

times worse. "The infection of a woman with Gonorrhœa is a disaster," says Iwan Bloch, one out of Germany's many great authorities on this matter. The disease of the urethra with her is of less importance than in the male. But the mucous membrane of the vagina is almost immediately attacked, and with fatal rapidity the gonococcal infection travels upwards to the uterus, the fallopian tubes, and the ovaries. Time after time, fresh inflammation lights up, ulcerations and adhesions form, pyosalpinx occurs, and as a result of the escape of pus, peritonitis is set up. The thickened mucous membrane occludes the genitalia, and conception becomes impossible. In addition, there may be the complications in the urinary organs, together with the joint, eye, and other affections. "This disease," says Zweifel, "has upon women a miserably depressing effect, and in contradistinction from men, they are likely to suffer for many years from intense pains. Whenever they execute certain bodily movements, it may be during ten years in succession, they experience pains, often horribly severe, and in most cases they are condemned to a life of deprivation and misery—not usually for any fault of their own, *since most women are infected by their husbands.*" Misery and sterility is the summary, with the additional consideration that the micro-organisms lurk in hidden corners and break forth continually into fresh manifestations. Still less than a man can a woman be declared "cured" of gonorrhœa with any certainty. It is the common practice to hide from the woman the nature of her disease. She knows only that "she has never been well since her marriage."

Little girls may become infected through sharing the parents' bed, or through using their towels. Infants are commonly infected, it at all, at birth. The resultant ophthalmia is too sadly well known to need description. Blindness from gonorrhœal ophthalmia is variously estimated by English and foreign writers as the cause of from 30 to 79 per cent. of the cases of blindness in their respective countries.

Impotence, Sterility, Blindness, a goodly trio.

3. Syphilis "is a chronic and constitutional infectious disease." "Syphilis," says F. W. Andrewes, "has the characteristics of a specific fever, running a chronic course, combined with those of an infective granuloma." In plain terms, syphilis is to be classed amongst the infectious fevers.

Authorities differ widely as to its occurrence in the ancient world, and as to whether or no it was introduced into Europe from America by Columbus. Certain it is that it made its appearance at the end of the fifteenth century,

that it first attracted notice when from February to May, 1495, Charles VIII. of France occupied Naples with his troops, and that it spread with appalling rapidity to France, Germany, and Switzerland, involving in a short time all the countries of Europe, including our own. The infection was virulent to a degree now unknown amongst us, but unhappily repeated only too recently in the history of Uganda. The disease proved for a time as great a scourge as the plague itself. It obscured the less obvious Gonorrhœa, and has since remained amongst us in a modified but not for that reason a less dangerous form, common to all, excepting a few of the uncivilised nations of the world.

Like Gonorrhœa, it is caused by a specific micro-organism, the *Spirochæte pallida*, a protozoon discovered by Fritz Schaudinn on March 3rd, 1905, four years since. It has been demonstrated in the vascular system, especially the arteries, in the lymphatic system, in lesions of the genital organs, in the skin eruptions, in the saliva, in the urine. It exists in the form of a spirilla, small and slender, with a few spiral turns, and stains with difficulty. It perishes rapidly in the absence of moisture, and is dangerous only for a few hours after leaving the body.

Syphilis may be considered under two heads—(1) Syphilis which is acquired by fornication, and other wilful acts of unchastity, and (2) *Syphilis insontium*, where wholly innocent persons are attacked. For this reason it cannot justly be classed as a purely venereal disease. Infection may occur from any syphilitic discharge at any stage of the illness. It may be conveyed by the semen of the male, or by the genital organs. It can be spread by kissing, by the use of infected vessels or towels, or of anything which has been in contact with an infected mouth, by licking an infected pencil, it can be contracted by a nurse or doctor in dressing or operation, by the midwife during delivery. It may be transmitted through the placenta to the fœtus, or acquired by the infant in suckling.

The disease commonly presents itself in three stages of development, known as the primary, secondary, and tertiary stages, and in adults can only occur through some slight solution of continuity, often unnoticed, in the mucous membrane or skin. It originates most usually on the genital organs in both sexes some two to four weeks after infection, with the appearance of small nodules of a reddish and peculiar colour, which enlarge, harden at the base, frequently ulcerate, and discharge highly infective pus. They are known as hard chancres. This is the primary lesion, and indicates the point

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