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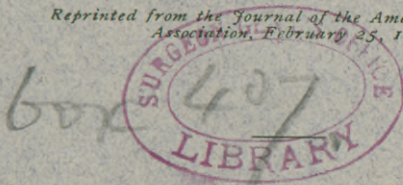
BY

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THE IMPORTANCE AND ERADICATION OF SYPHILIS.

LADIES AND GENTLEMEN OF THE ROCKY MOUNTAIN MEDICAL ASSOCIATION:

In accepting the honor that you so kindly conferred upon me at St. Louis, the Presidency of our Association for the present year, I had hoped that I should be able to attend the Chicago meeting, for I appreciate your courtesy and fully share in your desire that the annual convocations of those who crossed the continent together in 1871, should increase in interest the nearer we approach that final passage into an unknown country that is before us all, and from which there is no return.

It seems to me that the older we become, self-limited as is our organization, and by its constitution unable like almost all other societies to take into itself any new or younger life, the more incumbent it is upon us to appreciate that each year our circle, already so limited through the decease of valued associates, contracts still closer upon itself, and thereby we are pressed into a more intimate companionship with each other, a nearer touch. Besides this, if more perfect union should give greater strength, to each as to all, we ought, I think, to feel with the increased sense of mutual sympathy and support that we possess as the effect of the tie of close corporationship, which is to be broken only by the decease of the last survivor of our number, that there are duties, correlative to the occasion that first united us, and as peculiar responsibilities to be measured only by the opportunities of exerting a deep public influence, that are yearly our own through our connection



with the American Medical Association, as an integral part of its history.

The trip to California, pleasureable and health giving though it was to all of us, was undertaken for a more serious reason, and produced a weighty result. To many of us it was attended by much inconvenience and to all no slight expense, in both respects fully equalling indeed a summer's trip to Europe. The journey was in truth a mission; to convey the influence and authority of the National Association to a portion of the country that, rich as it might be in natural wealth, was yet in the regard referred to, virtually a professional wilderness. Practitioners there were there in abundance, graduates from the chief schools abroad as well as from our own, and already they had rival medical colleges and even journals. But as a whole, the physicians of the Western Coast were dissociated from each other, personal feuds were intense, empiricism was aggressive, and associative efforts for the common welfare were as yet limited, if not almost unthought of. The City and County Hospital of San Francisco was already known as affording remarkable facilities for studying affections depending upon the peculiar physical characteristics of the State and its still more novel mercantile and social as well as climatic phenomena. Mountain fever was to be found in its wards, no less than all the major aneurisms, while at the Insane Asylum at Stockton, which I visited with Dr. Scott, of San Francisco, there existed under Dr. Shurtleff's wise classification, an abundance of, to us of the East, unusual mental aberrancies. There was at once a fertile field for our study, and a rich realm for us to assist in bringing within the influence of the National Association.

The hearty reception that we received from our professional brethren, the cordial welcome from State and civic authorities, and from all the people to their private homes, is still as fresh in our minds

as though it were but yesterday, and we are all conscious that while as a body the American Medical Association left its impress for good upon the State of California, we ourselves without exception became subject to influences which not only freshened our spirits and expanded our ideas, but opened our very selves to ways of thinking, to aspirations, charitable judgments, and tender and affectionate relations with that people of the far West, which we shall all carry with us, enduring and undimmed, throughout our lives.

Most intimate, however, of the ties that we then formed, warmest in sympathy and fraternal interest, because shared in by each and every one, is that of the members of our circle with one another. In the joys of each there should be a general participation, in the sorrows of each a common grief. Greater still is the influence felt when an occurrence of importance affects us collectively and as a whole. It is, therefore, with heartfelt emotion that I have to announce to you the recent decease of our most venerable associate, our patriarch, Dr. John Wadhams Russell, of Mt. Vernon, Ohio, who died on March 22, 1887, in his eighty-third year, at his home.

Dr. Russell was a successful practitioner, especially as a surgeon, and was noted for his skill in removing vesical calculus. Indeed it was said of him by our biographer, Dr. Toner, that "he had performed as many, if not more, capital operations than any inland town surgeon in Ohio." Repeatedly offered a college chair, he preferred the less prominent but no less responsible duties of private life. He had studied his profession in South Carolina, at Yale College, the Berkshire Medical College, and at the Jefferson, in Philadelphia. He was, therefore, *nullius addictus iurare in verba magistri*, but from having been taught by numerous instructors, he had received a broader impress. He was a member of the Medical Society of Knox County, Ohio; of the State Medical

Society, since its organization, and its President. He had been President of our own Association during its eleventh year, 1881-2, and delivered the Anniversary Address at St. Paul. He had also acted as President at the annual meeting of the previous year, at Richmond. At the meeting of 1883, at Cleveland, he is recorded as having made very impressive remarks, during which "as the most aged member of the Association, he dwelt upon the uncertainty of life, and the possibility of his soon being called away from his labors, and he admonished all to be ready for the great summons" which he has now, full of years and of honors, himself in person answered. A brief but feeling notice of the deceased was given by our Ex-President Davis, in *THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, for April 2 last (page 381), and in the same journal for April 9, there were printed the obituary resolutions of the Knox County Medical Society, concerning their late member (loc. cit. page 419). Interesting biographical sketches of Dr. Russell will be found, by Dr. Wm. B. Atkinson, Permanent Secretary of the American Medical Association, in his volume upon the Physicians and Surgeons of the United States, Philadelphia, 1878, p. 242, and by our colleague, Dr. Toner, in his work upon the history of our own Association, pages 346 to 349. A good man has fallen. We shall ever cherish his memory. May he rest in peace.

In seriously deliberating what I should speak to you of upon the present occasion, it was clear that my topic, however I might select it, should be at least connected with our Rocky Mountain pilgrimage. It was as evident also to me that my subject should be of equal importance with our then mission, and though to offer you such, instead of mere reminiscences of our pleasant travel together, but increases the difficulties of my task, I have felt that in your behalf I had no right to evade the responsibility, lose the opportunity, or make light of the important duty,

each of which considerations, as I have already said, is at our annually decreasing gatherings peculiarly incumbent upon the members of the Rocky Mountain Medical Association.

While the subject of this address was still undetermined in my mind, I received from Dr. Rohé, Chairman of the Section on State Medicine, of the American Medical Association, the request that I would read a paper upon some matter within its scope, at the Chicago meeting, and though I replied that to do so in the usual manner was impossible, so completely was my time occupied by the preparation of a paper for Dr. Bell's *Sanitarian*, upon the "Medals, Jetons and Tokens illustrative of Sanitation," a second chapter of the series that I began by the "Medals of Obstetrics and Gynæcology," published in November and December last in the *New England Medical Monthly*, as a part of my proposed work on the "Medallic History of Medicine," Dr. Rohé's letter has yet settled my decision regarding the topic I should present to you. Old men and aging women, as are we doctors and doctors' wives of this Association, have a valid right to give counsel. It is for our children in the profession to carry our views into practice. The higher and more universal our theme, the greater its claim upon their attention and assistance.

In asking your attention, therefore, to a brief statement of the permanent importance and progressive eradication of that bodily disease, by common consent acknowledged as the worst of all, I am recognizing the constantly increasing tendency of our profession towards preventing both public and private pestilence, which for a thousand reasons is so much better than permitting their foothold and then in vain, perhaps, attempting a cure. In what I shall say, I am virtually still further developing a paper that I read to the American Medical Association in 1878, and was published in its transactions, and I am securing

your coöperation in a movement for the protection of Society from injury as fatal to its health and indeed its existence, as it is destructive to its morals. You will find, I trust, that repulsive as is the subject, it is yet one that can legitimately be brought before a refined circle like that of even our own lady members without any violation of propriety, and be quite sure to awaken them to take part in the preservative crusade to which Gross, Marion Sims and Gihon have given so great vitality.

That my choice of subject is singularly appropriate for your consideration will be evident for still another reason. In addition to the motives that we had in common for our transcontinental journey, in my own instance there was still another. I had been invited by the State Board of Health, of California, to deliver it an address upon "Female Hygiene." This was given, and perhaps attended by some of those now present, at the State House, in Sacramento, on April 28, 1871, and repeated, by request of the physicians of San Francisco, in the latter city upon May 25. In the course of that lecture, which was published in the First Biennial Report of the California State Board of Health (1871; appendix, pages 1 to 17), I alluded with some warmth to a statement that had appeared in the Transactions of the Third Session of the Medical Society of California. It ran as follows: "In no place of civilization do the causes (of ill health among women) exist or prevail to the same extent as in California." These causes, it was claimed, were chiefly "the yielding to the seductive allurements of dissipation. This applies," it was further stated, "equally to the married and unmarried; and so general is it that I believe," said the writer quoted, "that I am correct, when I estimate two in every three females (in California) who have reached 15, to be victims of this dissipation." (*Loc. cit.*, 1858, p. 133).

In reading this statement, and in carefully re-reading it, it seemed to me that it could mean but one

thing, and such was the impression of others whom I consulted. I therefore stated in my address at Sacramento that I thought that though the remark referred to had been written by a gentleman who lived upon the spot, it must in the very nature of things have been unintentionally greatly exaggerated. My referring to the matter at all gave rise to extremely great offense, and I was bitterly criticised by the writer in question for transferring his assertions from the oblivion of a strictly professional annual, and for radically misunderstanding their drift. Though it seemed to me at the time that in neither of these respects could I have been in error, I yet cordially regret at the expiration of nearly twenty years that I wounded our friend's feelings without intention, and frankly admit that had I then known what was afterwards claimed, that the apparently very plain and direct language of his paper referred only to the late hours, the dancing parties, and if within bounds innocent amusements which we do not always hesitate ourselves to permit to the young people of our families, I should have refrained from comment. The writer of whom I have spoken holds deservedly high rank in our profession both at home and abroad as a gynæcologist, and I am sorry that I was ever the means by so carelessly touching the self-inserted thorn, of causing him a moment's torture.

As a fitting sequence to what I have now said, I may mention that remaining in California long after most of our companions had returned to the East, no less time indeed than until the following October, I had abundant opportunity of studying the question that had thus early presented itself to me. I was admitted professionally into the families of many of the men of 1848 and 1849, which would have been the most likely of all to have suffered in the way indicated; I visited with the late Dr. Logan, of Sacramento, at that time Secretary of the State Board of Health, and subsequently President of the American

Medical Association, the Chinese bagnios of San Francisco, at the request of the Governor of the State, and made careful inspection of their inmates; and I had abundant opportunities of observing the private clinics as well as hospital practice of my medical friends, and I was as astonished at the general good health of the people as regards specific hereditary infection, as I had been when visiting the Chinese quarter, at the vital tolerance shown by the opium drunkards.

In nothing is the conservative force of Nature, in protecting the race as a whole, evinced more clearly than in her way of eliminating constitutional taints and impurities, alike by precipitating them downwards into the grave, and upon the other hand by throwing them off as froth thro' intermarriage with a healthier strain. Were it not for this, the race would by this time have become so generally impaired as to be corrupt, physically, through and through; but we may well take comfort if we consider what is seen in the naval and mercantile marine of this and other countries. Experts claim that there are hardly ten seamen in one hundred who earlier or later in life have not exposed themselves to specific disease. A very large proportion become affected, and yet, thanks to their good constitutions and good treatment (though often with no treatment at all, or even the very worst), how very few, comparatively, of sailors' wives and children are found constitutionally diseased. The evidence of specialists in specific disease, and of dermatologists, all goes to show that there is a terrific leaven of the kind at work in every community. They, of necessity, can take but a pessimistic view as to the future. Face to face with the sources of infection, presented to them from distant localities, for such cases naturally consult a physician as far away as may be possible from their own places of residence, syphilographers may well declare the human race but one foul sink. Let

us hope that the gloomy anticipations of its possibly becoming such, may never be realized.

Equally, however, do many of those who take a more comprehensive, because more distant view of this endemic plague of civilization, agree with the observers who study the body politic as though really with the microscope. One can hardly take up a medical journal at random without being confronted with this spectre that will not be allayed. Most forcibly is the whole question presented in a very recent number of the *Sanitarian*, by Dr. C. E. Beardsley (*Loc. cit.* March, 1887, p. 205), and as an immediate result, we find his State (Ohio) Sanitary Association unanimously recommending the passage of a law that syphilis should be made a legal bar to marriage (*Ibid.*, p. 280).

In my own paper upon "The Frequently Gynæcological Origin of Inherited Forms of Strumous Disease," to which I have alluded as having been read before the American Medical Association in 1878, I drew attention to five points relative to the main question, four of which are of a general bearing, but the fifth strictly gynæcological. These conclusions, then for the first time apparently so plainly stated, have not been challenged.

They are as follows:

1. Syphilis, like other toxæmias, is more proven to become constitutional in a strumous than in a perfectly healthy subject.

2. Struma, the result of syphilis, especially if from inheritance, though confessedly not uncommon, is comparatively seldom recognized as such during life, and still more unfrequently does it receive appropriate treatment.

3. Syphilitic struma, personal or by heredity, is in no sense self-limited.

4. The predisposition to syphilis by heredity (a very different thing from its inheritance), is both of itself and as affected by strumous and other antecedent

dyscrasia, much more frequent and intense than is generally supposed.

5. The transference of primary syphilis being sometimes made by perfectly healthy women who are themselves entirely free from specific disease, this is an element not to be overlooked in the discussion of syphilitic struma, as it bears vitally upon the questions, who are most prone to receive infection, how the virus is propagated, and in what way to attempt to restrain the spread of venereal disease.

I shall not at this time and in this presence do more than thus indicate the very practical directions in which, following these suggestions, both sanitarians and therapeutists may successfully move. Permit me to say, however, that while I am writing, corroborative evidence of their importance has been furnished by Dr. Wm. Henry Porter in an article in the *N. Y. Medical Record*, summarized in the *St. Louis Medical and Surgical Journal* for April 1887. Dr. Porter discusses the "Etiological Significance of Syphilis as a Factor of Disease in connection with Pulmonary Lesions," and among his conclusions are these: The pulmonary lesions attributable to syphilis are quite common, more so, however, in females than males. The disease is as frequently inherited as acquired. The lesion is most often at the apex, and generally involves both lungs. Cavities are found, and the changes are phthisical in so far that there exists progressive consolidation, followed by softening and the formation of cavities. The ultimate results of a case depend a great deal upon early recognition, before grave organic lesions have occurred.

There is reason, as I have said, to believe that the strumous diathesis renders the development of syphilitic phthisis, through direct or inherited infection, more likely to be determined. There is equal reason for the supposition that the occurrence of this latter will intensify the strumous taint—or at least evidence is as yet lacking that such is not the case. In what-

ever direction this may be at last determined, my own deductions will still prove true, namely:

1. That the more completely we prevent (by wise sanitation), control (by intelligent supervision), and perhaps cure (in certain cases by specific treatment), phthisis and other forms of strumous disease, to such an extent do we limit the probable infectious propagation and intensity of syphilis.

2. Similarly, the more actively we endeavor, by public and private measures other than those now indicated, to absolutely eradicate syphilis from any community, to such an extent do we limit the occurrence, personal and by inheritance, of the various forms of strumous disease.

3. *A fortiori*, and even to a greater extent than has as yet been or can be effected by governmental or private attempts to control venereal disease by examining for or treating its primary lesions, by thus removing from our midst a large moiety of the material upon which the disease has thus far subsisted, we may hope eventually to get it under control.

What I have now said, and the many practical thoughts to which it cannot fail to give rise in your minds, will be considered, I trust, to suffice for the present occasion. Brevity is universally conceded to be the soul of wit. I shall have done my duty if without tiring you, I have indicated a direction in which, whenever occasion may permit, you may conscientiously throw your whole influence towards aiding the suppression of the fearful malady which pervades the community under the least suspected guises, and in quarters where its existence would never for a moment be imagined.

My task completed, I have to wish health, long life and happiness to you all, and many future pleasant reunions, perhaps some day even once more in California.

