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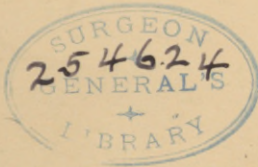
Motherhood.



# MARRIAGE AND SYPHILIS

A Treatise on Eugenics

BY  
GEORGE M. KATSAINOS, M.D.



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TO  
MY FAMILY PHYSICIANS  
GEORGE S. C. BADGER  
AND  
EDWARDS W. HERMAN

THIS TREATISE IS GRATEFULLY DEDICATED

IF BY THIS WORK OF MINE THE  
PROCREATION OF EVEN ONE SYPHILITIC  
CHILD IS PREVENTED, MY TIME,  
EFFORTS AND EXPENSE HAVE NOT BEEN  
IN VAIN



## CONTENTS

	Page
FOREWORD . . . . .	ii
Chapter	
I. PROCREATION AND SYPHILIS . . . . .	19
II. ORIGIN OF MEDICINE . . . . .	57
III. MEDICAL RESPONSIBILITY . . . . .	69
IV. THE TAX VIRTUE PAYS TO PRUDERY . . . . .	93
V. SYPHILIS IN THE SECOND AND THIRD GENERATIONS . . . . .	105
VI. IS INHERITED SYPHILIS PROTECTIVE AGAINST THE SUBSEQUENT ACQUI- SITION OF THE DISEASE, AND CUR- ABLE? . . . . .	119
VII. HOW SYPHILIS, THROUGH ITS INFLU- ENCE ON THE ENDOCRINE GLANDS, AFFECTS THE HUMAN RACE . . . . .	123
VIII. SYPHILIS AND THE MODERN CYNICS . . . . .	151
CONCLUSION . . . . .	164





## LIST OF ILLUSTRATIONS

	Page
<i>Motherhood</i> . . . . .	Frontispiece
<i>Monkey-like Child</i> . . . . .	18
<i>Syphilidogonus Spirochetes</i> . . . . .	23
<i>Before 1493</i> . . . . .	28
<i>After 1493</i> . . . . .	29
<i>Dental Malformations</i> . . . . .	34, 35
<i>Typical Hutchinson's Teeth</i> . . . . .	41
<i>Screwdriver-like Teeth</i> . . . . .	46
<i>Microdontism</i> . . . . .	52
<i>Delayed Congenital Lues Venerea</i> . . . . .	56
<i>Congenital Absence of the Inferior Incisors</i> . . . . .	61
<i>Nasal Deformities</i> . . . . .	66
<i>Monstrosities of Hands and Feet</i> . . . . .	72
<i>Congenital Amputation</i> . . . . .	76
<i>Asymmetry of fingers</i> . . . . .	80
<i>Early Specific Malnutrition</i> . . . . .	84
<i>Acrocephalus</i> . . . . .	88
<i>Gummatous Osteoperiostitis of the Skull</i> . . . . .	92
<i>Craniotabes</i> . . . . .	97
<i>Perforated Skullcap</i> . . . . .	102
<i>Scaphocephalus</i> . . . . .	107
<i>Parrot's Crane Natiforme</i> . . . . .	112
<i>Deformity of the Ear</i> . . . . .	115

	<i>Page</i>
<i>Ankylotic Arthritis</i> . . . . .	118
<i>Eye Lesions</i> . . . . .	125
<i>Health (Raphael)</i> . . . . .	130
<i>Infantilism and Gigantism</i> . . . . .	131
<i>Facies of a Newly Born Heredo-syphilitic</i> . . . . .	137
<i>Mutilating Syphilis</i> . . . . .	141
<i>Syphilitic Pemphigus</i> . . . . .	145
<i>Monstrous Malformation</i> . . . . .	150
<i>"Sword Blade Tibiæ"</i> . . . . .	155
<i>Generalized Rachitis</i> . . . . .	158
<i>Healthy Boy</i> . . . . .	163

## FOREWORD





## FOREWORD

16 NEWBURY STREET, BOSTON, MASS.

*June 6, 1923.*

DEAR DOCTOR KATSAINOS:

I have read with great interest your manuscript with which you have favored me and I can but admire the learning which it displays.

You have succeeded in bringing together many of the reports and opinions which tend to show syphilis as an incurable disease,—a conclusion which you share, and you have asked me to frankly write you my opinion.

I cannot fully accept all your conclusions. I recall the remark of one of our most remarkable teachers, and an extremely intelligent observer, that the very respectable community in which he lived would have been destroyed if such an opinion was correct.

I very much doubt that syphilis is transmitted, as such, to the third and fourth generations. The

younger Fournier, whom you quote, seems to me much more credulous than his father.

The crimes against society in the care of Syphilitics, which certainly are far too common in our profession, are to me evidences of ignorance rather than of cupidity or culpability. Syphilis is only beginning to be carefully taught. Students have been left to learn for themselves in regard to this most important disease, and some of the most grievous mistakes I have met with have been made by young physicians who came from schools where syphilis was not taught at all. Your paper is a forcible argument for better teaching.

It is a pity that you should feel such a prejudice against women practitioners. They can never cease to be women, and their sex influences their practice as it modifies their way of thinking in other fields. They are probably more valuable because they are women. The earliest female practitioners looked upon syphilis as the world in general did, at that time, and regarded it as more an evidence of loose morals than as a disease, and they were particularly severe on their own sex, but the severity of their attitude has changed



somewhat with wider experience. The world would be the poorer without them, and they are growing more valuable as opportunities for education improve.

Yours very truly,

ABNER POST.



MARRIAGE AND SYPHILIS





"Le Petit vieux," the Simian, or a monkey-like child; the typical form of a young heredo-syphilitic. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis*.)

## CHAPTER I

### PROCREATION AND SYPHILIS

*Herophilus (an Alexandrian physician, 300 years B.C.) in his Dietetics says, "Without health wisdom is darkened, art eclipsed, strength disabled, riches worthless, reason impotent."*

WE are told in his *Table Talk* that Luther was accustomed to say that God's way of making man was very foolish, and that if God had deigned to take him into His counsel he would have strongly advised Him to make the whole human race as he made Adam,—“out of earth.” And certainly, as Havelock Ellis—from whose *Science of Procreation* I take the above quotation—says, there is sound common sense in the Reformer's remarks if applied to the careless and reckless manner in which procreation in Luther's days, as still, for the most part, in our own, is usually carried out.

Truly, if we wish that the earth should be inhabited by ideal men, such men should come always directly from the Creator's hands. The trouble is that when man is allowed to reproduce

himself, as the case has been for all time, he ceases to be ideal. Now if this defilement of the ideal has prevailed ever since reproduction among men, as well as among animals and plants, has existed, it is certain that with the appearance of syphilis it has become a tangible truth.

\* \* \*

As I begin the investigation of this subject and look back upon my medical experience and studies of twenty years, I cannot hide my wonder, and at the same time my perplexity, in comprehending the purpose that controls human life. We see the earth swelling with life which bursts forth into leaf and flower. We see instinct drive the animals into perpetuating their species. But what is the motive of human reproduction? Is it mind and purpose? Or is it the enchantment and affection of love? I should say, neither. The propelling force is lust, and the child is the by-product of that lust. In the words of the great French obstetrician, Pinar, "Men today continue to reproduce in the same manner as in the stone age, and the highest human function is being exercised today with the same carelessness with which it was exercised by primitive man under no other force than instinct." Hence I



believe that so long as society, science, and state do not condemn the birth of a diseased child as an equally if not more criminal act than the murder of such a child, we shall continue on a dead level of life, merely existing and reproducing with the senselessness of brutes; we shall continue advancing, crab-like, in shameful servitude to necessity, and seeing the healthy members of mankind laboring and producing for the maintenance of the sick, the crippled, and the degenerate.

What was the aim of Lycurgus when he established among the Spartans the law that all children born crippled should be cast into the pits? What was Plato's purpose when he ruled in his Republic that, "Physicians should take care of sound body and soul, while they should let persons of unsound body die, and even kill those whose souls are unsound and incurable"? What, finally, was Christ's meaning when He said that "Every branch in me that beareth not fruit he taketh away"? Of course they all aimed at the purification and perfection of the human race.

For the same reason one should not be surprised to read in the words of Havelock Ellis

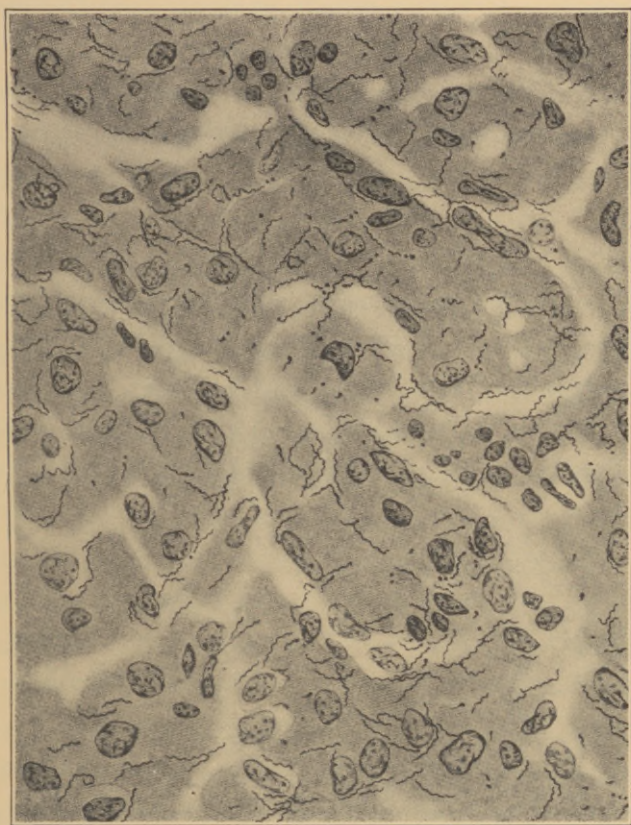
that, "A man's destiny stands not in the future but in the past. That, rightly considered, is the most vital of all vital facts."<sup>1</sup> Now if man cannot choose and regulate the past on which his future depends, are there any appointed agents and regulators of this past? Who are they? I should answer that first and above all the agents ought to be the parents. But since they are mere slaves of instinct, uniting only in the performance of an inevitable physical function which results in the procreation of children thrown upon life without health, aim, or purpose, and without the necessary moral and physical qualifications which should lend them the power of resisting all evil influences, the duty of the parents should naturally be shared and shouldered by physicians, the leaders of the community.

It is true that attempts often have been made to bring about birth control, and thereby to limit

<sup>1</sup>Inheritance is decided beforehand for every man. No one can choose his parents or determine the inborn capacity with which they endow him. It is too late to do that when one arrives on the scene. If a man draws a blank in his biological inheritance he is simply out of luck, for he cannot change it or draw again.

This is why there is no real reason for any one to be either proud or ashamed of his "blood," or his ancestry, whatever it may be. He has no hand in determining it.

— From *Science*, June 22, 1923. By H. E. Walter, Brown University.



Syphilidogonus spirochetes in the liver of a new-born child. ("System of Syphilis," *Oxford Medical Publication*.)



the number of such beings born without aim or purpose,—attempts which have aroused the determined opposition of large classes who conjure up the ghost of race suicide. Yet to every community or country priding itself on its great population we may with truth apply the words which, in one of *Æsop's Fables*, the crow addresses to a dove, living and feeding in a dove-cote, which boasted of its fecundity, "Fool, the more children you have the greater evils you heap on yourself." In short, in no case does the ancient saying, "Much is not good, but good is much," acquire a deeper significance than in this.

Now it is generally accepted, even from ancient times, that many infections and diseases, and especially alcoholism and leprosy, are transmitted by heredity. We are told, in Greek mythology, that Hephaestus was born lame because he was conceived at a time when Zeus, his father, was drunk. The cynic, Diogenes, when molested by a street urchin, asked him, "Was your father drunk when he begat you?" The Biblical David flings at Joab, "Let there not fail from the house of Joab one that has an issue, or that is a leper;" and Elisha says to Gehazi, "The leprosy of Naaman

shall cleave unto thee, and unto thy seed forever."<sup>1</sup>

But since 1493 we find mankind struggling with a disease pre-eminently hereditary and extremely fatal to offspring,—the scourge of syphilis.

\* \* \*

A perusal of the historical literature of syphilis does not clearly show who was the first to write on this subject. I, however, presume that Sebastian Brant, a law professor in Augsbourg, between 1495 and 1496, according to A. Corlieu, wrote an abortive poem consisting of one hundred and twenty-four lines, where he calls syphilis by the disgusting name *Pestilentia Scora*. Gaspard Torella, a victim, as they say, of the disease, in 1498, branded it *Pudendagra*, or grip of the "Pudenda," which is a Latin name meaning shameful organs, in strict analogy to the *Podagra*. Grünbeck, before he was infected, called that disease by the same name as Brant, but later on, in 1506, after his infection which he describes

<sup>1</sup>In the Hippocratic collection and *On the Nature of the Child*, we find the following inkling about heredity: "The nutrition and growing of the children occurs according to the condition in which the different substances go into the uterus of the mother. And as the mother stands from the point of view of health or disease such is the condition of the child too."

in detail,—how he was infected, suffered, and was treated by a tailor and farmer,—calls syphilis *Mentulagra*, giving a full etymology of the word. But the name by which syphilis became known throughout Europe, except in Spain, where it first appeared immediately after the landing of the sailors of Columbus, and where it was called *Bubas*, is *Mal de Franzos*, or French disease. This name was given to syphilis at Naples in 1495, during the occupation of that city by the French King, Charles VIII, when the disease was manifested in epidemic form, and on a very large scale, among his mercenaries and the inhabitants.

Then in 1527 came its first French author, Bethencourt, who in his earnest and sincere desire first to define the disease scientifically, and, on the other hand, to exonerate the name of his country from such a horrible malady unjustly attributed to her, called it *Morbus Venerius*, or venereal disease. Bethencourt's treatise is rightly considered the second scientific work in line of importance ever published about syphilis after that of Vigo, in 1514.

Jean Fernel, the first medical authority, and a very able and very amply educated writer who



handled this subject from a strictly medical point of view in 1548, and in his posthumous work written in 1557, one year before his death, and published in 1579 by Victor Giselin, replacing the *Morbus*, which means disease, by *lues*, meaning pestilence, and keeping the *venereal*, named syphilis *Lues venerea*, or a pestilence of venereal origin.

*Lues venerea* is the scientific, or, so to speak, classic title of the disease, but the name by which it is today called and is going to be hereafter known is Syphilis. The word was coined by Girolano Fracastori in a poem entitled *Syphilidis Sive de Morbo Gallico, Libri Tres*, published at Venice in 1530. In this poem Fracastori presents a shepherd by the name *Syphilus*, who, because he insulted the Sun, was punished with a disease which first appeared on earth and manifested itself on his body, and which on account of his name *Syphilus* was called *Syphilis*.

*"Syphiledemque ab eo labem dixere coloni."*

About the origin of the word Syphilis since Fallopius much has been written and speculated, but I am inclined to believe that Fracastori took his word *Syphilus* from Homer, because in



Before 1493. Hermes of Praxiteles.



After 1493. Varicose veins (supplementary circulation) of the scalp; deformed ear and nose, with ulceration of the region above the ear. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)



Homer's *Iliad* we meet the word *Ασνφηλος* twice, *Iliad*, 9,647 and 24,767. The etymology of Asyphelus is dubious, but it means in the Liddel and Scott's dictionary, "vile, mean, of no account, low, paltry, slighting, dishonoring, degrading." The word Syphilis originates from the word Asyphelus, because Fracastori in his work, dropping the *a* and keeping the Syphelus, named the first victim of the disease with that name,—Syphilus (*ut fama est*). Consequently, Syphilis means a vile, dishonest, and contemptible disease.

To the poem of Fracastori I gave the name of *Syphiliad* in analogy to Homer's *Iliad*.

In this country Yale's first doctor in Medicine, Dr. Daniel Turner, a noted American dermatologist and syphilidographer, otherwise known as *Dirty Daniel of Wadd*, in 1717, according to J. E. Lane, calls syphilis *The Sin of Whoring*.

\* \* \*

And really the careful study of the early *nomenclature* of syphilis as well as gonorrhœa—which first invaded Europe in about the third decade of the sixteenth century, contrary to the orthodox opinion so dearly shared by every living man that it existed in Europe from time immemorial—discloses one fact,—that venereal or

sexual diseases were not known in the Old World before the year 1493.

That the *Pudenda*, or genital organs, of course, being a part of the entire body, were subject to disease, as is the body itself, no one with sound mind disputes. But when were these same organs, fulfilling their natural function,—sexual intercourse,—first infected? Only since 1493, when Columbus' crew, returning infected from the New World, transplanted syphilis to Europe. This statement undoubtedly will be boldly denied, but only by those unfamiliar with ancient and modern medical history. And this is exactly the only reason why humanity, terror stricken, society, astonished and ashamed, and medical science, finding themselves at sea and without any resource, gave to syphilis four hundred names; condemned it without pity; and punished severely the syphilitic and the man who had *an issue* or a gonorrhœa, as polluted, blood guilty, and outcast.

I am, also, with the late Iwan Bloch, whose very words I quote now, "of the conviction (which is shared by those who have an exhaustive knowledge of syphilis and its history, such as Unna, Scheube, A. Fournier, Binz, and others) that the certain irrefutable proof of the modern

origin of syphilis rests upon nosological and epidemiological grounds, and such grounds are the bones. Since the bones are the only portion of the human body which withstand, under favorable conditions, the usages of time, and maintain their original form after death, these dumb but necessarily infallible witnesses are appealed to for proof of the existence in the Old World of syphilis, both in prehistoric and in historic times up to 1493." Not a skeleton or a single long bone can be found, and not a single skull, of indubitably precolumbian origin, with undoubted syphilitic lesions, either in Europe, Asia, Africa, or Polynesia. But why do those bones abound after Columbus?

Another thing which forces us to accept the fact that syphilis invaded Europe simultaneously with America's discovery is this: before the year 1496, when Sebastian Brant composed his little poem, not an inkling, not a word, not a mention of a malady of venereal origin appeared in the classics, Greek and Latin, and very confused descriptions in the medieval writers, either medical or lay. But after this with what a flow of eloquence poets, historians, physicians, humorists emulate each other in offering the best and



the most horrifying description of the new disease, in explaining its origin, and in inventing an appropriate name as well as a good and efficient remedy for it.

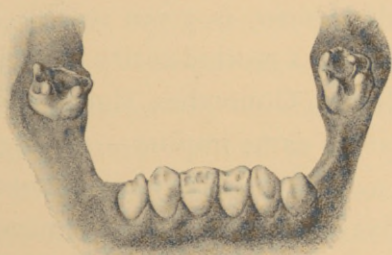
Jean Astruc enumerates nineteen special treatises written on syphilis from 1496 to 1500, inside of five years, and more than *three hundred and fifty* up to 1736 when the first edition of his book was published.

Commonplace writers, copying each other faithfully, and believing a few, self-declared indisputable authorities, blindly promulgate the idea that all the Greek medical authors speak about venereal diseases. But I, a Greek,—and no one, I venture to say, will challenge the full knowledge of my own language,—have never found a single word about them in any Greek author, either medical or lay.

Pierre Dufour, for instance, a member of many *Academies* and Societies of *Savantes*, French and foreign, and a very extensively quoted *authority*, writes that syphilis, specifying *lues venerea*, existed in Rome. But he does not, most unfortunately, give us any inkling of the source of his information. Man is afraid to board a boat without a rudder, to mount an unbridled horse,



Dental malformations. (J. Parrot, *Syphilis Héritaire et Rachitis*.)



Dental malformations. (J. Parrot, *Syphilis Hereditaire et Rachitis*.)



or to drink turbid water, but even more dangerous is it to trust a vain and shallow writer.

Gonorrhœa, they will surely tell me, is commonly mentioned by the Greek medical authors; yes, but here is the crux. Gonorrhœa—and this is the first time, as far as I know, when in medical history a competent and scientifically genuine answer, and, the most important of all, by a Greek medical man, is given to this important question—is not a morbid entity or a disease with those authors. Gonorrhœa simply and plainly means what its name implies,—*running of seminal fluid*, and, as I have already said, is not a disease by itself, but a symptom or phenomenon or morbid manifestation of many other diseases.

Hippocrates considers gonorrhœa a symptom of *tabes dorsalis*; of *typhus*, of which it is the fifth form; and of a general consumptive malady, all ending fatally. Rufus Ephesius accepts gonorrhœa as a symptom of *Satyriasis*; Aretæus and Galen as a manifestation of many other causes and mainly of epilepsy. The word itself is wrongly, too, attributed to Galen because he gives an etymology of gonorrhœa, though it is a word of the Alexandrian period and extensively used by

Rufus Ephesius and Aretaius, who both wrote many years before Galen.

This same Pierre Dufour, in 1851, writes that because in Rome there was debauchery, there should also have been, as a natural consequence, venereal diseases. But the first never necessarily implies the other, unless there is a source of infection, a cause, or microbe, as we say today, and such a cause was not existent at that time in Europe. And this, without the slightest shadow of doubt, is the reason why Greece, after the Peloponnesian War, survived and at the same time flourished in art and letters,—because syphilis was not present among her inhabitants to undermine the foundations of her families and to ruin the future of the race. Such ruin as this threatens Europe today, where poverty, mutual jealousies, debauchery and alcohol, co-operating with moral corruption and its satellite, *lues venerea*, make most gloomy her future.<sup>1</sup>

And now, after this brief explanatory talk, let us return to our subject.

<sup>1</sup> For a complete and more detailed account the reader is referred to my Greek work, under translation now into German and French, "Syphilis and its Accomplices in Mischief: Society, the State, and the Physician," published by the Cosmos Printing Co. of New York in 1922.

Syphilis is a chronic, constitutional, contagious disease, exclusively of the human race, incurable and pre-eminently hereditary. It is transmitted from one human being to another in three different ways: directly, indirectly, and by inheritance. First, directly, when the healthy organism, through a surface denuded or deprived of its epidermis or epithelium, comes in immediate contact or touches another surface with a diseased and discharging syphilitic erosion. Second, indirectly, when between the two surfaces intervenes a third body called a carrier or vehicle of contagion. In both these forms syphilis is called acquired. Third, by inheritance, when the malady is transmitted from an infected parent to child. The terms congenital, inherited, transmitted and hereditary stand in contradiction with acquired, and imply that the disease has been obtained from a parent before birth and not from postnatal contagion.

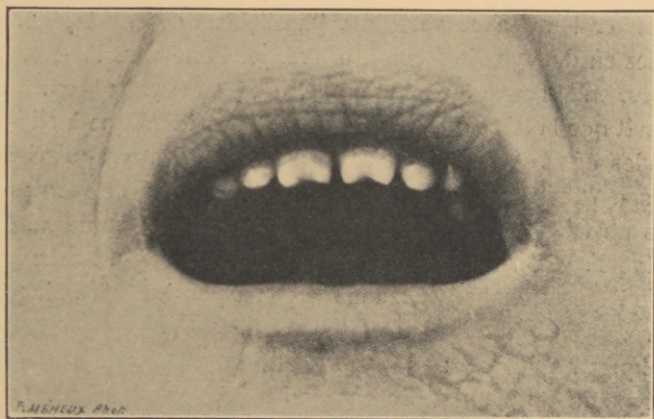
In the first two instances, direct and indirect infection, on the place of contact of the two surfaces, from two to five weeks after such contact, appears a small lesion in the form of an ulcer or chancre, rarely more than one, called the initial lesion, which is always accompanied, as the body



by its shadow, by a swelling of the satellite lymphatic glands. And because this lesion usually occurs on the genital organs of both sexes, and the satellite glands of their groins are swollen, the name of bubo was given to them. The time which lapses from the moment of exposure to infection to the day of appearance of the initial lesion is called the incubation period. From about five to ten weeks after that sore appears, if the patient is untreated and syphilis is left to run its natural course, the entire body is covered by different eruptions, sometimes like spots, called macules, and often lentil-like in shape and size, rarely larger, dark red or copper color, called papules.

When on the top of these papules pus is accumulated they get the name of pustules; but in case this pus dries up and changes in color, becoming green or black, then syphilis is called rupia, or "dirty." If the papules are between surfaces which are in contact or on the mucous membranes, as, for example, on the genitalia of both sexes, on account of friction, moisture and heat they become ulcerated, discharging a very infectious material, enlarged in size, and are then called mucous patches or ulcerated syphilides.

There is, of course, another form of characteristically syphilitic or specific lesion, the gumma, which can appear at any time and at any place in the diseased organism, sometimes as small as a pin's head and more often big as a cherry or walnut, in all occasions softening down, if it is left to itself without treatment, and ulcerating. Its seriousness depends not on the nature of the lesion but on its localization, because a gumma of the skin after it softens and ulcerates may leave after cicatrization a scar or a deformity; whereas a gumma of the fundus of the eye, of the brain or of the spinal cord, after undergoing the same process of softening, may cause blindness, death, or hemiplegia. Simultaneously almost with the papular eruption the entire glandular system is involved, and swollen. These are, briefly, the visible and tangible results of syphilis. But the seriousness of the disease is due to its invisible and intangible form; that is, visceral syphilis, or syphilis of the internal organs. And although there is not a single organ immune from syphilis, the two main viscera on which this malady thrives are, in line of preference, the brain and the heart, the serious consequences of the specific



Typical Hutchinson's Teeth. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)



lesions of which every man of sound mind can understand and appreciate.

How long does syphilis remain in the body? Permanently. Only death eliminates it, and in this case not completely, because when the bones are involved, their lesions are visible and tangible even after death. But has not treatment any influence on the development of the disease? Are not even the modern remedies fit to eradicate it? I should say not. We undoubtedly modify its course by treatment, we prevent and cure many specific lesions, we get rid of, generally speaking, almost all its manifestations, but we do not eradicate it. Most unfortunately its abuse is more harmful than useful, because the main constituents of the remedies, mercury and salvarsan, injure the delicate tissues of the viscera.

\* \* \*

Hereditary, congenital, or transmitted syphilis can be manifested in three different manners:

1. Before birth, the intra-uterine or embryonic form, ending in a large number of abortions, miscarriages, premature births and stillbirths.
2. Days, weeks, months or even one or two years after birth, in postnatal form.
3. A form that remains latent or hidden, concealed, existing but

not manifesting itself, dormant, may appear after two or three, six, ten, fifteen, even twenty years, as delayed inherited syphilis. Again, hereditary syphilis may be contracted in three different ways, and in such a case we may have:

A. Double hereditary infection; when at the moment of procreation, both parents, father and mother, are infected, according to A. Fournier, the embryo almost never avoids contagion; 92 percent are infected and 69 percent die.

B. Maternal congenital infection; if the mother only is infected, the danger of contagion of the offspring is about the same as in the previous case. Syphilis is transmitted through the ovum or by the mother's fluids in 84 percent, and the product of conception perishes in 60 percent.

C. Paternal infection; when the father alone is syphilitic, according to A. Fournier, the by-product of his lascivious love in 37 percent is infected and 28 percent succumbs, which means that the infection of the father is much less dangerous than that of the mother.

How, then, does inherited syphilis manifest itself? Æsop tells us, in his *Fables*, "The moon one day asked her mother to cut her a dress; and the mother said: 'What kind of a dress shall I

cut for you, my daughter, who sometimes present yourself in full and sometimes in half size? Sometimes you are crescent and sometimes you disappear.' ” Exactly the same thing one might say about syphilis, either acquired or congenital, which is a protean, *paniatic* and pansymptomatic disease. It is, in the very words of the great Hutchinson, an epitome of pathology.

Sir William Osler, also, another great Anglo-Saxon medical authority, writes as follows: “There is no organ in the body, nor any tissue in the organs, which syphilis does not invade; and it is, therefore, manifestly difficult to speak, at least at all concisely, of the pathology; just as it is almost impossible to describe its clinical manifestations without mentioning almost every symptom of every disease known.”

And what are the chances of life for a person afflicted with this malady?

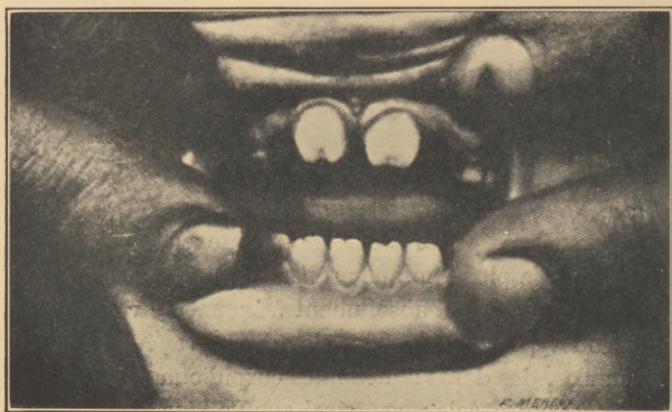
Aldred Scott Warthing, a pioneer in an almost entirely new field of exploration, the pathologico-anatomical in syphilidology, in a series of articles described the result of his labors. In such an article in the *American Journal of Syphilis*, Vol. II, No. 3, after a careful and accurate description of the main pathological lesions found by him,



through his microscope, in all the viscera at his autopsies on all the syphilitics dying in the Ann Arbor University Hospital, 750 in number, he concludes as follows:

“As to curability, I have never seen pathologically a cured case of syphilis. In all cases examined at autopsy active areas of specific inflammation are always seen, and these areas always mean the persistence of the spirochete. I have found syphilitic lesions and spirochetes in the placenta and tissues of a dead macerated foetus coming from a mother thoroughly treated with salvarsan according to modern methods, said by an expert in syphilidology to be cured, and told she might have healthy children. The first child was a syphilitic. It is also of interest to note the apparent fact that the tissues of the macerated foetus appear to be a good culture medium for the spirochete. I have had an opportunity of examining the bodies of eight cases dying from salvarsan poisoning; three of these were children with congenital syphilis.

“In the congenital cases the treatment apparently had not in the slightest degree affected the number of the spirochetes. In two or three cases the tissues throughout the body were swarming



Screwdriver-like teeth; a consequence of congenital syphilis. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)

with spirochetes. So far as the Wassermann reaction is concerned, I believe that a well-marked positive reaction indicates syphilis, with very few exceptions. A negative reaction cannot be taken as indicating the absence of syphilitic infection, nor can repeated negative reactions. I have repeatedly found active lesions of syphilis with spirochetes present when the reaction was negative.

“The syphilitic is pathologically ‘*damaged goods*,’ and the damage is a progressive one. He wears out sooner, his viscera more quickly reach their histogenetic limits, he actually becomes prematurely old, and there is a constant strain upon his defensive powers. All of these are arguments for the prevention of syphilitic infection rather than for its cure. No man can acquire syphilis, become clinically cured, which as far as we know means latency of the infection, that is spirochete carrying, and have the same potential body-value and expectancy of life as before the infection.

“The constant occurrence of syphilitic lesions in the testes of latent syphilitics throws light upon the clinical facts, already known, that such cases may transmit the disease and show spirochetes in their semen. The pathologic findings warrant



the assertion that any individual who has had syphilis is particularly likely to pass out spirochetes in the semen and cause a seminal infection of woman or child. The localization of the spirochetes in the basement membrane of the seminiferous tubules makes this form of transmission practically a certainty. It is very probable that the great majority of cases of congenital syphilis are seminal infections of the mother and placental infections of the foetus."

\* \* \*

Our object, therefore, at present will be to consider under what conditions one person afflicted by it may become a parent. How long after the infection may a *damaged goods*<sup>1</sup> man or woman produce children?

But before we answer this question it is necessary that we should measure the consequences and weigh our evidence, and by a careful consideration of human life as a whole and its des-

<sup>1</sup>"Damaged Goods" is the English title to a French dramatic work, *Les Avariés*, which is synonymous to syphilitics, written by Brieux of the French Academy, in 1900, under Fournier's inspiration and dedicated to him. The object of the drama is to popularize Fournier's dogma and teach *l'avarié* that marriage and procreation should be avoided during the first four years after the infection, and that marriage will be permitted under one condition only—if the patient is treated *conscientiously, for a long time and regularly*. This work was first presented in Liège, Belgium, the sixth of March, 1902, because the French censor forbade its presentation in Paris till 1905.

tiny duly shoulder the responsibility for a child which is to be born of infected parents. It is supremely imperative that we should take into account the fact that we are entrusted by Providence with the keeping up of the highest and best of His works, namely, the creation upon the earth of what is our own as well as God's image. Once called to act in the place of Providence, how are we to exercise that function? Is it a task which we should perform blindly, thoughtlessly, aimlessly and criminally? How should we meet such a question, especially we, the physicians, who are, more than anyone else, responsible for its consequences? What will be our answer, and how are we to discharge our responsibility?

It was Homer who said, "A physician is worth many other men." A physician may often recall these words with considerable self-satisfaction whenever it comes to the privileges and honors awarded to his profession, but in the face of the present problem, and when he is asked to give an answer to this question, he cannot remember these words without a feeling of horror, which should make him shudder, and should burden his soul with a weight heavier than lead. For in this case he is—through the instrumentality of

others—to bring into life a human being; he becomes indirectly the creator of happiness or unhappiness.

What, then, is our answer? It is a simple one, the natural consequence of study: a person afflicted with syphilis should *never* become a parent. Because, if we remember that a syphilitic is always a spirochete carrier, and that this syphilidogonus<sup>1</sup> spirochete, which is always lurking either in the man's testicles or in the woman's

<sup>1</sup>*To the Greeks Bearing Gifts*

*In The Journal, Jan. 28, 1922, George M. Katsainos, M.D., Boston, wrote suggesting the word "syphilidogonos" or syphilis producing for Spirocheta pallida, stating further that the "barbarians finding the word long, may try to shorten it by some way or other, but for me, born a Greek, such mutilation is sacrilegious, and I will not sacrifice the grammar and the euphony of my mother language for the sake of abbreviation."*

*The letter of Dr. Katsainos inspired the following lines.*

D—, Baltimore.

Stop! George M. Katsainos, gift-bearing Graikos!  
 Stop! Logodonos from Bostonopolis!  
 Rein in your steed that arose from the life's blood when  
 Gorgon Medusa was slaughtered by Perseus.  
 Tuck in his wings and dismount from Pegasus.  
 Our language "barbarous"? Long may it ever be.  
 Who gives a modern Greek right to assail us with  
 "Greeks and Barbarians"? Surely not one who  
 Indites an epistle from Old Bostonopolis.  
 We are no "stammerers." This is our native land.  
 Keep for your mother-tongue dactylicameters.  
 We shall *denote* in trochaic tetrameters.  
 We need not sacrifice grammar and euphony.  
 Make "George do" the shortening, let his be the sacrifice.  
 Use if you will your cacephonous mother-tongue

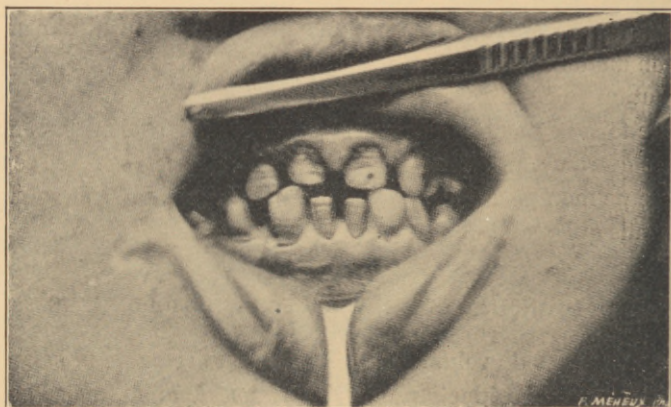


ovary and body, may at any time infect either the sperm or ovum, or more often the placenta, and consequently the embryo, we come to the conclusion that the procreation of children by syphilitics must be absolutely forbidden.

Most unfortunately, however, there are frequent and most disastrous violations of this finding. Of course, no one denies that there are cases where, from an infected father or mother, healthy and sound children come into the world.

Garnished at home with the olive and myrtle.  
 "Go tell the Marines" of the "sacrilege Barbarous."  
 "Spirochete pallida," "syphilidogonos"!  
 Vex us no more with your names polynomial;  
 Fixed zoölogical rules will not shelter them;  
 Systematicians ignore them quite utterly.  
 Spirochete! Spirochete! Spirochete pallida!  
 Corkscrew-like, pallid but—"siphilidogonos"!  
 "Old Dog" we'll use but not "siphilidogonos."  
 Of "Old Dog" we know a lot, oft is the term used by  
 Bean-eating blueblooded Bostonathenians.  
 No one unless he is filled with shenanegan  
 Uses by preference "siphilidogonos."  
 Land of Hippocrates, Plato and Socrates,  
 Athens of old lies enshrined in our memories.  
 Greeks of today fight like katsainos dogonos.  
 What is the good of a Greek nomenlographer  
 Using trinomial dactylicameters—  
 Sesquipedalian dactylicameters?  
 When two is the limit prescribed at the Congresses.  
 —but, as Lord Byron said, "Greece lives no more for us."  
 If it does—Doggone us! "siphilidogonos"!

—From the Tonics and Sedatives of the *Journal of the American Medical Association*, March 11th, 1922.



Microdontism, or dental infantilism. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)

Yes, there are such cases, and many, of course. But is it ever permissible to risk the birth of a disabled child? Is it right for us to say, "Let us try it, perhaps the child this time will avoid infection"? Are not the accumulated facts of more than four centuries a sufficient evidence of heredity in syphilis? For my part, I should be wholly indifferent to any accusations of pessimism or of churlishness, and I should never advocate the conception of a syphilitic child, even though the chances of infection were only ten in a thousand. I, as a physician, and therefore as one entrusted with the health of citizens, should never allow the birth of nine hundred and ninety healthy children if this should be attended by the birth of ten syphilitics. For the sake of the latter ten I should be willing to deprive the state of 990 simply because in the long run the healthy ones, upon coming of age, would be forced to labor for the maintenance of the ten disabled. Furthermore, if ever one of those disabled ones should stumble upon me as a blind man, or should assault and wound me as an insane man, or should be unable to hear my voice as deaf, or should come upon me as crippled, or a dwarf, or an idiot, filthy, and pitifully begging, in rags, or an im-



potent drunkard, or an irresponsible criminal, and should say to me, "Doctor, why did you make me such?"—how could I answer him? For the sake of the argument I have allowed only ten cases in a thousand; but, most unfortunately, the truth is that the number of infected children thus conceived is much greater than that of the healthy ones.

The responsibilities of the physician who is called upon to advise a syphilitic with regard to marriage are clearly stated by Dr. Prince A. Morrow, as follows:

"In the case of diphtheria, smallpox, or any infectious disease, the physician may discharge his duty by notifying the health authorities, who take proper precautions to protect others from the spread of the disease. In the case of syphilis, where there is a question of its introduction into marriage, the physician's protective duty embraces not only the prospective wife, but the children she may bring into the world, and through them the interests of society. Unfortunately, syphilis is without the pale of prevention or even recognition by the official authorities, and the physician stands as the only protector of the interests of the whole family. The question is

whether his sociosanitary duty to preserve others from infection falls below his duty to protect his patient in infecting them. The answer to this question trenches upon the domain of professional ethics. In the solution of this problem, where the physician is confronted with a divided duty, common sense, as well as humanity and conscience, should be invoked."



Delayed congenital lues venerea. Specific ulcerations of the body; generalized dystrophy with partial gigantism (lower limbs). (Dr. G. Lacapère *La Syphilis Arabe.*)



## CHAPTER II

### ORIGIN OF MEDICINE

*"Medicus pius res miranda."*

—Pope Pius VII to Lænec.

UNTIL 1880 there was no obstacle raised against the production of children by syphilitic parents, not even a time limit prescribed, in spite of the fact that the hereditary character of the disease had been almost immediately recognized about the middle of the sixteenth century, 1548 and 1557, by Fernel, who, in his book, *Lues Venerea, or Syphilis*, stated that the virus of the disease can be transmitted twenty and even thirty years after the infection, by an apparently healthy syphilitic to his concubine and to his children.

He said: "Recurritque interdum post annum vigesimum, aut etiam trigesimum; tantoque intervallo mali fomes quasi sepultus delitescit. Et nihilominus, qui tum expertes mali prorsusque expeditos se putant, alios cum quibus concubuerint contaminant, prolemque gignunt ea lue conspersam; indicium sane, tum temporis mali fermentum in venis in ipsisque partibus reservari,

et, ut dicere solent, in ipsis quasi medullis delitescere.”

In the beginning they thought that the malady, according to Gaspard Torella, 1498, was communicated to the new-born by the nurses and their milk; but later on Paracelsus, at about 1535, found the real cause of the infection, and wrote: “It is an hereditary disease and transmitted from father to son.” *Fit morbus hereditarius et transit a patre ad filium.* In 1553, Augier Ferrier, de Toulouse, confirmed Paracelsus’s opinion and said that the disease was transplanted in three different ways. First, by the seminal fluid of the father; second, by that of the mother; and third, the foetus was contaminated by the mother during pregnancy. Fallopius, in a posthumous work, 1566, wrote as follows: “Moreover, we behold children borne by infected women, just as they are brought forth by sinful fathers, which are born half cooked.” “*Semi cocti.*” Ambroise Paré says, “Often we see small children, coming out of the abdomen of their mothers, having the disease, and immediately after they show many pustules on their body which are infectious, and give *la verolle* to all the nurses who offer them their breasts.” After that Moriceau, Boerhaave

and J. Astruc supported the theory of such a transmission of syphilis.

Astruc, the pioneer, in his *Traité des Maladies Vénériennes*, 1764, after carefully differentiating between hereditary and accidental syphilis, and after a correct and scientific definition of each of them, writes, "Hereditary syphilis may be transmitted equally to the foetus by the father and by the mother; by the father when the infected spermatic fluid communicates the disease to the embryo, and by the mother because in furnishing the nourishment to the foetus during pregnancy, she infects it with the disease. It is recognized by experience that a mother afflicted with syphilis produces feeble children, of a bad constitution, badly nourished, covered with ulcers and manifestly syphilitic. At the same time an infected father brings to light syphilitic offspring, covered by ulcers, although the mother may remain healthy, or at least without any manifest signs of syphilis, as if the virus which infected the embryo were incapable of affecting the mother's body." This same great authority, discussing at length the possibility of *Syphilis hereditaria tarda*, so brilliantly described by Fournier about one century later (1886), and mentioning that other

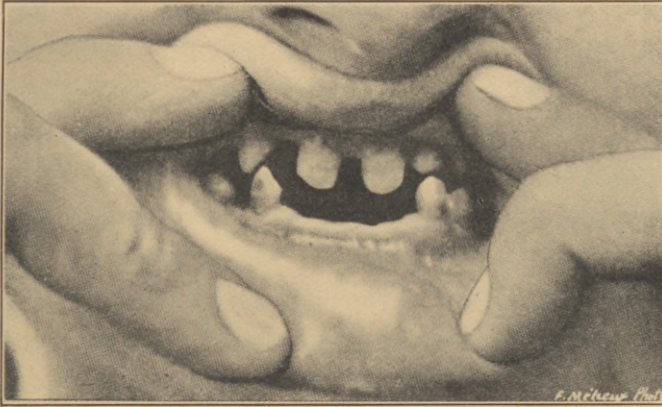


authors, besides himself, observed the same phenomenon, and giving a catalogue of the many manifestations of that tardy hereditary syphilis, where rachitis is the main symptom, lets the reader decide if that were possible.

This theory lasted till the great martyr of medical science and the self-immolated victim of syphilis, John Hunter, by the erroneous interpretation of the results of his auto-infection, May, 1767 (by the pus of gonorrhœa at the same time containing the syphilitic virus), refuted it, maintaining that syphilis could not be given hereditarily, but was only contracted during the passage of the new-born through the infected genitalia of the mother. Needless to say this dogma was proved groundless by later observers. A. Fournier, especially in his lectures on tardy hereditary syphilis, showed that such an infection could not be accepted because it is contrary to facts; that the new-born before it touches the mother's pudenda is already infected with the disease.

\* \* \*

In spite of all this knowledge it was as late as 1880 when Fournier, in his work on *Syphilis and Marriage*, prescribed four years as the minimum



Congenital absence of the inferior incisors with dental malformation. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)

time limit required to lapse from the period of infection to the time when syphilitic parents should be allowed to procreate children. Needless to say, the majority of physicians rebelled against this prescription and called it an *exigence folle et irraisonnée*,—a stupid and unreasonable demand. But as time went on the facts have fully vindicated Fournier's position and even strengthened it. For later, not only he, but other medical authorities, raised the number of four years to five, six, seven, eight, and even more, while Edmond Fournier, worthy son of a worthy father, has, in his new work,—*Syphilis Héritaire de l'Enfance*, "Hereditary Syphilis in Childhood," published in 1921,—definitely forbidden the marriage at any time of a person once infected.

On the other hand, the invention of salvarsan and the tyranny of the Wassermann reaction have broken down every restraint, have rendered every medical law futile, and have brought us, against our will, back to the first years of the invasion of syphilis. Under their influence the physician seems to become a public criminal allying himself with the disastrous disease. For whereas before the invention of these remedies a time limit, however small, was prescribed after the infec-



tion before the syphilitic could be allowed to marry, nobody now pays any attention to such a measure. Everything is made to depend upon Wassermann's reaction. Upon this the prospective bridegroom waits with heart thrills, believing in case this is negative that he is now whole and sound, and may marry at once. One even hears of physicians, unfortunately of the highest reputation, recommending marriage only a few weeks after the infection, if only, according to their judgment, their abortive treatment should prove successful, and if the Wassermann reaction in the blood should be found negative before and after this supposedly abortive treatment.

I have already more than once pointed out the fact that error is the most prominent characteristic of man. This I emphatically repeat now, with special application to the art of medicine, which, in its present development not less than in its past, is a series of unintentional and unavoidable errors. This is not a new assertion. Even in the old days Hippocrates in his work on *Ancient Medicine* writes, "I, too, should bestow high praise on the iatros (physician) who only errs a little." Of course, unintentional error resulting from ignorance, or a miscalculation, is pardon-

able, and an acknowledgment of one's fault and one's willingness to undo it, are signs of courageous manhood. But intentional perseverance in error and betrayal of a person entrusting one with his own and his family's future are beyond all forgiveness. Unfortunately, there are some physicians, too, who knowingly thrive on the errors of others, and who are willing for no other reason but that of base profit to lure their fellow men with false hopes and promises. From the point which we have reached in our investigation, what is the responsibility of such physicians before the law? But before we look into this question, let us first say a few words about the origin of medicine.

\* \* \*

Primitive men, living under the power of taboo,—*bagos*,—and possessed by the fear of all kinds of spectres, spirits, and ghosts, looked upon disease as a manifestation of divine wrath. Hence, those who healed such a disease were considered as persons endowed with supernatural powers and as more than common human beings, and as able, by means of their art,—which in the beginning was no more than magic, exorcism, or prayer,—to propitiate or repel divine wrath.

With the progress of time they began to combine with their magic formulas various substances which they applied on the diseased part of the body. For the most part, these substances were plants, whence the terms *physic* and *physician*. Gradually, the medical men gained their distinction and name by their skill in discovering the secret of the choice of such herbs and the proper manner and time of applying them externally to various ailments; and at last, with time and necessity as their guide, they ventured to make internal use of remedial substances. Yet disease was still considered as God-sent, and the person entrusted with its cure used his magic formulas as much as he used his medical herbs, being God's minister and priest as well as physician.

But just as man was emancipated from the power of taboo, so the art of medicine was gradually separated from priestly functions. This brings us to the medical school of Cnidus, which flourished before Hippocrates in the sixth century B.C. Finally, when Hippocrates overthrew all magic charlatanism regarding healing, and definitely established medicine as a natural science, the art of healing was wholly disasso-





Nasal deformities; typical in heredo-syphilis. (A. Fournier, *Syphilis  
Héreditaire Tardive.*)

ciated from the priesthood, and man shook off the burden of taboo.

To Hippocrates himself, the founder of our science, we owe the aphorism which names what may be termed the corner stone of medicine, defining what we now call comparative medicine. In his work on *Ancient Medicine* he lays down this corner stone as a law:

“Everything concerning medicine has existed from the very beginning; but thus far only a starting point has been discovered, and a method by which, at great intervals of time, many good discoveries have been made, and by which everything as yet undiscovered will be discovered if the investigator is able and has a thorough knowledge of past discoveries and makes them the basis of his investigation.”

After the many vicissitudes and varied experiences which the art of healing underwent from the time of Hippocrates, we come to the age of Pasteur, when, through the important discovery that the causes of the various diseases are living organisms called microbes, capable not only of living but of reproducing themselves in great numbers either within or without a man's or any other animal's body, medicine was subjected to

such radical modifications and changes that it seemed to become an entirely new science.

\* \* \*

It is certainly strange to observe that, at a time when medicine is making great progress throughout the world, here in Boston, under the influence of an unbalanced woman, it has become, for the Christian Scientists—a class of persons by no means small or contemptible—what it was in its most primitive stage—I mean a code of prayers and magic and deceiving formulas administered instead of drugs to the sick by practitioners offering their peculiar services for no small pay.



### CHAPTER III

#### MEDICAL RESPONSIBILITY

*"Where the love of man is, there also is love of the Art."*

—Hippocrates in Precepts.

IN spite of the various stages of development through which his science has gone, a physician, like the primitive medicine man, has not ceased to be regarded by human society as a divine being, who, although he no longer possesses the power of communing with God and spirits and of expelling disease with magic practices and exorcism, yet has the power of knowing the secret both of the cause and of the cure of a disease. From this point of view a physician is considered as a superior being, enveloped by a certain ideal respect and love amounting almost to a halo; a sort of idealized relic of the fear and awe held by primitive man for the wizard, or rudimentary physician, who had power over spirits. Hence the law which is so stern for common mortals is very lenient for the physician; society, otherwise very eager to keep its secrets, is ready to confide them to him for the sake of its health,

and the State makes him the perpetual watcher and guardian of the life and welfare of its citizens.

Now, as a balance for these evident privileges granted to a physician, society and the State also should make him equally accountable for his acts. This accountability should each time be equal to the crime perpetrated by a physician. The Romans, whose empire was founded upon their respect for law, although they honored and respected their Vestal Virgins above any magistrate,—as we are told by Plutarch in his life of *Numa*,—did not hesitate to inflict on them a most cruel death by burying them alive whenever they betrayed their virginity. And now the proper time and place has come for me, a physician, to declare against my own profession and say that “a doctor who willingly commits an intentional crime against his patients and society as well, should, like the Roman Vestal Virgins, be punished with death.”<sup>1</sup> Let me now cite a few instances which call for such a penalty.

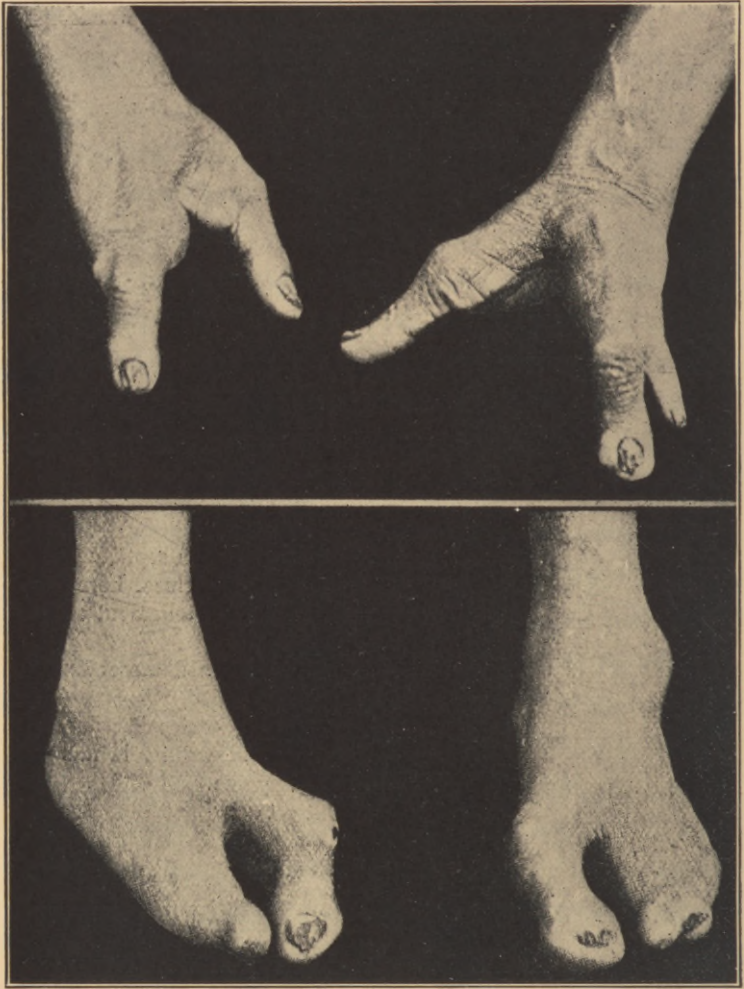
<sup>1</sup> Hippocrates, in his *Ethics—Nomos*—which is a mirror of Greek medicine during the golden period of Greece, when the father of medicine lived and wrote, makes a statement which applies equally to conditions prevailing now: “Medicine is of all the arts the most noble, but, owing to the ignorance of those who practice it, and of those who, inconsiderately, form a judgment of them, it is at present far behind all the other arts. Their mistake appears to me to arise principally from this, that in the cities there

On December 7, 1914, I was visited by a young man suffering from a flowing gonorrhœa with intra-cellular gonococci and mucous patches, or secondary syphilides of his genital organs. He said, "I wish to be cured of these things because I am to marry after eighteen days and do not desire to have them on me." At the same time he showed me two certificates of the Boston Board of Health declaring that the Wassermann reaction of his blood was negative, and that his prostatic secretions were free from gonococci. Moreover, the man informed me that his doctor had assured him that these things, the mucous syphilides and the gonorrhœal discharge of his urethra, had no significance whatsoever, and that after marriage would of themselves disappear. He also told me that for a month's treatment he had paid two hundred and fifty dollars.

Knowing well that this doctor is an educated man, and therefore able to diagnose and estimate the seriousness and the consequences of the syph-

is no *punishment* connected with the practice of medicine (and with it alone) except *disgrace*, and that does not hurt those who make their living from medicine. Because they are like the individuals who are introduced to the tragedies; for as they have the shape, and dress, and personal appearance of an actor but are not actors, so, also, physicians are many in title, but very few in reality."





Congenital monstrosities of hands and feet in a heredo-syphilitic forty years old, who, on the other hand, shows specific malformations of teeth and syphilitic lesions in tibiæ. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis*.)

ilitic mucous patches and the gonorrhoeal discharge with intra-cellular gonococci, I wish to ask if in all the crime chronicles of any country under the sun, can we find a more atrocious crime than this perpetrated so coolly, so deliberately, and so consciously for the mere desire of material profit? And this, while the perpetrator of this crime is left entirely free to continue his work! Let us for a moment think of the hideous consequences of this crime: a wife infected with syphilis and gonorrhoea, a series of abortions, premature deaths, stillbirths, the procreation of crippled and foredoomed children, and, above all, the creation of sources of infection.

In the fall of 1915 I was called to visit a bed-ridden patient who was supposed to suffer from rheumatism. I found him in bed attended by a delicate and devoted little wife, while near his bed there was a cradle with a child even thinner and more delicate than the mother. After I was left to examine the patient alone, I was informed that two years before that time he had been infected with gonorrhoea, and that he had married after he had been assured by the same doctor that he had been cured. The result was that his

wife was infected only a few days after the marriage; that after conception she was attacked by puerperal fever of gonorrhœal origin; that she had to be operated on twice; that their child was born a weakling; and that he himself was bedridden, suffering from gonorrhœal arthritis, and unable to work for his bare living.

Poets, dramatists, and painters have preserved for us scenes arousing our horror with their tragic gloom; yet none of these can equal the tragedy of a family contaminated with venereal disease. The evils of the house of Labdacus or of the house of Atreus grow pale and are effaced by the magnitude of the disasters caused by syphilis. Moreover, the tragedy becomes even worse if we remember that the cause of these evils is often the physician, and becomes most revolting when we consider that the physician never suffers any harm, but, on the contrary, is left free to bring about many more similar disasters for the sake of a sordid love of gain.

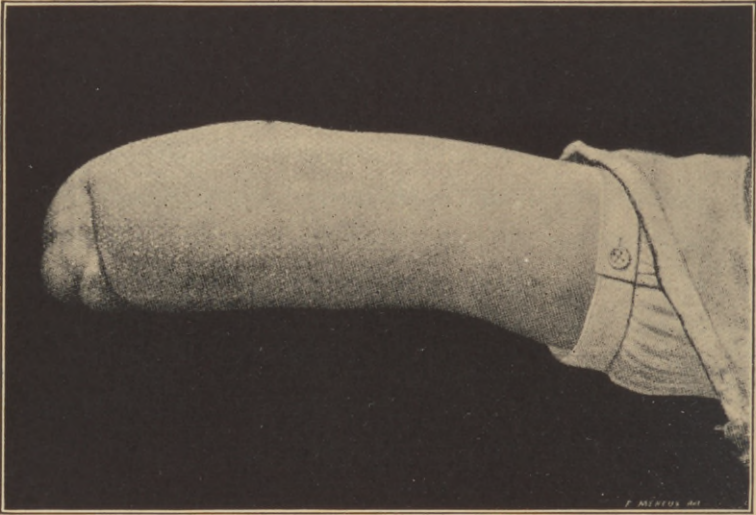
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Until 1908 I was practicing in a small town, and as my patients were mostly men, I held views somewhat different from my present ones. But



since then I have been established in Boston, and here I have also had the opportunity of treating women infected with venereal diseases. Indeed, I was astounded beyond words to observe how indifferent and absolutely careless these women were, both for their own future and for that of their families. You may very easily imagine the results of such an attitude, especially if you consider that women sufferers generally prefer women physicians who are not less careless, and at the same time are often unable and incapable of understanding properly and applying effectively the modern methods required for the treatment of such diseases.

Woman as an imitator is generally capable of reproducing good work, but as a physician she is surely bankrupt, and therefore she ought to be forbidden to enter the medical profession. She seems unable to comprehend, absorb, and assimilate all that is required for the understanding of syphilis, and for this reason she often allows her suffering sisters to enter upon untimely marriages, and thereby becomes, though unintentionally and unconsciously, the cause of incalculable disasters. I even venture to say here that



Congenital amputation of the right hand, the product of a syphilitic father.  
(E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilis.*)

syphilis and woman, either as a patient or as a practitioner, is the most disastrous combination one can imagine.

\* \* \*

Now since we have come to speak of crimes and penalties, let us state that there are three kinds of theft which cannot easily be detected, and which therefore allow the guilty to go without punishment. These are the embezzlers of the public money, appropriators of religious funds, and robbers of venereal patients. All these three classes of thieves are seldom arrested. The embezzlers of public money are among those who are entrusted with the keeping of the public treasury and of the public laws, and naturally cannot accuse or prosecute themselves. The appropriators of religious funds escape because God, from whose supposed house they steal whatever the innocent and faithful offer in their thoughtlessness, vanity, ignorance or stupidity, does not dwell in temples wrought by the hand of man, and consequently he neither owns such a house nor cares to protest. Finally, those robbing venereal patients are never prosecuted because their victims, on account of the disgrace entailed by their diseases, are compelled to remain silent, and,



like asyphelus or contemptible beings, to suffer without complaint every humiliation, insult, and exploitation.

\* \* \*

Those who are most responsible for hereditary syphilis are the syphilitics themselves, who often, in spite of the doctor's advice and recommendations, and against his orders, venture upon marriage while under the full influence of the disease. About them the great Fournier writes, in his work on *Syphilis and Marriage*:

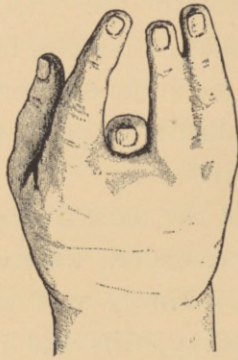
“What are the motives and what are the abnormal desires which compel some persons to marry under such circumstances, with active syphilis? This is a problem for a philosopher, a moralist, or a psychologist, rather than for a physician. Yet even we cannot be indifferent to this question, because we, too, in the exercise of our profession often need the understanding not only of the physical pathology of our patient, but also of his moral condition. From my experience I can state that the causes are two,—ignorance and interest.”

The ignorant class consists of the innocent, the careless and the fools,—those who cannot understand nor estimate the dangers and consequences

of hereditary syphilis, as is generally the case with women. Interest, on the other hand, is the motive of the *Knights of Industry*, the cynics and the rascals; in other words, all those who, for the sake of a dowry or for social elevation, in full knowledge and understanding of the evil which they cause, prefer to drag their families into ruin. From the many examples brought forward by Fournier, let me quote only one in which the mother of a syphilitic is presented as an associate in the crime:

“Dr. B, one of the most honorable and well-learned in his profession, discovering that the son of a friendly family was infected with a recently contracted syphilis, and knowing that he was soon to marry, advised him to postpone his marriage because of the immediate and unavoidable danger of contaminating his future wife with the same disease. When the young man showed signs of displeasure, the doctor called upon his mother and explained to her all the consequences of hereditary syphilis. In spite of all his advices the marriage took place; the doctor was invited to it, and was compelled by courtesy to accept.

At the wedding he became the object of jests and sarcastic remarks directed against him by the



Asymmetry of fingers. Syndactylism. Atrophy of one finger in a child prematurely born by a mother with active syphilis. Observation of A. Fournier.



mother and the bridegroom. Three months elapsed, and the ridiculed doctor was called to treat both the husband, who had derided him, and his wife for the same disease."

Dr. Harry C. Solomon of the Boston Psychopathic Hospital, in his work *Syphilis of the Innocent*, says, "The reasons persons are contaminated in marriage are various. Some syphilitics are unaware that they have contracted syphilis. They may have a small and unnoticed chancre with no obvious secondary lesions, and may marry in all innocence. Others know that they have had the disease but are not cognizant of the dangers to the mate. These are the ignorant and uninformed, who it is hoped will diminish in number when the various modern educational methods have been in vogue for some time. Though education will probably not prevent people from running the risks of acquiring syphilis, it may arouse more caution in taking the risk of harming a mate and children. Many syphilitics are conscious of the general possibilities of infecting their mates, but feel confident that they can run the risk with impunity. This confidence may be based on a superabundance of faith in someone's judgment, on permission granted by a doctor who

does not know all the facts, on an indifferent attitude towards possible future dangers, or on pure callousness. This last attitude is fortunately rare. As an example one may quote the following paragraph from Fournier:

'A man came to me and asked me if he could marry. Recognizing his contagious state, I forbade it. Then, naturally, he married. Three months later he came to me repentant, asking my care for his wife whom he had infected. "At least," said I, "you will save yourself a new unhappiness and do everything you can to avoid having children." Naturally, a few months later his wife was pregnant. "There remains only one more thing for you to do," I added, "and that is to give your child to a wet nurse if it comes into the world alive." Well, it was complete, because the wet nurse did not fail to be infected by him.' "

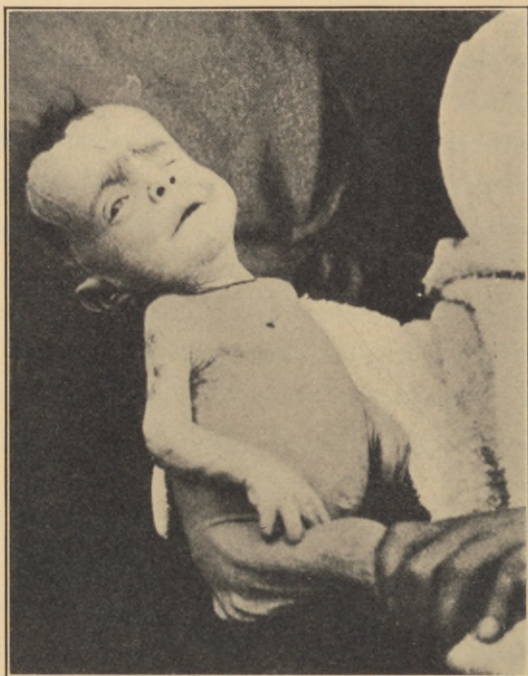
Now read, if your please, the following:

A man, whom I was treating for recent syphilis, about November, 1921, when he saw himself rid of the first symptoms after the first injections of salvarsan and mercury, informed me that he had just been engaged, and that he intended to marry

after a few months. Needless to say, I did my best to dissuade him from such an insane act. I was not heeded. But a woman who had been infected by the same man went to the prospective bride's brothers and advised them to break the match by declaring that the man who was to be the bridegroom had very recently infected her with syphilis. One of the brothers, panic-stricken, came to me asking for advice. After I urged him to prevent the marriage, he called the man and ordered him to interrupt all relations with his sister. Yet the prospective bridegroom assured him that he had never contracted syphilis, and he declared himself ready to submit to an examination by any doctor. This actually happened, and the doctor declared the man perfectly healthy. Now the good bridegroom has brought charges against the family of the bride, demanding an indemnity for soiling his reputation.

What the decision of the court will be I cannot prophesy. I merely report this episode as an illustration of the height of impudence, the breadth of shamelessness and the depth of wickedness of certain beings masquerading with the appearance and voice of men, from whom hu-





Early specific malnutrition (*cachexia praecox heredo-syphilitica*).  
(Dr. G. Lacapère, *La Syphilis Arabe*.)

manity as a whole and as an organized body expects respect and care and interest in behalf of its members.

\* \* \*

Thus far we have dealt with those who sow danger and ruin for themselves, and for others who are innocent, as a result of their ignorance, or of their knowledge and willingness to infect and ruin. But what can we say about those who, as if driven by some incomprehensible force, hurl themselves into ruin with their eyes open and seeing, with their ears sound and hearing, in full knowledge of their own disgrace? Without mentioning the examples and observations of other physicians, let me content myself with two cases of my own experience.

Case 1.

A young and educated man, a college graduate, whom I had on various occasions examined and found healthy in every respect, came to me suffering with rampant gonorrhoea, contracted, according to his confession, from a young woman companion. Finding, as I treated him, that the disease was becoming chronic, I advised him somehow to separate himself from the woman

who was the cause of the malady. Yielding to my advice, he sent her to a beach where she stayed for three months. After this separation the young man, by my treatment and his continence, was cured. But one day he brought me the woman who had infected him, and she told me that by treading and lying on the warm sands of the beach, her hands and feet were chapped and the skin peeled. After a careful examination I found that these were syphilitic symptoms, and that her skin and mouth were covered with syphilitic papules. At once I took blood from both and sent it to the Massachusetts General Hospital, whence I received the report that the Wassermann reaction of the man's blood was negative, while that of the woman's was positive.

Having thus all the necessary evidence at hand I interrogated the man whether he had cohabited with her recently, and, when he denied it, I said to him openly and with perfect frankness: "You see, this woman first infected you with gonorrhoea while in perfect health; then she betrayed you and contracted syphilis from another. Will you continue to live with her and to take into your organism this disease, too?"



Unfortunately, my words could not dissuade him, and, as I hear, he is continuing to live with the same woman.

Case 2.

Another man, whom from previous examination I had found clean, met a woman and decided to rent a room, where he lived with her. Only a few weeks after the beginning of this relation he came to me with acute gonorrhœa, which was aggravated and complicated with epididymitis, and became chronic in spite of all treatment.

Three years later a young woman visited me in my office and introduced herself as the wife of my client and friend. Her legs were covered with a multitude of syphilitic gummas dating for several weeks. Then I called the supposed husband, and after examination which proved that he had not been infected as yet, I advised him to part with the woman, who was not his wife at all, and even offered what I had proposed to the man in the previous case,—to defend him before the court in case the woman brought an accusation against him. All my pains proved futile. Neither the first man nor the second could change their minds, and they both continue their disgraceful lives to the present.



Acrocephalus in a Kabyle, sixteen years old, who from early childhood manifested hereditary syphilis. Actually he has hypertrophic papules of the scrotal and anal region. (E. Fournier, *Stigmates Dys-trophiques de l'Heredo-syphilis.*)

I suppose very few now believe in metempsychosis. I think I am one of the few, and if you follow my reasons carefully you will be able to judge how far I may be justified. Let us compare a pig with a goat. The goat chooses always a dry bed on some sort of eminence, is careful to remove with its mouth and hoofs all obstacles, and never lies on it if it is damp or infected with any bad smell. But the pig, to sleep well, must find mud, filth, and mire, and its delight is greatest when, plunging its snout in mud, it stirs the filth with noisy bubbles. Does it not seem as if the souls of pigs have transmigrated into the bodies of these so-called human beings who willingly and deliberately, and, worst of all, in full knowledge of the danger and shame to themselves and their own families, rush into ruin and intentionally create about them such a disgraceful and criminal environment, not only indifferent, but actually courting in a most scandalous manner evident destruction for themselves, their wives and their children, and society in general?

\* \* \*

We are often eager to dub our age one of high progress and civilization. Why not? Do we not meet each other on the streets well dressed and



decorated? Do we not call each other brother? Do we not have many ways of enjoyment and entertainment? Are there not schools for our education, chosen magistrates for the preservation of our laws, and priests living as messengers between man and God? Do not most of us enjoy flattery and actually delude ourselves, some of us consciously and some of us foolishly and unconsciously? But if suddenly someone strips us of all these things and drives us naked before some earthly Rhadamanthus to be judged by him, what sort of beings will we prove? If I say worse than pigs, a pig might be justified in bringing a suit against me for insulting it. If we use syphilis as a Lydian stone and test of our nature, we shall stand forth as self-revealed *monsters*, contemptible beings with which no other animal would condescend to compare itself. We shall realize that we are thieves and robbers and impostors turned against each other. We are sometimes unconscious, but more often conscious, destroyers of our innocent fellows for the sake of base profit or lust. Above all, we will find ourselves as evil forgers and counterfeiters of the work of God, causing the conception and birth into the world of crippled human beings like ourselves, and hurling

even ourselves into irremediable ruin like brutes. I hope the animals, which man in his superficial egotism has branded brutes, will excuse me for the use of that term. Moreover, we shall discover that we are beyond correction, incapable of learning from experience, willing to make of virtue a bondwoman to vice,—reckless beings whom syphilis, the cause of so many disasters, has not yet moved or made wiser.



Gummatous osteoperiostitis of the skull. (A. Fournier, *Syphilis  
Héréditaire Tardive.*)



## CHAPTER IV

### THE TAX VIRTUE PAYS TO PRUDERY

*"To the tyranny of syphilis we must oppose the tyranny of human reason."*

—Anonymous.

**B**UT since flaming words do not suffice to warn the ice-cold hearts of syphilitic parents and the distorted consciences of our physicians, let me return to stern facts and dire numbers for the edification of nobler members of the human race, with the hope that they may have some influence in improving the fortune of victims unknown to nobler humanity as they are unknown to themselves and their own environment. I speak now of the children who, for no fault of their own, are born syphilitic.

It is the imperative duty of every honorable and wise citizen to make every effort for the reduction of hereditary syphilis to its minimum. It is certainly in our power, as it is our right, to demand that the sternest of punishments should be inflicted upon anyone who in drunkenness or lust transmits or receives the infection. But though often the party responsible for the in-

fection cannot be easily located, and therefore cannot be caught and punished by the law, yet in cases of marital and hereditary syphilis the criminal cannot elude us. For in such cases we have before us the body of the crime in the syphilitic child, we have its father and mother, and above all, we have the physician who advised the production of the child. The responsible party under such circumstances should be visited with the extreme severity of the law. If I, as a physician, were given the right and the power to make appropriate laws for this kind of crime I should even out-Draco Draco.

\* \* \*

Let us consider, now, some of the consequences. In the *Pediatria* of Naples of January 15, 1921, Dr. De Stefano has been investigating all the cases of congenital malformations observed at the dispensary connected with the Naples Children's Clinic, and tabulates them with the findings in regard to any connection with syphilis. They show an overwhelming preponderance of syphilis in the antecedents in all cases. Thus, signs of congenital syphilis were manifested in 50 of the 54 cases of hydrocephalus; in 27 of the 32 cases of congenital heart disease; in 59 of the

69 cases of hypothyroidism; in 34 of the 46 cases of mongolism; and in 15 of the 17 cases of pluri-glandular syndrome.

Dr. A. Mills, in the *Edinburg Medical Journal*, January, 1922, writes that 70 percent of the children of an industrial school under his care suffered from inherited syphilis, and adds that this disease may be disguised under any appearance and imitate any malady in order to misguide the ignorant. "It can give rise to as many symptoms as there are functions of the nervous system."

In the *Journal of State Medicine*, London, February, 1923, Dr. M. Rorke is convinced that, short of absolute idiocy, or marked mental defect, a quite considerable portion of "difficult" and very naughty children are congenital syphilitics. These children are really feeble-minded to some extent; at any rate, they are mentally subnormal, perhaps not certifiable. These are the people who, when grown, crowd workhouses and prisons,—the men unfit to keep a job at a living wage, and so inclined to theft and other crimes; the women frequently immoral, mothers of illegitimate children, and members of the pathetic crowd of prostitutes.

\* \* \*



Let us turn now to France, the contemporary home of syphilis, and see to what monstrous degree she produces syphilitic parents and destroyers of children:

In the year that has just elapsed, of all children born,

834,411 were born alive

38,641 were born dead, i.e.,

4.6 percent, in all the country.

In Paris

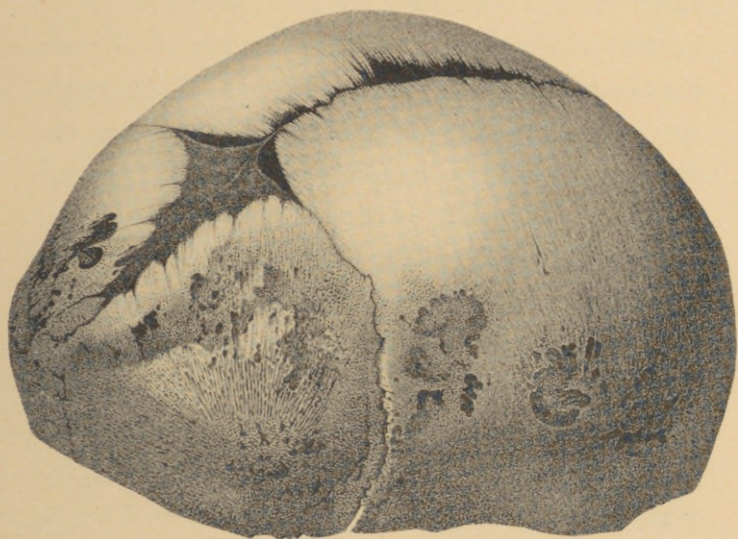
55,813 were born alive

4,042 were born dead, i.e.,

7.2 percent.

From the statistics kept in the Baudelocque Maternity Hospital since 1890, it is evident that more than one-half of the stillbirths are due to syphilis alone. If we add to those all cases of miscarriages due to syphilis, and all cases of children born syphilitic but living after the fourth day, and all syphilitic children who survive to become of age, we can estimate the fearfulness of the evil and the greatness of the responsibility which we all have regarding hereditary syphilis.

Professor A. B. Marfan, the eminent pediatricist of France, in one of his lessons, *Presse Médicale*, 25



Skullcap of a newly born infant with syphilitic craniotabes or bone softening.  
(J. Parrot, *Syphilis Hereditaire et Rachitis*.)

April, 1923, said that congenital syphilis is certain or very probable in about 30 percent of the babies of a medical clientele.

Dr. Leredde, speaking before the Medical Society of Paris, February 26, 1921, said that three-fourths of the chronic diseases among the French peasants, according to Étienne, are due to syphilis, and that this form of syphilis escapes unnoticed because it is not methodically investigated. This same authority before the same society the 27th of May, 1922, said that of the 80,000 who die annually in France from syphilis, 40,000 are children, from 0 to 5 years of age, with congenital syphilis. There are, he said, also in France today 4,000,000 cases of acquired syphilis, and he says that "the number of living heredo-syphilitics is equal, perhaps superior to those of the acquired form, i.e., surpasses the number of 4,000,000," which clearly means that there are in France now 8,000,000 syphilitics. Therefore, taking into consideration that for each case of acquired syphilis there will be four cases of gonorrhoea, there are in that unhappy country at the present time 20,000,000 infected individuals, which really means that almost all the adult Frenchmen are venereally molested. Such being



the case, one is entitled to ask *where the destruction of a race takes place, on the battlefield or in the home?*

Hippocratic medicine,—so-called *clinical medicine*,—has been revived in France. Her great glories are the great clinicians, and in regard to clinical syphilis there is no higher authority than Alfred Fournier. But the conditions shown above cannot be far different now when Vernes comes forth declaring his *Syphilidometrique* as the *thermometer* of syphilis, and claiming in his writings in the *Presse Médicale*, December 3, 1921, that just as fever is measured by means of the thermometer, so syphilis can be measured by means of his *syphilidometrique*. When marriage is allowed on the basis of Vernes' methods, and not on the basis of the careful tests of Fournier and his school, the results are bound to be what they are now,—horrible, staggering, ruinous, and such as no other country under the sun has experienced. It is the duty of the French medical men, if they truly desire to save their country, to turn back to their clinics and abandon their dangerous culture tubes.

\* \* \*

Dr. Hochsinger reported in 1910, before the Imperioroyal Society of Vienna, that from his

own observations in the first institute for sick children he found that of 516 births of syphilitic children 253 miscarried or were stillborn or died within a few days after birth, and 55 died at a very early age; that is, a total of 308 died. Of the 208 that survived, 157 manifested congenital syphilis later, and only 51 were still in full health at the time of the report. Again, this means that of 516 children, 308, or 59 percent, died; 51, or 10 percent, survived in good health; and 157, or 30 percent, survived with the disease of their fathers in their organism.

The same conclusion was reached by Dr. Jeans in America, as we observe in the *American Journal of Diseases of Children*, January, 1916, where we read that of one hundred families in which the mothers were infected, there were recorded altogether 331 conceptions, of which 131 ended in miscarriage or with a stillborn child, while 48 of the children born alive died at a very early age; that is, the total loss amounts to 179. Of the 152 remaining, 119 had the spots of congenital syphilis, and only 33, or 10 percent, were clean and healthy.

Now if we consider that most if not all of Dr. Hochsinger's 157 and Dr. Jeans' 119 children who

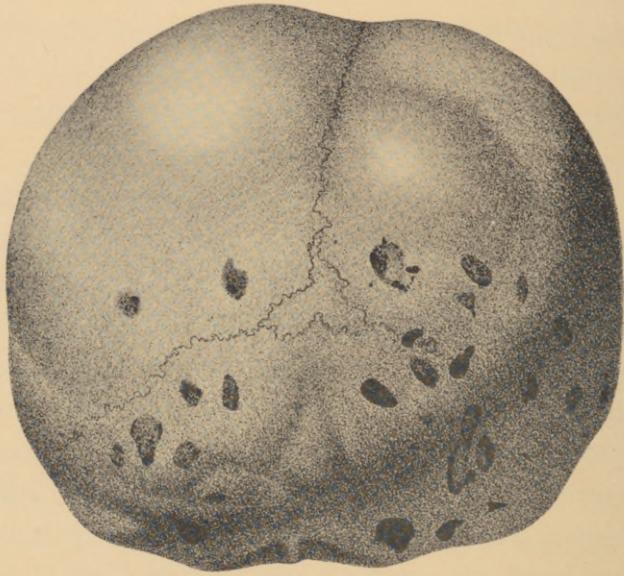


survived, tainted with the malady of their ancestors, will be unable to earn their living by their own efforts, and that the 51 healthy children in the first case and the 33 in the second will be obliged to work not only for their own support, but also for the support of the sick, we shall see that I was not wrong when I urged a little while ago that we must cease forcing virtue to be a slave and a supporter of vice.

"It has been long recognized," writes H. H. Hazen in his book *Syphilis*, "that syphilis is a frequent cause of intrauterine death. Vrassowitz states that out of 330 cases only 40 percent reached term. Still states that in the families of 87 congenital syphilitics there were 39 stillbirths and 36 miscarriages. Abner Post, the patriarch of American syphilidographers, has studied 168 pregnancies and found that there were 53 stillbirths and miscarriages. Hyde, after an elaborate study, found that in 1,700 pregnancies there were 579 abortions and stillbirths.

"As to the after history of children with congenital syphilis, there is a pretty fair agreement in the literature on the subject. Osler states that about 75 percent die. Hyde writes that out of 1,121 born alive, 956 died within the first year.





Skullcap with multiple specific perforations; the result of craniotabes.  
(J. Parrot, *Syphilis Hereditaire et Rachitis*.)

Sturgis reports that in Moscow from 63 percent to 82 percent of the affected children succumbed. Still says that out of 87 cases there were 25 cases attributable to congenital lues, and that 13 more died while under observation. According to Post, out of 115 children there were 44 early deaths, and 32 more showed later lesion."

In the United States, according to the Metropolitan Life Insurance Company's statistical bulletin for October, 1922, over 105,000 babies die before they are a month old. And I unhesitatingly declare that more than half, or about two-thirds, of these 105,000 babies are the innocent victims of congenital syphilis.

Dr. John H. Stokes of the Mayo Clinic, in a special treatise published by the United States public health service, writes:

*"Effect of Syphilis on the Race.*—We must now take up an aspect of syphilis which makes it all but unique among diseases, namely, its transmission to the second generation. Gonorrhoea affects the future of the race by making men and women childless. Syphilis affects the race by destroying outright 75 percent of the children of syphilitic parents before they are born or during the first year of life, and by crippling or weakening a

considerable proportion of those who survive. Gonorrhœa as such is not transmissible to the child before birth. On the other hand, syphilis is more often transmitted in this way than otherwise, and when so transmitted is not mere constitutional inferiority, but syphilis, as definite and actual as if acquired with a chancre and secondary period during later life."

\* \* \*

We shudder with horror when reading in Diodoros about the sacrifices of the five hundred Carthaginian children to Kronus, during the invasion of Africa by Agathocles, but at the same time we stand indifferent to our daily losses by syphilis. The Carthaginian sacrifices were an emphatic atonement by ignorance to superstition and bigotry; ours, on the contrary, are a tax paid by virtue to hypocrisy and prudery.



CHAPTER V  
SYPHILIS IN THE SECOND AND THIRD  
GENERATIONS

**A**MONG others, the celebrated Jonathan Hutchinson, after declaring emphatically that a syphilitic should never marry, expresses later the view that marriage should be allowed, because if marriage is not permitted, illegitimate cohabitation will increase, and because two years after the infection a syphilitic could marry and procreate children without danger. But let this authority speak for himself:

“The question as to how soon, after syphilis, a man or woman may be permitted to marry, is one which is extremely difficult to answer. A due regard to the interests of social life warns us against extreme opinions. Whilst we must endeavor faithfully to discharge our duty as skilled advisers of those who consult us, we must avoid the position of alarmists. Obviously it is a safe course as a simple matter of medical science to tell one who has had syphilis that *there is always risk,*

*and that marriage is to be forever avoided.* Such a course, or anything near it, would, however, prevent thousands of happy marriages; would swell the ranks of those who adopt concubinage instead of wedlock, and whilst it would reduce the sum of human happiness, would probably not in the least diminish the prevalence of syphilis. We must, therefore, seek to be reasonable and moderate in our recommendations."

What an inconsistency! But what are we to say of those who allow marriage even a few weeks after infection? Unfortunately, our moderns have found a vantage ground in the Wassermann reaction! As a proof of the futility and unreliability of this reaction in regard to a *safety first* in marriage, I choose, among other examples, one which is indisputable because it is based not on hypothetical assumption, but on facts proved by the microscope and by pathological and anatomical investigation. Frederick Ebersson and Martin Engman write in the *American Medical Association Journal* of January 15, 1921 (Vol. 76, page 160), that the semen of two patients contained active syphilidogonus spirochetes in spite of the fact that the blood of both was negative. In another case of a man infected



Scaphocephalus; a skull with an out-to-measure anteroposterior diameter, seven inches long, whereas its width is only four inches; inequal frontal bosses, the upper part depressed in the form of a rill; in one word, very asymmetrical. The metopic and the temporoparietal sutures are absolutely effaced, though this cranium belongs to a five-year-old child. (E. Fournier, *Stigmata Dystrophiques de l'Heredo-syphillis*.)



by syphilis thirteen years before the experiment, in spite of the negative Wassermann reaction of his blood, his semen when injected into a rabbit caused unmistakable syphilis.

That syphilis can be transmitted by heredity, not only after thirteen but even after twenty years, though the Wassermann reaction be negative, has been sufficiently proven, nor does it need new evidence for substantiation. Boas and Gaucher have repeatedly made this observation, and indeed any physician has the opportunity of observing the same thing at any time.

Dr. Alfred Baker Spalding, in an article in the *Journal of the American Medical Association*, October 20, 1923, entitled "Neonatal Mortality Associated with Syphilis and other Maternal Infections," irrefutably proves the fallacy of the Wassermann reaction as a prognostic measure in syphilis of the mother. He states: "With sixty-eight foetal mortalities due to syphilis between the sixteenth week and term, it will be noted that only twenty, or less than one-third, give a positive Wassermann report with the mother."

\* \* \*

Now is it possible for hereditary syphilis to be transmitted to the second generation? In other

words, given a syphilitic father or mother, can the disease appear in a grandchild? Unfortunately it can. The first observations of this phase of our question we owe to J. Hutchinson, published, as he tells us, in the CXCIV commentary of the historical part of his work *Syphilis*, where he states: "In seeking a reply to this important question, it is absolutely necessary that we should keep closely to the facts at our disposal. Speculations, without positive facts to build on, are worse than useless. So far as I am aware, no facts have been recorded in reference to the matter since those which I myself published in 1866." There he reports seven cases of such transmission.

The second authority who occupied himself with the subject is Alfred Fournier, who in his work, 1891, *The Heredity of Syphilis*, corroborated Hutchinson's conclusions. But the most conclusive evidence in support of Fournier's opinion was brought forth by Barthelemy in the Moscow Congress, held in 1897. Since then more evidence has been produced by Fournier's son, Edmond, in various reports, and by others like Finger, Julien, and Tarnowsky.

In 1915 Edmond Fournier reported, in his work on *Hereditary Syphilis of the Second Generation*, that



in 116 families affected by various forms of inherited syphilis, 367 conceptions took place. Of these, 177 ended in miscarriages and stillborn children. Of the 192 survivors only 31 remained healthy, while 161 were stamped with some form or other of syphilis. Since then, observations and statistics have been increasing, and the facts have made this conclusion unassailable.

No instrument speaks more eloquently and more persuasively than the microscope, especially when it is handled by such an incomparably keen observer as Warthin. Here are five cases which I take from his report in *The American Journal of Syphilis* (Vol. 11, No. 3, page 449), *The New Pathology of Syphilis*:

“(1) The wife of a school teacher gave birth to a dead child. Autopsy of the infant revealed syphilis of the liver, and spirochetes. Both father and mother were above suspicion, absolutely negative histories, no signs, repeated Wassermann of both negative. Pathologic diagnosis of syphilis not accepted by clinicians. Woman, without treatment, was allowed to become pregnant again, and in a little over a year was again delivered of a dead and macerated foetus showing syphilis of liver and heart, and

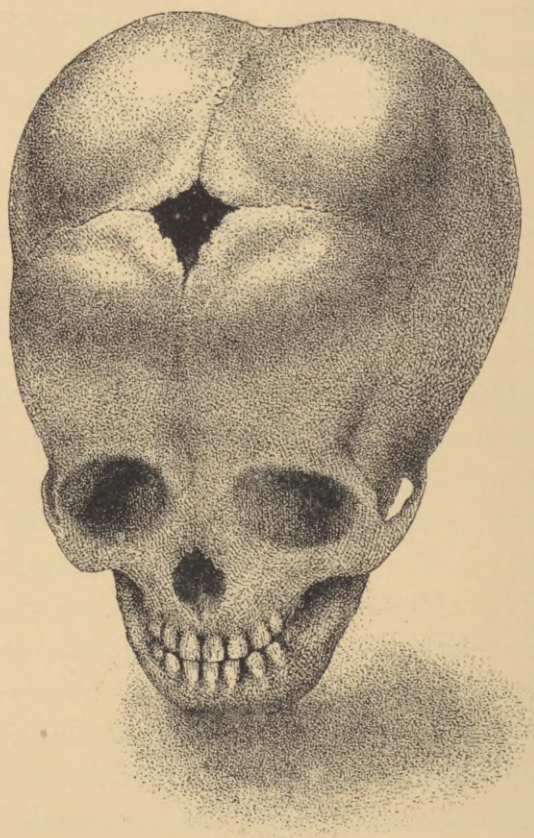


spirochetes. Repeated Wassermanns of both father and mother were negative. The only explanation of this case that could be obtained was in the fact that the father of the mother had been a chronic drunkard since youth.

“(2) Case similar to above. Two syphilitic children from father and mother, both apparently healthy, no history and no signs of syphilis, negative Wassermann in both. Father of mother a chronic drunkard since early manhood.

“(3) Father and mother apparently healthy, no signs and no history of infection, negative Wassermann in both, repeated abortions, one living child dying, a few months after birth, of congenital syphilis of liver, spleen and heart. The history of this case brought out the fact that the mother's father had been a chronic drunkard, 'a beast,' and diseased. Mother as a very young child had been rescued from the family conditions and brought up by a relative. A sister left behind became a keeper of a house of ill fame.

“(4) Grandfather on both sides a chronic drunkard. Father and mother apparently well, no signs of syphilis, negative Wassermanns in both. Three apparently healthy children, although minute examination reveals certain stigmata in



Parrot's *Grane natiforme*. Skull in shape of buttocks.  
(A. Fournier, *Syphilis Héreditaire Tardive*.)

bone development, then a child dying of active syphilis, then two more children apparently well, then a dead dropsical foetus showing a marked syphilitic placenta.

“(5) Father a preacher, no history or signs of syphilis, negative Wassermann; mother’s father had ‘blood poisoning,’ mother herself apparently well, negative Wassermanns repeatedly. Three syphilitic miscarriages.”

\* \* \*

“A myth,” writes a great scholar of modern Greece, George Mistriotes, “is a false tale symbolizing truth.” Indeed, if the five cases we have just quoted were dramatized by Euripides, anyone might characterize them as false tales invented by the dramatist in order to illustrate some truth, some abstract idea or conception, the reflection of his own notions. In the *Oedipus Tyrannus* of Sophocles, Iocasta, upon discovering her unintentional incest, hangs herself, and her son and husband Oedipus, who is at the same time the father and brother of his children by her, blinds himself. But Euripides, in his *Phoenician Women*, in order to teach the Greeks, and especially his own fellow citizens, the Athenians, that loss of one’s fatherland by ban-



ishment is the greatest of misfortunes, introduces Iocasta as living after the horrible discovery and conversing with her son Polyneices, as follows:

*Iocasta.* First, then I ask thee that I fain would learn  
What meaneth exile? Is it a sore ill?

*Polyneices.* The greatest. Greater too in deed than word.

*Iocasta.* In what wise? Where for exiles lies its sting?

*Polyneices.* This most of all,—a curb is on the tongue.

*Iocasta.* This is the slave's lot, not to speak one's thought!

*Polyneices.* The unwisdom of his rulers one must bear.

*Iocasta.* Hard this, that one with fools partake of folly!

*Polyneices.* For profit we are slaves, against our nature.

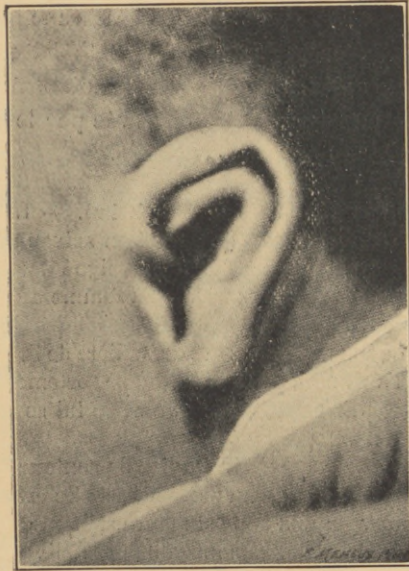
*Iocasta.* Dearest to men, it seems then is their country?

*Polyneices.* How dear it is no man in words can tell.

Let us now imagine that our five cases are five tragedies, with homes for their scene and with persons not acting but living these tragedies, the parents, and above all the mothers, unwilling and innocent victims of their own fathers' sins, to which they in turn must offer their own children as a cruel sacrifice.

Let us remember, as Warthin tells us, that "*When there is a history of chronic alcoholism, syphilis is almost invariably present too.*" There are, indeed, many and various lessons that we may derive from these five cases:

*First*, that syphilis, though it remains latent throughout the whole of the second generation, may manifest itself in the grandchildren.



Deformity of the ear; a sequela of lues venerea. (E. Fournier, *Stigmata Dystrophiques de l'Heredo-syphilis*.)

*Secondly*, and more important, that the Wassermann reaction upon this latent syphilis may very well be negative, thus deceiving even the best of physicians, and therefore that to base all our hopes upon this device is criminal.

*Thirdly*, that not only the syphilitic himself, not only his children, though to all appearances healthy and sound and whole, reacting negatively to the Wassermann operation, but even his children's children, are dangerous in any period of their miserable lives as creators of children, because, though they do not carry the disease of their grandparents in its manifest form, yet they are bound to show other morbidities, such as important defects of the organs, like the heart, the liver, the kidneys, and above all, the brain, which would in the long run totally ruin their general health.

\* \* \*

Again let us ask, can, then, the third generation of syphilitics escape the disease? Again the answer is, no.

Professor Gaucher reported the following case before the Medical Academy in 1916:

(1) The great grandfather of a certain family had died in his youth of syphilitic paraplegia.



This information was given to Professor Gaucher by the victim's children.

(2) The grandfather of the same family had been treated at various periods by Professor Gaucher; though he was never infected by syphilis directly, yet he had various signs of congenital syphilis, and died of hemorrhage of the brain, which was of syphilitic origin.

(3) The father of the family enjoyed health, was never infected by syphilis. The Wassermann reaction on his blood was unquestionably positive. He married a young and healthy woman whose blood reacted negatively. Of this marriage three children were born, and all three had evident signs of the hereditary disease.

Audrain, in the *Bull. de la Soc. fr. de Derm. et de Syph.*, 1922, page 77, reports that he saw the disease transmitted to the third generation under the form of different specific lesions, decreasing in severity. In the *Pediatria* of Naples, March 15, 1923, Dr. C. Martelli describes several well-founded observations on syphilis in grandchildren and their progeny.



Ankylosing arthritis of the spine due to heredo-syphilis.  
(Dr. G. Lacapere, *La Syphilis Arabe.*)

## CHAPTER VI

### IS INHERITED SYPHILIS PROTECTIVE AGAINST THE SUBSEQUENT ACQUISITION OF THE DISEASE AND CURABLE?

THUS far we have established the fact that syphilitic persons can never become parents without danger. But this question now arises, Are persons who carry the signs of hereditary syphilis on their bodies immune to a new attack of directly contracted syphilis? In other words, can the syphilitic child of a syphilitic parent contract syphilis again? Take, for example, a man on whose teeth inherited syphilis has put its indelible signature, or one suffering from keratitis, osteitis, arthritis, rhinitis, or ulcers of hereditary syphilis containing active contagious syphilidogonus spirochetes—can such a man contract syphilis from a direct source? Unfortunately, he can. This is one of the greatest and most thorny of medical problems, and its solution presents numerous difficulties.



If we look up the history of the question, we find J. Hutchinson dealing first with it in the *British Medical Journal* of September 21, 1861, where he reports many cases of such infection. The same authority handles the subject more extensively in his book on *Syphilis*, published in 1893, commentary CXCI. After him, many treated the subject from various points of view. But the most conclusive evidence is brought forward by Goubeau, who, in the *Bulletin of the French Society of Syphilidology and Dermatology* (No. 3, 1920), proves beyond all doubt that such direct infection occurs very often. Among other cases he gives the history of a man who was born of a syphilitic father, and had unmistakable signs of inherited syphilis. This man became in turn the father of a child affected by hereditary syphilis. Then, when his wife died, he was exposed and contracted the disease anew, manifested by a hard ulcer of a phagedenic nature and of great size, which was followed by serious secondary symptoms. This manifestation Goubeau called *hyper-syphilis*. In discussion, several well-known French syphilidographers insisted that as a rule hereditary syphilis conferred considerable immunity to acquired syphilis, and opposed his

views. Thibierge, however, stated that on the basis of the experience of the Russian physicians, this form of syphilis, to which he preferred to give the name *Twin Syphilis*, instead of being mild is, on the contrary, quite severe.

\* \* \*

Now can this *hereditary syphilis*, the character of which we have just been studying here, be cured? No! Of course, its symptoms, manifestations, or phenomena may, as in the acquired form, be modified, but the disease itself is ever existent, ever lurking, ever undermining one's health. It is what Vigo, as early as 1514, named it,—a constitutional malady, and it remains ever incurable. One special symptom of this disease, the most important characteristic of syphilis,—the Wassermann reaction,—remains in case of inheritance always unchangeable. When once it has been found positive in any case of congenital syphilis, it remains always positive, no matter to what treatment and to what medicinal influences the patient is subjected. Moreover, as Warthin writes, the tissues of a macerated child dying of such syphilis appear to be a good culture medium and an ideal ground for the cultivation and preservation of the syphilidogonus spirochetes. And

yet, in congenital cases the treatment apparently had not in the slightest degree affected the number of spirochetes.

\* \* \*

If we are asked again, when does this Fury at last cease persecuting her victims so relentlessly and pitilessly, what could be our answer? Never, until she brings about their utter annihilation. But before the reader, who has not sufficient knowledge of syphilis, decides to cast this book away and condemn my statement as impossible, he should read what follows.



## CHAPTER VII

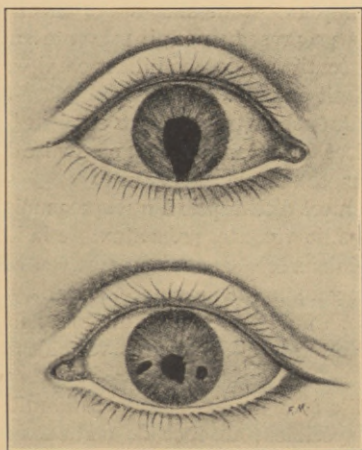
### HOW SYPHILIS, THROUGH ITS INFLUENCE ON THE ENDOCRINE GLANDS, AFFECTS THE HUMAN RACE

*The syphilitic through generations creates human beings unfit to make their living and predestined to die of want or to live on charity.*

IF mankind is divided into *races*, races into *states* or *nations*, nations into *tribes* or *families*, and these into *individuals*; and if all these subdivisions are distinguished from each other either in color—which may be white or red or yellow or black—or in the general construction of the body, and especially in facial characteristics; and if, just as all animals are divided into male and female, so human beings are classed as men and women—the differentiation in all these cases can be traced to certain organs in the human body. These organs are, as far as size and weight are concerned, entirely insignificant, and can be contained in a small envelope, since they contribute only 1/180th of the body. They are called

the endocrine, the ductless glands, or the glands of internal secretion, and they consist of the suprarenals, the thyroid, the thymus, pineal, and the hypophysis or pituitary gland. Although the testicles belong likewise to the same category, the most important of their secretions, the so-called spermatogony, is known, while the other—which I venture to call *androgonos*, and of which the most perfect description among ancient and modern authors we find in Hippocrates, describing the Scythians, *On Airs, Waters, and Places*, and especially in Aretaeus of Cappadocia, on *Gonorrhoea*—we may for the present disregard as not of immediate interest for our purposes.

Since the secretion of all these glands is invisible, the functions of all, except those of the testicles, were entirely unknown both to ancients and moderns. Only about forty years ago they began to be noticed by the French doctor, Pierre Marie, in Paris, who was started on his investigations by two women patients seeking relief from a persistent headache, and mentioning incidentally that their faces, bodies, hands and feet had altered so much in recent years that their best-known friends failed to recognize them. Dr.



Coloboma of the iris and of the choroid;  
Polycoria, very common results of  
congenital syphilis. (E. Fournier,  
*Stigmates Dystrophiques de l'Heredo-*  
*syphilis.*)



Marie named this condition by the barbarous Greek term acromegalia.<sup>1</sup>

Once the attention of the medical world was drawn to the functions of these organs, special treatises of all sorts and of all degrees of truth and error began to grow in great numbers, like mushrooms in a damp and shaded locality. From the midst of all the vagueness and confusion which prevails in many of these writings, one fact, upon which I wish to lay special stress here, is certain; namely, that these organs, although their functions and their manner of secretion are unknown, are the center of gravity, or the regulators, and as Professor Arthur Keith writes, the creators of our morphogenetic mechanism, and upon them depends the evolution of the human race. For upon their anatomical composition and the nature of their tissues depends the supposed secretion of these unknown and undetectable substances called hormones, from the Greek verb *hormao* (to start, rush, stir), and the exchange and circulation of the hormones among these

<sup>1</sup> In good Greek this unnatural enlargement of one's ends should be called *megalakria*, from the objective *me-gas*, which in compound words should always come first, and *akron*, after the analogous formation of *trinakria*, the most ancient name of Sicily. For according to Strabo, *Sicily being in the shape of a triangle was first called trinakria, and later more euphoniouly Tbrinakia.*

various organs regulate the composition and size of the body, the color of the skin, the color and growth of the hair, and above all, the character of the skeleton and more especially that of the face. But to do justice to a great authority, let us cede the rostrum to Professor Arthur Keith and hear what he said, in his presidential address to the Anthropological section of the British Association for the Advancement of Science, in 1919:

\* \* \*

“We are all familiar with the features of that racial human type which clusters round the heart of Africa; we recognize the Negro at a glance by his black, shining, hairless skin, his crisp hair, his flattened nose, his widely opened dark eyes, his heavily moulded lips, his gleaming teeth and strong jaws. He has a carriage and proportion of body of his own; he has his peculiar quality of voice and action of brain. He is, even to the unpracticed eye, clearly different to the Mongolian native of North-Eastern Asia; the skin, the hair, the eyes, the quality of brain and voice, the carriage of body and proportion of limb to body pick out the Mongol as a sharply differentiated human type. Different to either of these is the native of Central Europe—the Aryan or Caucasian type

of man; we know him by the paleness of his skin and by his facial features—particularly his narrow, prominent nose and thin lips. We are so accustomed to the prominence of the Caucasian nose that only a Mongol or Negro can appreciate its singularity in our aryanized world. When we ask how these three types—the European, Chinaman, and Negro—came by their distinctive features, we find that our evolutionary machine is defective; the processes of natural and of sexual selection will preserve and exaggerate traits of body and of mind, but they cannot produce that complex of features which marks off one racial type from another. Nature has at her command some secret mechanism by which she works out her new patterns in the bodies of man and beast—a mechanism of which we were almost ignorant in Darwin's day, but which we are now beginning to perceive and dimly understand. It is the bearing of this creative or morphogenetic mechanism on the evolution of the modern races of mankind which I propose to make the subject of my address.

“Hid away in various parts of the human frame is a series of more or less obscure bodies or glands, five in number, which, in recent times, we have

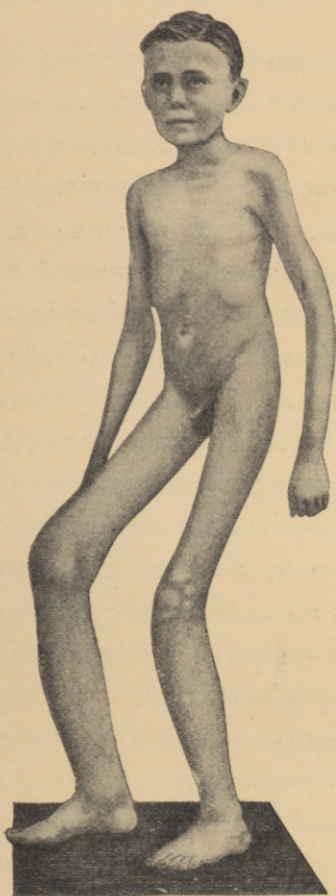


come to recognize as parts of the machinery which regulate the growth of the body. They form merely a fraction of the body—not more than 1/180th part of it; a man might pack the entire series in his watch-pocket. The modern medical student is familiar with each one of them—the pituitary body, about the size of a ripe cherry, attached to the base of the brain and cradled in the floor of the skull; the pineal gland, also situated in the brain, and in point of size but little larger than a wheat-grain; the thyroid in the neck, set astride the windpipe, forms a more bulky mass; the two suprarenal bodies situated in the belly, capping the kidneys, and the interstitial glands embedded within the substance of the testicle and ovary, complete the list. The modern physician is also familiar with the fact that the growth of the body may be retarded, accelerated, or completely altered if one or more of these glands becomes the seat of injury or of a functional disorder.

“On the evidence at our disposal, evidence which is being rapidly augmented, we are justified in regarding the pituitary gland as one of the principal pinions in the machinery which regulates the growth of the human body, and is



Health. (Raphael.)



Infantilism of the upper part of the body contrasting with a partial gigantism of the lower part, and particularly of the right leg, in a sixteen-year-old boy born to a father who had lues venerea. (Case of Dr. Werther of Dresden.)



directly concerned in determining stature, cast of features, texture of skin, and character of hair—all of them marks of race. When we compare the three chief racial types of humanity—the Negro, the Mongol, and the Caucasian or European—we can recognize in the last named a greater predominance of the pituitary than in the other two. The sharp and pronounced nasalization of the face, the tendency to strong eyebrow ridges, the prominent chin, the tendency to bulk of body and height of stature in the majority of Europeans, is best explained, so far as the present state of our knowledge goes, in terms of pituitary function.

“There is no question that our interest in the mechanism of growth has been quickened in recent years by observations and discoveries made by physicians on men and women who suffered from pituitary disorders, but that a small part of the body could influence and regulate the growth and characterization of the whole was known in ancient times. For many centuries it has been common knowledge that the removal of the genital glands alters the external form and internal nature of man and beast. The sooner the operation is performed after birth the more certain are its effects. Were a naturalist from a uni-

sexual world to visit this earth of ours it would be difficult to convince him that a brother and a sister were of the same species, or that the wrinkled, sallow-visaged eunuch with his beardless face, his long tapering limbs, his hesitating carriage, his carping outlook and corpulent body, was brother to the thickset, robust, pugilistic man with the bearded face."

\* \* \*

Coming now from the larger divisions of races to the smaller subdivisions of nations or peoples, we shall find again that their differences are due to the same glands of internal secretion. That of the Russian is different from the French, the Greek from the English, the English from the Hebrew, and the Hebrew from the Norwegian. The cause must be found in those ganglia. Again, coming farther down to smaller subdivisions we shall find peculiarities in people coming from the same locality, and that the Acarnanian is different from the Cretan, as the Thessalian differs from the Cypriot, and as the Scotchman is different from the Irishman, and the Irishman different from the Englishman. Many families have their own family traits which cannot be effaced by time, and pass without change from one gen-

eration to another. Finally, one individual is never exactly like another, even though both be begotten by the same father, and conceived in the same womb at the same time, as happens with twins. The forming, then, and shaping of the body, and above all, every peculiar characteristic, whether of race, nation, family, or individual, are due to these small morphogenetic centers, the glands or ganglia of internal secretion. Now since their histological nature and their physiological functions are invariably transmitted by inheritance, or rather these are the starting points and vital sources of the perpetuation of the human race, and of all living organisms, it naturally follows that through them are inherited, together with the various physical traits, all bodily, and above all, the intellectual or mental peculiarities.

W. B. Cannon, professor of physiology at Harvard Medical School, writes in the *Boston Medical and Surgical Journal* of April 26, 1922, "These glands," which he calls controllers, "regulate growth, they determine the development of intelligence; they fix the appearance of the secondary sexual characteristics and the regular sequences in reproduction, and they control the nature and rate of the chemical changes which take place in the body. There is no



*question of the importance of these glands and of their capacity to cause very profound disturbances in all the above-mentioned processes.'*

The freer of foreign and alien elements a people is kept, the longer it preserves its national characteristics, whether they be physical traits or customs and peculiarities. Hippocrates' description of the Scythians is, for example, a clear illustration of this rule, as is the description of the Germans by Tacitus in his *Germania*.

\* \* \*

But if the least harm or injury affects any of these morphogenetic glands, their physiological functions are immediately disordered, and the general health of the person is most seriously disturbed. Thus, if the thyroid gland suffers from atrophy or hypertrophy, the color of the skin is affected, the epidermis changes, the skin's hairs and sense of touch undergo important modifications, the bulk of the body, the expression of the face, the heart's rhythm, the state of the mind, and the tone of the voice become totally and radically different from what they were before. Besides, curiously enough, if to such a patient substance of the same organ is artificially (i.e., from another animal) supplied, his condition im-

mediately improves and he is temporarily cured. In the same way, if the hypophysis, or the suprarenals are affected by disease, we observe corresponding effects upon the general health of the person. Then, since any injuries once caused on these parts can never be improved with time, either in the persons affected by these injuries or in their heirs of any generation, but, on the contrary, grow even worse and worse, while their evil effects become more and more evident, it follows that the children are born worse than their parents, the grandchildren worse than their grandfathers, the great grandchildren worse than their great grandfathers. One may feel inclined to blame nature as merciless when he sees it accomplish such things; yet in the long run nature proves her loving kindness by her double effort to expel all suffering by improving whatever is capable of improvement, and by destroying whatever is incapable of it.

All these evil manifestations of one or more of the endocrine glands have been termed rather comprehensively *dystrophics* or *dystrophia*, a term which we are obliged to accept. The annihilation of all her dystrophic children as incapable of



Facies of a newly born heredo-syphilitic, showing ulcerated and crusted papules. The lips are characteristically fissured. (J. Parrot, *Syphilis Hereditaire et Rachitis*.)



improvement is the deliberate work of nature, so that her healthy ones might be enabled to live an easier and better life.

Unfortunately there are many and various diseases which, although for the present we cannot define them with precision, find their way into the parts of these glands and cause them incurable injuries. But among all of them there is no malady worse than hereditary syphilis, which makes these glands its chosen and favorite battle ground, and damages them beyond any hope of restoration or cure. That all of us, whether we are physicians or not, may understand the importance of the relation of these glands of internal secretion upon mind, the supreme characteristic of man, let me say this:

If a man by some disease or injury loses both his feet, or both his hands, his spleen, a part of his liver, one of his kidneys, or most of both his lungs, his eyes and his ears, and if, moreover, his ribs are broken and his vitals are crushed, if, with one word, he has suffered fatal injuries, his mental state is not affected in the least. But let his hypophysis be slightly befouled with a needle or suffer any injury, and his mind is immediately affected.

Suppose a person's testicles be removed, or let his suprarenals or the thyroid gland be in any way harmed, and the harm is immediately reflected on the mind. What is more, although no injury of any other tissue or organ is transmitted by heredity to descendants, yet all injuries or pathological changes in these glands, whether they affect their tissues or their functions, become irrevocably hereditary.

\* \* \*

Among the continuously increasing number of treatises on hereditary syphilis we should mention here the work of two French scientists, Professor V. Hutinel and H. Stevenin, who, in four continuous numbers of the *Archives des Maladies des Enfants* (January-April, 1920), published in Paris, report the results of their methodical investigations and give a painstaking analysis of the relations of hereditary syphilis to the glands of internal secretions and the various lesions which this disease causes on them. Anyone who wishes for a more systematic study of the question should have recourse to these reports.

I also recommend what is published by the same Professor, Hutinel, in collaboration with M. Maillet, in the *Annales de Médecine* in the year

1921, Tome X, Nos. 2, 3, 5 and 6, under the title *Glandular dystrophies, and particularly monosymptomatic dystrophies*. This extensive, documentary, and scholarly medicophilosophical work is commended for very careful consideration, not only by the physicians and students of society in general, but by every man of learning, because, every one well acquainted with the French language will find in those four numbers of the *Annales de Médecine* not only the reason and the logical and at the same time scientific explanation why sexes differ, why individuals are never equal, what temperament (diathesis) is, but the most important, what is the occult cause of all these different conditions, either physiological or pathological, under which life manifests itself, and the supreme and sublime qualities by which the existence of the intellectual being is conceived.

This is not tangled platonic reasoning, but simple and unbiased clinical facts, by the careful accumulation and the methodical interpretation of which two main things are demonstrated: namely, first, the importance of the reciprocal relation of the endocrine glands to themselves and to body and mind; and second, the influence of





Mutilating syphilis. (Dr. G. Lacapère, *La Syphilis Arabe.*)

intoxications and infections, and particularly hereditary syphilis, on their function.

Another French authority, who treated this subject very extensively and therefore conclusively, is Dr. Leredde, in his different books about syphilis, and recently in a very well written article in the *Presse Médicale*, July, 1922. Dr. Leredde in his splendid work, though he goes to extremes, refuting the orthodox *familial disease* idea, and attributing almost all chronic congenital diseases to hereditary syphilis, nevertheless proves beyond any shadow of doubt the important rôle played by the syphilidogonus spirochete upon all the glands of internal secretion, and the perpetual re-echoing of their lesions in the general health.

Dr. Paul Ravaut, in an article in the same journal of May 26, 1923, such as only those initiated in the mysteries of the French Medical School know how to write, entitled *Syphilis héréditaire et phénomène de Sensibilisation* (Hereditary lues venerea and phenomenon of Sensibilization), attributes almost all, if not all, the ailments known so far as "familial" or hereditary chronic diseases, attacking successively the different members of the same family, from father, and

most particularly, as he states, mother, to child, grandchild, and so on, to congenital syphilis, which he calls the *great disturbing infection*, and which by localizing itself on the endocrine glands and rendering the humors of the human body less resistant, permits the suffering organisms to react under those different conditions.

“If we will consider,” he says, “the latency of all these troubles, their hereditary transmission, their extension to the different members of the same family, the influence of the specific treatment on them, must we not suspect behind all these manifestations the occult action of syphilis? Of course we should not be so categorical as to state that this disease alone keeps under its dependence the entire chapter of pathology; other infections, as, for example, tuberculosis, can exercise such an influence, but none, I believe, has the importance and the extent of lues venerea.”

This syphilis of the glands of internal secretion Professor Ch. Audry de Toulouse brands *indirect syphilis* or *sursyphilis*, and treats of it extensively in two well-balanced and scientifically accurate articles, in the *Bruxelles Medical* of December 1, 1921, and in the *Annales de Dermatologie et Syphilidographie* of June, 1922.



Timanthes, a highly gifted master, as Pliny tells us in his *Natural History*, painted a sleeping Cyclops upon a small panel; but being desirous to convey an idea of his gigantic stature, he painted some Satyrs near him, measuring his thumb with a thyrsus. Indeed, the same comparison can be made between all those recent works and a treatise published under the name of E. Fournier, but written by the father himself. The recent works are the Satyrs, and Fournier's is the sleeping Cyclops. *Stigmates Dystrophiques de l'Héredo-syphilis* is its title, and the year of its publication 1898.

I am really at a loss what to call that book—an encyclopedia or a thesaurus of the lesions of heredosyphilis. Nevertheless, I venture to advise that it be translated into English and be put in each room of our hotels and boarding houses, which are the places where venereal diseases are contracted. Truly, its four hundred and one observations, representing thousands of cases, will be, with its illustrations, a perfect mirror of our human criminality, medical responsibility and irresponsibility, social prudery, stupidity, hypocrisy, and official recklessness. It will also be the best and most startling lesson for every one who



Syphilitic pemphigus of the new born. Scapula with specific caries. (J. Parrot, *Syphilis Héritaire et Rachitis*.)

desires, willingly and with his eyes open, to run the risk of getting in his body what is in that book, and to transplant it to future generations.

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Here we should satisfy ourselves with the statement that although all forms of dystrophy, teratosis, stunting of growth, mental disturbances, idiocy, insanity, dwarfism, mongolism, rickets,<sup>1</sup> aberration of sexual desires, premature deafness, locomotor ataxia, early and slow blindness have always existed with man, and although they can be caused by many other diseases, yet

<sup>1</sup> If we take the trouble to analyze this question historically we are amazed beyond words to see that Rickets is not mentioned as a disease in the ancient medical books, although in statues, pictures and bas-reliefs we detect some of its deformities graphically reproduced. What most surprises us is the sudden and almost simultaneous appearance of lues venerea and rachitis in Europe. The first work, therefore, ever published and dealing exclusively with this disease is that of Francis Glisson, an English physician of the seventeenth century. This treatise written in Latin, entitled *De Rachitide sive morbo puerili, qui vulgo "the Rickets" dicitur* (on rachitis or infantile disease, vulgarly called the Rickets), published in 1650 in London, is authoritative. Glisson calls rachitis *morbus familiaris* and *morbus hereditarius*, attributing it to prenatal and postnatal causes, and as one of such prenatal causes, besides many others, he recognizes lues venerea. At the same time giving the etymology of the word rachitis, which he originates from the Greek *rachis*, or spine, and calling the term rickets *barbaric*, he writes that this disease was not existent and that it is entirely new. But before we proceed any further let us see first: Is Rickets, or, out of respect for the first author who calls that term barbaric, is rachitis a disease or a morbid entity? Emphatically no! It is a symptom, a phenomenon, a manifestation, or rather a sequela of other diseases, or chronic intoxication, and not a



since the invasion of syphilis they have become more frequent, and through their widely increasing spread they are a direct and immediate danger to our race.

It is true that man in all stages of evolution, whether he was a microbe, protozoön, worm, mollusk, insect, reptile, animal or man, was always subject to disease, and such he continues to be, no matter what degree of progress he attains. His death is caused by disease and not by old age. But since the syphilidogonus spirochete has invaded man's organism and become his

disease, and as such we understand it scientifically; but for the sake of convenience we metaphorically call it "a disease." This sequela of other diseases in Continental Europe, either on account of Glisson's special treatise, or because it happened to occur more often in England, was branded *Morbus Anglicus*. In Germany it was named *Articuli Duplicati*; and in France, *Chartre*, which is synonymous to prison, from the Latin *carcer* or *castrum*.

Dr. Albert Byfield, in the *Journal of the American Medical Association*, August 4, 1923, though analyzing all the causes prevailing in England since the year 1508 up to 1600 and 1650, when Glisson wrote his book, fails to see that a new cause, heretofore entirely unknown, syphilis, is contributing so much as an etiologic factor of hereditary rachitis. He quotes as follows from Glisson: "But omitting all diligent search into the several kinds of causes, we purpose to contract this our discourse chiefly to two heads. The former containeth the infirmities and the diseased dispositions of the parents, which perhaps have so great an influence upon the children that they suppediate at least a proneness to this effect, and infer an aptitude to fall into it, if they have not actually fallen into it from their very birth." But what other malady could, since 1508, produce in England, as elsewhere in Europe, *infirmities and diseased dispositions of parents transmitted to their children at their very birth*? I venture to say that this malady is syphilis.

symbiote, his life has become shorter, and the maladies that afflict his body have not only increased, but often, through complication by the action of the spirochete, have rendered his life unbearable. Above all, the spirochete has even influenced man's highest function, his intellect, and by invading the brain, which is the seat of this intellect, has undermined the very foundations of man's superiority over his remote animal ancestors. I should be right were I to go further and say that by subjecting him to *insanity* this influence has rendered him inferior even to the animals from which he evolved.

Syphilis, indeed, has become the most dreadful scourge of mankind. Transmitted by inheritance to children, it torments them more cruelly and relentlessly than the guilty parents. Through the lesions which it causes to the organs of internal secretion, and which can never be mitigated or cured, it passes on to grandchildren and great grandchildren, and to every generation until the guilty seed utterly perish, hounding its descendants no longer as syphilis but as a dystrophic and undermining condition, manifesting itself in various guises as teratosis, gigantism, dwarf-

ism,<sup>1</sup> megalakria, cretinism, paranoia, epilepsy, diabetes, rachitis, infantilism, and, in general, as a fundamental and hopeless disease, whether nervous or mental, and causing derangements which, though they cannot always be organically explained, are made tragically evident by the disorganized functions of the mind and body. Any man of a sound mind unaffected by either remotely inherited or recently contracted syphilis, and unprejudiced by basely selfish considerations, should certainly be in a position to understand the weight of these consequences.

<sup>1</sup>In the *Deutsche Medizinische Wochenschrift*, Berlin, June 8, 1923, Dr. C. Mau, under the title *Dwarf Growth*, states that "In one of the two cases of extreme nanism described, congenital syphilis of the pituitary gland seems to have been the main factor."





Monstrous malformation of the head with frontal meningocele. Syndactylia of fingers and toes. Father syphilitic. (E. Fournier, *Stigmates Dystrophiques de l'Heredo-syphilitis*.)

## CHAPTER VIII

### SYPHILIS AND THE MODERN CYNICS

*"The virtue which the world wants is a healthful virtue, not a valetudinarian virtue; a virtue which can expose itself to the risks inseparable from all spirited exertion, not a virtue which keeps out of the common air for fear of infection and eschews the common food as too stimulating."*—Macaulay.

YET it is true that there are among us human beings who find pleasure in reading about murders, disasters, devastations, and cataclysms; who listen with delight to the honk of the fire engines and follow them in their imaginations to the scene of the devastating fire; who are frankly sorry because they were not born in the times when Nero reveled in his crimes, when the Roman gladiators were hacking each other in the midst of crowded amphitheatres, or when the early Christians were cast as prey to wild beasts, and were burned as living torches to light the streets of Rome; who are motivated by a cynicism and misanthropy that know no bounds; who, at last, with a conscience stiffened like teeth after chewing sour grapes, by some unknown cause, perhaps by syphilis, look even now upon all syphilitics as taboo, and demand that all such unfortunate beings should be treated by

both society and State as outcasts. Unfortunately such men are many, more than one might imagine, and often include persons holding very prominent positions in society and letters.

The opinion of such men weighs very heavily upon the balance on which the fortune of the citizens hangs. Yet such men continue to look upon syphilis literally as a *disgraceful, disgusting, and contemptible* disease, about which they do not care to hear a word. Reclining in comfortable chairs they lavish their fondness on cats and little dogs, and although to the yowl of a cat or the bark of a dog they are ready to run for help, they never stir if a little child cries sadly outside their doors.<sup>1</sup>

Such men, if they were not prevented by the fear of physical pain and held back by their cowardice, would willingly put an end to their lives, so that by suicide they might rid themselves of

<sup>1</sup> Writers who cater to the oversentimental by attributing to dogs, cats, and other animals thoughts and actions possible only to human beings are doing many of their readers a very grave injury. They are not only teaching false natural history, which is bad enough in itself, but they are creating and fostering among unthinking people an unhealthy sentimentality which often leads eventually to zoophile psychosis, a form of mental disease in which the patient's love of animals becomes distorted, if not absolutely dangerous to those around them. Sick cats give more concern than sick children; the welfare of a guinea pig is of more consequence than that of many babies. It is the author's belief that the reader and the publisher



their human form, the only characteristic which they share with man.

Alexander the Great, when Diogenes, who happened to be basking in the sun, asked him not to stand in the way of the sunbeams, said, according to Plutarch, "If I were not Alexander I should like to be Diogenes." I believe that it was neither admiration, pity, sympathy, nor interest for the cynic that made Alexander speak these words, but his own pride. That is to say, if Alexander were not what he really was, I mean the first and greatest of men, he would prefer to be Diogenes, a man next to the beast, without feeling or sympathy, indifferent and alien to all human affections and human aspirations, pain, grief, distress, charm, love, enjoyment, knowledge, education or learning, like the man lying before him in tattered rags, half-naked, filthy, and dehumanized.

should demand from those who write about animals either the truth or a label to inform the purchaser that he is buying fiction. . . . There is a movement now on foot for sane humane education. Let us love and be kind to animals for what they really are,—many of them are worthy of all we can do for them,—but, in the name of sanity and real humanity, let us avoid that morbid condition of mind in which animals appear to be more intelligent and of greater consequence than our fellow men.

—*Polaris: The Story of an Esquimo Dog*, by Dr. Ernest Harold Baynes. *Which shall live, Men or Animals?* by Dr. Ernest Harold Baynes; *Hygeia*, Oct. 1923.

Shall we, then, ourselves be influenced by these modern imitators of Diogenes, who rule in the midst of our society, differing from the ancient one only in the mockery which they call education and in the laces and silks which have replaced the cynic's rags? And shall we prefer to look upon syphilitics as upon outcasts, or asyphelus, and to treat them as such?

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Syphilis is the Lydian, or touchstone, by which human cowardice, ultra selfishness, superstition and ignoble love of life are irrefutably proved. The reason is, humanity looks always upon the syphilitic as an outcast, polluted, blood-guilty—a man under a curse, and never as a sick man. What has been so far done for the syphilitic, though apparently for his benefit and his treatment, has in reality had only one purpose,—to protect the healthy and not to cure the sick.

There is no room for him in society, no place for him in the community, no respect in law, no mercy in religion, and no bed in a hospital. He is the victim of the quack, the easy prey of the unconscientious doctor, the freely deceived. He is robbed and cheated with vain hopes. He is torn with anxiety. His mind suffers more than his



Pseudo-rachitic incurvation of the tibia, called "sword blade tibia," with ulcerated gummas. (A. Fournier, *Syphilis Hereditaire Tardive*.)



body. The secret of his disease torments and punishes more than the disease itself.

If a great critic like Macaulay needs substantial material to write an essay; if a poet like Dante, to compose a poem; if a tragedian like Euripedes, to present an unsurpassed drama; if a comedian like Aristophanes wants a subject for laughter; and if a humorist like Lucian is in search of humor, let them study the syphilitic in his relation to humanity through the past four centuries. They will find him punished, flogged, pelted with stones, hanged, thrown into the water, poisoned, branded indelibly on the face, badly mutilated by the disease and by those who treated him, chased away from the inhabited communities, and inspiring horror even in lepers, who, frightened by his ulcers, refused to admit him in their holes lest they be infected by him.<sup>1</sup> They will see him treated unscientifically, not cared for humanly, and paying a heavier penalty to medicine than to his malady. The erroneous and criminal application of mercury has killed more syphilitics than syphilis. Even today in

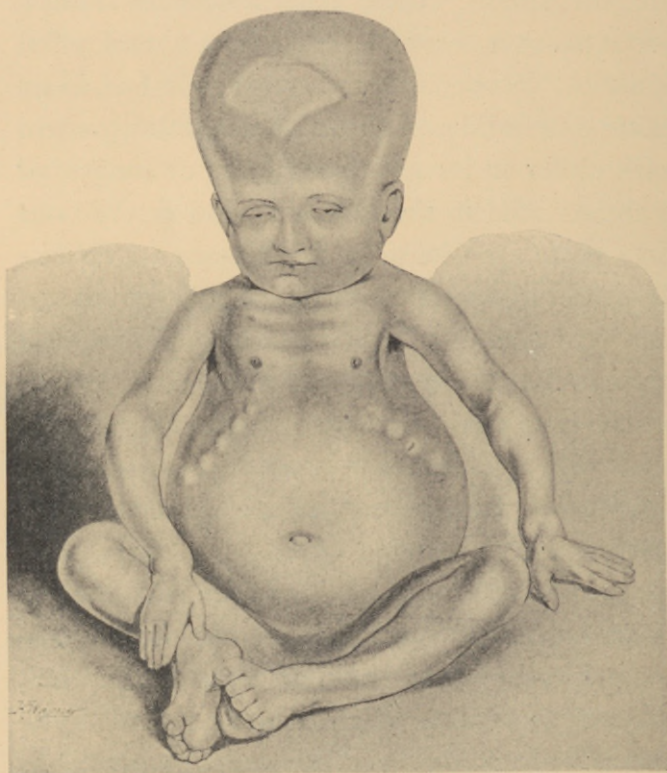
<sup>1</sup>"Community Health," by George M. Katsainos, M.D., *Boston Medical and Surgical Journal*, December 17, 1914.

"The Relation of Leprosy to the Community," by George M. Katsainos, M.D., *Boston Medical and Surgical Journal*, July 8, 1915.

the city of Boston, euphemistically called "The Modern Athens," there is not a hole for shelter, a roof to cover, a tender hand to caress, and, what is almost inconceivable, not a single bed in an infant's or children's hospital to admit a patient with either an innocently acquired or congenital syphilis. And in the same city and at the same time there are Christian Scientists, anti-vivisectionists, anti-vaccinationists, societies for the prevention of cruelty to animals and *children*, and, what is the climax, an Animal Hospital, where, for the mere *sake of euthanasia*, dogs, cats and mice are killed by chloroform. And all that when, as Dr. Mathew A. Reasoner of the U. S. Army in the *Journal of the American Medical Association*, December 16, 1916, writes: "Syphilis is coming to be recognized as omnipresent alike in the palace and in the hovel, the church and the brothel, afflicting young and old, rich and poor, the innocent and the guilty, the plague of plagues."

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If the white race, after the last murderous war and its frightful consequences,—unemployment, famine, privations, horrible nerve shock, moral convulsions, and above all, an astonishing increase of venereal diseases,—does not stop in its



Generalized rachitis with very well-pronounced deformities in a two year and six months old child. (A. B. Marfan, *Quatre Leçons sur le Rachitisme.*)



mad course, which becomes every day more and more rapid by acquired momentum, it will hurl itself down a precipice.

Europe today is like Greece after the Peloponnesian War, and the same fate suffered by Greece without syphilis after the end of that disastrous struggle lies in wait for Europe with syphilis now.

So, then, if nothing else can convince our white race that it is performing the task of the cat of *Æsop*, which continued licking the file with her tongue without realizing that she was licking her own blood, and if it persists in overlooking even the perils of the yellow races, the only races profiting at all from the war which has crippled and bled Europe to exhaustion, and continues now the work under our supposed peace by unemployment and famine, at least let it be aroused and warned by the tremendous increase in the numbers of its syphilitics.

If syphilis alone, regardless of gonorrhœa, continues its work of destruction upon our race with the same intensity with which it is carried on today; if, in spite of the fact that its localization and influence upon our nervous system becomes more evident day by day, we continue to

subject it to a most ineffectual and even predatory and criminal treatment; and, what is most inexcusable of all, if we allow it to be transmitted as hereditary syphilis to children and grandchildren, and to cause irrevocably incurable lesions on the glands of internal secretion, while alcohol<sup>1</sup> and other abuses assist it in its work of devastation,—if, I say, civilization continues to co-operate with rather than war against syphilisation, the white race will, within two hundred years, be reduced to the state in which Columbus found the original syphilitics, the inhabitants of Haiti, and it will easily become the victim and slave of races physically stronger.

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Thus I have brought to completion the first part of my work *On Syphilis*.<sup>2</sup> I know that people

<sup>1</sup>Dr. W. A. Potts, in an article instructive and well commended for careful and thorough study, entitled, *Mental Deficiency in Its Social Aspects*, *British Medical Journal*, Aug. 11, 1923, calls syphilis and alcohol *racial poisons*.

<sup>2</sup>This treatise on *Marriage and Syphilis* is a part of the author's book "On Syphilis" (*Peri Syphilitidos*, 455 pages, big octavo volume, Cosmos Printing Company, New York, N. Y., 1922), extracts and the main features of which are set in this present volume elaborated to a certain extent, the present volume being also the first part of the Author's proposed Tetralogy; the other three parts under study are: Society, the State and the Physician (the great accomplices in the mischiefs of syphilis).

The author's above book *Peri Syphilitidos*, written in Greek, is now under translation into the German and French on account of its originality as a text, its up-to-date value and way of exposing the subject-matter.

will criticize and censure me. To their criticism I can give here a competent answer. For I am aware that all steps from stagnancy to progress, from error to truth, and from injustice to justice are small, like the steps of dwarfs or children, while the obstacles which must be surmounted are very great, infinitely greater than a man's size, and the path is crooked and steep. On the contrary, the strides from truth to error are enormous and gigantic, and the road is downhill and slippery. As Hesiod says:

*"Easily and without effort can one choose evil;  
For the way to it is smooth and short."*

A man in error, like a man going down a precipice, sweeps on with everything in his favor; on the other hand, a man with truth is like a man going up hill, who is obliged to drag with him his own followers. Hence, an erring man's victims are numerous, while if you strike a new path, and above all, if you adhere to truth, you are likely to stand alone,—a fortune which will, perhaps, be mine, too. But at the end truth is justified.

"It is true," writes a great authority, Sir James MacKenzie, in his *Future of Medicine*, "that the observer's life is too short. The man who



plants an acorn does not expect to see the full-grown oak. One may plant and another may water, but neither may reap the increase. The true observer is he who is content to do the spade work, indifferent as to who shall realize the result, so long as the aim of medicine is achieved."



Health, strength, innocence and grace mirrored in a sound infant's face.  
(Rubens, 1577-1640.)

*A disease, the very name of which is prudishly avoided by the lay press, and the victims of which society hates and condemns, the state prosecutes and punishes, and the medical profession deceives and plunders, and which is impossible to fight in the open, cannot be defeated, conquered, and consequently exterminated.*





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