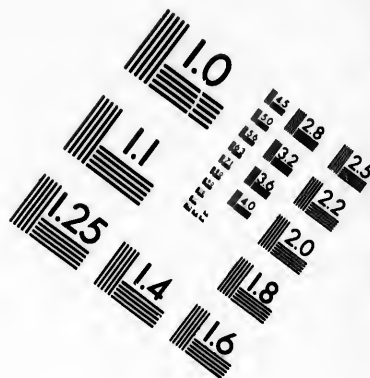
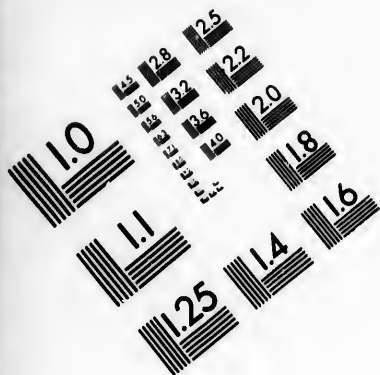
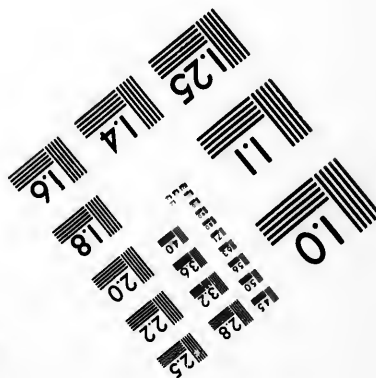
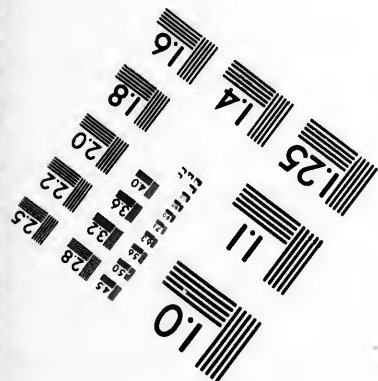
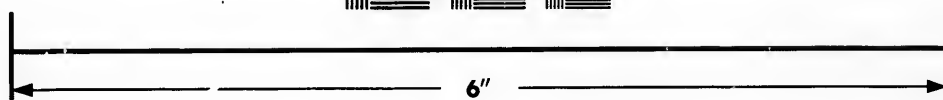
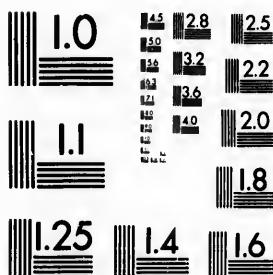




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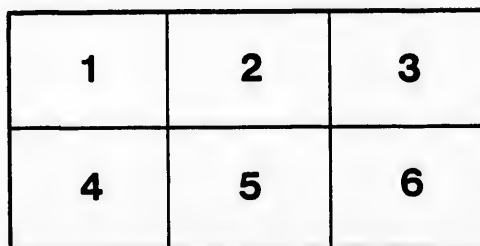
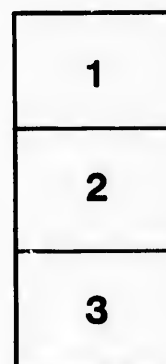
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Two Cases of Syphilis having a Bearing  
on the Question of the Period  
during which the Disease  
is Communicable

BY

JAMES BELL, M. D.

Assistant Professor of Surgery and Clinical Surgery,  
McGill University ; Surgeon to the Royal  
Victoria Hospital and Consulting  
Surgeon to the Montreal  
General Hospital

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TWO CASES OF SYPHILIS HAVING A BEARING ON THE  
QUESTION OF THE PERIOD DURING WHICH THE  
DISEASE IS COMMUNICABLE.

By JAMES BELL, M. D.,

Assistant Professor of Surgery and Clinical Surgery, McGill University; Surgeon to the Royal  
Victoria Hospital and Consulting Surgeon to the Montreal General Hospital.

THIS communication is merely a report of facts which I have had the opportunity of observing under such exceptional circumstances as to lead me to the conclusion that they may be accepted as absolutely reliable, and of such a nature as to add to our knowledge of some of the more obscure problems presented by this protean disease.

They are as follows: 1. A case of transmission of syphilis from the male two years after the disappearance of all lesions.

A gentleman well known to me for years socially as well as professionally, a healthy, strong, active, and athletic man with a good family history, aged about thirty years—a club man, and what might be called a high liver, although rather abstemious in the matter of alcoholic beverages—presented himself on the 3d of March, 1886, with a well-marked and characteristic primary sore. I had previously treated him occasionally for slight attacks of eczema, sometimes on the forearms and sometimes on the legs, but never severe or persistent. I frankly stated my diagnosis, told him what he had to expect in the way of prolonged treatment, and encouraged him with a favorable prognosis. I advised total abstinence from alcohol and tobacco, and regular but good living. I gave no medicine, but instructed him to present himself once a week for examination. On the 9th of June he presented himself with the typical skin, glandular, and throat symptoms, and treatment was then begun. The treatment was at first hydrargyrum cum creta three times daily, which after about three weeks was replaced by protiodide of mercury pills, beginning with a quarter of a grain three times a day and increasing it up to half a grain within a few weeks. This was continued for some months, then

a period of mixed treatment—perchloride of mercury and iodide of potassium; then a lull of a month or six weeks and a course of injections to the point of commencing salivation; then a rest of a month; then some iodide treatment, and finally a return to the protiodide pills, half a grain three times daily. This whole course of treatment extended over two years and four months, during which he abstained entirely from alcohol and followed out my instructions to the letter. After the first three months of treatment he never had a sign of the disease, his general health remained good throughout, and he frequently declared to me that he never felt better in his life. About the time of coming under treatment he was either engaged or about to become engaged to be married. As his treatment progressed satisfactorily, he became anxious to be married; but I resolutely refused to sanction matrimony within two years and a half of the onset of the disease, and then only with the proviso that he should remain perfectly free for at least six months prior to making his final arrangements. At the end of August, 1888, I fully and unreservedly advised him that he might safely arrange to be married. Outside considerations hurried on the arrangements more rapidly than I had anticipated, and he was married on the 24th of November, 1888—two years and eight months from the time at which I diagnosed a fully developed chancre and two years and six months from the time of commencing the treatment. During the month of October he indulged in certain festivities in the way of dinners and suppers and champagne, incident to his emancipation from treatment and in connection with his forthcoming marriage, and (as I believe) in consequence presented himself again with a few patches of acute eczema identical in every respect with his presyphilitic attacks. This soon got well, and I saw no more of him until he came to consult me about his wife. As I have already said, he was married on the 24th of November. On the 25th of January, 1889, he came to me to consult me about some swollen and painful condition of his wife's genitals, but as I had gone abroad for a couple of months he took her to another medical man, and, filled with remorse as he was, told him the history of his own illness. A diagnosis of primary syphilis was made, and a month later (so I am informed by the gentleman who treated her) a characteristic rash appeared, and she was treated with protiodide pills and suitable local applications. Immediately on my return he came to see me, but I could not believe it possible that he could have inoculated her. On the 4th of April I saw her for the first time. She was a strong and healthy woman, but came of a scrofulous family and had had one tonsil removed when a child for hypertrophy. The protiodide treatment had been discontinued and



she had about half a dozen raised pustular spots about the neck and shoulders and one very suspicious-looking spot as large as a ten-cent piece in the fold behind the tragus of the ear. This was moist and excoriated and was very suggestive-looking. The superficial cervical glands were all enlarged, and the tonsils and pillars of the fauces swollen and angry-looking. I declined to make a diagnosis in the face of these observations and facts, for the reason that I believed it impossible that inoculation could have taken place. I gave a placebo, and she went away to the country, but returned in about a fortnight with a deeply ulcerated tonsil and a general redness and inflammation of the fauces and pharynx. The skin eruption had greatly increased and was now multiform, though consisting chiefly of isolated pustular spots. I now made the diagnosis of syphilis (in May), and on suitable treatment all these signs soon disappeared. I may say that in order not to excite suspicion no examination of the genital or inguinal regions had been suggested, and as the patient had had no sufficient reason given her to think it necessary to continue her treatment it was dropped as soon as the symptoms disappeared, with the result that in August she again appeared with a characteristic iritis.

I have given in this narrative the fullest details in order to show (1) that the husband was properly treated and was, as far as could be seen, free from disease when he married; and (2) that there can be no doubt as to the diagnosis in the case of the wife. For the rest, I believe the husband to have been perfectly honest in the matter, and the wife to have been in every respect above suspicion. In my opinion, this must have been a case of blood inoculation.

2. Conception occurring during the period of incubation of the chancre in the male parent—the product being a perfectly healthy, nonsyphilitic child.

A. B., a strong, active, and healthy man, thirty years of age, had been under my care in the early part of the summer of 1892 for a chronic urethritis from which he fully recovered. On the 4th of November he came to me in a state of great anxiety. His wedding day was fixed for the 7th of November, and he was leaving town that evening for the city in which he was to be married. The cause of his anxiety was, he stated to me, the fact that four days previously (October 31st), after a prenuptial dinner which had been tendered him, and while semi-intoxicated, he had again exposed himself, and was in mortal dread lest the urethritis should be revived. This fear completely blinded him to the possibility of any other danger. I next saw him on the 16th of January, 1893, when he came to me with a fully developed secondary syphilis and a large indurated chancre. He had not the

slightest suspicion of what was the matter. The sore, which had appeared two or three weeks after marriage, he attributed to a tear of the prepuce, and its subsequent induration to neglect and the irritation of repeated coitus. The skin eruption, which had been developing for about a week when I saw him (during which he had been away on a business trip), was the first thing to excite his apprehension. It is not necessary to follow the history of this patient further. The interest of the case is centered in his wife and child.

Careful investigation elicited the following facts concerning his wife: (1) That she had ceased to menstruate one week before marriage and had not menstruated since; (2) that she was then suffering from morning vomiting and other symptoms which led her to believe that she was pregnant (about two months). Subsequent events proved this to be the case, and her child was born about the middle of August. Conception must therefore have occurred during the interval which elapsed between the inoculation and the appearance of the chancre. It is only necessary to say further that the woman was made aware of the grave condition of affairs by the husband, and willingly submitted herself to careful examination from time to time during her pregnancy (the genitals always excepted), and that at no time up to the present has there been any indication of syphilis. From the time of the discovery of the husband's disease up to the time of delivery she took steadily protiodide of mercury (in pill form), from three quarters of a grain to a grain and a half daily. She remained in good health, and was delivered at full time of a fine, healthy child, which she nursed for about six months, when her milk failed and she was obliged to wean it. The child (now nine months old) has never shown a sign of syphilis, and is a typically healthy, well-nourished baby.

I regret that I have not had the time nor the opportunity to review the literature of syphilis—now so very extensive—with a view of classifying facts similar to those here recorded, but I trust that these cases may be considered of sufficient interest to justify me in bringing them before the association.



