatione*," appeared at Venice in 1546, at least half

¹ British and Foreign Medical Review, vol. xxiii. p. 347, 1847.

a century after the epidemic of syphilis in Europe, was the first to give an account of secondary syphilis, as Ricord was the first to describe what is now known as its tertiary form. The frightful ravages committed by syphilis in the French and Spanish armies during the siege of Naples, and soon afterwards in Europe generally, towards the close of the fifteenth century, afforded the physicians of that period ample opportunities of studying the disease both in its local and constitutional aspects, and the result was the publication of a number of treatises full of interest in an historical point of view.

How syphilis took its rise, whether in the human subject or in the inferior animals, is a question which has often been asked, but never satisfactorily answered. Ricord, I believe, was one of the first to suggest the idea that it sprung, like cowpox, rabies, or malignant pustule, from some of the domestic animals; and in a work remarkable for its learning, entitled "*Recherches de Pathologie Comparée*," issued in 1845, the author, Dr. C. F. Hensinger, of Cassel, makes a statement, now universally accepted by veterinary surgeons, that all these creatures are subject to contagious discharges, vegetations, and ulcerations of the genital organs, which are transmissible by coition and inoculation, giving rise to a class of affections closely resembling those induced by the syphilitic poison in the human subject. From his knowledge of these diseases he is led to conclude that they are very much in the same position as the syphilitic affections of our race were prior to the close of the fifteenth century. He disclaims the idea, advanced by certain authorities, that syphilis was originally propagated from man to the brute.¹ That these assertions are well founded is rendered highly probable when it is recollected that our domestic animals are subject to many, if not all, the diseases incident to the human species. *Blennorrhagia* is met with in the urethra of horses and dogs, and *leucorrhœa* is a frequent affection of cows, mares, and sluts.

A contagious venereal affection, closely resembling syphilis, is liable to occur among the equine races, and has been described under various names by the French and German veterinary surgeons, as chancreous epizootic, venereal typhus, and syphilis of the horse. It is said to prevail with the greatest severity in Southern Russia, whence it has spread to Prussia, Hanover, Bohemia,

¹ British and Foreign Medical Review, vol. xxiv. p. 89, 1847.

Hungary, Silesia, Switzerland, Wurtemberg, and France. It has also been noticed in Algiers since the occupation of that country by the French. The disease, which is originally local, presenting itself in sores upon the genital organs, is followed by cutaneous eruptions, paralysis, and various nervous affections, often terminating in death. Its contagious character is well established.¹

Those of my audience who desire to study this subject will find much interesting information in a work recently published by Dr. T. W. Müller, entitled "Die Venerischen Krankheiten im Alterthum."

2. MODES OF INFECTION.

The modes of infection in syphilis are too well known to require anything more than a passing notice. Impure connection is, of course, the most common source of the disease; but the contagion may also be communicated in the act of kissing and smoking, by the contact of various utensils, as spoons, knives, and drinking cups, and, in the child, in the act of sucking through the nipple of an infected mother or nurse. Accoucheurs occasionally contract the disease from the inoculation of their fingers during their attendance upon infected women. I have at present under treatment two medical gentlemen suffering from this cause, and what is, if possible, still more lamentable, their wives are equally tainted, both laboring under constitutional symptoms. During the last fifteen years numerous cases have been reported in which the infection was communicated through vaccination. The outbreak of syphilis by vaccination which occurred in 1861 at Rivalto, a mountain village in Piedmont, was so peculiar as to attract general attention. For some time the cause remained a mystery, but after some investigation it was finally ascertained that the disease had arisen from the lymph that had been inserted into the arm of an apparently healthy child, but which, upon a careful examination, was found to have been affected with inherited syphilis. Of sixty-three children thus vaccinated forty-six were almost simultaneously infected. In addition to the children twenty women suckling them contracted the malady. Of 351 persons vaccinated from children laboring under syphilis, whose history has been collected by Viennois, 258 were inoculated, the remainder escaping. In 1866 an outbreak of syphilis

¹ London Lancet, p. 251, Aug. 16, 1873.

occurred at Morbihan, a village in France, caused by infected lymph employed in vaccination. Depaul, who was commissioned by the Academy of Medicine of Paris to examine into the nature of the endemic, reported that of 42 children whom he had an opportunity of inspecting, 39 had suffered from syphilis. During our late war numerous cases of vaccinio-syphilis occurred among our soldiers, especially among those of the Confederate Army, which have been carefully collated by Professor Jones, of New Orleans, and made the basis of an exhaustive memoir upon the subject, constituting a highly valuable contribution to our literature.

Bielt long ago remarked that there are certain forms of syphilis with which every species of contact may prove dangerous. Every one now admits, what was for a long time doubted, that the secretions of a syphilitic uterus are capable of inoculating the male organ during sexual intercourse. This statement is true not only of purulent and muco-purulent matter, thrown off by the surfaces of this organ, independently of the existence of syphilitic sores, but also of the menstrual flux, especially when, as not unfrequently happens, it is more than ordinarily bloody, and also of pure blood, emanating from the uterus. Simple vaginal secretions occasionally possess similar properties. The proof of these statements is found in the fact that many of the public prostitutes of Paris and other cities, who are constantly undergoing inspection, often communicate the disease when the most careful and patient investigation fails to detect any, even the most minute sores, abrasions, or mucous patches in the genital organs. The records of private practice afford similar proof. Many writers now speak of a true syphilitic gonorrhœa, attended with a discharge of a contagious character, followed, when inoculated, by constitutional infection. Dr. William A. Hammond, of New York, was one of the first writers to call attention to this subject, and to insist upon its reality. It must not, however, be forgotten that it is notoriously difficult to detect contagious sores in the female genital organs, either because they are often extremely small, or because they are situated within the uterus, and thus elude observation, however carefully made. Inguinal adenitis is very uncommon in chancre of the uterus, and the enlargement which takes place in the pelvic lymphatic glands in attacks of this kind, is generally impossible of detection.

All syphilographers are now agreed respecting the infectious

character of the blood of syphilitic persons. That this is so was long ago inferred from the fact that the semen of an infected person, a direct secretion from this fluid, is capable of imparting the poison, not only to the embryo, but often also to the mother. Of late years, however, this matter has been tested by an appeal to experiment, so satisfactory in its results as to leave not a shadow of doubt upon the subject. Professor Pellizari, of Florence, in 1860, inoculated his friend, Dr. Bargioni, with blood taken from a vein in a syphilitic woman, and the operation was followed, within sixty-five days, successively, by the development upon the skin, of a papule, an ulcer with an indurated base, and a specific areola. The specific poison of syphilitic vaccine matter has been shown by Viennois and others to reside exclusively in the blood. When care is taken to keep the lancet perfectly free from this fluid in performing the operation, or when the operation is done with lymph or a scab destitute of blood, no risk of infection whatever is incurred.

Of the propagation of syphilis by kissing I have seen a number of instances. The last that I had occasion to witness was one of hard chancre upon the lip of a young lady. It was followed in a few weeks by a hard glandular swelling at the base of the jaw, and subsequently by well-marked roseolar and papular eruptions of the skin, extending over a large portion of the body, rheumatic pains in the joints, and ulcers of the mouth and throat. About eighteen months after this occurrence, for which she was treated by my friend, Dr. Maury, this lady married, and in due time was delivered of a syphilitic child which perished within less than eight weeks after its birth in a state of profound emaciation, with an icterode condition of the skin and ulcers upon the vulva and at the anus.

The transplantation of teeth from the mouth of one person to that of another, extensively practised in the latter part of the last century, was abandoned because it was occasionally the means of communicating syphilis. How far skin-grafting may always be a safe operation remains to be determined. Doubtless syphilis might readily be conveyed in this way, as, for instance, when the graft is transferred from the amputated limb of one person to the body of another. When the system is thoroughly saturated with syphilitic virus, it is easy to conceive that contact with any of the secretions, the blood, and the different tissues might spread the infection. Among the poorer classes of people whole families

sometimes suffer from this disease from using the same utensils, sleeping in the same bed, wearing the same clothes, and wiping with the same towel.

3. PREVALENCE OF SYPHILIS.

Of the prevalence of syphilis in different parts of the globe no correct estimate can be formed from any data at present before the profession. All that is known, with any degree of certainty, is that it exists everywhere, both among civilized and barbarous nations, where promiscuous sexual commerce is practised. The inhabitants, however, of the tropical regions of the world seem to be more liable to it, and to suffer from it in a greater degree, than the people of the colder and more northern regions. It is particularly common in China, the East Indies, Southern and Western Africa, Mexico, and South America. In some of these countries, as well as in others, it occasionally assumes an endemic or even an epidemic form, affecting, either rapidly or more or less gradually, large portions of the inhabitants from the most humble to the most exalted. The first epidemic of syphilis of which we have any authentic information occurred near the close of the fifteenth century, in France, from which it spread successively and rapidly over Germany and Italy, in the latter of which it reached its climax during the siege of Naples by the French under Charles VIII., in 1494. Dalmatia, Macedonia, and Greece did not escape the scourge. England, Ireland, and Scotland were also visited, but not to the same fearful extent as the continent of Europe. The epidemic lasted for many years, causing great alarm and immense suffering, with a considerable amount of mortality, both directly and indirectly. The distemper, contracted for the most part in the act of coition, was characterized, at first, by ulcers upon the genital organs and by glandular swellings in the groins, and, subsequently, by various kinds of eruptions, pustules, and sores of the skin, ulcers of the throat, gummy tumors, nocturnal pains, and nodes, caries, and enlargements of the bones. Phagedenic and gangrenous actions were of common occurrence, often eventuating in loss of the lips, the nose, and the genital organs. From all accounts it retained its pestilential character for about seven years. Many children contracted the disease by sucking their infected mothers or nurses.

As an endemic, syphilis has appeared in various parts of the world. In corroboration of this assertion, it may be stated that,

only a comparatively short time ago, the disease was so common in East Prussia, Lithuania, and the adjoining provinces of Poland and Russia, among all classes of people of both sexes, young and old, that its prevalence could only be accounted for upon the supposition that it was an endemic affection, capable of being communicated by other methods than by sexual intercourse. While, according to Dr. Schnuhr, the historian of the endemic, chancres and buboes were comparatively rare, condylomatous excrescences, rhagades, cutaneous eruptions, and ulcerated sore throat were exceedingly frequent, especially the first, which were often found in great numbers on different regions of the body. Among the poorer classes whole families sometimes suffered in this manner, from the oldest to the youngest, owing, as was supposed, to the fact that all the inmates of the infected houses not unfrequently occupied the same bed, and were brought in contact with one another in various ways.

It was only last year—1873—that an endemic of syphilis occurred at Brives, a little town in France, fifteen women, nine men, and ten children having become affected in rapid succession. Great excitement for a time prevailed, wife accusing husband, and husband wife of conjugal infidelity, when it was at length ascertained that the cause of all the trouble was a widwife, who had a chancre upon one of her fingers, contracted in the exercise of her profession, and who had thus carried the poison from house to house.

It would be a matter of deep interest, and, in a practical point of view, of the greatest possible value, if we could ascertain, even approximately, the extent of syphilis in our cities and larger towns; but for such a decision there are, unfortunately, no data. It may, however, be assumed that it is of gigantic proportions; that it exists in many of the best and noblest families of the land; that, since the establishment of railway travel, it has penetrated every rural district; and that it is poisoning and slowly but surely undermining the very fountains of life in every direction, sowing the seeds of death among our people, and gradually deteriorating the national health. It is no slander to assert that many of the cases of the disease, brought under the notice of the practitioner, occur in the higher walks of life, among married as well as among single men. Out of a population of forty millions, the present number of inhabitants in this country, it is safe to assert that nearly two millions are at this moment

infected with the syphilitic virus. This estimate tallies very closely with that of Mr. Holland, of the number of syphilitic subjects in the United Kingdom of Great Britain; and what is true of that country may fairly be assumed to be true of our own.

Syphilis is always a common affection among soldiers and sailors. During our late war, within a period of about two years, that is, from 1861 to 1863, nearly 23,000 cases of the disease occurred among our troops. In the French army, in 1862, there were, in that single year, 11,000 cases out of an active force of 300,000 men; and in the British service, during the same period, the proportion of cases was still greater. Soldiers stationed at barracks generally enjoy unusual facilities for contracting syphilis; and it is well known that the first thing a sailor usually does, upon reaching shore, is to take a glass of grog, and the second to visit a house of ill-fame.

Of the extent of venereal diseases in the larger cities of the United States no statistics have ever been furnished, and it would, therefore, be useless to indulge in any speculations respecting it. Of its extraordinary prevalence in London, some idea may be formed, from the number of cases met with at its principal hospitals, dispensaries, and other charitable institutions. Thus, of the 6000 out-door surgical patients annually treated at St. Bartholomew's Hospital, nearly one-half are said to labor under some form or other of these affections. At Guy's Hospital 25,000 cases of a similar character are annually prescribed for; while at the Royal Free Hospital they amount to the frightful number of 42,705, or 117 cases on an average a day. At King's College, University College, St. Mary's, Westminster, Middlesex, and St. George's Hospitals, the number of cases varies from 20 to 33 per cent. of all the surgical out-patients daily seen at these institutions. At the Seamen's Hospital, Dreadnaught, the number of cases daily treated is about fifty, consisting chiefly of sailors of the merchant service. At the Lock Hospital upwards of 200 out-patients, the subjects of venereal diseases, are daily observed; and at St. Thomas's Hospital one-half of the out-patients are similarly affected.

Of 100 eye patients, who, on an average, apply every week for relief at St. George's Hospital, 30 per cent., according to Mr. Tatum, are syphilitic; and at the Ophthalmic Hospital, Moorfields, the largest eye infirmary in London, if not in the world,

Mr. J. Hutchinson estimates the number of syphilitic cases at 20 per cent. At the hospital for throat diseases the number of syphilitic cases is about 15 per cent.; and in the various metropolitan charities for skin diseases one-eighth to four-fifths.¹

After these appalling figures, can we wonder at the enormous rate of infantile mortality which pervades London and other large cities both of the Old and of the New World? Like apples which rot upon the tree before they are ripe, the children of these infected persons drop dead from their mother's womb, or, if they are born alive, they are sure to perish soon after birth.

All attempts made to ascertain the number of prostitutes in the principal cities and countries of the world have signally failed. Indeed, the results of such inquiries could only, at best, be approximately correct. In New York the late Dr. Sanger, writing in 1858, places the number at 6000. Since that period the population has much increased, with, of course, a corresponding augmentation of the "social evil." Dr. M. H. Henry, the able editor of the "American Journal of Syphilography and Dermatology," informs me that clandestine prostitution prevails to an enormous extent in New York, and it is reasonable to suppose that this is also true of the other large cities of the United States. Like causes, operating in large cities, produce like results. In Paris the number of courtesans is set down by a recent writer, Mons. Anner,² of Brest, at 60,000; and he declares that the whole of these creatures put together do not produce seventy-five children a year; an appalling loss to the State, exclaims the philosopher and the political economist! In London the number of prostitutes, private and public, has been variously estimated at from 50,000 to 80,000; while in the United Kingdom of Great Britain it is supposed to amount to nearly 400,000! Of these women it may reasonably be inferred that from fifteen to twenty per cent. are laboring under venereal diseases, which they must necessarily communicate to the men who cohabit with them, and these men, in turn, to other women, or, if they are married, to their wives, and through them again, in the case of syphilis, to their offspring. Thus, both sexes become so many centres of inoculation and so many plague spots, far more pernicious in their influence upon the national health than the pestilence that "walks in darkness."

¹ The Westminster Review, p. 101-2, July, 1869.

² Etude des Causes de la Mortalité Excessive des Enfants, p. 65, 1872.

The *mortality* from syphilis is influenced by various causes, the principal of which may be thus stated: the constitution of the patient, as to whether it is naturally vigorous or the reverse; his habits of life, as to whether they are regular or irregular, temperate or intemperate; the nature and amount of his food, as to whether it is nutritious and sufficient in quantity; his occupation; the air he breathes, the clothes he wears, the amount of labor he performs, and various other circumstances which will readily suggest themselves to your minds. Whatever has a tendency to impair the digestive and assimilative functions, and to exhaust the vital powers, must necessarily augment the dangers of the disease and lessen the chances of ultimate recovery. Although among the better classes of society few persons perish from the immediate effects of the malady, many die from the more remote effects, and from the effects of intercurrent and interdependent disorders, induced by the injurious agency of the syphilitic virus. Here, again, unfortunately there are no statistics to guide us in forming even an approximate estimate; but, taking into consideration the great damage sustained by the general system during the progress of this malady, the malign influence it exerts both upon the blood and the solids, the derangement it causes in the secretions, and the predisposition it establishes to morbid action in the more important internal organs, the mortality must be very great. A state of constitution is thus engendered, known as the "syphilitic cachexia," clearly denotive of the sad havoc that has been inflicted upon the general system, too often the forerunner of a speedy dissolution. The whole system is surcharged with the specific virus, the powers of life are completely sapped, the countenance has a sad, careworn, and cadaverous expression, assimilation is suspended, the circulation and innervation are at their lowest ebb, and every species of treatment is utterly useless. When this state of the system exists, even in a comparatively slight degree, the dangers from ordinary diseases, accidents, and surgical operations must be vastly augmented.

Race exerts an important influence upon the progress and termination of syphilis. The blacks on the western coast of Africa, and the colored people of this country are notoriously bad subjects. The inhabitants of the islands of the Pacific, and many of the Indian tribes of North and South America, are rapidly disappearing under the effects of this disease. The Sandwich Islands are in great danger of being completely depopulated

by it. The mortality from syphilis on these Islands is absolutely appalling. Dr. John G. Brooks, writing in 1873, affirms that the spread of this disease has been so rapid, and its consequences so fatal, that in less than a century the population has been reduced nearly 75 per cent. Of the truth of this statement there can be no doubt, as it has been fully confirmed by the investigations of other observers, especially of Dr. G. Trousseau and Dr. McKibbin, of Honolulu. Although both gonorrhœa and syphilis existed prior to the arrival of Capt. Cook in 1778, the latter malady does not appear to have possessed the malignancy which it assumed soon after the sailors began to cohabit with the native women. Owing to the ignorance of its true nature, no successful attempts were made to arrest it until after the arrival of the missionaries in 1820. During this interval, a period of upwards of forty years, many thousand persons fell victims to its ravages. It is an interesting fact, fully settling the question of the unicity of the disease, that the primary affection almost invariably manifests itself in the form of a soft, simple, or multiple sore, and suppurating bubo, furnishing auto-inoculable pus. Hard chancre, especially in women, is almost unknown in the Islands.

The mortality from this disease in young children, as already hinted, is very great. In Philadelphia and New York the loss of life from this cause, counted for several years, in children under five years of age, is 80 per cent., if we may credit the statements made by Dr. Sturgis in the "American Journal of Syphilography." The number of abortions and miscarriages occasioned by the syphilitic poison is incalculable. In one instance, recently under my observation, a highly respectable lady, the wife of a government official, a very small, slender, delicate woman, has, during her married life of fourteen years, had five living children, nine abortions, and two miscarriages. Of the five children born alive only three are now living, and the youngest, two and a half years old, is exceedingly feeble and unhealthy. The other three children that were born alive died young. Three abortions have occurred since the birth of the last child; several between him and his elder brother, now upwards of twelve years of age. The father is a man of large size, of stout, muscular development, apparently in perfect health. I have not made any inquiry about the existence of a syphilitic taint in the parents, their social position forbidding it. In another

case the woman had, successively, thirteen abortions and miscarriages. She was at length delivered of a child at the full term, which was seized soon after birth with jaundice, and died in less than ten days of umbilical hemorrhage. Every obstetrician at all extensively engaged in practice can bear testimony to the frequency of these accidents. Dr. Barnes, of St. Thomas's Hospital, London, says, "it is not an uncommon thing for a woman to suffer five, six, seven, or more abortions and premature deliveries, and never to have a healthy child."¹

It has frequently been asserted that the syphilis of to-day is a much milder affection than the syphilis of former times. Its epidemic outbreak towards the close of the fifteenth century, as has already been stated, was attended with peculiar virulence. It was, in fact, in more senses than one, a genuine pestilence, killing large numbers of persons, and causing everywhere the most terrible consternation. The sufferers were regarded as outcasts, shunned alike by society, their families, and their friends, under the conviction that the very air they exhaled from their lungs was contaminated, and, therefore, capable of propagating the infection. The treatment was altogether empirical, and immense numbers perished who, under the modern system of treatment, might have been saved. Little attention was paid in ancient times to hygienic measures, or even to a proper regulation of the diet; and, as to the iodides, as they are called, they were of course unknown. Bad forms of syphilis are by no means uncommon even at the present day; but they are met with chiefly among the lower classes of prostitutes, sailors, and lascars, whose health has been vitiated by all kinds of excesses, by insufficient food, by mental distress, by foul, damp air, and by analogous causes which it would be needless to specify.

4. DURATION OF SYPHILIS.

We may next inquire briefly into the indestructible character of the syphilitic virus. How long does this infection last? Do its effects ever die out? Is the taint of the system thus engendered eradicable by treatment? These are startling questions, answered differently by different observers, and, therefore, far from being satisfactorily settled. The idea has occasionally been advanced that syphilis, like smallpox, measles, and scarlatina, is a self-

¹ Report on the Extent of Venereal Diseases, p. 26.

limited malady, tending, in persons of a sound, vigorous constitution, to spontaneous cure; but such a view is certainly not borne out by the facts of the case. The disease, if left to itself, never wears itself out; its character may be altered or modified, but the poison, like an enemy in ambush, still lurks in the system, ready to explode, with full force, upon the slightest deterioration of the general health. I have repeatedly witnessed cases in which the poison remained in a state of latency for ten, twenty, thirty, and even forty years, the individual being, apparently, perfectly well all the time, when, either suddenly or gradually, from some intercurrent disease or accident, it broke out in some particular structure, tissue, or organ of the body, perhaps selecting a spot hardly the size of a dime or twenty-five cent piece for the theatre of its operation, and the development of its zymotic action. The reason, probably, why such cases are not more frequently met with is that life is destroyed before the virus is placed in a condition for the exhibition of its peculiar effects. Judicious medical treatment and proper hygienic observances will go far, in a person previously in sound health, in maintaining the poison in a latent condition, or, what is the same thing, preventing its zymotic and explosive action. The iodides, as they are termed, although they are not, in the true sense of the word, specifics, yet they approach this property as nearly as it is, perhaps, possible for any medicines to do, quinine and arsenic, as antiperiodics, not excepted. They are remedies of inestimable value; but even these, however judiciously or perseveringly employed, seldom, if ever, completely eradicate the disease: they may, and often do, at least for a time, arrest its progress, and improve the general health; but sooner or later, upon the slightest deterioration of the system, the specific phenomena again appear, either in a similar or different livery, and thus the case may progress for an indefinite period, the patient being either finally worn out by it, or perishing from some intercurrent disease. In the poorer classes, more particularly in the ill-fed, half-starved, overworked, and in the lower and more degraded orders of prostitutes, even a temporary cure, or a transient restraint of the zymotic action of the poison is not always possible, and certain it is that such persons are seldom, if ever, permanently cured. On the contrary, many of them die early, either from the direct effects of the disease, or from intercurrent affections, to which the system, weakened and degraded by the virus, now falls an easy prey.

5. SYPHILIS A CAUSE OF SCROFULA.

If the statements now presented be true, it must necessarily follow that a disease, the specific principle of which remains so long in the system, must have, so to speak, many outgrowths, hanging, like Lethe, upon its outskirts, and exhibiting themselves in a great variety of forms, often described, as so many separate and independent affections, under different names. What is called scrofula, struma, or tuberculosis, is, I have long been satisfied from careful observation of the sick, and a profound study of the literature of the subject, in the great majority of cases, if not invariably, merely syphilis in its more remote stages. It is, in short, a proteiform malady, capable of assuming a great variety of forms, often as difficult to distinguish as it is to treat them. In its original sense, the word struma had a very limited signification. Hippocrates, Galen, Celsus, Oribasius, *Ætius*, and other early authors, restricted it to glandular enlargements of the neck, axilla, and groin. The word scrofula, for centuries past in such common use, has, as is well known, a special import with respect to the deformed condition of the neck, assimilating it to that of a swine. At the present day the affections included under this denomination amount to upwards of twenty. Among the more common are chronic enlargements of the lymphatic glands, various eruptions and ulcerations of the skin, embracing the milder forms of lupus, chronic abscesses, especially psoas and lumbar, Pott's disease of the spine, psorophthalmia, chronic amygdalitis, caries and necrosis, ozæna, certain inflammations of the eye, known as strumous, coxalgia and white swelling, as it was formerly called, onychia maligna, otorrhœa, rickets, arachnitis, hydrocephalus, pemphigus, sycosis, keratitis, and the notched and irregular condition of the teeth of infants and children, so ably described by Mr. Hutchinson, of London. The affinity of scrofula and phthisis is now well established. That all those affections are of syphilitic origin I will not pretend to assert, but that most of them are, I am abundantly satisfied from personal experience. It must be within the recollection of every one of the older members of this Association, that many of the diseases formerly designated as scrofulous have, thanks to the researches of modern laborers, been proved, beyond the possibility of doubt or cavil, to be of a syphilitic nature. In the early part of my professional life, I was accustomed, in common with older

and wiser men than myself, to look upon every person who had lost his nose by disease, whose nostrils exhaled a fetid odor, who had been deprived of his palate, or who had obstinate sores upon the skin, caries, necrosis, or enlargement of the bones, as laboring under scrofula, considered as a distinct and independent malady. Closer observation and a riper experience, both private and hospital, have shown me the fallacy of those views, and proved that these and many kindred affections were then, as they are now, of a purely syphilitic character. The doctrine that scrofula is generally, if not uniformly, merely a transformation, a degeneration, or a remote effect of the syphilitic virus, was entertained, long ago, by Astruc, Rosenstein, Camper, Stoll, Selle, Portal, Alibert, Richerand,¹ and others, and has found its ablest advocate, in our day, in Lugol, of Paris, in his great work, entitled "Researches on Scrofulous Diseases," published upwards of thirty years ago. No one can read this production without rising with the conviction that its author was a most accurate and patient observer, a truthful recorder of facts, and a man of the highest analytical genius and powers of generalization. The vast progress that has been made within the last third of a century in the study of syphilis, considered in its various forms and phases, has done a great deal in reconciling the conflicting views that formerly divided the medical world upon the subject, by inducing practitioners to regard it in the light of modern experience. The powerful minds that have been directed to these investigations have cleared away a vast amount of rubbish, and firmly established the fact, now universally recognized, that the syphilitic virus is capable of infecting every particle of living matter, and, consequently, of producing changes in the organs and tissues of the most diverse character, not even dreamed of forty years ago.

It has been argued that, because scrofula is not, like syphilis, a contagious or inoculable disease, it cannot, therefore, be of a syphilitic origin. Such an assertion simply proves nothing; it is, in fact, a mere begging of the question. The force of the vaccine virus is much diminished, and, in many instances, entirely lost, after several generations of vaccination, and the same is true of all infectious or contagious matter whatever. Its natural tendency is, in time, to lose its virulence, and eventually to die out, or to part with its specific properties. Scrofula, however, is generally,

¹ Diction. de Méd. et Chirurg. Pratique, v. xiv. p. 581.

like syphilis, an hereditary affection. In how many generations it may retain its specific powers before it is finally deprived of them, we have no means of determining. The children of phtisical parents are almost invariably strumous, and the taint thus engendered often runs through several generations, uprooting, not unfrequently, entire families. On the other hand, it sometimes skips a generation, and reappears in the next succeeding one, just as family likenesses sometimes do: still it is scrofula, and nothing but scrofula.

Lastly, the effects of treatment lend powerful support to the doctrine of the consanguinity of scrofula and syphilis. The efficacy of the iodides and of mercury in the treatment of scrofula is familiar to every practitioner, and the same remedies, as is well known, are almost as truly entitled to the term "specific" in the treatment of the tertiary and quaternary forms of syphilis as quinine in the treatment of intermittent fever and malarial neuralgia. The active ingredient in Swaim's panacea, which has acquired a world-wide celebrity in the treatment of the so-called scrofulous complaints, is bichloride of mercury, the article which has effected such wonders in the cure of the struma of certain royal personages in Europe, South America, and other countries; men who attested their gratitude to the inventor of the panacea by costly presents in jewelry and in valuable testimonials.

To show the intimate connection between scrofula and syphilis, I shall here relate, from my own practice, the subjoined cases, which, not many years ago, would have been regarded as of a non-syphilitic nature.

A married man, thirty years of age, and the father of three children, consulted me last December on account of a catarrh of the nose, from which he had suffered from early childhood. He takes cold very easily, and wears the thickest and warmest garments to protect himself from atmospheric vicissitudes. The discharge from the nose is generally very profuse and fetid, despite the frequent use of the douche. He has one brother and four sisters, who are all similarly affected. His father, who died at the age of thirty-five from the effects of external injury, was always in delicate health, and the subject of ozæna. The mother was always healthy. The brother had three children, one son and two daughters, who, although well formed, and apparently healthy, are, nevertheless, affected with ozæna, attended with offensive discharge. His wife has had repeated abortions.

A girl, six years old, the daughter of a dissolute man, was brought to me in May, 1873, by her uncle, a medical practitioner, on account of ulceration of the palate, with destruction of the tonsils, an opaque speck on the cornea of the right eye, otorrhœa, ozæna, a sore on the inside of the left ankle, and enlargement of the tibia, all of upwards of one year's standing, and pronounced by two old and experienced physicians in the town in which she lives to be scrofulous. The upper front temporary teeth are much decayed, and a permanent one, the only one cut, is stunted and crooked. The child is sufficiently well grown, but her complexion is muddy, and she is lame in her left leg, owing to its diseased condition. The mother is laboring under well-marked symptoms of constitutional syphilis. The work of Lugol, previously alluded to, abounds in cases of a similar kind. Diday, in his "Treatise on Syphilis in New-born Children and Infants at the Breast," relates a number of instances; and, in fact, there is hardly a writer on the subject who does not afford illustrations of a similar nature.

A case reported by Dr. C. Drysdale, of London, is admirably illustrative of the subject under discussion. A girl, twenty years of age, had notched upper incisors, interstitial keratitis, and scars at the angles of the mouth. During childhood she suffered from fits and abscesses of the thighs. Her mother, who was forty-two years old, and married at the age of seventeen, had been infected by her husband. She had falling of the hair and sore throat, with cutaneous eruptions, and miscarried soon after her marriage. The next child was healthy, and alive and sound at the age of twenty-four. The third child was still-born; the fourth, at three months, had snuffles, and an abscess on the buttock; the fifth lived only thirteen days; the sixth was still-born; the seventh, at the age of sixteen years, had glandular swellings in the neck, and was very weak and strumous-looking; the eighth, at twelve years, was very feeble and scrofulous; finally, the ninth, at five years and a half, was thick-lipped, pallid, and affected with cervical abscesses. Of eleven children born of this woman, only five were alive when the case was published.¹

The connection between syphilis and phthisis, as cause and effect, has recently attracted much attention, and has been warmly advocated by a number of writers, among others by no one more ably than by my friend, Professor Furneaux Jordan, of Bir-

¹ London Med. Times and Gazette, p. 287, 1868.

mingham, England. I have myself long been a firm believer in this doctrine, and I cannot see how any one who has much experience in this class of diseases, or who has made himself familiar with the literature upon the subject, could come to a different conclusion. Mr. Jordan very justly says we can manufacture strumous disease at pleasure, since all that is necessary is to bring into contact two persons affected with hereditary syphilis, and they will be sure, especially if, in addition to this taint, they have a muddy complexion, to produce children, one of whom will have phthisis, another Pott's disease of the spine, a third coxalgia, a fourth enlarged glands, or hydrocephalus. If acquired be added, he further remarks, to the inherited syphilis, the result will be still more certain. "The frequency of so-called consumption," says Sir William Jenner, "and of cases of so-called scrofulous diseases in the child, that are also due to inherited syphilis, becomes daily more apparent."

But it is asserted that phthisis cannot be an offspring of syphilis because phthisis occurs in monkeys when confined in our menageries. All this is true, and yet it does not prove that the disease may not have such an origin. Has any one studied the habits of these animals in their native forests, in such a manner as to be able positively to assert that syphilis is not one of the disorders incident to promiscuous intercourse among them? It is a well-ascertained fact, established by the experiments of Auzias-Turene and others, that monkeys are remarkably susceptible to inoculation, and that not a few perish afterwards from the effects of phthisis. If, as Darwin declares, we are descended from these animals, is it not reasonable to suppose that they are subject to the same diseases as we are? Nay, further, may we not have inherited syphilis directly from them, as a legacy from our illustrious progenitors? I propound this question for the solution of the sophists.

It must be confessed that it is often difficult, and sometimes impossible, to get hold of the links necessary to construct the chain which connects the two diseases. The great obstacle consists in obtaining satisfactory information concerning cases extending back a number of generations to persons long since dead. Parents who have syphilitic children are reluctant to acknowledge the fact. I have often had occasion to notice this, not only in private, but in hospital practice. Women, in particular, are prone to conceal everything affecting the character of their off-

spring, especially when it relates to so delicate a matter, however closely they may be interrogated.

It is but justice to say that many of the most illustrious pathologists of the present day, in all parts of the world, still adhere to the old notion that scrofula is essentially a disease of the general system, dependent for its development, not upon a syphilitic taint, but upon various debilitating causes, giving rise to a depraved condition both of the blood and the solids, and, as a natural sequence of this condition, to tuberculosis, or actual deposits of tubercular matter. I cannot help referring here to a remark of Richard Wiseman, Surgeon to Charles I. and Charles II., as illustrative in at least one respect of my own views upon the subject under discussion. In speaking of scrofula, in his elaborate chapter upon that disease, he says external accidents, as blows and falls, are often occasional causes, but they always presuppose the existence of a predisposition to its development; and that this is true is, I am satisfied, most thoroughly established. Without such a predisposition, germ, or morbid ailment in the system, scrofula cannot possibly arise, no matter what injury might be inflicted, or to what hardships and depressing influences the body might be exposed. How far this predisposition is due to the syphilitic poison, I have already repeatedly affirmed in the course of this address.

A few remarks in regard to the prevalence of scrofula must close this branch of the subject. Here, again, we have to lament the want of reliable information, so desirable in the settlement of a question of such magnitude and importance. That the disease is widespread, that it has a deep and an abiding hold upon the human race, and that it is annually causing a frightful mortality, either directly or indirectly, no one at all acquainted with this malady will, for one moment, doubt. I assume that upon this subject all enlightened practitioners are agreed. How extensively it prevails in this country is shown by the fact that of the 6000 newspapers published in it, there are very few which do not advertise some remedy for its relief.

Of the extraordinary prevalence of scrofula among some of the royal families of Europe and South America, some idea may be formed from the numerous costly presents received by a late celebrated charlatan of this city on account of the cures which he is said to have effected with his Panacea, still in such frequent use in this and other countries. The ghastly pictures which illus-

trate one of his brochures, abounding in testimonials from distinguished physicians, clergymen, Congressmen, and judges of courts, clearly prove that his cases of scrofula were, for the most part, if not in every instance, simply aggravated cases of syphilis.

In the United Kingdom of Great Britain, scrofula, says Mr. Richard Barwell,¹ a name well known in America, is so common that it would be below the truth to affirm that at least three-fourths of the people have the seeds of that malady in their constitutions. The Registrar General's Returns, continues this writer, show that for the week ending January 2d, 1864, 224 persons, chiefly children, died within that period of one particular form of scrofula in London alone. Such facts prove that there is a blight upon the children, transmitted from the parents, "rendering their life sickly, their death premature." Appalling as they are, they attract little or no attention. A great pestilence, like cholera, smallpox, or typhus fever, startles a whole community, and every one asks for a remedy; the church offers up her vows to God; and the physician is entreated for his aid and counsel; but when a pestilence, like struma or syphilis, stalks about in our midst, poisoning the very fountains of health and life, people fold their arms and look on in blind unconcern. Sir Astley Cooper, upwards of a third of a century ago, in speaking of this disease, remarked: "I do not exaggerate when I say that within this last year I have seen 500 cases of scrofulous affections; never a day passes without my seeing a case, and frequently three or four."

"Strumosis and tuberculosis," says Sir William Jenner,² "have no place in the Registrar General's Returns; and yet to the pre-existence of these diseased states, in a large proportion of cases, is due the death in scarlet fever, in measles, whooping-cough; and but for these states how large a number of cases of Bright's disease, hepatic disease, and puerperal mischief would never have occurred." In Great Britain, according to the same distinguished authority, rickets causes, primarily or secondarily, more deaths than any other disease of childhood. "Although a preventable disease, yet," Jenner declares, "the mortality from rickets, from diseases which would not occur but for the preëxisting rickets and from diseases which would be trifling but for the coexisting rickets, is enormous. Laryngismus stridulus, chronic hydro-

¹ Guide in the Sickroom, p. 3, London, 1864.

² Practical Medicine of To-Day, p. 42, London, 1869.

cephalus, teething, convulsions, atrophy, disease of the spleen and liver, remittent fever, tabes mesenterica, spinal disease, bronchitis, diarrhoea, measles, whooping-cough—these are some of the names under which deaths, really due to rickets, appear in the Registrar General's Returns." Although Jenner repudiates the idea that rickets is a syphilitic disease, there are many able pathologists who positively attribute to it such a paternity, a view in which I fully and unhesitatingly concur. Rickets, in a large proportion of cases at least, is only, as has been justly observed by a foreign writer, the grandchild of syphilis.

It may be assumed, as an incontrovertible fact, that scrofula is most common wherever syphilis has the firmest hold upon a people. It never was more rife than it was for the first hundred and fifty years after the great syphilitic epidemic near the close of the fifteenth century, which, as was previously stated, affected vast numbers of persons both on the continent of Europe and in the British Isles. The disease is exceedingly frequent in the Sandwich Islands,¹ in the East and West Indies, in China, Japan, and Africa, where syphilis is known to prevail in its worst forms. Among some of our Indian tribes it is a very common disease, and the colored races of the United States are, as is well known, remarkably subject to it.

There is one form of scrofula which, although formerly very common, and remarkable as having given rise to the name by which it has for ages been best known, has greatly decreased in frequency, and, in some regions, almost wholly disappeared. I allude to glandular swellings of the neck, axilla, groin, and mesentery. Of these affections, especially the first, which were exceedingly common in my early professional life, and which have always served as the characteristic types of struma, I have for years past rarely met with any cases. If I were asked to what this change is due, I should unhesitatingly say change of treatment, consisting mainly in the more judicious use of mercury. There was a time when this remedy was almost exclusively relied upon in the cure of this disease, and it was during the reign of the mercurial treatment that scrofula of the lymphatic glands, especially of those of the neck, was at its greatest height.

In Ireland, where, in consequence of the influence of the authority of the late Mr. Colles, this agent is still very generally

¹ Dr. McKibbin's letter to me, April 4, 1874.

employed in the treatment of syphilis, the "swelled neck," as I am informed by my friend, Dr. McDonnell, an eminent surgeon of Dublin, and as I myself ascertained from personal observation during my visit to Europe in 1868, is still of very common occurrence. In England, on the contrary, where a more rational mode of management obtains, the affection has greatly decreased in frequency and severity, and this is also true of this country, and of continental Europe generally.

Mercury was for centuries looked upon as the touchstone in the treatment of syphilis, and the extent to which salivation was generally carried, it is difficult at the present time to credit. It was simply fearful. The remedy was administered in enormous quantities, and was, therefore, not unfrequently more destructive than the disease it was intended to relieve. Wiseman¹ directed the patient to take from twenty to thirty grains of calomel at a dose, to be followed by a few grains of turpeth mineral, the prescription to be continued until, to use his own words, his "chops swelled." This, as he informs us, was the mildest course, however slight the attack.

Dr. William Salmon, in his "Ars Chirurgia," the like, to use his own expression, of which was never yet published in any language, issued at London, in 1699, in speaking of the treatment of syphilis, strongly recommends, as the greatest of all internal "salivatories," calomel, or, as it was formerly called, mercurius dulcis, in doses varying from twenty to thirty, or even forty grains, given every night at bedtime until the remedy begins to show its specific effects upon the salivary glands, when it is to be laid aside, to be resumed, however, in the event the flow is not sufficiently copious. The same author also recommends the inunction, at one sitting, of two ounces of mercurial ointment, and the employment, if necessary, of mercurial fumigations. When the system was fully impressed, the flow of saliva gradually increased for eight or nine days until it reached its height, "which," says the good Salmon, "in persons of moist and gross habit of body may come to four, five, or six pints in a day and night, and to others in a less proportion." The salivation generally lasted from twenty to thirty days, and was, as might have been expected, attended with enormous swelling of the tongue, mouth, and throat; ulceration of the mucous membrane; and

¹ Chirurgical Treatises, Book viii., p. 507, 1686.

inflammation of the gums, jaws, and teeth, the latter of which often dropped out of their sockets.

Hermann Boerhaave, so justly distinguished in his day for his profound erudition and practical acumen, laid it down as a general maxim that, in the treatment of syphilis, every particle of fat must be drawn off from the body, otherwise the least possible remnant would lead to a relapse. "If," he remarks, "the patient spits three pints, or two quarts, in the twenty-four hours, it is sufficient; but if he spits less, more mercury must be given." Astruc,¹ in his work on the Venereal Disease, speaks of the creation of useful ulcers in the mouth by salivation, alleging that they are wholesome in promoting discharge, and purifying the system. Lombard, of Strasbourg, who wrote upon the same subject towards the close of the last century, states that the practice in France, even at that day, in the treatment of this affection, was to cover the body all over with mercurial ointment in order to cause profuse ptyalism. This frightful practice, which projected itself far into the present century, has, strange to say, still some adherents, although it is not carried to the extent it was in former times. The result of this inordinate use of mercury, in many cases, was the establishment of a degraded and poisoned state of the system, known as the *mercurio-syphilitic* disease, from the effects of which few persons ever perfectly recovered. To the English physicians and surgeons, engaged in the Peninsular war, the medical profession owes a deep debt of gratitude, and the world at large undying obligations for having shown that syphilis, in nearly every form and stage, may generally be satisfactorily, if not successfully, treated without the aid of this metal.

In regard to the alliance of *leprosy* with syphilis, there still exists the greatest possible divergence of sentiment. While some very able pathologists consider the two diseases as identical in their nature, as having, in fact, a similar origin and the closest interdependence; others, and these constitute by far the more numerous class, equally distinguished for their learning and intelligence, look upon them as essentially different affections, both as it respects their causation, march, symptomatology, and treatment. The link which connects syphilis and *lepra* is certainly not well defined. It is, however, acknowledged on all hands that the *lepra* of the present day, as it exists in Europe, especially

¹ Book iv., chap. vii., p. 71, 4th English edition.

in Norway, Sweden, and Denmark, is identical with the lepra of the East, so graphically described by Moses, and known in his day as a most contagious malady, against the extension of which he enacted the most stringent laws. I have already expressed the conviction that this disorder, as it occurred in two celebrated Biblical characters, was nothing but a bad form of syphilis—syphilis in its tertiary form, as it is now called—and it seems to me that no unprejudiced man can read the accounts of lepra of Northern Europe, as portrayed by the able pens of Boeck and Danielsen, of Norway, without being satisfied that it is merely a variety of syphilis, modified by the effects of climate, modes of life, and other causes. The people most liable to suffer from lepra in those countries are residents of the sea-coast, mostly sailors and fishermen of the lowest and most filthy habits, men who live principally upon salt food, and hardly ever wash themselves from one year's end to the other. That the disease, under such circumstances, should generally be unusually obstinate, often intractable, and sometimes fatal, is not at all surprising. The symptoms of lepra strikingly resemble those of syphilis in its more remote forms. Among the more constant and prominent are, nocturnal pains in the legs, various kinds of eruptions of the skin, and red or livid tubercles, often terminating in ulceration, falling of the hairs of the scalp, eyebrows, and face, loss of the palate, nose, and tonsils, caries and necrosis of the bones, and, in short, all the more marked phenomena which characterize syphilis in its constitutional types. When we add to these lesions the fact that lepra is always hereditary, and not unfrequently infectious, it may, I think, fairly be assumed that, if lepra be not syphilis, it so closely resembles it as to render it impossible to assign to it any other plausible, much less distinct, paternity.

In the Sandwich Islands, where the population since 1832 has been reduced from 130,000 to less than 57,000 as shown by the last census taken in 1872, owing very largely to the effects of syphilis, leprosy has, during the last ten years, spread with fearful rapidity among the natives. From a letter kindly sent me by Dr. Robert McKibbin, of the Queen's Hospital, Honolulu, dated April 4, 1874, I learn that since January, 1865, 1212 persons affected with this disease have been sent to the settlement in Molokai, where, at the present moment, there are upwards of 700. In addition to these, large numbers, hidden away by their friends, have died at their own homes. "That leprosy has a close con-

nection with syphilis," says Dr. McKibbin, "I am quite satisfied; in fact, I consider it to be the chief cause of its rapid spread. I have had at the Queen's Hospital, and in my own practice, a large number of syphilitic cases terminate in this disease. Uncertain or mixed cases frequently present themselves, in which, as a rule, immediately, or very shortly after, the syphilitic symptoms give way to treatment, which they invariably do, thus often affording delusive hopes of recovery, symptoms of leprosy in its most virulent forms are ushered in, and the disease runs a more than usually rapid course, terminating, as it always does, fatally."

"My experience and observation," he continues, "clearly teach me to believe that leprosy, under certain circumstances, is contagious; hence, if for no other reason, persons affected with the syphilitic taint will, *cæteris paribus*, contract this disease when the healthy will escape."

Dr. G. Trousseau, a son of the celebrated French physician of that name, in a letter to me dated Honolulu, March 30, 1874, declares that, while he believes lepra to be a distinct disease, of all the cachexias the syphilitic is that which predisposes most to its development. Of its inoculability he is perfectly convinced. Dr. Trousseau and Dr. McKibbin agree in stating that the disease in the Sandwich Islands is of very recent origin, not extending back beyond about fifteen years. The leprosy of India, concerning which the English Government has lately instituted energetic inquiry, is, it would seem, a non-contagious but hereditary and incurable malady, the etiology of which is enveloped in complete obscurity, notwithstanding the labored attempts that have been made to elucidate it.

In attempting to form an opinion regarding the nature of lepra, we must not lose sight of the fact, universally admitted by the opponents of the identity of lepra and syphilis, that it is often extremely difficult, and sometimes utterly impossible, to establish a correct diagnosis between cutaneous maladies, such is their liability to run into and mask each other. The wisest and most distinguished dermatologist is not always exempt from this embarrassment.

6. TREATMENT OF SYPHILIS.

The treatment of syphilis, the last subject it is proposed to examine, necessarily divides itself into curative and preventive, the latter including the consideration of prostitution and its effects upon the national health.

The first of these topics has already been sufficiently discussed for the purposes of this paper. I have endeavored to show that, when the syphilitic virus has once taken full possession of the system, no mode of treatment, hitherto devised, is capable of permanently dislodging it, or of neutralizing its effects. All that can be done, even with the aid of the most approved remedies, as the different preparations of iodine and mercury, is to stay for a time its action; for, even under the most favorable circumstances as to health and regularity of life, it will be almost certain, sooner or later, to take on zymosis, and to break out into an open flame, fastening itself upon some particular portions of the body, and thus gradually, if not rapidly, undermining the general health.

If these statements be true, and no one, I am sure, will gainsay them, it necessarily follows that the prevention of the disease is a matter of far greater moment than the attempt to cure it after it has been developed. If proper precautions were observed in impure connections, much of the danger of inoculation might be effectually avoided. Cold water, simple or medicated with some astringent substance, as alum, sugar of lead, common salt, or chlorinated soda, used judiciously, immediately after the commission of the act, generally completely neutralizes or washes away the infectious matter, and thus insures immunity from future mischief. Few persons, however, are aware of the importance of such precautions, or, if they are, they neglect their employment until it is too late to reap any benefit from them. The condom offers but a feeble resistance in the act of copulation against the dangers of infection, and is comparatively little employed, except by men in the higher ranks of life. The sailor, the soldier, and the humble sensualist resort to no such device. The tar may occasionally use his bandana, but this affords no real defence against inoculation; nay, if we may credit his veracity, not even against the possibility of conception. It surprises one to learn that the condom, still in such common use in France, incurred the ill will of the Pope, who, in 1826, issued a bull condemning the invention as a means of counteracting the decrees of Providence, who wishes to punish prostitutes on account of their heinous sins! Did not a Pope once issue a bull against a comet, and did Martin Luther not throw his inkstand at the devil?

The treatment of syphilis by what is termed syphilization,

originated by Auzias-Turenne, of Paris, in 1844, and since so pertinaciously carried out by Sperino, of Italy, and Boeck, of Norway, besides being extremely filthy and disgusting, has been shown to be an entire failure. Dr. Adam Öwre, writing in 1868, declares that no permanent benefit has resulted from it even at Christiania, where it has been practised in many hundred cases within the last twenty-five years, with every possible care and assiduity, under the direct supervision of its great and enthusiastic advocate, Professor Boeck. Similar views have been expressed by other writers and practitioners. Of the insufficiency of syphilization to eradicate the poison of the disease, no better proof is needed than the numerous relapses which follow the operation, and the fact that the offspring of women while undergoing this treatment are invariably infected with hereditary syphilis, precisely as after any other mode of cure hitherto employed. There is no analogy between vaccination and syphilization. A few punctures suffice to complete vaccination; whereas syphilization requires hundreds, extending over a period of many months.

Inasmuch, then, as no preventive measures hitherto devised are at all trustworthy, inasmuch as the sexual passions must and will seek indulgence, and inasmuch as the greatest risks of infection occur at brothels or in houses of ill-fame, the question arises, how, or in what way, may these risks be reduced to their greatest minimum? A wide field for useful exertion is here opened. We send missionaries among the heathen in foreign lands, but neglect this fearful plague-spot at our own doors and at our own fireside. We think it a fine thing to convert a savage to christianity, and so it doubtless is; but we permit our own brother to contract a loathsome disease, one that will effectually poison not only his own system, but taint and infect his offspring unto the third or even unto the fourth generation. The only remedy for this evil is the licensing of prostitution, a remedy which has worked so well on the continent of Europe and in England as to deserve to be introduced into this country, where, as abroad, under proper restrictions, it could not fail to be productive of vast good in promoting the national health and lessening the mortality from numberless diseases more or less dependent upon the prejudicial effects of the syphilitic virus. To legalize crime, as prostitution has always been considered to be, is to arouse at once the worst prejudices of the public, and to ex-

cite the bitterest opposition, on the ground that such a measure would tend to encourage vice and immorality. But would the licensing of brothels or houses of ill-fame really have such an effect? I answer unhesitatingly, No. On the contrary, it would tend greatly to diminish both, at the same time that it would greatly lessen the dangers of syphilitic infection. Viewed from this stand-point, a stand-point of a purely hygienic character, the question assumes a national importance, and it becomes our solemn duty, as the representatives of a great and learned profession, to look it squarely and boldly in the face, in utter disregard of the fact that it is tabooed in certain quarters or by certain classes of people who are entirely unacquainted with its merits. The prejudices that surround it must be swept away, and men must march to the front and discharge their duty, however much they may be abused or reproached for their conduct by the ignorant and the foolish. "Positive action must be organized to check positive evil, to promote the public good, and to heal the festering sore under which the country has so long groaned." All must lend a helping hand in the great enterprise, the physician, the legislator, the philosopher, the philanthropist, the churchman, and the politician; nay, woman herself should not be kept in the background. She, too, should give it her influence. The fact that the subject is attracting general attention in this country shows that our people are in earnest about it. In St. Louis, which has taken the lead in this matter, prostitution was legalized several years ago;¹ in Cincinnati attempts have been made in the same direction; the legislature of Illinois recently had the matter under discussion; and in January of the present year, the grand jury of Philadelphia, in its presentment to the court, urged the adoption of some legal measure for the protection of society against the spread of venereal diseases. In March last the

¹ Since this address was written, the legislature of the State of Missouri has seen fit to repeal the ordinance regulating prostitution in St. Louis, on what grounds does not exactly appear. Doubtless the prejudice of the religious portion of the community is entitled to the principal credit in bringing about this result; for we are told in an editorial in the *Missouri Medical Record*, of May 15th, that the system had acted most beneficially in the interests of the community and the welfare of the prostitute. Many of the inmates of the House of Industry, influenced by the ministrations of good men and noble women, had been seeking the "purer and better way," and had become so fully aware of the physical advantages arising out of the law, that not a few of them voluntarily subjected themselves to inspection, at their own expense, after the abrogation of the ordinance.

legislature of Pennsylvania took up the subject; an admirable address was made by a member, Dr. Cressler, and a bill was framed, containing numerous provisions for the suppression of this class of affections, so long the scourge and reproach of our race.

One very great difficulty in regard to the practical operations of a licensing law would be the framing of a bill of an entirely unexceptional character. Great judgment and care would be necessary in the selection of a proper title: if this be offensive, or too conspicuous, it would at once call forth opposition. My opinion is that the entire subject should be brought in, as it has been in England, under the head of the "Contagious Diseases Acts," a phrase not likely to meet with serious objection, as it would serve as a cloak to much that might otherwise be distasteful to the public. The word "licensing" should not be used at all in this connection, as its purport is liable to be misunderstood, many persons supposing that the "licensing law" is designed to encourage and extend prostitution, in the same sense that a licensed coffee-house, for example, encourages the use of liquor with its attendant vice and immorality. The word "regulate" would be better, but even this has its objections. The provisions of such a bill should be couched in the clearest language, and should be enforced and carried out by the fewest number of officers consistent with their due observance. City councils and city police authorities should be prohibited from serving on the board, the most suitable of which would be the so-called board of health. The examining physicians should be moral and well-educated men, appointed by the Board of Public Charities, with a liberal salary; they should be thoroughly acquainted with the nature of venereal diseases, and scrupulously conscientious in the performance of their duties. Inspections should be regularly made at least once every fourth day, or twice a week, and all women found to be unclean should at once be placed in quarantine, or under proper restraint, as the only means of preventing the spread of syphilis.

The greatest opposition to the enactment and the efficient enforcement of a law licensing prostitution would necessarily come from the clergy and other religious people, who, without understanding the nature of these diseases and their extensive prevalence, too often regard them as visitations of Providence, and every measure of this kind as an unholy attempt to "license shame," "legalize vice," and "encourage crime," and other twad-

dle, as unmeaning, when applied to such a serious matter, as it is unbecoming a Christian people.¹

Regarding prostitution as a necessary evil, an evil which has existed from the earliest periods of society, and which must endure to the end of time, until the angel Gabriel shall sound the last blast of his trumpet to summon together a fallen world, it should be the duty of every right-thinking, rational, progressive man to do all he can towards the suppression of an evil far more pernicious in its influences and effects upon mankind than any of which we have any knowledge, drunkenness not excepted. In reflecting upon this subject, I am sometimes inclined to believe that prostitution is the normal condition of the human race. Or, if we reject this proposition, so offensive to good taste, it must be admitted, beyond the possibility of doubt or cavil, that the practice is so intimately interwoven with our social system as to form an essential part of it. In either event, the evil is a most sad one.

Sexual intercourse is an imperious necessity, implanted in our nature, for the gratification of which man will brave any danger, however great, to health and even life. Whether descended from the ape, or whether created in the image of his Maker, he is still an animal, who, but for the humanizing influences of civilization and Christianity, would be more savage and degraded than the wildest beast of the forest. If this postulate be admitted, it requires no argument to prove that prostitution is an essential necessity of society. If prostitution were abolished, crimes of the most heinous and revolting character would be of incessant occurrence, and no virtuous woman would be secure from the assaults of the libertine.

"A large portion of the male population," says Sir William Jenner,² "are, at the age when the passions are the strongest, precluded by the necessity of their position from marriage. Under such conditions, either prostitution, seduction, or masturbation will be the prevailing vice. If by law public prostitution could be put down, the two latter of the three vices would undermine the health and lower the moral nature of the masses far more than

¹ Philadelphia Medical and Surgical Reporter, 1874. It affords me great pleasure to refer to this journal in connection with the discussion of this question, as it is one of the few medical periodicals in the United States sufficiently thoughtful and independent to place it in its true light before the profession and the world.

² Practical Medicine of To-Day, p. 46.

does the present prevalence of the social evil. This inverse relation in the prevalence of masturbation, illegitimate children, and prostitution, cannot be too strongly impressed on the public mind. All men have a repugnance to referring to these matters; but it is our duty to do it. On the attention of the so-called religious this duty should be especially enforced. Prostitution cannot be suppressed by law; perhaps ought to be if it could. But prostitution is necessarily accompanied by syphilis. Syphilis more often than has been commonly believed means death, death to the primarily syphilized and death to his offspring. The spread of this knowledge may have a little effect; but my experience has never yet made me acquainted with the case of a youth made continent by the fears of syphilis; but it has taught me that where a youth is deterred from promiscuous sexual intercourse by the mere fear of contracting disease, he, as a rule, gratifies his desire in even a more discreditable manner. The vicious gratification of a natural desire is the cause of syphilis. If every young man curbed his passions, syphilis might die out. Let teachers of morality and religion endeavor to impress on young men and lads, above all on the latter, the necessity of exercising this restraint. But until they have succeeded in their teaching, it is the duty of authority to prevent, as it could to a great extent, the spread of this terrible disease. Moral teaching may do something; the spread of knowledge and society can do almost nothing; but law could do much to diminish the mortality from syphilis. It could prevent the prostitute from plying her trade in the public thoroughfares, and thus keep temptation to some extent out of the way of the merely irresolute and thoughtless; it is a disgrace to authority that it does not frame and enforce such a law. Again, law could check, to a great extent, the wide diffusion of syphilis. A little has been done in this direction; more is being attempted; but something more than the 'Contagious Diseases Act of 1866' is necessary, if the community at large, and not only our troops, are to be benefited."

But it will be said that if prostitution be an evil, instead of licensing it, it should be stamped out. Where is the power to do this? Will the clergyman stamp it out with his Bible, his tracts, and his prayers? the philanthropist with his money and his kindly acts? the legislator with his laws? or the philosopher with his subtle arguments and finely-spun theories? As well might we attempt to dry up the Atlantic Ocean, or to arrest the

movement of the earth around the sun, as to attempt to arrest prostitution by such means.

Shall we accuse the clergy of hypocrisy, or of wilful concealment of the truth? Do they really think that legalizing prostitution is a means of encouraging immorality and crime? Are they not equally interested in the matter with the rest of our citizens? Have they no sons and daughters? Or are their children less exposed to the dangers of contamination than the children of other classes of men? If they will but seriously ponder this matter they cannot fail to see it in the light we do. Sin is no respecter of persons. It penetrates all classes of society, and enslaves alike the king in his palace and the meanest subject in his hovel.

The opponents of these laws, so wise and salutary in their tendency, base their arguments mainly upon the ground that they encourage vice and immorality, and restrict the liberty of the prostitute, both as an individual and as a citizen, and that, therefore, they are wrong not only in practice, but in principle. But this is taking a very superficial view of the case. What would be thought of a man who went about deliberately scattering poison, and thus sowing the seeds of death? Is it less criminal to kill a person with the virus of syphilis than with the virus of smallpox, scarlatina, plague, cholera, or ship fever? Are there not stringent laws for the prevention of the spread of these and other contagious diseases? When yellow fever prevails in a foreign country is quarantine not strictly enforced against all vessels touching at our shores? When the cattle-plague prevails is not the importation of cattle strictly prohibited? Prostitution is an occupation, a profession, a trade, a business; and is the degraded creature who follows it and infects those who hold commerce with her any better than the baker who sells unwholesome bread, the woman who poisons her customers with decayed vegetables, or the butcher who sells infected meat, a crime which in the dark ages used to be punished with death? These people do not complain when the market inspector comes along, and condemns their rotten goods, because they know that he is only carrying out the injunctions of the law; a law made especially for the benefit of the citizens of the State, who would otherwise be incessantly exposed to the danger of infection in its very worst forms. Is it wrong to shoot a rabid dog, or to restrain an insane person armed with a deadly weapon, dealing his blows right and left in his mad

career? Has history bequeathed us no lessons upon this subject? Has not Moses, the greatest and wisest legislator the world has ever produced, laid down definite sanitary regulations in regard to persons infected with venereal diseases? Finally, shall we forget that a sexual sin committed to-day may prove a curse to our offspring generations hence?

But apart from the foregoing considerations there is another, which, from its important bearings upon the courtesan herself, should not be overlooked. Her life is generally a short one, often not exceeding three, four, or, at most, five years. Steeped as she commonly is in misery, poverty, and degradation, she soon seeks consolation in hard drink, and finally sinks under the combined influence of the syphilitic poison and alcoholic stimulation. The prostitute who is regularly inspected has a much better chance of being cured of her distempers than one who is left to herself, not to say anything of the chance of her eventual reformation under the humanizing influence of kind, soothing treatment, the knowledge and conviction that the world has not entirely forgotten her, or treats her as an outcast—as a man and as a God-forsaken creature. We have the testimony of Mr. Acton and other observers that the kind treatment shown these poor women by their professional and other attendants has been the means of restoring many of them to virtuous courses, who would otherwise have been lost; not a few becoming afterwards the wives of sailors, and of the lower orders of mechanics and tradesmen.

An appeal to the operations of the license laws in foreign countries will convince the most sceptical of their beneficent influence. Everywhere, in city and in town, in hospital and in barrack, wherever they have been enforced, their practical workings have been of the most salutary character in diminishing syphilitic infection, and improving the moral and physical condition of the prostitute.

At Aldershot, Woolwich, and Windsor the diminution of venereal diseases among the military has been most marked. Mr. Deverell, of the Portsmouth Royal Hospital, at a recent public meeting declared he had watched the progress of the Contagious Diseases Acts from the first, in their operation upon the sailors, and he believed that a greater blessing had never been conferred upon the army and navy. In the Ionian Islands, at Malta, and in the Islands at Corfu, Zante, and Zephalonia, where

the registration and inspection of prostitutes are rigidly enforced, venereal diseases have almost wholly disappeared. In this connection the case of the "Calypso," an English ship, will be found to be of great interest. This vessel, during her sojourn at Honolulu, in the Sandwich Islands, where there are no restrictions, had 33 out of 153 of her officers and men down with these diseases. She afterwards went to Tahiti, where, under the supervision of the French Government, all prostitutes are regularly examined; only three cases occurred during the four months she remained there, notwithstanding nearly all the men had lived on shore. In 1860, as I have learned from the letter, previously referred to, of Dr. Robert McKibbin, of Honolulu, a law was enacted to mitigate the evils arising from prostitution in the Sandwich Islands, providing that all women living by prostitution should be placed under the supervision of the police, and subjected to regular periodical examination by a medical man, and, if found diseased, sent to hospital for treatment. Under this management, which was tolerably rigidly enforced for about ten years, the amount of syphilis in the Islands was reduced fully two-thirds. About two years and a half ago the Minister of the Interior, a medical man, from purely personal motives, suspended the action of the law, and since then, Dr. McKibbin assures me, syphilis has rapidly increased.

In Brussels the risk from syphilis from intercourse with public prostitutes has been reduced almost to a nullity, and in Paris, Berlin, and Vienna the diminution has been most marked. The great prevalence of syphilis in the French capital is due, in great degree, to the fact that there are upwards of 30,000 private prostitutes, many of whom are affected with the disease, and, as they are never inspected, are so many hot-beds for disseminating the poison; whereas the 6000 registered women, who are regularly inspected under government enactments, are comparatively clean and harmless.

Mons. Lancereux, with whose learned treatise on syphilis, published only a few years ago, every physician is familiar, in speaking of public hygiene in its relation to syphilis, says: "All other things being equal, syphilis rages with greater frequency in proportion as prostitution is less watched over;" that is, wherever there is unlicensed brothelism there is the greatest amount of syphilis, and conversely.

It has been alleged, as an objection to the licensing laws, that

compulsory examinations are demoralizing in their tendencies, and that they cause a feeling of self-abasement in the prostitute. But is this really so? Is it any more degrading for an impure than for a virtuous woman to be subjected to such treatment? Does not every educated physician at the present day use the speculum in the diagnosis and treatment of female diseases? Is not the prostitute examined with as much delicacy and gentleness as the most refined and elegant woman in Christendom? We have the authority of Mr. James R. Lane, Surgeon to St. Mary's and to the Lock Hospital, London, for stating that, as a rule, these women do not regard compulsory examinations with feelings of objection or dislike; but, on the contrary, that they are well contented with the system; and similar testimony is borne by Mr. W. H. Slogget, Inspector of Certified Hospitals in England, in a communication kindly sent to me in August, 1872.

The opponents of the licensing law assert that such a law could only proceed from a state of society essentially low, sensuous, and debased, utterly at variance with sound morals and the genius of Christianity. Such assertions are as untrue as they are absurd. Many of the wisest and best men, of all classes and stations in life, both in this country and in Europe, are the avowed advocates of the licensing law, and have employed their time and influence in securing its enactment and its rigid enforcement.

It has been alleged, as an objection to this law, mainly on the statement of Mons. Lecour, Chief of Police in Paris, where this system was originated, where it has been longest in vogue, and where it has been carried to the highest degree of perfection, that, instead of diminishing prostitution, it has served to increase it. However this may be, we have the testimony of numerous writers, professional and non-professional, for asserting that in nothing in France is the progress of science and of humanitarian principles more strongly exemplified than in the modern treatment of its prostitutes.

But I am not waging a war against prostitution. The object of the licensing law is not to prevent this evil, but to arrest the spread of syphilis, and, through the agency of good men and women, to reclaim the so-called "fallen sister." Prostitution, I repeat it, cannot be stamped out any more than drunkenness, political rascality, or any other deep-rooted national vice. They are part and parcel of the social evil; the heritage and shame of

a people, illustrating the imperfections of their nature, and of the laws by which they are governed.

What effect the establishment of anti-prostitution societies might have in arresting the "social evil," is only a matter of conjecture, as the experiment has never been tried. My impression is that it would, if properly conducted, be eminently salutary; but to render them at all effective, or what they should be, it would be necessary that the State should empower them with the right of prosecuting the offender, in the same manner as persons found guilty of cruelty to animals are now brought under the influence of the law.

How far moral and religious influences, if fully brought to bear upon the subject, might aid in promoting the reform of the "fallen sisterhood," is a question which has not been settled. A public meeting for this avowed object was held in February, 1860, at St. James's Hall, London, in behalf of this class of women inhabiting the purlieus of the Haymarket and Regent Street. It was headed by a number of benevolent and pious persons, and about 200 of these fallen women were present. Tea and coffee were liberally served. Eloquent appeals were made, and many of the poor creatures expressed not only a willingness but a great desire to forsake their evil and wretched life, and to return, through the gates of a reformatory, to respectability and usefulness. The actual success of this meeting, in its final results, has, I believe, never transpired; but it must be obvious that all such attempts to "snatch a brand from the fire" must prove abortive. Tea and coffee are good things in their way; a kind word, timely spoken, has its efficacy; a sermon upon morality has its benefits, but a loaf of bread, a good warm dress, a comfortable bed, and a sweet breath, have a greater potency, and do more towards reclaiming fallen women than all the efforts, the eloquence, and the persuasive power of the pulpit and the missionary. Let me not be misunderstood. Let the gospel by all means have its full sway; let God's minister do all the good he can, both publicly and privately; but let him not forget when he sets out upon his Christian errand with the Bible and the tract in one hand to have a big loaf in the other. While he prays for the "fallen sister," and invokes a blessing upon her head, let him not forget to appeal to the good, the wise, and the charitable to furnish her useful occupation for the support of her body and the comfort of her soul; otherwise all his efforts will be as mockery in the sight

of God, and a sham in the estimation of reflecting and sensible men.

The question arises here, Why, or How do women become prostitutes? What are the motives or incentives which induce them to enter upon a life of depravity and degradation, rendering them objects of scorn and contempt with their fellow creatures, outcasts of society, and unfit for that heritage which is allotted to God's people? The question is easily solved; indeed, the whole matter may be summed up in a few brief sentences: 1. Natural depravity, or want of innate moral principle, similar to that which makes a man a thief, a liar, or a drunkard; 2. Uncontrollable sexual passion, similar to that which makes men and boys onanists, and prompts them to resort to all kinds of expedients and crimes to gratify their appetites; 3. Cruel treatment of the parents, driving their daughters from their homes, and thus compelling them to seek asylums among strangers; 4. The wiles of the seducer, by which a girl, under promise of marriage, becomes pregnant, and is afterwards cast off by her family and friends; 5. Poverty, or the impossibility of gaining a livelihood by honest labor; 6. Fondness for dress or show, so common in the female in all ranks of life that it may be regarded as an inherent principle of her nature; 7. The influence of bad company, often aided by privation and a love of liquor, finery, or sexual enjoyment.

To these causes may be added, at least as being eminently true of our own country, our expensive modes of living, especially of female dressing, which prevent men from marrying women who would make excellent wives, but who, because of this circumstance, are reduced to poverty, for the relief of which refuge is sought in public and private prostitution.

These enactments should not be limited to the female sex; they should be made to apply equally to males. Sailors arriving in port, and soldiers stationed in barracks, should be compelled to undergo thorough inspection before they are permitted to resort to brothels or houses of ill-fame; and every infraction of the law should be visited with condign punishment.

Private citizens, high and low, rich and poor, afflicted with constitutional syphilis, should be restrained from marrying unless they first obtain a certificate showing that the specific virus has been sufficiently destroyed to render such an alliance safe and proper; or, in other and more intelligible language, free from

the danger of infecting their offspring. If feticide and infanticide are crimes, punishable by imprisonment and hanging, is the man who infects his offspring in its mother's womb, and that mother, perhaps, herself, free from guilt? or is he not as great a reprobate as the woman who deliberately kills her child after it is born? To insure an honest and punctilious compliance with such a requirement, our State legislatures should enact special laws, the non-observance of which should be punished by fine and imprisonment. Such laws, by operating upon the fears of the libertine and the innocent victim of sexual immorality, could not fail to be productive of beneficial results by diminishing, to a very great extent, abortions and miscarriages, and the premature destruction of children born at the full term.

We boast of the rapid increase of our population, and of the general diffusion of knowledge, but we seem to forget that the glory and prosperity of a nation consist not in the number, but in the character of its people. In proportion as a nation deteriorates in its physical and mental powers, are its degradation, and the danger of its ultimate downfall. When Rome was the mistress of the world, her men and women were noble specimens of humanity; and it was not until after the introduction of all kinds of luxury, immorality, debauchery, and crime, that her glory fairly began to decline, and eventually culminated in utter debasement and ruin. How far the syphilitic poison, combined with the degrading arts of the shopkeeper, affected the results of the late war of the French people with their German neighbors, would be an interesting question for the solution of the physiologist, the philosopher, and the statesman. "Of all the arts," as has been happily observed by an ingenious writer and thinker, "the grandest is the art of forming noble specimens of humanity." It is devoutly to be wished that all men infected with the seeds of the syphilitic virus, and of the so-called scrofulous maladies, especially pulmonary phthisis, should either altogether refrain from matrimony, or wed only strong and vigorous women. Pains should be taken to instruct young men in our colleges and seminaries of learning, in regard to the dangers of promiscuous sexual intercourse; and, indeed, it would be well if the same kind act were extended to all large bodies of men, wherever or for whatever purposes congregated. Nor should it be forgotten that private prostitution is often quite as dangerous as public.

In Brussels, according to Professor Crocq, the risks seem even to be greater, since, under governmental regulations, public prostitution has been reduced almost to a nullity. The subject is one of deep interest to life insurance companies, and to every charitable citizen disposed to spend his means in the promotion of the public weal. Many of the inmates of our deaf and blind asylums are the descendants of syphilitic parents, who thus manufacture diseases and infirmities to be treated at the expense of public and private charities. Our hospitals are filled with persons affected with maladies dependent, directly or indirectly, upon syphilitic infection.

In bringing this discussion, carried far beyond the limits originally assigned to it, to a close, I beg you to accept my cordial acknowledgments for your courtesy in so attentively listening to me, and to be assured that, in what I have said, I have had no wish or desire to indulge in perilous assertions, or to make positive statements without supporting them, at least in some degree, with proof, derived either from direct personal observation, or from a careful examination of the literature of the profession, illuminated by the labors of men, who, like myself, have eyes to see, and the light of experience to guide them. My sole aim has been to be truthful, and to interpret the facts presented here to-day, as I comprehend them, and as I discern their importance. The path is not a new one; other men have walked upon its slippery surface, and have shown the world that they were not afraid to encounter its perils. If, in what I have said, it has been my good fortune to awaken in your minds an earnest desire to prosecute the study of the question, and to aid me in directing to its importance the attention of the profession and of the people of the United States, so jealous of the national honor and glory, my highest ambition will be satisfied.

Prejudice is a powerful obstacle to success in any great, difficult, or novel enterprise; and it is only by associated effort, and by undaunted perseverance that anything within the limits of human reason and ingenuity is eventually brought to a triumphant issue. The age of miracles is passed. The sun no longer revolves round the earth; the belief in witchcraft has ceased to be a crime; a man's books are no longer burned by the hangman; the inquisition has been abolished; and, although the world is still infected with numerous superstitions and follies, many,

many things, considered at one time as impossible, are in successful operation, lightening the burdens of labor, extending the boundaries of civilization and Christianity, and bringing us daily into more close and intimate relations with the great Architect of the Universe.¹

¹ I had hoped to be able to incorporate in this discourse some of the material which, through the kindness of Surgeon General Barnes, U.S.A., has been communicated to me by nearly thirty army surgeons stationed at our frontier settlements, concerning the prevalence of syphilis and scrofula among our principal Indian tribes; but the statements are so discordant as to render it difficult, if not impossible, to deduce from them any satisfactory conclusions. For this reason, they will be withheld until further light is thrown upon the inquiry. Meanwhile I herewith tender to the gentlemen who have been so kind as to respond to my wishes my cordial acknowledgments.

