

of infection. The swellings are painless. The infection spreads to the inguinal glands, and wanders by means of the lymph stream and the blood to more distant parts of the body. There may be constitutional symptoms, fever, pains, pallor, loss of nutritive power. These usher in the secondary stage. Now appears the skin eruption, and either concurrently or subsequently, violent inflammation of tonsils and throat, nodules on the skin, a special eruption along the margin of the hair, thickenings on the mucous membranes of the tongue, mouth, and anus, jaundice, headache, pains in the bones and joints, falling out of the hair, anæmia, enlargement of the spleen and lymphatic glands, fever, obscure inflammatory changes in the internal organs, in women especially a peculiar pigmentation of the skin of the throat and back of the neck, loss of memory occurs, a furious iritis lights up. At this stage all discharges from mucous surfaces are highly infectious, but the lesions themselves tend to clear up, and leave no permanent trace. These constitutional symptoms occur usually six to seven weeks after the primary sore, and two to three months after the first infection.

The tertiary stage may arise from one to three years after infection. It may be delayed five or even ten years. It may not occur for fifty years or more, so long drawn out is the possibility of the virus in this, the worst of the venereal group. This is the stage distinguished by syphilitic gummata, hard nodules which ultimately ulcerate, and in the ulcerative process cause loathsome disfigurement and often destroy life. D'Arcy Power classes the tertiary lesions as occurring with greatest frequency in (1) the skin, (2) the central nervous system, (3) the bones; (4) the viscera. The virus has a special affinity for the arteries, causing obliterative endarteritis, affecting commonly the cerebral and coronary arteries, with a tendency to aortic aneurism. We get as results destructive ulceration of brain, liver, intestines, spinal cord, lungs, blood vessels, and testicles, perforation of the hard palate, saddle-nose, apoplectic strokes, nervous paralysis—a long, hideous, and by no means exhaustive list.

Over and above these, we have, not to mention lesser troubles, two great results of syphilis, not actually syphilitic—*Tabes dorsalis*, more commonly called locomotor ataxy, and general paralysis of the insane. These are known as the Para-syphilitic diseases, and are diseases of the central nervous system of a severe degenerative type. Fournier notes that 95 per cent. of the cases occurring in his practice were referable to earlier syphilis. No part

of the tissues of the human body are immune from the ravages of the disease.

Nor do the innocent escape. The disease, contracted from prostitutes in the first instance, may be communicated to the innocent wife and unborn child. The unfaithful and infected wife may infect her husband. *Syphilis insontium* crowns the mystery of pain. Shillito tells us that "Very many women are absolutely innocent, and altogether ignorant, of the serious nature of the complaint. Not infrequently we are asked to and do treat a woman for the whole course of the disease without once mentioning the word syphilis or giving her any inkling as to the true nature of the ailment from which she is suffering. . . . It is impossible to discuss the conditions in the same open way as with men." The wife, it has been said, seldom escapes. The mother may herself be infected through her syphilitic offspring. I have already mentioned the danger to doctor and nurse.

As to children, Fournier followed the cases of 90 married women, infected by their husbands, and pregnant in the first year. There were 50 abortions or stillbirths, 38 children died in infancy, 2 only survived. Syphilis is a common cause of abortion or miscarriage, which may occur repeatedly. Infection may take place through the placenta or the ovum. It has been said that syphilis of the father gives a mortality of 28 per cent. in the offspring, of the mother of 60 per cent., of both parents of 68 per cent. If the fœtus survive, the syphilitic infant develops the secondary stage of the disease, the first being absent, it may be recognised by the wrinkled skin, the yellow, old man's face, the excoriated buttocks, the syphilitic snuffe. Or, later, the child will show signs of degeneration, arrested development, malformation of many kinds, epilepsy, mental weakness. Symptoms may not manifest themselves until later life. Even the second generation is not exempt. "Congenital syphilis of the second generation," says Bloch; "often appears with the same severity as that of the first generation."

Lunacy, mutilation, child-murder, another and yet more goodly trio.

I have reserved until now a few figures which enable us to gain some faint understanding of the immensity of this health problem and its bearing on the development or conversely on the degeneration of the human race.

In Copenhagen 4,000 cases of gonorrhœa and 8,000 cases of syphilis are annually notified. In Prussia on a given day in 1900, only one-half of the doctors returned their report forms, with 41,000 cases of syphilis, 11,600 coming from Berlin.

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