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GONORRHŒA AND SYPHILIS IN RELATION TO MARRIAGE

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EVERY man and woman afflicted with gonorrhœa and syphilis asks the physician the same question : Can I be entirely cured, and if so, can I eventually marry and have healthy children. This question and the fear which it implies, is the result of the impression which the general public holds to the effect that these diseases never are cured and that marriage and procreation are adventures fraught with danger and tragedy.

We know, of course, that a large proportion of gonorrhœics and syphilitics do get well and marry with perfect safety. I daresay that every practitioner has seen these cases in his own experience. It is also true that too large a proportion of cases remain uncured and often transmit their infections to the marriage partner and their offspring.

There is nothing inherent in gonorrhœa or syphilis which renders them incurable. With proper treatment intelligently administered, and with the full co-operation of the patient, it is safe to say that every case of syphilis and gonorrhœa ought to be completely cured. If this ideal is not attained in actual practice someone is at fault—either the practitioner or the patient, or both.

In considering these diseases in relation to marriage it is not deemed necessary to repeat the familiar statistics showing how many men acquire gonorrhœa and syphilis, how many infect their wives, and how many children are born with syphilis or become blinded through the gonococcus. These figures have been presented so often that a repetition would serve no useful purpose in the present discussion. Suffice it to say that these diseases constitute one of the most serious problems of human society.

The question of marriage is complicated by the fact that we have no absolute tests of cure, and we are thus unable to declare with positiveness that the patient, having undergone treatment, is completely cured, and therefore may marry without fear of undue results. As

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stated by Stokes, in reference to syphilis, "There is no landmark or milestone which when once passed indicates fitness for marriage." The same is true of gonorrhœa. But there are definite conditions, which when present, make it possible to grant a bill of health to the patient with reasonable assurance. It is these conditions or qualifications which we must bear in mind at all times.

In recent years the public have become conscious of the fact that an examination before marriage is desirable, if there has been a previous venereal infection. In some countries and in some States of the United States such a premarital examination is compulsory before the issuance of a marriage licence. But the value of a single examination made a few days before marriage is extremely slight ; in fact, it simply deludes the patient into believing that the negative Wassermann or clear urine is a certificate of freedom from syphilis or gonorrhœa. We know from long experience that a negative Wassermann does not signify freedom from syphilis and that a clear voided urine does not signify freedom from gonorrhœa.

It is, unfortunately, a fact that many medical men do not seem to know that a premarital examination worth anything at all requires at least a month and preferably several months in which a number of tests are made under various conditions. One test cannot possibly protect the innocent victim of marriage from a partner who carries latent infection. This latency can be determined only through long and repeated observations, and it takes time to make them.

Let us first consider syphilis and its relation to marriage. Marriage must be made safe for the syphilitic and his possible progeny. Inasmuch as syphilis is a constitutional disease affecting every body tissue, the danger in marriage lies not only in the possible transfer of the disease to the marriage partner, as in gonorrhœa, but also to children born of the union. There is also to be considered the certainty that a certain percentage of syphilitics will, in later life, develop neurosyphilis or cardiovascular lesions and their associated economic problems, despite the usual treatment of to-day. The economic status of the syphilitic contemplating marriage thus has a distinct bearing on the permissibility of marriage, which we cannot ignore.

The essential requirements for safety in syphilis are

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(1) there must be a clinical cure, and (2) the blood and spinal fluid must be made sterile and remain so, as regards the spirochætes. Only then may we feel justified in believing that a cure has been effected and marriage permissible. As has been stated, we have no absolute criterion of cure. In the pre-Ehrlich and Wassermann days, when we had nothing but clinical tests to go by, it was my custom to tell patients, with a touch of facetiousness, that they will know they've been cured if, in the succeeding fifty years they have been perfectly well and have had healthy children who have grown to healthy maturity. This is a long time to wait, to be sure, but it is really the best test we have, even to-day. The lapse of years and the absence of clinical and serological evidences of syphilis constitute the single criterion of cure.

Naturally, this opinion cannot be given in all seriousness to the anxious patient who seeks safety in his approaching marriage. We must give him something more concretely definite, some test that can be applied at once. We must therefore study the history of the case, its duration and the treatment that he has undergone. There is no rule applicable to all cases. Each case must be judged and determined individually. If a generalisation must be made, it is my practice to require the following conditions before sanctioning marriage: the patient must have had continuous, combined arsenical-bismuth treatment over a period of at least two years (preferably three); at least one year should have elapsed (preferably two) since the last treatment was administered, during which time there has been no clinical or serological evidence of the disease; the sero-reaction controlled by several independent serologists should be negative in at least five or six tests made at monthly intervals; the spinal fluid likewise should be negative at least one year after cessation of treatment and the patient must be clinically negative.

In those occasional cases in which the seroreaction remains positive despite all treatment, it is safe to sanction marriage provided the patient is clinically negative and the spinal fluid, on repeated tests, shows no evidence or suspicion of neurosyphilis.

The marriage having been consummated, the question of procreation must be considered. We do not yet know

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the mechanism of the transmission of syphilis to the foetus. We do not know definitely whether the foetus is infected by the mother *viâ* the placenta, or by the father *viâ* sperm transmission. It is therefore evident that while marriage may be sanctioned if the conditions above outlined have been fully met, procreation cannot be sanctioned until the lapse of four or five years has demonstrated that the infected parent has remained negative clinically and serologically and has not infected the marriage partner. Both parents should be carefully examined before sanctioning the birth of children. It is the moral duty of the physician, and this duty transcends by far any statutory or other restrictions to the contrary, to employ every means at his command to prevent childbirth whenever there is any doubt as to the freedom from syphilis of both parents.

When the woman has been infected the requirements as to marriage and childbirth are to be regarded with greater concern and more rigidly enforced than in those instances in which the man has been infected. The elapsed period since the original infection and since the cessation of treatment should be at least one year longer than in the male. If she become pregnant, even though she may be negative clinically and serologically, she should be given antiluetic treatment for the benefit of the foetus. This should be distributed over the entire period of gestation in moderate dosage. Every woman whose husband has had syphilis should be given such a course of treatment even if he is negative to all tests.

The problem of advanced syphilis in middle-aged men about to contract a late or second marriage must be considered from a different angle. Procreation and raising a family usually do not enter into the situation. If these persons insist on marrying it is imperative that the woman be informed of the existing conditions and she should be advised as to the physical burdens and economic risks she is about to assume. The diseased should undergo such observation and treatment as will tend to retard the progress of the disease and keep it in check. This is the most we can do.

Social statesmanship of a high order and exquisite tact are required in dealing with a class of cases which occasionally arise to plague the practitioner. A young woman is infected with syphilis by her fiancé through

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kissing or pre-nuptial relations. The man often attempts to sever the relationship, refusing to marry a syphilitic woman, despite his responsibility in her infection. It is my practice, in these instances, to urge and insist upon a speedy marriage with a maximum therapeutic attack for both parties and with extraordinary precautions against procreation until such a time as it can be considered safe for the child.

My personal preference is for the permanent sterilisation of couples in which both are syphilitic ; they never should be allowed to procreate, even if we can make them clinically and serologically negative ; the risk is too great. In one of my cases both parties willingly agreed that it was best never to have any children. The man was vasectomised and the couple have gone through life for twenty-seven years in the knowledge that they are not responsible for a possibly syphilitic child.

It is worthy of note, as an evidence of the way some minds react, to this situation, that a number of my patients have conscientiously remained unmarried, despite my repeated assurance that it was safe to marry and raise a family. They felt it was dishonourable to marry in the circumstances.

I make it an invariable rule to urge upon all patients who have had syphilis to take a brief course of treatment once or twice a year thereafter throughout life, even though they are well according to all tests. Such a course of "insurance against recurrence," as I term it, probably serves to prevent any late manifestations of the disease. It seems to have done this in many of my cases. In any event, it gives the patient a sense of security analogous to that provided by fire or life insurance.

As to gonorrhœa : It does not necessarily follow that the gonorrhœic patient always remains infectious, though this is often the case. The presence of stricture, folliculitis, epididymitis, vesiculitis or cowperitis does not necessarily assure the status of infectiousness, though they often do act as foci for latent infection and the practitioner will do well to be warned and on his guard before sanctioning marriage. We must remember that bacteria may lie dormant for long periods, only to become activated when transposed on virgin soil ; or they may be stirred into new activity at any time and produce an inflammation which may be mistaken for a new infection.

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It is therefore of the utmost importance to locate these infectious foci if any are present, and sterilise them before the marriage is consummated. Especially is this true if gonococci have been isolated in the secretions.

Chronic epididymitis does not bring any menace to marriage *per se*, but when it is bilateral, sterility may be expected and the connubial happiness may be put to a most serious test. The seminal fluid should be examined a number of times to confirm the suspicion of azoospermia, and if this condition is found, it is but fair for the man to inform his fiancée of the fact of his sterility. In this way she is enabled to determine for herself before marriage whether or not she is willing to go through married life without the possibility of motherhood. However painful and difficult the decision may be, it is much less painful than the years of futile waiting and the subsequent disappointment and final realisation that she must remain childless throughout life.

The greatest gonococcic menace to marriage is found in the infected seminal vesicles. The infecting elements remain latent in the innumerable crypts and pockets which characterise these organs, until they are carried along with the semen during coitus. Deposited in the vaginal canal with the semen, they may set up an inflammation with all its dire consequences. When the body resistance is low, autoinfection may occur, which may give rise to suspicion of a new infection.

Obviously then, before marriage can be sanctioned, the genital tract must be thoroughly investigated and proved innocent of infectious potentialities. To be frank, this is easier said than done, but experience teaches that it can be done, at the cost of considerable effort and patience. The most efficient single test is the microscopic and cultural examination of the seminal fluid. If repeated cultures are negative there is at once a strong presumption of safety as regards infectiousness. There are a number of technical difficulties in this test which must be overcome, which in general detract from the accuracy of the results obtained. Nevertheless, in spite of these shortcomings, it should be carried out whenever circumstances permit.

When semen cannot be obtained, for one reason or another, examination of the massaged prostatico-vesicular secretion may be accepted as a satisfactory substitute.

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This secretion is centrifuged and the sediment cultured and studied, preferably by several independent observers. Full reliance never should be placed on the findings of a single individual in so important a matter as this.

If any of these various examinations gives a positive result the patient is considered infectious and marriage is not sanctioned ; on the other hand, if gonococci are not isolated, but numerous pus cells are present, infectiousness is probable. With few or no pus cells in the secretions we probably are dealing with a cured case presenting a moral certainty as to cure, but not an absolute certainty. As with syphilis we never can be absolutely certain of a cure ; time alone can tell.

At least once during these examinations for infectious foci, the entire urethra should be examined with the urethroscope, with especial reference to the follicles and glands in the anterior and the verumontanum and ejaculatory orifices in the posterior portions. If the latter are not normal, we are probably dealing with diseased seminal vesicles which require further attention. Complement fixation of the blood and provocative vaccine injections have been used and should be used, but their value is doubtful.

The patient and practitioner, having had the patience and courage to go through all of these tests, and the tests having been found negative, marriage may be sanctioned ; with the reservation, however, that there may still be an unrevealed focus somewhere in the urogenital tract which might become active at any time in the future and that safety in marriage is bought only at the price of eternal vigilance. This means a thorough examination at stated intervals for several years after marriage, as a check-up.

The same principles of thorough clinical and bacterial study of the genitals apply to the female who has had gonorrhœa and is about to marry. Particular emphasis is placed on the urethra, cervix and Bartholin's glands as the most frequent foci of latent infection. While it is quite unusual for a woman to apply for examination previous to marriage, the growth of the "single sex standard" by the liberated members of the sex makes the need for such examinations perceptibly greater. In my experience women are more conscientious than men in the matter of marriage after venereal infection. The fear

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of infecting the husband often rises to the status of an obsession which it is extremely difficult to eradicate.

In every instance of a gonococcal history in a marriage couple, it is essential that when children are born to them the attending physician be advised that there has been a gonococcal infection in the past in order that special precautions may be taken to prevent possible infection of the child's eyes.

It would seem that the "professional secret" may be subjected to a serious strain in some of the circumstances attending the sanctioning of marriage in persons who have had gonorrhœa or syphilis. It is far more important from every angle to save an innocent young woman from a life of invalidism and possibly death itself than to become a silent participant of an impending tragedy through the rigid maintenance of the "secret." The conscience of the practitioner and the degree of "social statesmanship" which he possesses, will determine how far he can go in this matter. Men are usually disposed to see the justice of any decision he may make which will prevent future trouble. I always endeavour to persuade the man with gonorrhœa or syphilis to make a clean breast of the situation to his fiancée before his marriage. I have not always been successful in having this done, but it has been my experience that a man with decent instincts will accept the advice and act accordingly; and I have found that the young women of to-day accept the situation with a degree of understanding and sympathy that is most creditable.

SUMMARY

It is impossible to predicate a positive cure of gonorrhœa or syphilis. The most we can do is to make marriage as safe as possible through painstaking clinical and serological studies, oft repeated. Premarital examination ought to be made at least three months before the wedding date; unless it is based on a series of examinations covering the period just mentioned, any legislation requiring a certificate of freedom from venereal disease as a prerequisite for marriage is a delusion, and has little, if any, value in preventing the spread of venereal disease in marriage; it must be admitted, however, that it has a social value in so far as it calls attention to the venereal disease menace.