SYPHILIS.
A SYMPOSIUM

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Syphilis. A Symposium by L. Duncan Bulkley & Norman B. Gwyn

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L. DUNCAN BULKLEY & NORMAN B. GWYN

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Trieste

SYPHILIS

A Symposium

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THE ETIOLOGY OF SYPHILIS.

BY A. ROBIN, M.D.*

CLINICAL evidence establishes beyond doubt the contagious and infectious nature of syphilis. It is readily transmitted from one individual to another by contact, it is communicated through various objects carrying the syphilitic virus, and, in view of the recent discoveries in the mode of propagation of disease by insects, it may well be conceived that it may also be transmitted through the agency of suctorial insects, such as mosquitoes, although there are no evidences of such a mode of infection. Furthermore, syphilis presents a distinct period of incubation and an invasion characterized, like all other eruptive fevers, by a train of systemic disturbances. It is self-limiting and confers immunity, which of course presupposes the formation of toxins and antitoxins. Natural immunity, however, may be said to exist only in the lower animals, for man, although varying in his susceptibility, may and

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does become infected, irrespective of race, age, sex, climate and station of life. Like malaria, syphilis is influenced by a specific treatment which acts in one of two ways: It either destroys the morbific agent, or, what is more likely, stimulates the formation of specific antitoxins. Pathologically, syphilis belongs to the infective granulomata, being closely allied to tuberculosis and leprosy. Being an infectious disease, it must of necessity possess an infective or specific agent, and, in view of our latest knowledge of infectious diseases in general, such agent must be a living micro-organism of either protozoan or bacterial nature. What is the nature of this micro-organism?

History repeats itself in the case of syphilis. It is usually the case in the investigation of infectious diseases, the causative agent of which is unknown, that a number of bacteriologists set out independently of each other to look for the hidden foe—the germ; and, inasmuch as germs of all kinds are plentiful, especially in or about diseased tissues, several of them are picked out by the overzealous investigators and branded as *the* specific germs. There being several of these germs discovered and several claimants for priority, a chaotic state of affairs supervenes. Instead of one, we have a number of specific micro-organisms, each apparently supported by "undeniable evidences." But as there cannot be

two truths, so there cannot be several specific germs causing a given disease and, therefore, the very number of such claims speaks strongly against the validity of each.

I shall attempt only a brief mention of some of the specific micro-organisms "discovered" in connection with syphilis. Klebs (*Arch f. Exp. Path.*, Vol. X., No. 3) claimed to have found mobile granules and short rods in the primary ulcer. Inoculation of apes with portions of syphilitic tissue resulted in a disease closely resembling syphilis (?). Cultivation of the blood of such apes on gelatin yielded an organism identical with that found in the primary lesion. A similar organism was found by Bergman, Martineau and Hamonie; the latter authors claiming to have produced syphilis in a young pig by inoculation of a pure culture. Diplococci were found by Aufrecht, Disse and Tagucchi, and a number of other observers. Various protozoa and fungi have also been unearthed from time to time, and each held by the anxious discoverer as *the* specific agent. Of these may be mentioned Cutter's "Crypta syphilitica filamenta," Doehle's protozoa and, of later date, Winkler's parasite (1898) and Schüller's protozoa (1900). The most important claim, however, belongs to Lustgarten. This author demonstrated (in 1884) by special methods of staining, a bacillus closely resembling mor-

phologically and tinctorially the bacillus of leprosy and the tubercle bacillus. The organism was found in sections of syphilitic lesions in 16 cases. It is of the size of the tubercle bacillus and occurs mostly in groups of two or more within the lymphoid cells. The organism was also found in the secretions of the primary sore, but in this location it would be almost impossible to eliminate with absolute certainty the smegma bacillus; with which it is practically identical. The bacillus was also found in a case of congenital syphilis. Lustgarten's claims are more weighty than any heretofore presented, and have been made the subject of controversy still kept up among the bacteriologists. Thus, while Doutrelepout and Schütz (*Deutsche Med. Woch.*, No. 19, 1885), Matterstock (*Mittheil, a. d. Med. Klin. d. Univ. Würzburg*, 1886), Kamen (*Intern. Klin. Rundsch*, No. 23, 1889) and others succeeded in demonstrating Lustgarten's bacillus in syphilitic lesions, a number of no less competent observers failed in the attempt or found them inconstantly. Alvarez and Tavel (*Arch. de Physiol. Norm. et Path.*, T. vi., 1885) examined the tissues in eight cases of syphilis without finding the bacillus. In the secretions of the ulcers, in the smegma, labial folds and anus they found a bacillus (the smegma bacillus) which could not be distinguished from Lustgarten's. Klemperer's (*Deutsche. Med. Woch.*, No. 47,