the cylinder noted for the earliest reaction. The galvanic current should then be used, with a galvanometer in circuit, and the smallest current (in milliamperes) noted at which KnSZ and AnSZ occur. Besides this we must note whether contractions be slow or quick. If muscular atrophy be apparent on inspection, careful measurements should be taken, and the presence of fibrillatory contractions noted. Of course, the emaciation not uncommon in these cases of protracted illness would never be mistaken for true muscular atrophy. Although the one-sided view of refusing to recognize cases as genuine unless muscular atrophy be present, is utterly incorrect and misleading, still, as I have just said, in the very rare cases where it is present it affords absolute and incontestable evidence of disease, especially where electrical changes are added.

I may say, in passing, that general emaciation, to which I have just referred, is, of course, evidence in favor of a chronic disease and it is not a thing to be simulated.

REFLEXES.

Cutaneous Reflexes. — The important skin reflexes to be tested are the plantar, cremaster, abdominal and epigastric. The last two are occasionally absent in health, but absence of the first two is always significant. Another symptom of importance is a difference between the reflexes on the two sides of the body, which is always indicative of some nervous disorder. In many cases these reflexes are undisturbed, but when there is disturbance it is a symptom of disorder in the nervous system which cannot be simulated. This disorder is not necessarily coarse organic disease, for in hysterical anesthesia the skin reflex may be lost, but the changes in the reflexes signify some genuine trouble.

Tendon Reflexes. — The most important reflex here is the knee-jerk. The best way to obtain this is to seat the patient on a table with his legs hanging over the edge. The legs should be bare, and all concretion removed. By placing one hand upon the quadriiceps any attempt at voluntary control of the muscle can at once be detected. The muscle should be relaxed, and the tendon struck with a percussion hammer, a book or the ulnar edge of the hand. If there is no response the patient should re-enforce the reflex by clenching the hands tightly. Persistent absence of the knee-jerk under re-enforcement I believe always signifies organic nervous disease. If cases do occur when it is absent in health they are extremely rare and still questionable. Absence of the knee-jerk, almost constant in tabes and multiple neuritis is extremely rare in traumatic neuroses. In the majority of cases it is exaggerated somewhat. If the jerk is very lively the leg should be extended, the finger placed over the patella which should be drawn down and the finger should be struck a smart blow with a percussion hammer. When the knee-jerk is exaggerated this will cause a contraction of the muscle, and in extreme cases it will set up a clonus. It is a rather delicate and an incontestable proof of exaggeration. Gower's front-tip contraction is another delicate test. Neither of these, however, indicate a degree of exaggeration that is necessarily abnormal.

When the exaggeration is abnormal sudden dorsal extension of the foot on the leg while keeping it strongly extended will give rise to a clonus. If this or the patellar clonus or both be present on repeated examination we have incontestable proof of organic nervous disease. Ankle clonus, however, is of value only when there is a persistent rhythmic clonus. A few irregular contractions soon dying out mean nothing. This clonus when persistent and constant is indicative of disease in the lateral columns of the spinal cord. It is rare, however, to find it in traumatic neuritis.

In a few cases, especially in hemiplegia and paralysis of one arm, the reflexes from the upper extremity may be of interest, but, as a rule, they have much less value.

(To be continued.)

SOME CONSIDERATIONS CONCERNING
SYPHILIS AND MARRIAGE.

BY ARNHEM POST, M.D.

It is not my wish in this short paper to settle categorically all the vexed questions connected with the subject of "Syphilis and Marriage," but rather, so far as I am able, to formulate the general rules to be followed regarding the marriage of syphilitics, and to enumerate some of the difficulties that I have personally encountered in connection with the subject.

It must be considered that syphilis is a most serious disease, that to contract it is a great misfortune, and to wilfully or even carelessly transmit it to another, is a crime. The victim of syphilis is most likely to inoculate others during the first few months of his disease. There comes a time when he is no longer to be regarded as a special object of danger, and, in all probability the latest or so-called tertiary symptoms are absolutely devoid of all contagious properties. A man who marries in the earlier months of his disease is sure to infect his wife, under ordinary circumstances.

The same man, after a series of years, may, we know, safely marry; and he may expect with great confidence to see a healthy posterity. If it were possible to say that after the lapse of exactly so many months or years the victim of syphilis ceased to be capable of infecting healthy individuals, it would be possible to draw the line beyond which marriage might be permissible. No such line can be definitely drawn, and only approximate rules can be laid down, which may read as follows:

Before a syphilitic can be considered a suitable candidate for marriage

The disease must have passed the period which comprises the usual secondary symptoms.

There must have been a well-marked period of entire freedom from symptoms.

The patient must have submitted to thorough treatment.

The period of time which fulfills these conditions is impossible to exactly determine. Fourrier puts the minimum time that ought to be required before the doctor can even tolerate a marriage at three or four years, and considers a longer delay preferable, and that of this time the last eighteen months or two years should have been entirely free from all symptoms of the disease. This period is none too long in those cases in which the disease shows its gravest forms, but there are certainly cases in which marriage may be consummated after a shorter interval with perfect immunity; and in the last edition of Bunstead

1 Read before the Boston Society for Medical Observation, October 7, 1889.
and Taylor, the author closes a short chapter on "Syphilis and Marriage," with the following paragraph:

"If possible, it is always well to delay the marriage of a syphilitic person until the end of the second year of infection. But this only holds good for cases which have been treated regularly and systematically during that period, and which at the expiration of that time are apparently free from the disease."

Keyes ‘puts it roughly’ by saying, . . . "after about four years, or, to be safer, at a period not earlier than four years after marriage, when it can be proved that no symptom of syphilis has shown upon the patient for a year, during which year he has been at least six months without treatment."

In discussing the danger in marriage, it must be said that a man may be considered to cease to be directly dangerous to his wife, while he is still in a condition to transmit disease to his children; so that he may live in safety with a wife as long as there are no children.

My own opinion may be expressed as follows: In the very mildest cases two years is long enough to wait. The man has by that time ceased to be a source of direct danger to his wife; but even in those cases, I should prefer not to sanction the birth of children. For the severer cases a longer time ought to elapse. Possibly some of the worst cases ought not to marry at all. Treatment ought to have been thorough to sanction an early marriage. The medical adviser must be very slow to give more positive assurance of safety than the nature of the disease will permit. The actual responsibility of acting must rest with the interested party.

It has been recently said to me that it makes little difference what the doctor may say upon the subject, syphilis will marry when they please, the idea being apparently that the doctor may view the matter without much feeling of responsibility. The very opposite seems the fact. If certain patients disregard the doctor’s advice, many others are very anxious to know their duty, and follow it faithfully when they learn it. The idea is a very prevalent one that a patient with syphilis must not marry at all, and a permission to marry after a series of years is to marry a bright boy than they dared hope. In construing the idea that patients will not heed the dictum of the doctor in regard to marriage, with my own experience, I am able to recall case after case in which marriage has been postponed in accordance with the doctor’s advice.

In view of the near consummation of an engagement, the diagnosis of a venereal sore if often of great moment. I remember very distinctly a case in which a man had indulged in a last debauch, expecting soon to marry and settle down. He contracted a venereal sore for which he consulted a gentleman in active practice, who pronounced it a chancreoid. The preparations for the marriage were accordingly carried forward, but the sore grew suspicious: a second physician believed it syphilitic, and brought the patient, now almost beside himself with mortification, to me. At that time there was no difficulty in a diagnosis of syphilis, and the patient very honorably, as it seemed to me, caused his engagement to be broken off. It may seem proper to remark that the simple venereal ulcer known as the chancreoid, is growing comparatively rare as compared with the initial lesion of syphilis, so that the diagnosis of chancreoid needs to be made with more and more caution, and particularly, if any question of marriage is involved.

It is not often, probably, that the doctor is consulted by a woman who is syphilitic, as to the propriety of marriage on her part. The question does arise, however; and the answer must be given on the same general principles as those that govern the answer to the male. It is more of a shock to our minds to think of a syphilitic woman marrying a non-syphilitic man, than the opposite. Widows, and women accidentally syphilized in non-venereal manner may, of course, ask the question honestly. If there is, as I believe, any difference in regard to the sexes, one ought to be still more careful to make sure that the disease is latent in the female, and has been most faithfully treated. The woman is more likely to transmit the disease to her offspring, so that there is good reason to hesitate more about sanctioning her marriage, and the interval between the inception of the disease and marriage ought to be longer. For the female, in the opinion of Keyes, five years is little enough; and he thinks more would be better.

It is not often that a woman has the audacity to say to the doctor, "If you will not let me get married, I can’t get the money to pay my bill."

This question in regard to the woman may be presented to the doctor in a very embarrassing manner, as occurred to me several years ago. A young woman was under my care for syphilis of a very severe type, with nervous symptoms which did not augur well for her future. She seemed to have some distrust of a doctor’s discretion, and bound her medical adviser to secrecy with more than usual solemnity. After her symptoms had disappeared, but within an interval too short to admit of marriage, I received a call from a young man who asked me if I knew any reason why a marriage with her would be undesirable, and if such a reason existed, what it was? Of course, that young man had no right to question a doctor as to his former patient as I somewhat emphatically told him; but at the same time that I recognized my duty to my patient, I could not fully divest myself of a feeling of sympathy for the confiding young man who was in the toils of this Cicer. Refusing to say a word about my patient, I referred the young man to his family practitioner whom I knew, and who would, I knew, be wise enough to suspect me more than I dared to tell. The proper method of dealing with such a case, is through the patient. It could not be very difficult to bring a woman in such a case as that to see the necessity of controlling her own destiny.

May a man and woman, both syphilitics, marry? Such a question has been asked of me but once, and in considering the matter I was unable to find any reason why the marriage should not be consummated. To the man it was impossible to do any further damage; he was already syphilitic. The woman might receive serious damage by becoming pregnant, but it was only through pregnancy that damage could occur. I do not mean that her syphilis would increase in severity, but the influence of pregnancy and abortion, or, worse yet, of bringing in to the world a syphilitic child could not fail to be injurious both to the body and mind of the woman. Of course, the offspring of two individuals recently syphilitic are peculiarly exposed. I did not hesitate to say to them that there must be no pregnancy ever. My injunctions have been carried out
and both have done well; but I have been recently called upon to answer the question when they may allow themselves to have children. I hardly know a more serious question that can be raised: both parties thoroughly syphilitic, anxious for children, and yet realizing fully that it is far better to remain childless than to bring into the world a tainted infant. Is there ever a time when such parents can feel sure of producing a healthy offspring? There are cases enough on record where pregnancy after pregnancy has resulted unfortunately during a long series of years. There are also cases enough where the influence of the disease is more limited. It seems to me that the cases where the influence of the disease is shown in the offspring during so long a period are exceptional cases, in which the disease has fastened upon the reproductive organs. Few of them have been thoroughly treated. I think the time will come when the chances of healthy offspring will be so great that my patient will be justified in running it. If I was forced to limit the time, five years would seem to me none too long a time, and I should require that the last two years should be without symptoms. I should also desire an extra mercurial course before conception.

How shall we act towards a man who contracts a chancre while living in the married state? It is a question of great importance to settle for that man the time at which he may return to his wife, and the responsibility of the doctor in advising him is not to be regarded lightly. I must confess I do not quite know how to solve the question. It is perfectly possible to lay down certain negative rules. He must, of course, abstain from intercourse so long as he has visible signs of the disease, but it is not safe to trust the man himself to judge when he is free from all danger, a judgment which the most experienced syphilographer might hesitate to pronounce. Probably the disease is more often communicated by some unrecognized abrasion or slight ulceration, than by an obvious and plainly-recognized lesion: desire to escape detection is more often the controlling motive on the part of the husband, than the wish to shield his wife from disease.

How shall we act towards a married woman who contracts a chancre? The number of wives who introduce syphilis into the family is probably much smaller than that of the husbands; but it certainly is occasionally introduced from that side. I do not know that our actions should differ with the sex, unless to impose even greater strictness upon the woman, as it is still more difficult for her to judge of her own condition.

Both husband and wife ought to be informed that they are probably dangerous to their household for a period longer than is covered by the external manifestations of the disease.

An unpleasant complication sometimes arises when the patient accuses himself of introducing syphilis into the family, when he is the victim. A man presented himself with a sore of undetermined character. His conduct was not blameless; but, like other men, he believed it was impossible to have gained any disease from the only exposure of which he had been guilty for a long time. An examination of his guilty paramour, as reported from a nameless source, seemed to confirm his belief in the absence of disease in the person implicated. I say, seemed to confirm, because the woman was never seen by me, but was examined by a physician of whose name I am ignorant, who reported to the patient. Time soon showed the disease to be syphilis; and coincidently with the appearance of the roseola, my patient expressed his fears that he had infected his wife, from whom he had absented himself since the first appearance of his sore. When seen, she showed a roseola, just fading, undoubtedly the older syphilis of the two. In this case it seemed to me that the mutual unfaithfulness absolved the doctor from any duty beyond the treatment of the two cases as they presented themselves.

What is the proper conduct toward the children of a family in which one or both parents are known to be syphilitic? It occasionally happens that a former patient reappears after some years with the information that he has married, and is now a father. Paternity has made him thoughtful, he fears that his first-born has inherited some trouble, and he wants the doctor to examine the infant and determine whether treatment is necessary.

It is a very delicate, often impossible, task to determine whether there is any syphilitic taint in a child, and the propriety of anti-syphilitic treatment is equally difficult. The rules laid down by Fournier seem to me so wise, that I trust that I may be pardoned for quoting them here:

"An infant born healthy, in appearance at least, of a syphilitic father need not be treated. Paternal heredity is so much less certain than maternal heredity that the infant has a good chance of having escaped the disease.

"An infant born healthy, in appearance at least, of a mother formerly syphilitic, but who has not shown any accidents of syphilis during her pregnancy need not be treated, since if there are any chances of its being syphilitic there are also chances that it may have escaped.

"An infant born healthy, in appearance, of a woman recently syphilitic, especially if she has had venereal accidents during the course of her pregnancy, ought to be treated energetically from its birth, since it is certain, in spite of its healthy appearance, that it is syphilitic."

There is another class of patients, to which I wish to refer,—rather than to express sympathy than to judge—those who desire to have offspring because they deserve who have been falsely accused. This class of individuals who suffer from some reminder of an early syphilis, when they have long been staid fathers of families. Such men often suffer very acutely at the disgrace which they fancy has overtaken them. They brood over the possibility of infecting the various members of the family; they speculate as to the possibility that their children are tainted; and they imagine the secret cause of their trouble will become public to the shame of themselves and of their families. In fact, they desired to be classed among the syphilopaths and their mental condition often causes more trouble than the physical ailment.

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A contemporary, on the lookout for physiological information, has learned of a sweet girl, graduate, who read an essay on physiology, in which she said: "The human body is divided into three parts—the head, the chest, and the stomach. The head contains the eyes and brains, if any. The chest contains the lungs and a piece of the liver. The stomach is devoted to the bowels, of which there are five, a, o, i, o, and sometimes w and y."