

Ordered above for constant wear. He returned to school and has had no more trouble; has graduated and is now wearing same glasses; could not get along without them.

Case 10.—Mr. G. F. F. age 25. Farmer. Eyes water and burn when reading in the evening.

R. E. V. = 20-20; accepts no glass; L. E. V. = 20-20 accepts no glass.

Ordered atropin as above for three days. R. E. V. = 20-40, with + 0.50 = 20-20; L. E. V. = 20-40, with + 0.50 = 20-20.

Ordered above for constant use and to my surprise they gave perfect satisfaction; he also had duplicate made after he had broken them so he would always have a pair.

Case 11.—Maud G., age 18; blepharitis marginalis both eyes.

R. E. V. = 20-20, accepts no glass; L. E. V. = 20-20, accepts no glass.

Ordered atropin as above for three days.

R. E. V. = 20-60, with + 1. = 20-20; L. E. V. = 20-80, with + 1. \odot with + 0.50 \odot 90 = 20-20.

Ordered above for constant wear; result, complete recovery. I had treated her many times with temporary benefit with yellow oxid of mercury ointment.

Case 12.—Annie S., age 3 years. Converging squint alternating for one year. Ordered atropin same strength as above three times a day for one week; fitted her by retinoscopy; examined in four weeks; result, perfect when glasses are on; converging when glasses are off.

Case 3.—Was a case of muscular asthenopia and he might have been relieved had he been in more competent hands, but while I did him no good, I did him no harm.

Case 4.—Received no benefit. I do not think I could benefit her any now if I were to try again. She did not like the looks of the glasses and that may have had something to do with the result; at least, I did not benefit her any.

I had a patient in my clinic, Illinois Charity Eye and Ear Infirmary, not long since, suffering from headaches. She was relieved by glasses, but she had a divergence. She was operated upon for convergence by a surgeon not long since. Had she been fitted with glasses in first place she might have saved herself two operations, the one the surgeon did and the advancement to correct it.

Operations for squint should not be attempted by the doctor unless he can correct errors of refraction.

WAS IT SYPHILIS?

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This question could in all fairness be asked, after a careful analysis of the subject, particularly the evidence presented, in the very able paper, read last June before the Section on Surgery and Anatomy at the forty-fourth annual meeting of the AMERICAN MEDICAL ASSOCIATION, bearing the title, "The Antiquity of Syphilis, and Moses as a Health Officer," by Dr. J. T. Jelks of Hot Springs, Ark. In this paper the Doctor has evidently touched the keynote of discussion; and without doubt, has been the means of turning many thinking men in a direction hitherto not sought, for clinical evidence in the diagnosis of disease. I think it quite worthy the profession to turn aside for a moment from our text-books, and consider some of the leading points in the arguments presented by Dr. Jelks, from a Scriptural standpoint. However, it will be our aim (as the reader will observe), in the treatment of the subject, to have it suggestive, rather than exhaustive; to render full justice to every argument and quotation presented by Dr. Jelks, would swell this paper to a volume of no small dimension.

The reader will observe the necessity of first carefully perusing Dr. Jelks' paper, and then, with the open Bible, study with us the evidence presented; not forgetting the fact, however, that—for a purpose—the Doctor has quoted from the writings of Dr. Buret, who carefully gathered all his *Scriptural* evidence from the Latin version of the Hebrew text (edition of 1715, found in the National Library at Paris).

Let me state for the benefit of the reader, this Latin version is an obscure volume—the very location teaches that—an edition known to a few; used by Dr. Buret, however, to prove his arguments. His purpose, as you will very readily see, could not be met, had our more modern or common versions been consulted. The great difference will be plainly seen, by comparison of the quotations, which will account for the remark by Dr. Buret: "We show our preference for the Latin version." (1715). (Why?) It will be unnecessary to remark, that, granting the preference to either the Latin or the more common versions, the evidence is very hypothetical in the former, and much more so in the latter. With our knowledge of Hebrew history, it would not be arrogance to suppose that syphilis did prevail to some extent, and was a disease then as now, much to be dreaded.

We are not, however, justified in asserting that syphilis was prevalent among the prominent Bible characters. A great deal of question hovers over such terms as plague, pestilence, etc., words used in the Scripture many times, without any definite meaning, i. e., specific name; thus we are not at fault if we do not know just what the plague was. The declaration shows a visitation on the people, of divine judgments. However, there are many instances given (I think about one-half), where the nature of the plague and pestilence are fully defined. The ten plagues which visited Egypt during the captivity; as also the leprosy. This latter is amply elucidated in Leviticus, thirteenth chapter. I would ask the reader to carefully peruse this chapter throughout, and see if he does not see in it more of the laws and tokens given to enable the priests to correctly establish the differential diagnosis between leprosy and a prevailing, yet harmless skin disease, than he does of any symptom accompanying syphilis.

It will be well to remember also, that this chapter is referred to by Dr. Buret in his endeavor to prove secondary and tertiary syphilis. As before remarked, Scriptural writers have in many instances given us but a vague idea of what many plagues were. See in this connection Num. 16: 46. Here a plague is spoken of as begun, also the same chapter (fiftieth verse), the same plague was stayed. Num. 11: 33 records a like instance. Not to over-tax our readers farther, we will close this line of thought with this fact; that plagues were administered in various ways, not necessarily in the form of sickness or bodily infirmity. (See plagues of Egypt also, Deut. 28: 59, 60, 61.) These verses in Deuteronomy might be accepted as the key to the term, plague, by enabling us to assimilate our minds to the circumstances and conditions of the people living at that age, and upon whom the plagues rested.

Let us bear in mind the fact, that medical men are not *entirely* exempt from all weaknesses of the flesh; one of which is a great tendency on the part of human discoverers to plainly see what they are seeking for; particularly a "diagnosis." It has been said the "seekers after a miracle will accept anything rather than be disappointed." It is not ours to say such is the case with either Dr. Jelks or Buret whom the former quotes. We observe, however, objects can be presented to the vision in varied hues, according to the color of the light cast upon them; rendering many times the true pigment quite obscure.

In the case before us, Dr. Jelks accepts the diag-

nosis of syphilis among the Hebrews, made by Dr. Buret, who "shows a preference," for the obscure Scriptural light before alluded to. We are free to confess, the Doctor's object *could* be gained by the aid of such a light reflected upon the science of etiology—with less strain upon the imagination than any other. When Scripture is called upon to prove, not only the antiquity of syphilis, but any other reasonable doctrine, men are quite apt to grasp at the old and sacrilegious adage with a great deal of vehemence. True, there are some rather strong passages quoted to prove such doctrines.

We recognize in the subject before us, a possibility of producing some which could be used as a fulcrum, upon which to place the strong lever of scientific research, viz.: the twenty-fifth chapter of Numbers. In this, if there be any, is the strong hold of the syphilitic argument, and yet the writer would feel safe in saying there is not a physician at the present day who would dare to diagnose so grave a disease as the one in question with so little clinical evidence.

The plague here spoken of *might* have been syphilis. Evidence is lacking to warrant a too decisive opinion in either direction. However, we do claim the evidence is greatly wanting to prove this disease, in the persons presented by Dr. Buret, and from whom Dr. Jelks quotes. Space in this JOURNAL will not permit a too lengthy discussion of every detail; therefore we will cast some glances at Scripture along the narratives in which Sarai, the wife of Abram, and David the king of Israel occupy a prominent position. Sarai is mentioned by Dr. Buret as being the infective agent in the household of Pharaoh. (See narrative in Gen. chapter xii to end.) We here see that Sarai's beauty was the passport of admission. At the same time we must not lose sight of the existing custom among Egyptian rulers: Gen. 12: 15. This action of Abram was the result of his best judgment, founded on a knowledge of this custom; and to save his life these methods were resorted to. Abram explains his situation and feelings in a similar peril. (Gen. 20: 11.) "I said, surely the fear of God is not in this place, and they will slay me for my wife's sake." This also applies to their condition while with Pharaoh, vividly marking the character of that ruler, whose unbridled lust would not stop at murder to gratify its passions.

When the offended Deity troubles Pharaoh for his sin, he lays the blame to Abram for leading him astray by this device. Right at this point the question presents; could Sarai be afflicted with syphilis, and Abram have no knowledge of the same? Again, if such was her condition, would not Abram have presented the fact to Pharaoh, as the strongest possible argument against prevailing custom or passions? Would a syphilitic subject be so extremely comely as to attract the attention of the king? Have we any just reason to presume, that both Abram and Sarai were ignorant of the fearful consequences accompanying syphilis? Not in the least. This could not possibly have been the true situation.

Note also the time of their marriage relations. Sarai's barrenness, yet in possession of great beauty; so many years a syphilitic subject, in a land where therapeutic measures were simply rudimentary, if known at all. Again, please consider the intervening time between the admission of Sarai into Pharaoh's household, and the visitation of the plague mentioned. Was it sufficient for the true nature of

syphilitic poison to manifest itself among so many? correctly considering the stages of incubation, primary lesion, etc.! We have reason to suppose—if this were the case—the word, wife, would have been supplemented by the word, syphilis, or its equivalent Hebrew term, to finish the interrogation of Pharaoh to Abram, when Sarai was returned to him: "Why didst thou not tell me that she was" (syphilitic)?

Can we presume for a moment this disease was not known among so licentious a people as the Egyptians? Let me ask you to turn to Gen. 17: 1 to 6. Here we find Abram, at ninety-nine years, covenanting with the Almighty (verse 4); here we notice a change in name occurs (verse 5); also a change in name for Sarai (verse 15); the promise continues, viz.: "She shall become a mother of nations." This occurs prior to the sojourn at Gerar; also (to continue the narrative) we see Sarah, "old and well stricken in years, and it ceased to be with Sarah after the manner of women." (Gen. 18: 11). At this time we recognize Sarah as having passed the menopause, and to this the passage refers; and to this Sarah herself refers, when she laughed at the announcement. In this condition she is found by Abimelech the king, as before alluded to. (See Gen. 20: 2.)

Now it would be quite reasonable to ask Dr. Harmonic of Paris—to whom Dr. Jelks refers—what causes the barrenness in Sarah at this time, syphilis or menopause? Our modern Scripture (Gen. 18: 11) says, "and it ceased to be with Sarah after the manner of women." In this statement we recognize the menopause, at which time, (according to the quotation by Dr. Jelks from Dr. Harmonic's "Monograph on Venereal Diseases among the Hebrews," the Doctor in alluding to Sarah says: "It is not irrational to suppose that syphilis was concerned in this sterility. It disappeared with age in Sarah, who became pregnant late; which is good proof that her sterility was not due to organic causes; and, outside of syphilis, we can not see any other disease of genital origin, which would correspond with the foregoing facts.") We see by this quotation that the disease "disappeared." Granting the Doctor's statement correct, we would ask how Sarah could convey the disease to Abimelech, after all the foregoing changes mentioned had taken place? All of which did occur, prior to her sojourn at Gerar. And yet, notwithstanding all this, the Doctor charges Sarah with the crime of imparting syphilis to a man whom the Scriptures declare she had no connection with, nor ever saw, prior to the period of menopause; at which time, according to the Doctor's own statement, the disease (if she ever had it) had disappeared. It will be well to state, before leaving this part of our subject, the penalty in the case of Abimelech is more definite than in the similar incident with Pharaoh, the term, plague, being used without a specific definition; while in this latter case the plague is well defined (see Gen. 20: 18): "For the Lord had fast closed up all the wombs of the house of Abimelech, because of Sarah, Abraham's wife."

The writer already feels like asking forgiveness for so much time and space already taken, and will briefly consider the part taken in this by Israel's king. That David was a great sinner, as also a great repentant can not be denied. Yet according to our common versions of Scripture we fail to find evidence that he was a syphilitic subject. Dr. Jelks quotes Dr. Buret in his paper as authority that he was. To

prove the argument, the Latin version (1715) is again "proffered." The statement is advanced that David contracted syphilis from Uriah's wife, (see narrative chap. xii. Kings). The reader will remember that this Latin version does not give the same division of its contents into books and chapters, as our common version, which *we* prefer; and we ask your attention to II. Samuel, chap. xii. In this we recognize the blackest chapter in the life of David. Much more space is given in the Bible to this one crime than to many of his virtuous achievements. The object in this will be seen by the Bible scholar as obvious; a line of thought which, were we to follow would lead us farther from the subject now in hand; and we will but glance at it from this direction, viz.: the simple fact that this was a great sin against God and Uriah, does not establish the fact that Bathsheba had syphilis. Again, the child dying does not prove the same. While the twenty-fourth verse, tells us that, "David comforted her and went in unto her, and she bare a son, and called his name Solomon, and the Lord loved him."

The reader will very readily see the time here mentioned is remarkably short for Bathsheba and David—both pronounced syphilitics—to recover sufficiently to bring forth so healthy an offspring as Solomon. If the first was a case of congenital syphilis, what can we look for in the second? Our best judgments in this case would hesitate before pronouncing either of them syphilitic. Stopping just to glance at the lamentations referred to by the Doctor, we would ask the reader to consider the following, (these are all the quotations contained in the Scriptures, wherein the word, bones, is mentioned) and see if there are any syphilitic bones to be discovered among them: Ps. 6:2; 22:14; 31:10; 32:3; 35:10; 38:3; 42:10; 102; 3:5. Particular attention is asked to the prophetic psalms, the twenty-second having been quoted by the Doctor, which is conceded by our most biased Bible scholars to contain no allusion whatsoever to David, but is a grand prophetic description of the sufferings of Christ, whom none would declare to be syphilitic.

The reader will see many words occurring in the Latin (1715) so preferred by the Doctor, that do not occur in any place in our common versions. For instance, the words, cure and mocked, do not appear in the Psalms. As for the words, opprobrium, healthy, ulcer, or ulcers, they are not in the Bible, i.e., our common version. The careful student, looking more for Scriptural facts than a diagnosis of syphilis, will plainly see the Psalms, especially the prophetic, are speaking so beautifully and often in poetic metaphor of the coming Christ, and not the syphilitic symptoms of which David the king, is supposed to be the direct sufferer. Proof of this will call our attention to the thirty-eighth Psalm as a sample of what they contain, regarding the punishments by disease inflicted upon David, as mentioned by Dr. Buret. I would ask the reader to consider, with this Psalm, in order to better define our argument, what the punishment was: See Ps. 6:1; Deut. 32:23; II. Sam. 16:12; Ps. 31:10; 40:12). By this, we are more enlightened regarding the use of such terms as arrows, bones, loins, etc. The word, loins, being considered by all Bible scholars as being the seat of strength; a weakened or exhausted condition therefore calls forth groans, etc. (See Rom. 8:26).

The reader of Dr. Jelks' paper will notice great em-

phasis is laid on such symptoms as are recorded in the seventh verse of the thirty-eighth Psalm. This is one of the very strongest arguments that David was syphilitic: "For my loins are filled with a loathsome disease: and there is no soundness in my flesh." See also, second verse of same Psalm: "For thine arrows stick fast in me, and thy hand presseth me sore." These have been previously alluded to and commented on. The word, tongue, is found only in the following Psalms: (Pa. 22:15; 35:28; 39:1,3; 45:1; 51:14; 66:17; 119:172; 137:6; 139:2). The reader of these will see at a glance there is no reference whatsoever to a disease of any kind. The worship of Baal-peor, as quoted by the Doctor will, I think, receive the indorsement of all Bible students, as the narrative seems clearly to show that this form (and they were many) of Baal worship was connected with licentious rites. The bloody health officer, Moses, however, did not slay (kill by the steel) twenty-four thousand. Here another great difference may be seen between the two versions: Verse nine of this twenty-fifth chapter of Numbers reads: "Those that died in the plague (what plague, syphilis or ?) were twenty and four thousand." However, you will see in I. Cor. 10:8, only twenty-three thousand perished from pestilence. By this, we must remember Moses includes the thousand *only* who died by the execution of the judges. In other words, Moses only caused to be killed, one thousand.

Dr. Buret's Chinese history will permit of no question by the writer—neither the historic skulls and tibiae excavated from the caves and dolmens of France, the tombs of the Incas, or mounds of the United States; in these every physician will agree, having any knowledge whatever of syphilis and its lasting results.

To the medical profession, the writer would say: This has been written in reply to those arguments presented by the Doctor, regarding the persons mentioned; not defending the great wrongs, which were many (especially David's), but as the old saying reads: "Give the Devil his due." After a careful study of the subject the writer does not dispute the existence of syphilis among the Hebrews, and every other people that ever existed, since the foundation of the earth. But we think our common versions *will not bear us out*, in pronouncing the disease upon either of the prominent Bible characters mentioned by Drs. Jelks or Buret. A glance at Bible history will convince the reader, why these Latin versions (and they are many) are not pronounced to-day as correct versions, particularly the version of 1715.

MIGRATION OF SYPHILIS FROM EAST ASIA INTO AMERICA BY WAY OF THE BEHRING SEA.

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In the October issue of the *Sci-I-Kwai Medical Journal* re-appear two articles of mine, both on pre-Columbian syphilis, in which I endeavor to show a possible relation between East Asia and pre-Columbian America.

The antiquity of syphilis in Japan and China is admitted by all Japanese students. Waké and Tamba, who both belong as far back as the seventh