SYPHILIS

Is it a

Mischievous Myth

or a

Malignant Monster

By

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THE HYGIENIC SYSTEM; HUMAN LIFE, ITS PHILOSOPHY AND LAWS"; HYGIENIC CARE Of CHILDREN; NATURAL CARE OF CANCER; TONSILS AND ADENOIDS; FEEDING IN HEALTH AND DISEASE; ETC,

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The Medical View

"As a danger to the public health, as a peril to the family, and as a menace to the vitality, health, and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues."

—Milton J. Rosenau, M. D.

The Rational View

"The present medical opinion of venereal diseases is an infinitely greater curse to the world than will be all the diseases of mankind when they are understood and treated properly."

—J. H. Tilden, M. D.

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Dedication

To the human race, in the sincere hope that the truths it contains may serve to emancipate mankind from the frightful slavery to the siphilis myth and the still more frightful treatment accorded so-called syphilitics, this little book is lovingly dedicated, by

INTRODUCTION TO THE SECOND EDITION

Much water has flowed under the bridge since the first edition of this book came from the press. The practice of medicine soon thereafter entered upon a period of discovery of spectacular, sensational and miraculous near panaceas. Indeed, with the "fever cure" and snake venom therapy, both of which promised.to be near cure-alls, they had already entered this period at the time the first edition of this book was published. There followed in rapid succession the sulfa drugs, frozen sleep, penicillin and the -other antibiotics, ACTH and Cortisone, and a few minor seven day wonders. The practice of medicine not only became increasingly spectacular, but it also became more and more commercialized until, today, the physician is nothing more than a peddler of doubtful goods, hawking his wares in the market place. He has not abandoned the pretense that medicine is a science and he is a scientist; he has not surrendered his claim that he is a public benefactor and he still strikes an altruistic pose, but all of this has worn so thin that it has become transparent to almost everybody.

Through the years I have repeatedly emphasized the fact that cures may come and cures may go but the curing goes on forever. Although the profession has never met my challenge to provide us with acceptable evidence that there is now or ever has been in any part of the world in any age of the world a single case of.a disease called "syphilis", they have continued to cure this fiction and to seek for newer and more effective cures. Shortly after this book was first published, sensational cures for "syphilis" came thick and fast. We had a five-day cure and a one-day cure both announced with all the fanfare of a returning triumphant Army. These cures amounted to new techniques of administering the older drugs, especially the arsenicals, and in giving them in larger doses. Their vogue was short lived, as, with the discovery that one dose of penicillin will cure syphilis, there was no longer any need to resort to the older failures. Although the older drugs have not been completely abandoned, penicillin is now the ranking cure for "syphilis".

It took the medical profession nearly four hundred years to erect the present superstructure of fallacy about a disease they call "syphilis" and it takes but one dose of the wonder drug penicillin to consign it to the oblivion in which it rested before the medical practitioners of the sixteenth century conjured it into existence. A remarkable poison that destroys a "disease" that had defied all the older drugs of the profession for nearly four hundred years and yet fails to provide such spectacular

results in its destruction of other and less formidable "diseases"! But "medicine" was always noted for its paradoxes.

Let us take the paradox that "syphilis" not only imitates every other known disease, so that no man, in the absence of reliable serologic tests, can possibly diagnose the "disease" from its symptoms and pathology alone (a fact that makes it difficult to understand how physicians of the past ever discovered that there is such a disease), but also imitates health: -- Becker, a leading medical authority in this field, says that "countless numbers of persons have been infected with syphilis all their lives without knowing it. Many persons infected with the disease for years die from other causes without ever having known they were syphilitic . . . " "If all syphilitic individuals could be lined up, the reader would be surprised to see what a healthy-looking group they actually were and also how many of his or her friends were among them".

If it is possible to have the disease for so long a time and never know that you are sick, but appear and feel so healthy that both you and your friends as well as your physician think you are healthy, it would seem that the "disease" is not as serious as we have been led to believe. This is in line with my contention in the body of this book that'," the real evils of "syphilis" are the drugs with which the patients are poisoned. I think that so long as the profession can be made to believe that one dose of penicillin will cure "syphilis", the patients will suffer far less than under the older methods of treatment and the results may finally lead physicians to realize that for nearly four hundred years they have been fighting a phantom of their own creation and producing, with their poisons, the very symptoms they were assigning to the "disease". Penicillin may force them to realize that "syphilis" is a myth.

The war came and it was re-discovered that there is a marked similarity, if not a genuine identity, between the so-called first stage of "syphilis" and smallpox vaccination. It was discovered that smallpox vaccination will give a positive Wasserman reaction—the so-called false positive. The question will not down: How do they know it is a false positive? What is a "false positive"? How is a "false positive" to be distinguished from a true positive? How do they know that the forcible infection of a man or woman with cow-pox pus is not identical with the infection that gives rise to a chancre? The resulting sores in each case are so nearly identical at every stage of their evolution that they cannot be differentiated.

No man lives who knows the real meaning of a positive serologic reaction. He cannot say, with finality, that it does or does not mean "syphilis". No man lives who knows the meaning of a negative serologic reaction. When a patient gives a negative reaction, he knows no more about the condition of the patient than when a positive reaction is returned. Although the original Wassermann test is no longer

used, more than eighty-five other serologic tests having been devised and used since Wassermann's original was devised, not one of them is a reliable test and the meaning of the serologic reaction with each test is not known.. John H. Stokes, M. D., a leading medical syphilologist, says in an article published in the Journal of the American Medical Association, Dec. 5, . 1951:

"The past five years, the era of the Wassermann barbecue and the wholesale application of serologic tests to large groups of the well, have now shown the positive test, no matter by what methods or how rigorously performed, to have a margin of nonspecificity of disturbing proportions. The presence of syphilitic reagin in normal persons; its rise and fall under drugs, diseases and unexplored factors; the uncertainty as to its whereabouts, mode of generation and actual nature; its absence in undoubted syphilis with characteristic manifestations; the anxious attempts to define by such methods as verification tests, so-called; by quantitative procedure; by spirochetal antigens, including even the Relter strain, whose superior specificity approaches the ludicrous when men of the experience and caliber of Kolmer suspect it at being Treponema macrodentium, a mouth spirocheie, and not treponema pallidum at all; all these considerations and many more have given the thoughtful observer a real case of serojitters. . . . "

Can any of my readers think it just for the state to require of young men and women planning marriage to stake their chances of marriage upon the outcome of a test that is as doubtful as Stokes' statements indicate the various serologic tests prove to be? Have not the lawmakers gotten ahead of the advance of science in their haste to saddle the people with this farcial test? Is it not time that all such laws be repealed in the interest of public health and sanity?

Let us take a further look at this statement of Stokes. He tells us that:

1. "Syphilitic reagin" is present in normal persons.

2. "Syphilitic reagin" is absent in "undoubted syphilis with characteristic manifestations".

The question now arises: What is "syphilitic reagin"? If it is present in health, is it really "syphilitic"? If it is absent in "undoubted syphilis", what is its real relation to "syphilis"? Why does it accompany health and fail to accompany "syphilis"? What is it that gives a positive reaction and what is its meaning? What provides a negative reaction and what is its meaning? Is there any such thing as "syphilitic reagin"?

Stokes says that there is "uncertainty about" its "actual nature", its "mode of generation", and its "whereabouts". More than this, he indicates that the best men in the profession, men with vast experience and of high caliber, are not always able to distinguish between the spirochete that is

the supposed cause of "syphilis" and a spirochete that is regarded as absolutely harmless. A bacteriologic diagnosis of "syphilis" becomes, therefore, as difficult and uncertain as a serologic diagnosis, But the confusion and uncertainty is worse than this indicates. Stokes says that the "syphilitic reagin" "rises and falls under drugs", it "rises and falls under. . . . disease" and it "rises and falls under. . . .unexplored factors".

So great was the uncertainty that an international Evaluation Committee was established to evaluate the serologic findings and to assay the reliability of the different serologic tests. This Committee worked and met and, like the mountain that labored and brought forth a mouse, came forth with a report of findings that left matters about where they were. No committee of men, however great, can make a silk purse out of a sow's ear—they cannot transmute a fallacy into truth; a fraud into a genuine product. It has long been obvious that the serologic tests are thoroughly unreliable.

How; then, is "syphilis", to be diagnosed? What is "undoubted syphilis"? What are the "characteristic symptoms," of a disease that imitates every disease in the nosology? If anything from cold sores to cancer, from pimples to heart disease; from a skin rash to insanity can be diagnosed as "syphilis", what are its "characteristic symptoms"? Who can tell when a patient has "syphilis" and when he does not have it?

Hans Zinnser, M.D. , one of the professions' outstanding authorities on bacteriology, immunology and serology, says that "by proper titration of the reagents, your boots can be given a positive Wassermann reaction". It should be obvious, even to the least informed of my readers, that when boots give a positive Wassermann reaction, the trouble is with the test, not with the boots. No wonder Parran wrote in his Shadow on the Land that;

"After thirty years of using serodiagnostic tests, they are still purely empirical. We do not know that a negative test in a person who has had syphilis does not mean that the disease is cured. We are not sure that a persistently positive test means that organisms ' persist. We think it does, but positive blood tests for other diseases—typhoid and diphtheria for example —persist after the living organisms have been killed off. There, is no way to determine accurately the time when the syphilis organism has been exterminated from the body". Zinnser would probably remind him that by their tests, they cannot tell when the last "syphilitic" organism has been destroyed in the boot.

A few years ago Walter Winchell told of a prospective groom who received a notice that his blood was "positive". This meant that he would be denied a license to marry. He was now a branded man. He committed suicide. Several days after his suicide the laboratory forwarded a corrected "negative" report with an apology for the error it had made.

Those who are always in such a rush to force the passing views and practices of the medical profession upon the people by law should ponder well this case and other cases like it. While few of them led to suicide, they prohibited healthy men and women from marrying. They might also ask what these young people do when they are denied the right to marry. I have not heard of any great rush of these young people into convents and monasteries. It is certain that most of them do not become celibates or sublimate their sexual drives in poetry and painting.

The great uncertainty of the tests led to the practice of making "verification tests", or "check tests". Two tests, each of them of a slightly different character, are made from the same blood sample. But as neither test, singly, is reliable, their use together does not increase their reliability. Let me recount a case of a young woman in my own practice, who.underwent a series of serologic tests prior to the time when she was married. The first laboratory used the Kolmer test and employed as a check, the Kahn test. The Kolmer was positive, the Kahn negative. She went to a second laboratory. This time the Kolmer was negative, the Kahn positive. At a third laboratory, both tests were negative. All of this testing with its confusing results took place within a single week.

So much for her tests; what of the woman herself? She was a young and beautiful woman, with a beautiful figure, except that she was slightly overweight. She had a clear skin, a peaches and cream complexion, bright sparkling eyes, good teeth, abundant vigor, and no history of any so-called "syphilitic infection". She was a clean, wholesome young woman who had been in excellent health for years and she remained in good health thereafter.

Let me recite another case. This time in a married woman whose behavior was not exemplary. Her husband was a sailor and was away from home much of the time. A sore developed on her lip and refused to heal. After a time, she went to a physician. He suspected "syphilis". A test was made and it proved positive. She was supposed to have received the "infection" from some of her male friends with whom she indulged in promiscuous kissing. She refused medical treatment, but came to the HEALTH SCHOOL instead. A fast of three weeks resulted in the healing of the sore. She had no other symptoms of ill health. A week after her fast was broken, the city of San Antonio announced that it had made arrangements with the laboratories of the city to make serologic tests for "syphilis" during the week for a dollar. She wanted to have a test made. I advised against it, saying that she had not been eating long enough to affect the test. I had found, since the first edition of this book was published, that a fast has little or no effect upon the test, but that two or three weeks of proper feeding will reverse it. The test was made against my advice. It was positive. Three weeks later another test was made; it was negative. Five years afterwards I saw the woman again—there had been in this time, no recurrence of any symptoms of any nature.

Charles W. Barnett, M.D., Stanford University Professor of Internal medicine, was director of the Stanford Medical School's "syphilis" clinic for twenty years. Speaking before the 61st Annual Meeting of the Association of Life Insurance Examiners of America, in the Ambassador Hotel, Los Angeles, Calif., October 23, 1952, Barnett told the assembled physicians that nearly half the people who were once diagnosed as "syphilitic" don't have the disease and never did have it. He told them that the "widely-used Wassermann test has been proved highly inaccurate". He added that "the new TIP (trepinoma pallidum immobilization) test, which is specific for syphilis, shows that at least 40 per cent of the patients with a positive Wassermann are entirely free of the disease".

Think on this statement for a minute. The old tests were unreliable. Patients were treated for long periods with poisonous drugs for a "disease" they did not have because tests that were, even then, known to be unreliable, showed that they did have it. Why could not the physicians who treated these patients determine that they did not have "syphilis"? Why did they rely upon the test? Why did they accept the positive reactions of the test as diagnostic? Because no one can diagnose "syphilis" from its symptoms. Only the men of nearly four, hundred years ago, when the disease was first described, possessed sufficient diagnostic ability to diagnose the disease from its symptoms. Present-day physicians either never had such ability, as they admit, or they lost it.

His statement means that untold thousands have been treated for a disease they did not have as a result of a positive Wassermann. It means that thousands of mothers have been treated for syphilis who did not have it; that great numbers of young people have been denied a marriage license when a positive test, that was thoroughly unreliable, was returned. It means that our law makers in passing, the compulsory test laws of mothers and people who applied for a marriage license acted hastily and unwisely under the influence of the frenzy and panic that had been created by the syphilophobic minds of the Rockefeller-financed agent designed to sell more drugs manufactured by Rockefeller. It should reveal to everybody the folly of forcing medical measures upon the people by law.

But suppose we assume that the physicians who first described a disease to which the name syphilis has been given also lacked diagnostic ability to differentiate "syphilis" from the four hundred other diseases that it can imitate. Suppose they could not tell "syphilis" by its symptoms from other disease. Suppose, also, that they had no reliable test, and we know they did not have such" a test. How, then, did the existence of a disease called "syphilis" come to be recognized? "If the physicians of the time of Columbus could not detect "syphilis". and if modern ideas concerning the disease are correct, they certainly could not do so, how did they manage to create, this protean monster and saddle us

with it?

The fact is, as I have pointed out in the text of this book, the original "syphilis" and what is called "syphilis" today are not the same symptom-complex at all. Originally an acute disease in which patients often died within twenty-four hours, it is now a chronic disease that may persist throughout a long and useful life, the "victim" dying of an automobile accident at eighty or beyond. The evolution of the "syphilis" myth forms one of the most amazing stories in all medical history, a history which is replete with myths, such as the myths of rabies, the wolf disease, influenza, chronic appendicitis and the myths of cures and immunizers.

Inasmuch as "syphilis" cannot be diagnosed from its symptoms alone and none of the older tests are reliable, how was it ever determined that there is such a disease as "syphilis"? If there is not a sure way of discovering "syphilis", except by a strictly accurate test, how can it be known that the test discloses "syphilis"? The disease called "syphilis" was created in the days when there were no blood tests of any kind and when far less was known of pathology than is known today. It was, in other words, conjured into existence in the days of grossest ignorance. What warrant is there for continuing to believe that such a disease exists? The point I want the reader to get firmly in mind is this: Today, after nearly four hundred years of intensive farming of the idea that there is a disease called "syphilis", the best physician living cannot diagnose the disease without the aid of a serologic test; physicians of the past, who had no such tests and were equally unable to diagnose the disease, created the disease for us. They drew it out of their imagination—what they did not produce with their heroic drugging. Because it is a complex tissue of fallacy, no physician has ever dared to accept my challenge to prove that the disease exists.

Barnett went further in his talk and stated that, despite the development of the useful new diagnostic test and the "successful" use of penicillin, the world is far from the complete wiping out of "syphilis". He asserted that "no disease has ever been eradicated by treatment. Immunization and preventative measures are the only ways which have thus, far been successful". He does not seem to have named the "diseases" that have been "wiped out" by these means, but he did say that, despite years, of research, no "Immunization" against "syphilis" has ever been developed.

Finally, he told the insurance examiners that "latent syphilis", which "produces no symptoms", is not sufficiently dangerous to be regarded as a life insurance risk. This "latent syphilis" is the type that imitates health. It was created by the Wassermann test. This is to say, a test was made of an apparently healthy man who had not and did not subsequently develop any symptoms that they would regard as evidence of syphilis, but the test was positive. The explanation was that he had "latent syphilis". It is part of the tissue of fallacy that Is "syphilis" and that makes a nightmare of the life of

symphiomaniacal physicians and their syphilophobic patients.

Herbert M. Shelton,
San Antonio, Texas.
August 10, 1962.

INTRODUCTION

Today we are faced with a new crusade, the knights of which promise us everything short of the millineum itself, if we will but adopt their program and supply them with the billions of dollars needed to put it into effect and carry it on. Yes, they have launched a crusade, a crusade motivated by the highest ideals and the purest altruism, but they do ask for money and, long-time jobs at good salaries. It is amazing how much altruism a man is capable of when he sees an opportunity to reap a golden harvest out of it.

They ask us for billions of dollars and for autocratic authority over us. They ask us to pay them well to make us do what they, in their infallible wisdom, want us to do. Give us your purse and your life, they demand, and let us spend the one and control the other as we decide best.

The anti-venereal campaign is presented to the public as a defense measure. "Gonorrhea and syphilis constitute a menace to national defense" and the anti-venereal fight now proposed would be "a distinct measure of national preparedness."

Indeed the ghouls who fathered this crusade have not missed a single appeal to the public, and our legislators. Their members have been present at every legislative hearing on bills providing for appropriation of millions of public funds to be put into, the empty purses of a dying profession, reminding us of the biblical statement that, "where the carcass is there will the buzzards be gathered together."

With the plea that it will cost us less money to hire these men to free us forever from venereal disease than to go on as we are, they seek to get their hands into the public purse and to gain a firmer hold on the lives of the people. Indeed they have already attained a measure of success.

Several cities have established and maintain, at the tax payers expense, clinics for the detection and treatment of veneral disease. Several stales have passed laws providing for compulsory testing and compulsory treating of certain groups. The Federal government has appropriated a huge sum of money to finance a long-term fight against "syphilis."

Many industrial organizations have been induced to require a Wassermann test of all their employees and to require out reporting to the police. This makes it difficult for the medical profession to hound their victims. He complains about the difficulties that have been met in the effort to "establish the

same control as prevailed in Europe." He especially likes the European method which he thus describes: "If a patient fails to appear for treatment, a government agency is notified and the missing syphilitic is located no matter to what part of the country he may have gone." He also approves of Denmark's laws which require treatment of "all infected persons" and which "under certain conditions" force "infectious patients" with "syphilis" to enter hospitals. He finds in the people of Denmark "respect for and obedience to authority."

It cannot have escaped the notice of discriminating readers that this anti-venereal campaign was launched and is carried on by those who expect to reap financial rewards from the discovery and treatment of venereal disease. The doctors are clamoring loudest for the appropriation of millions of dollars and the creation of legal powers to enable them to "wipe out" the venereal diseases. That they have help from other sources, some interested, others disinterested and well-meaning, though misguided, goes without saying.

Becker says that "the people of the United States again are syphilis conscious," while Parran speaks of a "curt popular mandate to stamp out syphilis." Of course no such popular mandate has ever been given and the "syphilis consciousness" of Americans was created by a flood of propaganda, largely financed by the hoarded loot of buccaneer, Rockefeller. A group of scare-mongers, whose scaremongering almost equals that employed in 1916-17 to get us into war, is responsible for any mass fear of "syphilis" that exists.

These men who expect to profit from the search for and treatment of "syphilis" have deliberately lied to the public about the prevalence and evils of "syphilis," in what de Kruif describes as "a fight that will be pretty rough on its victims." The statistics they issue are false and unreliable, but effective in creating mass fear, therefore useful. De Kruif says that doctors and "health experts" don't know how much "syphilis" there is, and that "all statistics are guesses, nothing more." They tell us there are a half-million new cases of "syphilis" each year. The figure is a mere guess and is placed high for effectiveness in producing fear and panic. Those of us who went through the propaganda that got us into war know the power of lies to create mass hysteria and cause the people to give up both their money and their liberties. Doctors who traffic in Hell's Commerce run the same kind of lie-factory the Allies did.

Statistics are made up of diagnoses and are subject to the whims, caprices, hobbies, prejudices, misconceptions, mistakes and studied deceptions of the doctors making the diagnoses. There is nothing reliable in these.

In Chicago, efforts were made to get a "popular mandate to wipe out syphilis." After a strenuous campaign the matter was brought to a vote and the alleged results were published. The truth about this historic ballot on the blood test has never been published. Somebody is lying about the outcome of the ballot.

None-the-less the Chicago campaign of ballyhoo led by Wenger and that ill-famed tool of the candy companies, Bundesen, gave the doctors of Chicago a real taste of prosperity. Then Wenger, the leader of it all, had to give up because his own heart went bad — it is not reported whether from "syphilis," or from tobacco or alcohol. He is only fifty-two but the great medical scientist, who would save others, but cannot save himself, is out for the count.

They suspect that "chronic carriers" may be a factor in "the spread of syphilis." Here is ground for the creation of more **Typhoid Marys,** and the life-long persecution of healthy men and women. "Soon," says Dr. Alsaker, "it will be proven that there are but two classes of people so far as the doctor is concerned; namely, one class that carries germs and is well, and another that carries germs and is sick. Soon one class will be in the hospitals and the other in quarantine."

Becker tells of an "enthusiastic public health nurse of a Chicago Welfare clinic" who "keeps the number (of untested expectant mothers) in her field of work at a minimum by making periodic back door calls to ascertain what women are pregnant, so that the women may be taken to the clinic for the blood test." He seems to favor this snooping and spying and there can be no doubt that the adoption of the medical program would usher in another era of snooping such as we had during the prohibition period.

He also recommends the use of "scouts" to seek out "syphilitic" patients and to induce those "who have allowed their treatment to lapse to return to the clinic." He says the "medical social worker is indispensable to the management of syphilis clinics," because they are "well trained in follow-up work" and do not "possess the physicians scruples against seeking out" patients. "The code of medical ethics forbids solicitation of patients, and some doctors maintain that a follow-up of any patient, syphilitic or otherwise, is a violation of the code," hence the need of "scouts" camouflaged as "social workers." He would also use the "social workers" as salesmen to sell the treatment to the "syphilitic."

Becker wants laws passed "requiring physicians and midwives to take a blood test on every pregnant woman at her first visit." "Every pregnancy means that a Wassermann test is necessary," says Dr. Parran. He also says: "Certainly one place where there should be complete agreement as to the need for universal Wassermann tests, is in connection with applicants for marriage licenses." He adds, "Twenty-eight states now forbid marriage when either man or woman is infected with a venereal disease." He neglects to tell what people do after they are forbidden marriage. We seem not to have learned from the bootleg era — 1920-1933 — that prohibitions foster the bootlegging spirit. In an appeal for such a law in New York, Elsie Bond stated that New York state was "being flooded by diseased people who can't comply with Connecticut regulations." She wants every state in the Union to pass a law such as that in Connecticut. She too failed to say

what those will do who are refused the right to marry upon the strength of a positive Wassermann, when there is no longer a free state for them to go to. The Connecticut experience shows that they will marry — legally or otherwise.

Morris Fishbein, the great mouthpiece of the American Medical Association, issued a propaganda book under the title, **Syphilis, the Next Great Plague to Go.** He, like Becker and others, attempts to impress his readers with the "fact" that one out of every ten Americans have "syphilis" and need medical care. This callous, conscienceless, irresponsible promoter of medical interests says: "every woman who has ever had syphilis should have extensive anti-syphilitic treatment throughout every pregnancy. This should be done whether or not her blood reaction during the pregnancy is positive or negative or whether her infection is recent or has existed for a long time.

"It has been found that the treatment for syphilis during pregnancy is not harmful to the mother."

Depending on these unreliable tests is" going to result in many pregnant women being treated for a disease they do not have and in many young people being denied marriage license when there is really no reason why they should not be allowed to marry. Doctors and Medical journals admit this, but the campaign goes on.

Dr. Parran seems to place chief reliance in Wassermann tests. Becker says that the "requirements of certain states that prospective husbands and wives have blood tests before marriage is not quite sufficient, since a single negative blood test, as explained in an earlier chapter, does not always mean freedom from syphilis". If one test is not reliable, will any number of repetitions of the test increase its reliability? A positive reaction is no more dependable than a negative one.

They are after the child also and want to test all the children of the country. Parran insists that if a married person comes with "syphilis" the marital partner must also be examined. If "late syphilis" is found, not only the marital partner, but the children must also be examined.

Other means of coercion are advocated. For instance, Parran wants life insurance companies to require a Wassermann test of every applicant for a policy, for "self-protection." He does not say in what manner the test will prevent "infection" subsequent to the test.

They also want employers of labor to require tests of their employees. "After all," says Becker, "it is merely good business for a company to refuse to employ new employees known to be infected with syphilis." Parran and all other crusaders approve of this form of coercion. Business "for its own sake" says Parran, "must look for syphilis among its employees." By claiming that the "syphilitic" under treatment is safe, they hope to both prevent loss of jobs and to provide

another means of coercing men and women who might, otherwise, reject their treatment. Palm wants every company to adopt and publicize a policy that a worker's job will not be jeopardized by reason of a venereal infection, provided the disease is treated by a legitimate physician." By **"legitimate physician"** he means an allopath. Thus the medical racket slowly unfolds itself — patronize us, or lose your job.

The reader may be curious about the reason for all this effort to enslave the people of America. Why do they seek the passage of laws to compel everybody to submit to the will of the medical profession? Why do they seek the establishment of a **dictatorship of the medicos?**

Power is always used to enrich those who wield it. Power always masks itself with a pretense of altruism. All tyranny is for the public good. All of this cry for compulsory treatment is motivated by a desire to control the public in the interest of a sordid profession. Let us look at a little of their own testimony.

Parran says: "Carl Warner recently given honorable mention by the Pulitzer Award Committee for his graphic series of articles on venereal diseases in the New York Daily News," sent "a surge of new patients to the physicians and clinics." Private physicians in Chicago reported that the campaign there brought them seventeen per cent more cases of "early syphilis."

Discussing the practice-building effect of the "sex" movies that are used as part of their devilish program, Parran says, "Certainly it works; at least in the beginning. The health officer of Oklahoma told me last week that in a small town in his state he had shown a moving picture depicting the dangers of syphilis. Shortly afterward he checked up with the 11 doctors of the town to see if they had any new patients as a result of the showing. They reported from 4 to 10 apiece." Here is a man in the pay of the public, employing public time and money to drum up trade for the medical profession, and going back later to check up on the effectiveness of his advertising campaign. It is "unethical" for doctors to advertise only when they, themselves, have to pay for the advertising.

Parran, who is Surgeon General of the U. S. Public Health " Service, says he is "willing to go all the way to work out an American (sic) method with the whole American Medical profession." He means an "American Method" of compelling free men and women to patronize an obsolescent medical system. Decker insists that "the practitioner of medicine must not be left out of any program" of venereal control. He asks for legislative action to compel "syphilitics" to patronize the medical profession if "appeals" fail to maintain regularity of attendance for treatment. He says: "There just is no remedy available for self-treatment of syphilis. The patient must go to a physician, a clinic or a hospital." He means, to an allopathic physician, clinic or hospital.

Besides compulsory treatment these men want to "obtain public funds which assure adequate treatment for all infected persons." They want to dip their hands into the public treasury. They want to tax all the people to support a dying profession. Becker, who wants more public money, is very guarded in promising results. Certain cities have already requested WPA funds to cany on an anti-"syphilitic" campaign.

Of all the schools of medicine or "healing" in America, only one, the self-styled scientific school, that is the "old" or allopathic school — miscalled "orthodox medicine" — is back of these compulsory medical laws. This school of "medicine" (school of poisoning, blistering, serum-squirting, electrocuting, baking and carving) is married to the state and seeks to have all of its superstitions, dogmas and mistakes fastened upon the whole populace by law. The doctors of this school organized as the **American Medical Association,** "fight physicians of other medical schools with a ferocious savagery and vindicativeness rarely seen outside the jungle," as Bruce Calvert says in **The Open Road,** May, 1938. He adds, "They are pressing at every point and in every state for legislation preventing the other doctors from the free exercise of their chosen profession."

Approximately half the population of America patronizes these other schools of healing, and do not patronize the Allopathic school. The present anti-"syphilis" drive is intended to compel all to patronize this school and to prevent them from receiving the care they desire. As Mr. Calvert has it: "Only one school of doctors, the strongest medico-religious church, will profit by giving the Wassermanns and Salvarsan treatments. *** Whether you like it or not you will be compelled to take the tests and swallow the holy water (medicines) of the one particular medical church in power. *** All others are taboo, spurius, anathema, expergatorious, **spurlos versenkt!** — he might have added, verboten!

They want the Emperor to issue a decree that "no one shall get well of syphilis who has not felt the divine touch of King Allopathy." They want the laws of Nature and those of the land altered to favor medical bigotry and absolutism. In all such sumtuary enactments as the pre-natal and premarital laws requiring tests and treatment, there is seen the entering wedge of a union of medicine and state, for our salvation, of course, that will prove to be much more dangerous than the state religion against which we have so long struggled and only recently rid ourselves of.

We should not think for a minute that they intend to stop with venereal diseases. Indeed they have already in-dictated that they are going to wage war on cancer, tuberculosis, rheumatism, and other diseases. The shibboleth here is the same as with syphilis—it costs the public less money to cure these diseases in their early stages than to support their victims after they have been made into helpless invalids. They are going to save the tax payers money by giving themselves

fat jobs.

Already a campaign has been launched against rheumatism, which is held responsible for much heart trouble and helpless invalidism. Rheumatism is claimed to be due to germs which find entrance into the body through the sinuses, tonsils, gall bladder, appendix, ovaries and seminal vesicles.

Invalids cost the tax-payer money. Rheumatism causes invalidism. Prevent rheumatism and you save the tax-payer money. How prevent rheumatism? Easy! cut out the tonsils, remove the gall bladder, excise the appendix, extirpate the ovaries, chisel out the sinuses, and take out the seminal vesicles. Suppose the people don't respond to the appeal of the surgeons to have themselves dismembered; what then? The answer is, "legislative action that will enable us to force people to submit to examinations and operations."

Where can this program logically stop? If we recognize the validity of the principal of state medicine and compulsory treatment, to save our money, as state religion saved our souls, there is no logical stopping place short of the universalization of the program. Thus, if they have their way, we are to have salvation forced upon us. We are to be placed under the autocratic control of one small group and their unstable and everchanging theories and damaging practices are to be forced upon all.

More than once in the world's history infant dragons have been mistaken for harmless lizards. If the American people don't awake and defend their liberties they will wake up some morning and find themselves the victims of a Medical Inquisition that will make the Spanish Inquisition look like a Sunday School picnic.

THE BEGINNING OF A MYTH

Chapter I

Suddenly, out of a blue sky, "syphilis" sprang upon Europeans in the early years of the Sixteenth century or the closing years of the Fifteenth and swept over the world slaying thousands. "Scientists" have greatly puzzled their feeble gray matter to account for the origin of this terrible plague. Most of them are now content to place the responsibility for the disease upon the Indians who met Columbus when he discovered Haiti. Indeed Becker says that only a few die-hards have failed to accept this hypothesis. He says it was introduced into Spain in 1493 when Columbus and his sailors returned. At least "there is an abundance of historical and biographical writing to show that Spanish physicians recognized the disease that year and that they appreciated that the malady was one entirely new to them. They called this newly encountered ailment the disease of Espanola (now Haiti), after the island upon which the great navigator's sailors became infected."

Both Becker and Parran tell us that there is evidence that Columbus, himself, was infected. Parran says "Kemble points out that in the early months of 1494, during Columbus second voyage, he began having attacks of fever, possibly the febrile secondary stage of syphilis. During the third voyage in 1498 he developed a 'severe attack of gout.' Since Columbus was an abstemious man; it does not seem probable that he suffered from the gout of the intemperate, especially since the inflammation was widespread and not confined to one or two of the smaller joints, as gout usually is. (He does not say, "as gout always is." Author). During this voyage, also, the first evidence of mental disorder appeared. He began to hear voices and to regard himself as 'ambassador of God' *** In spite of his disabilities Columbus made a last voyage and returned in 1504 so ill that he had to be carried ashore with his whole body dropsical from the chest downward, like that which is caused by injury to the valves of the heart, his limbs paralyzed and his brain affected — all symptoms of late, fatal syphilis."

Doctors are better at making long-range diagnoses than in diagnosing living patients who are before them and whom they have just examined. However, I trust I will not be charged with desecrating the sacred temple of medicine if I point out that "attacks of fever" may and do occasionally develop in those who are not in the "febrile secondary stage of syphilis," that "hearing voices" and thinking oneself "ambassador of God" belongs to all religions and is older than

recorded history; that the dropsy, paralysis and brain affection that are so confidently said to have been the effects of syphilis, may have been, and most likely were, due to ship dropsy (malnutritional edema) which was so common among sailors in those days.

According to the myth we are here discussing, the Spanish sailors passed the disease on to the whores of Spain, who, in turn passed it on to the Spanish soldiers. Some of these soldiers were hired out as mercenaries to Naples (Italy) and others to Charles VIII of France. Charles invaded Naples the next year and "syphilis" became epidemic among his soldiers. Despite his military successes, his soldiers became panic stricken and "fled out of Italy," "not fearful of their human enemies but craven creatures before that mysterious plague that laid so many of them low."

Becker says, "the initial epidemic of syphilis dates definitely from the return of Charles' warriors to their respective countries. This exodus from Italy, combined with the loose morals of the times, resulted in the unusually rapid spread of the disease to France, Germany, and Switzerland that year; to Holland and Greece the following year; to England and Scotland within two years; and to Hungary and Russia within four years." European sailors carried the infection to Africa and Asia so that "the disease was recognized in India in 1498, in Southern China in 1505, and in Japan in 1569." Patriotism leads men to do strange things. No country desires to accept the blame for the origin and spread of this "new plague," and each country blamed the other for it. The French called it the Neapolitan disease because they "met it" in Naples; the Italians called it the French or Spanish Disease; the English "caught" it from the French and, hence, called it the French Pox, the Turks called it the "disease of the Franks" (christians), and the Spaniards called it the disease of Espanola; **Morbus Gallicus,** or French sickness, was its accepted title for a century or more.

In 1530, an Italian physician, wrote a poem about a shepherd boy named Syphilus who was afflicted with **Morbus Gallicus** because he had insulted Apollo. The name **Syphilis,** as Parran puts it, "was acceptable, says Abraham, because it was a new word casting no aspersions upon any nations."

Paracelsus called the "new" disease, "French Gonorrhea," and gave its origin, "the coition of a leprous Frenchman with an impudent whore who had venereal bubos." More than five hundred names had been applied to the "disease" up to the time it was agreed to call it "syphilis."

What was this strange new disease that spread over Europe like a wild fire, laid men low in a few days and routed victorious armies, and that is said to have "attacked its victims with a violence unknown today?" The "disease"' is said to have been "as contagious as smallpox" and to have "spread both through venereal contact and through the ordinary

processes of living which, even among the noble, would seem by our standards astoundingly intimate and distressingly filthy."

The patient had high fever, delirium, violent headaches and pains in the bones, horrible sores, and bone ulcers. We are told that "death was not uncommon during the secondary stage." Dr. Becker says it was "often so severe as to cause death."

Now, there is not a physician living who ever saw a case of so-called "syphilis" that even remotely resembled the above description. They simply do not describe the same disease today when they describe "syphilis." To account for the difference they tell us, to use the words of Parran, that "new diseases always are devastating. An infection in a virgin soil is more severe than among peoples who have suffered with it for generations and built up a partial immunity." However he is not sure whether the early severity of the disease was due to "the lack of resistance" of Europeans, or "to the exceptional virulence of the early strain of syphilis." Becker tells us that its severity died down after fifty years, so that although at the beginning "Europeans were attacked in a more serious manner; they became very ill and often died in the early stages of the malady," "this virtually never happens at the present time." He adds that "it has been more and more inactive up to the present time, which is a fact of importance. It is now possible to contract the disease and have it for years with no visible manifestations."

There is not a physician living who could prove that **Morbus Gallicus** (or the great pox) of the Sixteenth Century is the father of what is now called "syphilis." Nor can they be sure what **Morbus Gallicus** was. The reader should know that the physicians of that day had almost no knowledge of human anatomy, still less of physiology, little knowledge of pathology, and that diagnosis was very crude, differential diagnosis almost unknown. The **National Encyclopedia** says that "smallpox, or variola, in ancient writings, is confused with other skin eruptions, such as measles, syphilis, (great pox), and chickenpox." It was over a hundred and fifty years after the great outbreak of **Morbus Gallicus,** when Thomas Sydenham, the English Hippocrates, who practiced medicine in London from 1663 to 1689, first differentiated measles from smallpox. He is also credited with having been the first to describe scarlatina. Into the epidemic of **Morbus Gallicus** of that day there were thrown all the feverish and eruptive disorders the sensuous and filthy, vermin infested near-men-and-women who inhabited the continental pig stye and universal whore-house that was the Europe of that day, were afflicted with; just as colds, pneumonia, typhoid fever, sleeping sickness, menengitis, tubercular flare-ups, and other troubles were called influenza in 1918-19.

Becker says, "There is some dispute as to whether the plague which attacked the soldiers was syphilis alone or a combination of syphilis with some other malady." Parran

says, "Even if it were true that Columbus' crew had returned in 1493 with the infection, it is denied that the disease could have spread with such rapidity as to have devastated Charles' army at Naples in 1495. The almost universal reports of its spread are attributed to the fact that those years showed an extreme epidemic prevalence and because of a confused terminology among the current pests, pestilences, and contagions, there might well have been on epidemic of many diseases. Plague and typhus, for example, were known to be prevalent in Europe of that day; they followed the armies then as they do now."

He further says; "Significance also is attached to the coincidence of the outbreak of alleged syphilis over Europe with the abolition of the Order of St. Lazarus and the scattering of the inmates of the 19,000 leper houses. Leprosy and syphilis continued to be assimilated in popular prejudice during a long period." He speaks of "the origin of syphilis and its history, which gradually emerges from **'ambiguity** and **rumor.'"**

No physician can separate fact from fancy in this cloud of mystery, rumor and doubt. But of one thing we may be sure (this will be proven in a subsequent chapter); the physicians of that day could not possibly have told whether a patient did or did not have "syphilis." They lacked all knowledge of the necessary tests and examinations. What they did was to build a myth that has assumed for us the appearance of reality.

THE MYTH BECOMES A LIE

Chapter II

Although patriotism prevented each European country from accepting responsibility for **Morbus Gallicus,** and hatred of their neighbors caused them to blame the disease upon neighboring countries, they all finally agreed to credit the Americans with having originated the disease. As Dr. Wm. S. Sadler says, "syphilis" is one of "America's contributions to civilization" Bloch, Becker, and most syphilographers of the present take this view. Sir Wm. Osier says in his **Principles and Practice of Medicine:** "The balance of evidence, according to the best syphilographers, is in favor of the American origin."

Palm says in **Death Rides With Venus,** that, "the first recorded patient treated for syphilis belongs to Pinzon, Columbus' pilot. He stated that he contracted the disease in Haiti from a native woman." Becker tells us Columbus' sailors became infected in Haiti, then Espanola. This is more of the myth. It is not known what Pinzon suffered with and we are sure he did not know and could not have known that he contracted the disease from a native woman. It was not then known how the disease was contracted.

No disease resembling the "syphilis" of today and certainly no disease resembling **Morbus Gallicus** was found among the Indians of America. Becker says "proof of the fact that the Indians of the new world were the source of syphilis which was spread in Europe after the return of Columbus' sailors is found *** in the historical writings of the fifteenth and sixteenth centuries." What Becker omits to say is that these writers could not have known this to be a fact. The absence of dark field tests, Wassermann tests, etc., made the whole thing impossible.

Becker attempts to account for the failure to find "syphilis" among the Indians by saying: "The Indians from whom the disease was contracted had only slight manifestations of infection because they had had the disease for a long time, but the Europeans were attacked in a more serious manner; *** bear in mind that the Indians may have been subjected to the disease for thousands of years, and that, even now, white men have been subjected to it for less than 450 years." If Becker's theory is correct, the "slight manifestations of infection" seen among the Indians were much less marked than what is seen today among whites. At any rate the Europeans found nothing in the Indians that resembled **Morbus Gallicus,** and attributed the disease to the Indians not alone for patriotic, but for

commercial reasons, as well. Parran says: "The insistence upon the New World origin of the disease during the early half of the sixteenth century is ascribed to a commercial motive — the effort to sell large quantities of guaiacum, or the 'holy wood' of the West Indies, as a cure for the syphilis; the argument in this case being that 'Divine Providence mercifully provides the antidote or remedy for a disease so inflicted, at the place where the disease originates or among people who were thus afflicted.'"

However, the syphilographers are not to be stumped by such a small thing as the absence of "syphilis" in living Indians. They can't find evidence that the Indians had "early syphilis" or that they had the "tertiary stages;" but they have discovered that Indians who have been dead five hundred or a thousand years had the disease.

Parran says: "In support of the American origin of syphilis, paleopathologists — those who study disease in human remains of the past — point to the definite evidences of it in skulls and long bones disinterred from Indian burial . places of clearly pre-Columbian periods in the Western hemisphere. These are numerous and from areas as widely separated as New Mexico, Tennessee, Ohio, Peru and Argentina." Becker says that "syphilis of the bones leaves unmistakable evidence of its ravages in the skeletal remains of its victims."

He tells us that proof of the American origin of "syphilis" is found "in ancient human remains discovered in many and widely separated regions in North, South, and Central America. *** Bones of men dead thousands of years have been found with marks of syphilis on them in Peru, Columbia, New Mexico, Colorado, and other regions of the Western world — proof of the existence of the disease in the Americas in pre-Columbian times."

To the writer it seems that better evidence would be proof that the Indians of Columbian times had the disease and that they also had the "tertiary stages," or "late syphilis." In the absence of such proof we can only hope that the paleopathologists are better diagnosticians than are physicians. We trust they can tell better, by looking over the shin bone of a man dead a thousand years or more, what he died of, than the physician today can tell what his patient has after he makes all his tests and examinations.

Unless immunity to "syphilis" is hereditary, there is no reason why the Indian was not as much affected by "syphilitic infection" as whites. Unless the Indian's immunity was much greater than that of present day whites, symptoms of "late syphilis" — paresis, tabes, heart disease, aneurisms, blindness, deafness, etc. — should have been quite common among the Indians who lacked all of modern medicine's effective weapons with which to combat infection. Pre-natal "syphilis" and still-births should have been very common. Is there a syphilographer in the whole world who will assert that these conditions existed among the American Indians? The fact is,

the syphilographer is attempting to trace to the Indian a disease of the very existence of which he is not sure. He is attempting to find an origin for an epidemic that he knows very little of and of the very nature of which he is entirely ignorant.

Let us go on with our paleontological studies of "syphilis." One of the contributors to Prof. Morrow's voluminous work on venereal diseases, speculating upon the existence of "syphilis" in ancient times, says: "Should not the bones of a prehistoric race, where no efficient treatment interposed a barrier against the encroachment of the disease, exhibit in an intense degree if such disease had prevailed when our race yet survived, the osseous lesions of syphilis? It is almost true that the reverse is the rule."

Becker says, "In the old world — in Egypt, Asia Minor, India, and throughout Europe — never has an ancient tomb produced human remains that show evidence of syphilis. There is an abundance of material of this kind for study, yet no one has found any scientific proof of the existence of syphilis in the Eastern hemisphere before 1493." Parran says: "In the Eastern hemisphere relatively few bones have been found that are even suspicious. None of the specimens is unquestionably syphilitic. *** Elliott Smith, who has examined the remains of something like 30,000 bodies of ancient Egyptians and Nubians, representing every period of Egyptian history for the last 60 centuries, and from every part of that country, says it can be stated confidently that 'no trace whatever even suggesting syphilitic injuries to bones or teeth was revealed in Egypt before Modern times.'" Again, "so far as scientists are able to judge, syphilis was unknown to primitive Africa."

The Medical Journal and Record, (New York), March 4, 1925, says editorially (page 32): "The historian of medicine, puzzled to account for the absence of traces of syphilis from the disinterred bodies of ancient Egyptians, and indeed from the whole of the Old World previous to the very end of the fifteenth century, seeks from the study of the evolution of disease and the changes which it undoubtedly undergoes in consequence of the external conditions, an explanation of the disappearance of leprosy and the contemporaneous rise of syphilis."

Perhaps this reference to leprosy gives us a clue to the origin of "syphilis," since the two words so often find themselves associated in medical speculations about "syphilis." It has already been pointed out that "leprosy and syphilis continued to be assimilated in popular prejudice during a long period." In his poem, **"Syphilus sive Morbus Gallicus,"** Fracastorius applied the term **Morbus Gallicus** to leprosy and scabies (itch), as described in the earlier Latin poems, as well as to many other forms of skin disease with which Europeans of the period were afflicted.

For ages the term leprosy, was applied to a wide variety of

skin diseases and was not supposed to be the name of a specific disease, as now. Indeed the conception of specific diseases is a relatively modern conception. In like manner, the term **syphilis** is today applied to a broad group of pathological conditions.

Let us turn our attention for the moment to the contentions of those whom Dr. Becker calls "die-hards," that is, those who reject the hypothesis of the American origin of "syphilis." J. Parrot, late Professor of the Faculty of Medicine, Paris, claimed the existence of venereal disease, including syphilis, as far back as the "stone age." Parran says, "By Sudoff in Europe and Holcomb in America, among others, the American origin of syphilis has been bitterly attacked." He says: "In general, it is the contention of those who deny the American origin of syphilis, that the disease had long existed in Europe but in "a milder form, not differentiated from other plagues; that because of the drifting from nation to nation of armies made up of mercenaries of every nation, because of loosening of moral restraints, the unbelievable sexual laxness, and the crowded, verminous living conditions, the end of the fifteenth century constituted an ideal period for the spread of all known contagions, including syphilis; particularly those deriving from poverty, filth, and debauchery. Rather than the emergence of syphilis as a new disease, it is believed that the 1490's marked a sudden virulence of the existing syphilitic strain.

Parran, though regarding the matter of origin as merely of academic interest, seems to favor its American origin. He says: "no reference to syphilis, as now known, is contained in medical literature of the pre-Columbian period either in Europe or in Asia. Certain ambiguous references to loathsome skin sores and ulcerated bones are believed to mean leprosy, then much more prevalent than in Europe of today."

Others disagree with this and tell us that the Ebers papyrus, which treats of medicine at the time of Rameses II, contains descriptions that are those of "constitutional syphilis." Palm says, "Arab physicians of the early thirteenth century described a disease which corresponds to it, and are credited with being the first to use mercury in treating it." Certain references in the Bible are supposed to be to "syphilis," notably the description of leprosy in Leviticus 13 and 15. King David's cry, "my bones are filled with a loathsome disease *** because of my foolishness," is thought also to refer to "syphilis."

In 2637 B. C. Emperor Hoang-ty of China, ordered all medical documents in his empire collected and compiled into books for the benefit of his people. In 1863 Captain Darby, with the aid of some Chinese friends, translated these manuscripts. It is stated that a full description of a disease, the symptoms of which correspond with "syphilis," is found therein, together with a statement that mercury is a specific for the disease.

There are those who affirm the existence of "syphilis" in the old World in ancient times and those who deny that it existed before the return of Columbus and his sailors in 1492. No doctor would deny the existence of conditions resembling the two stages of so-called "early syphilis" in ancient times. They base their denial of its existence in pre-Columbian times upon the alleged non-existence of its so called "late" or "tertiary" stages.

However, it is certain that many of the conditions called "late syphilis" did exist in Ancient and Medieval Europe and Asia. For instance, locomotor ataxia was known to the ancients. So was epilepsy, and all forms of madness. Blindness, deafness, still-births, heart failures, etc. were known to the Ancients.

We are assured that Henry VIII, Louis XIV, and Ivan the Terrible were infected and this accounted for their cruelties. We know that there were cruel and mad rulers in ancient times even before Nero and Palm says: "One imaginative writer has gone back even further and states that Nero's energetic fiddling was due, not to any love of music, but to the squirming corkscrews which had bored into his brain. This tale is a bit too fanciful for truth, but if his like were to pull the same stunt today, a blood test would be very much in order."

Why would a blood test be in order now and not then? Why is the tale too fanciful for truth when applied to Nero and not too fanciful for truth when applied to Rasputin and Lenin? "Syphilis," says Palm, "holds the key to many unsolved, inexplicable crimes." Among these crimes he mentions theft, kidnapping, swindling, murder and rape. Certainly these crimes were not unknown to the ancients.

It may be urged that it is not claimed that all cases of epilepsy, heart trouble, deafness, blindness, insanity, stillbirth, murder, rape, etc., are due to "syphilis." This is well known to the author, but he also knows that no physician is capable of looking back over the past and determining which, if any, of these things, when they occurred among the Egyptians, Babylonians, Greeks, Romans, etc., were and were not due to "syphilis." It is certain, also, that the physicians of the ancient and medieval periods would have been unable to tell which cases of heart failure or of madness were or were not due to "syphilis." On the other hand, it is claimed by medical men that locomotor ataxia is always due to "syphilis" and to nothing else.

It seems to the writer that the whole solution of the problem hinges upon the testimony of the bones, or upon the denial of the existence of any such thing as a specific disease that runs a very variable course and passes through what amounts to four stages, which, resembles almost every other form of disease known and which is unlike any other disease.

A PATHOLOGICAL MOCKING BIRD

Chapter III

"Know syphilis in all its manifestations and relations," says Sir Wm. Osler, M.D., "and all other things clinical will be added unto you." He called "syphilis" the "Great Imitator," because, to use the words of Dr. Thomas Parran, Surgeon General of The U. S. Public Health Service, "in its late stages it simulates almost every disease known to man." Osler added, "Know syphilis and the whole of medicine is opened to you." Some one else has declared "Syphilis" to be the "Great Masauerader." The Metropolitan Life Insurance Co., long notorious for spending its policy holder's money in carrying on Medical propaganda, issues a very misleading booklet "prepared with cooperation and advice of the American Social Hygiene Association," under the title, "The Great Imitator." S. Wm. Becker, M. D. Associate Professor of Dermatology and Syphilology in the University of Chicago, has a chapter in his book, **Ten Million Americans Have It** entitled, "Great Imitator."

Dr. Richard C. Cabot of Harvard University and the Massachusetts General Hospital, says: "The variety of rashes which can be seen is simply without end. Syphilis can imitate any kind of skin disease, and it is not worth while to even try to recognize it." In a paper on **The Skin and Syphilis,** read before the New York Academy of Medicine, Jan. 15, 1926, Dr. Howard Fox, famous syphilologist of New York City, said: "Syphilis is of great importance because of its well known power of imitating other forms of disease and from the fact that it may involve any of the tissues of the body. That the physician who makes a periodical health examination should be able to recognize all the manifestations which this disease may produce, is asking an impossibility. No single individual possesses such a vast store of clinical knowledge."

Dr. Udo J. Wile, professor of Dermatology and Syphilology at the University of Michigan defines syphilis as "a specific infectious disease, peculiar to the human race, acquired by direct infection or maternal transmission, of indefinite duration, chronic in its course, intermittent in maniestations, and capable of producing innumerable different types of lesions affecting any part of the body." Dr. Becker says: "There is no other disease that can produce such varied manifestations in so many different human tissues and structures. This similarity to other maladies has been one of the reasons why syphilis is so difficult to identify."

For many years "syphilis" was divided into three stages:

primary, secondary and tertiary. At present syphilologists prefer to divide it into two stages: **early** and **late,** one year after "onset" constituting the arbitrary dividing line. The period elapsing between the time of "exposure," or "infection" to the first appearance of symptoms ranges from 12 to 40 days. Dr. Becker says the time "varies from one week to four months, with an average of three and a half weeks." The "primary lesion" that now arises at the point of "infection" is a chancre or hard chancre, which Parran says, "usually is not painful" and "is apt to run a slow course, sometimes three to eight weeks. In its typical form the chancre is a round ulcer with sharp, raised edges, has a punched out appearance, and feels hard to the touch."

However, Parran tells us, a chancre "may not be typical, if hidden in the genitals of a woman it may not be recognized at all. It may be so insignificant that the patient is unaware of its existence. On the lip it may simulate a fever blister; on the tongue or cheek, a cold sore or stomach ulcer; on the tonsils, a sore throat." He adds that "the only positive way of differentiating the hard chancre from other and benign ulcers is by a laboratory test called a dark-field examination."

From other sources we learn that this "primary stage," as it was formerly called, "may be merely a red spot or blister or pimple," while Dr. Becker says, "It is common opinion that a primary lesion of syphilis, known as a chancre, always develops at the point of infection, and this was taught in medical schools up until a few years ago. Certain experiments with animals, however, have shown that it is possible to give such creatures systemic syphilitic infection without the appearance of a chancre. There appears, therefore, to be no good reason why man, also should not have syphilis without the appearance of a lesion. This, it is believed, explains why so many persons are infected with the disease without having experienced visible symptoms."

Parran says that "it must be admitted that in many cases early symptoms are so light, and so like other maladies — a sore, a rash, sometimes indigestion, sometimes as fever —- that many a person may be honestly ignorant he has the disease until it has passed through the latent period and reappears, often years later, in the varied and ghastly forms of its later and less curable stages." Becker says that the dark-field examination is the only means of "detecting syphilis in the most curable sero-negative stage" — the "primary stage." Earlier physicians did not have the dark-field examination and could never positively detect "early syphilis."

Medical authorties are a unit in admitting that this "stage of syphilis" gets well in a few days to a few weeks, "with or without treatment," and under all forms of treatment. Indeed many heal and there are never any subsequent symptoms. It is the rule to declare such cases not to have been "syphilis."

What was formerly known as the "secondary stage" is now considered, along with the "primary stage," as constituting

"early syphilis." This "second stage" is "characterized" by the development of a rash, or skin eruption, which "originally gave rise to the term the Great Pox, differentiating the disease from the smallpox." This eruption, says Dr. Parran "varies from the mildest and most transitory form to a severe rash covering the whole body. It may look like measles, or a food rash, or a case of chicken pox; in fact it may simulate closely almost any skin eruption. Fifteen years ago I was in Denver helping in a virulent smallpox epidemic. A case of smallpox was reported to me. I confirmed the diagnosis after I had examined the patient and put him under quarantine. Much to my embarrassment it turned out to be a case of secondary syphilis with an eruption all over the body resembling smallpox."

He says that this "rash may or may not be accompanied by fever, headaches, indigestion or other symptoms from which everyone suffers at some time and ordinarily are not thought of in connection with syphilis. The same rash appearing in the mouth causes sores or ulcers, the so-called mucous patches which are viciously infectious."

Becker says that the "secondary incubation period" that is, the period between the appearance of the chancre and the development of the "secondary rash," "is about six weeks." At this time, "there may occur lesions throughout the entire body, including a rash on the skin. In some instances this rash is so mild that it is not noticed." He tells of one case which resembled a "heat rash." Arthur C. Palm, Director of the Social Hygiene Foundation of Cleveland, says in his **Death Rides With Venus,** the eruptions of this "secondary stage" look so much like measles, chicken pox and various rashes that they "occasionally fool even the most skillful and experienced physicians."

Dr. Becker says: "The early period of syphilis is essentially a benign period. It is unusual to see serious damage during this time. At least fifty percent of the patients have no symptoms whatever during this period." In others he says, "the throat may be covered with a membrane resembling that of diptheria, or the patient may have symptoms simulating those of tuberculosis. Severe anemia (lack of blood) is a development in some instances." When this "secondary stage" ends, the "disease" is said to pass into a "latent stage" during which "there may be no symptoms for many years," or "early lesions" may frequently recur. "Skin eruptions, mouth sores, and other disturbances may come and go from time to time." "During this period," says Becker, "the voice may be lost for a few weeks, especially in the case of women. At times during this period the hair, both of the scalp and the eyebrows may come out in spots."

Dr. Parran says of this "latent stage" that "in practically all cases, even without treatment, sooner or later the disease becomes latent, at least for a time. All symptoms disappear. Periods of latency sometimes but not always are intersperced with skin affections, eye disorders, night pains, indefinite

constitutional symptoms."

This period of "latency" may last twenty to fifty years or more and the person never have any indication that he is sick — "infected." Becker says, "countless numbers of persons *** have been infected with syphilis all their lives without knowing it. Many persons infected with the disease for years die from other causes without ever having known they were syphilitic. *** Not long ago the author saw a man of sixty years who had happened to consult a physician for some mild complaint. A blood test was made and was found to be strongly positive. Examination showed that the man had been born with syphilis, but had had no symptoms whatever relative to it." He tells us, also, that "it is seldom that recurrent early lesions appear (during the "latent" period) later than three years after infection, and virtually never do they appear after five years." He says in another part of his book: "If all syphilitic individuals could be lined up the reader would be surprised to see what a healthy-looking group they actually were and also how many of his or her friends were among them." He quotes Dr. J. Earle Moore, Professor of Syphilology at Johns Hopkins Medical School, as saying that "in one man out of every five and in one woman out of every three, all early symptoms are so evanescent as to be unrecognized.

The observant reader will be forcibly struck with the mildness of "syphilis" today in comparison to the virulence of the "syphilis" in the sixteenth century. The difference is as great as that between a few pimples on the face and a virulent form of typhoid fever. But let us pass on to the final, or "late stage."

"In these and many other respects we know that syphilis of the sixteenth century was a vastly different disease from what it is now." Much of that "sixteenth century syphilis" was doubtless bubonic plague. Some of it was typhus fever, smallpox and other such troubles. Scrofula was very prevalent at that time and all diseases were more virulent than they now are, due to the low standard of living of the time.

Parran says that "if syphilis were to strike now with its fifteenth century velocity, the people who had it would make no mistake that they had it." Again, "in many respects we would be better off if the nature of the disease itself had not been modified somewhat in successive generations since the fifteenth century. Its early stages brought painful and dangerous symptoms, death not infrequently. Now it is less virulent in its early stages, but presumably, more deadly in its later manifestations."

Just why the more virulent form of "the disease" should be less deadly in its "late stages" is a problem they are content to leave unsolved. We would expect a more "virulent strain of the infection" to work greater havoc throughout its entire course in a people possessing less resistance than we have today. Since they also lacked "adequate treatment" and were

unacquainted with its connection with its "late stages" they did not attempt to safeguard themselves against its "later manifestations."

The "late" or "tertiary" stage represents the gross changes and degenerations of the larger organs, such as the brain, spinal cord, heart, arteries, eyes, hollow organs, etc. Gummas, or small tumors which feel like rubber to the touch, are said to be characteristic of this stage. These tumors are really due to chronic inflammation and are not "typical" Sometimes they break down, forming ulcers if on the skin; resulting in sloughing and resembling osteomylitis, or bone tuberculosis, if on the bone. They may also form in the brain, arteries or elsewhere. Dr. Parran says: "Some of the most horrible mutilations are seen when nasal and palate bones are destroyed. (The reader will please recall what is said elsewhere in this book about the effects of mercury. — Author) If in the liver, the organ swells, blocking circulation from the intestines, causing abdominal dropsy. If in the lungs the results resemble tuberculosis. In other instances there are eye complications, the same vague constitutional symptoms, night pains, 'rheumatism,' 'indigestion,' sometimes found in connection with latency."

Dr. Becker says, "some diseases are unique in that they produce special symptoms which can be readily attributed to only one disease. This cannot be said of syphilis, which produces various types of destruction, resulting in impaired function. The signs and symptoms do not differ greatly from those associated with impaired function of the same organ resulting from other diseases. It is for this fact *** that syphilis is called the great imitator. It can passably imitate a great number of other disorders."

He points out that "syphilis" of the larynx produces a hoarse voice just as tuberculosis of the larynx, or even a mere catarrhal bronchitis does. "Syphilis of the liver may produce ascites (a dropsical abdomen), jaundice, gall bladder symptoms, etc., as do many "other diseases" of the liver. "Involvement of the heart and great blood vessels results in damage similar to that from other infections of the heart, with impairment of the heart function."

Forty thousand deaths a year are claimed to occur in the U. S. from cardio-vascular (heart and artery) "syphilis." Stretching or dilatation of the wall of the aorta producing an aneurysm, is said to be due to "syphilis." "Sudden death" from a "heart attack" is "the most frequent first symptom of cardio-vascular syphilis." Apoplexy with the resulting paralysis is "frequently" caused by "syphilitic destruction of the wall of the blood vessels in the brain."

"Neurosyphilis" is the term given to "syphilis" of the brain and nervous system. It is said to be very rare "among primitive races," who are no more primitive than we are, but who are not treated with mercury and arsenic. "Neurosyphilis" manifests in such forms as "epileptiform seizures (epiletic fits)

appearing for the first time at the age of thirty and strokes of paralysis in comparatively young patients (30 to 45)," primary optic atrophy (degeneration of the nerve of sight), true locomotor ataxia (tabes dorsalis), softening of the brain (general paresis, deafness from involvement of the auditory nerve, encephalitis, menengitis, etc.

It will be noted that the "authorities" use the term "true locomotor ataxia." This is due to the fact that "other conditions," notably diabetes, may give rise to the atoxic gait. Primary optic atrophy is said to be 'virtually always due to syphilis," while tabes and paresis "are. now known to be due to syphilis and syphilis alone."

Chronic nephritis (Bright's disease), congenital debility, and premature birth are said to be frequently due to "syphilis." Leukoplakia, a whitening of the mucous membranes of the mouth and elsewhere, is sometimes, though not always due to "syphilis." "Syphilis is only one of its several causes. The other causes of leukoplakia are excessive smoking, especially of pipes (the lesions sometimes are called smoker's patches), dental infection, irritation by artificial dentures, and similar aggravations."

Dr. Tilden calls "syphilis" the great Don Quijote of disease and says: "Every part of the body contributes its mite to the great Quijote. If there is any uncommon symptoms it matters not what kind, it belongs to him; and, of course all blood and glandular symptoms are his. Not any derangement of bones, joints, tendons — in short, not anything developing in any part of the body from whatever cause — but will be declared his and treated as such."

Either "syphilis" is a pathological mocking bird or else it is a myth, a phantom, a nightmare, a lie. Either it is so protean in its manifestations that it imitates practically every known form of disease, or else practically every known form of disease may be called "syphilis." It is certainly not possible to differentiate it from other forms of impaired health by its clinical manifestations. No physician living can tell by the symptoms whether a patient has "syphilis" or not.

If the better trained physician of today cannot do this, it is certain that the physicians of the sixteenth, seventeenth, eighteenth and nineteenth centuries could not have done so. Did they, then, build up for us a mythical disease, which we have accepted without question? Does "syphilis" belong in the same category as hobgoblins, werewolves and rabies or hydrophobia? Is "syphilis" merely the handiwork of the doctor?

Dr. Tilden says: "The very fact that one, or one thousand, of the best physicians on earth **cannot determine positively that a given case is really syphilis** ought to be proof sufficient that there is something desperately wrong with the **Syphilis Theory.**

"Common-sense must declare that a specific disease is specific because of its invariable action under like conditions; but this is not true of the disease called syphilis; indeed, it is anything but true."

Today no two authors describe the effects of "syphilis" to be the same. Contrast de Kruif's description with that of Becker; yes, Becker with Becker. The whole thing is so uncertain that they don't know from one page to the next how to describe it. Becker presents two very unlike pictures, but thinks both pictures are true.

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THE MYTH BECOMES A NIGHTMARE

Chapter IV

Parran says to the man who has "syphilis" and is not caring for it, that he should re-read the sections of **Shadow on the Land** that tells what is likely to happen to him, and adds: "I hope it scares you half to death and into the office of the best doctor in town."

Parran defends the creation of syphilophobia with the claim that "syphilophobia never killed anyone; never brought a handicapped child into the world; never infected an innocent person," "there would be those to add that it never made a neurotic of someone not neurotic to start with; and if the unfortunate someone must be afraid of something the fear of syphilis is a fear worth cherishing." He admits, however, that he is not a psychologist and this may account for his ignorance of the effects of worry, fear and apprehension.

He says "there is a certain social usefulness in syphilophobia," "and although admittedly it will accentuate the discomfort of neurotics and may aggravate some already strained family relations," he has "been inclined to agree with those who believe that such cases ("syphilitic blindness," "syphilitic homicidal mania," etc.) should be widely publicized to develop mass fear, even panic, about syphilis."

As I write this chapter the newspapers bring the account of one man being killed and another driven insane by fear caused by the eruptions of Mayon Volcano in Hawaii. Fear, no matter how produced, is devastating in its effects and any man who is pledged to the production of fear and panic in the public is a public enemy. Dr. Parran is a far worse enemy to the health of Americans than "syphilis."

Here is the description of a young man's feelings when he was told by a doctor, who had just given him a test, that he had "syphilis:" "When a doctor told me I had the terrible disease that has been dreaded through all the centuries, I shuddered and turned cold and faint. I staggered back, then clutched the nearest chair for support. Everything swam before my eyes and the doctor's voice sounded far away.

"It was awful! To go through life a living corpse! To see myself sink deeper and deeper into the abyss from whence there was no emerging. I recalled pictures I had seen, casts, showing various stages of the disease and illustrations in medical books, each a nightmare of repulsiveness. Then for this thing to fasten its foul fangs on me! I had always had an ambition to fill a place in the world, an overweening desire to

be famous, to love and be loved, to be honored by my fellow men. And now to be condemned to be a walking charnel house — was terrible."

It was terrible — I mean the state of mind the pronouncement created was terrible. The psychology that has been built up around the word "syphilis" is worse than any disease could ever be. It does not require a profound knowledge of psychology to know that such a state of mind would wreck the health of the strongest and most vigorous. All this fear, dread, apprehension, depression, etc., has been studiously cultivated for several centuries, but particularly during the past fifty years. It is a crime of the first magnitude against the minds of the race. The sensitive, self-respecting person, who is told he has "syphilis," walks around in a nightmare of horrors, if he does not commit suicide, as many do. Such a state of fear results in arteriosclerosis, locomotor ataxia, and other forms of disease peculiar to premature aging. Dr. Tilden says: "I have seen splendid men ruined for life because they knew their lives were ruined; not fewer than twenty-five to fifty first-class physicians had told them so in the preceding fifteen to twenty-five years."

He says: "Victims of this psychical state get to be monomaniacs; they think of nothing else; they talk of nothing else; their opinions are reinforced by every doctor they meet. As fast as fear develops degeneration, it is pointed out as another proof of the ravages of syphilis and the truthfulness of the **early diagnosis.** A real diagnostician would rather have everyone of his victims die, those whom he has declared would, than to have them live, if by living they refute his prognosis. Pride in diagnosis has consigned millions to a living hell; for the doctor would rather be right than to have any patient get well who, he has said, could not get well."

Dr. Weger says: "It may be of interest to mention that in our experience, seldom does locomotor ataxia complicate the third stage of syphilis in a saloon burn, a tramp, or persons of that type whose dissolute lives are free from worry and anxiety about ultimate consequences to themselves and to society. Professional colleagues with whom these conclusions have been discussed are also impressed with the infrequency of tertiary symptoms in the dissolute. This leads to the thought that the hypersensitiveness, brooding, melancholy, and depression developed by those who dread the possibility of having a humiliating circumstance in their lives advertised to the public through locomotor disability, may be a psychic factor of great importance from the standpoint of enervation. Mental anxiety and fear enervate, break down resistance, and often bring on the very condition that is most dreaded. What a potent factor worry is in causing physical ills to develop is not yet fully realized."

A dentist saw his business failing and he worried much over the situation. Finally, he was forced to close his office. He developed a large variety of nervous symptoms, including chronic sleeplessness, mental depression, weakness, nervous

indigestion, constipation and great loss of weight. After two years or more of enforced idleness and economic worries, he secured a position in the office of another dentist at a good salary. Almost over night a marked improvement occurred. Symptoms that had defied his physicians and had refused to yield to the care he had given himself, disappeared in three weeks and he was gaining weight. Happiness displaced his. former depression. Such are the effects of emotions upon the body.

Dr. Royal S. Copeland, now United States Senator from New York and former Commissioner of Health of New York City, in describing the effects of a lecture (he once delivered before a women's meeting) on those present said:

"As for the woman opposite me, she sat there as if she were frozen. Apparently she wasn't shocked; she wasn't horrified, she was beyond all that. She was paralyzed!"

Fear does often paralyze, and this is what had paralyzed the woman opposite him. The doctor (?) had described to those women all the evils of syphilization, as practiced by the medical profession, and told them it was all due to a disease called "syphilis." He had scared them out of their wits. He had told them that the disease "ravages and wrecks constitutions, weakens the system, debilitates every vital force in man's body and leaves him in a condition that is likely to put him on the scrap heap while he is still young in years." That, it would seem, was crime enough for one day, but the doctor wasn't satisfied with this, so he told them that if they saw a young man in his twenties wracked with rheumatism, look out. He told them that if the terrible monster, "syphilis," could be slain, "the average length of human life would enormously extend." He compared the spread of the disease to the spread of a prairie fire, a totally false and misleading comparison, and declared that a blind man, racing a car down Main Street, is a safe citizen compared to the syphilitic. He referred to "syphilis" as the cause of locomotor ataxia, and gave Rudyard Kipling's "Love O'Women" as his authority.

Holy horrors! Is it any wonder that poor woman was paralyzed? With a man who is supposed to know what he is talking about, standing there telling them such hair-raising ghost stories, and swearing, by all the gods of antiquity, that every word he uttered was law and gospel, who can blame that poor woman for "jumping to her feet hysterical and screaming" when he had finished. (Some doctor may have told her only a few days or weeks previous that she had "syphilis"), with his recitation from the medical chamber of horrors? The only wonder is that the whole house did not become hysterical and rush out of the house and head for the river.

It is a crime, and an unpardonable offense against the integrity of the human mind and against human health, to deliberately fill the mind full of unfounded fears of this kind, and that for no other purpose than to bolster up the efforts of

the poisoning, blistering, carving, electrocuting, serum squirting school of medicine to secure autocratic control over the health and lives of the nation.

Copeland is a syphilomaniac. He does not hesitate to create fear of "syphilis" in the minds of others. It must be admitted that what he was telling them was true, only not in the way he told it, nor as he desired them to understand it. When there is added to sensuality and the frightful state of mind the pronouncement "syphilis" creates, the deadly and destructive drugs with which such patients are treated, there is formed an unholy trinity that cannot be excelled for deadliness. All the pathology the Senator-Doctor described to that audience of suggestible women, as being due to "syphilis," is built by drugs and the psychology of the disease. The little skin infection which is described as "primary syphilis" is wholly incapable of ever becoming anything else unless forced to do so by sensuality, fear and drugs. "Syphilis" is doctor made and never develops in those who are fortunate enough not to know what their trouble is. If they keep away from the poison dispensers and promulgators of fear, they are safe. This is amply demonstrated by the absence of the disease in so-called savage tribes.

Thousands of unfortunate men and women are wrecking their minds and bodies with the fear, dread, apprehension and self-condemnation that are theirs because some doctor has told them they have syphilis. Others commit suicide. It has been my privilege and pleasure to rescue a few of these from this slough of despondency and restore them to health.

I recall one woman who had been told she had "syphilis." She had contracted it from her husband. It preyed upon her mind. At times she would indulge in crying spells and thoughts of suicide. She had gone to a doctor because of an eczema-like eruption in the palm of one hand. The condition was plainly of nervous origin and showed up only when she was overworked or excited. A Wassermann test proved positive and she was pronounced "syphiltic." A merry-go-round of the usual treatment was then gone through but without ever changing the condition of her palm. Her health slowly declined until I had her to stop the drugging and relieved her mind of the fears and apprehensions caused by the thought that she had "syphilis." Her health improved immediately and the hand with it. She made a complete and permanent recovery.

"Syphilis" becomes an obscession with suggestible persons. "Syphilitic obscession" is a particularly common evil. It is a fixed belief that the victim has "syphilis" and this causes him much suffering and keeps him running from doctor to doctor. Palm says of "syphilitic obscession" that "the symptoms of the disease are so varied and so typical of other ailments, that there is not a single person living who cannot find symptoms of syphilis in himself if he searches closely enough. Personally, I get scared everytime I find a "canker' sore in my own mouth. If I were to awaken some morning with a chest

rash, I would probably pass out from fright."

The probable intent of these last two statements is to scare people who have "canker sores" or "chest rashes" to the doctors for examinations and tests, and not to express how Palm really feels. He is a scaremonger.

Palm pictures a man hearing something of "syphilis" and its symptoms, hurrying off to a library for a book, where he discovers that **sore throats, rashes,** and **tired feeling** are symptoms. He remembers that he "had a sore throat last winter," a "rash on his arm" two years ago, which he thought was poison ivy, and he becomes convinced that he has syphilis. Perhaps an occasional case of syphilophobia arises in this way, but the fact must not be overlooked that the medical profession creates most cases.

The physician who makes a specialty of "syphilis" becomes so abscessed that he can see "syphilis" in the most innocent symptom. His syphilomania causes him to drive his patients and everyone he comes into contact with into syphilophobia. The Medical Profession of the present is driving the people insane.

The whole of the modern so-called health education places the emphasis in the wrong place. Instead of placing the emphasis on health it is placed on disease. Fear is the weapon employed to drive people to the doctors. And fear has been employed more with relation to so-called "syphilis" than with any other disease, more even than with relation to cancer and tuberculosis. It is sought to create panic and hysteria rather than to build up a sane outlook on life. This is all wrong.

Courage, not fear; hope, not despondency; cheer, not worry and forebodings — these are the mental elements of good health and of a sound mind. May we hope for a change from the present fear creating mis-called health education.

THE NIGHTMARE BECOMES A MANIA

Chapter V

We may rejoice that part of the syphilitic insanity has passed away and that "the popular conception," as Becker calls it, without mentioning that his profession taught this fallacy to the public, "that a child from a syphilitic parent is apt to have hereditary mental or other defects, is unfounded."

It is now generally agreed that "the father of the child may be syphilitic, but if the disease has not been transmitted to the mother the child will be born free of infection." It is agreed that the child is "infected" while in the womb, by germs brought to it by the mother's blood. It is therefore called "maternal syphilis," or "prenatal syphilis." Thus Eve, again, and not Adam gets us kicked out of the Paradise of Eden.

Medical authorities agree that "syphilis" "attacks" the unborn child in the fourth or fifth month of pregnancy. Indeed they tell us that because the mother does not transmit "syphilis" to her baby until the fourth or fifth month of pregnancy, "it is possible to prevent transmission by treating the mother before she infects the child." Such treatment, if continued until the birth of the child will assure the baby "freedom from syphilis in nine cases out of ten."

This is a rather far-fetched idea. The "germs of syphilis" are said to be carried to the developing baby by the mother's blood, and there is no reason why they cannot be carried there as soon as circulatory connections are established between the mother and the embryo. "Infection," if it can occur at all, could occur at any time. It would be interesting to know just how they discovered that it never occurs before the fourth month.

Intra-uterine "syphilitic infection" is blamed for a large part of the still-births that occur every year. Medical Authorities tell us that the "time of the attack," is the important factor in determining whether the child will be born dead or alive. "If the disease infects the child" before the middle period of pregnancy, it is likely to be bom dead; if at a later period, the child has a better chance of being bom alive. However, they tell us that "if the baby is bom alive, there is strong probability that it will die within a year."

The tendency of "syphilis" to cause death in the new born "becomes less as the mother's infection grows older. The second pregnancy may result in a miscarriage at a later date," says Becker, "or the child may be born dead at full term. The next pregnancy may result in a living child with the disease.

Subsequent children may or may not be infected. The tendency of the disease to infect the child becomes less and less, until a child may be bom without syphilis. The tendency towards spontaneous cure in women, especially those who are bearing children, creates a lessened tendency to infection of the child."

Dr. Parran agrees with this saying: "Dangerous as it is to the child, pregnancy exerts a beneficial effect upon the mother's syphilitic infection. Thereafter it runs a milder course, tending to latency, with fewer late complications. *** A woman with syphilis may infect her unborn child. If in the early stage of the disease and untreated, she almost certainly will do so. The result is an abortion, a still-birth, or a living child with congenital syphilis. All three results may follow in successive pregnancies. *** On the average, untreated syphilis in a woman produces a disastrous outcome in 9 out of 10 pregnancies."

If these things are true, a better treatment for "syphilis" in women than the accepted drug treatment, one that will prove far less damaging, would be a rapid series of pregnancies.

The prenatally "infected" child may be born apparently normal. There may be no "signs of the disease," and it later "develops its unmistakable characteristics," whatever characteristics it has that are **unmistakable.** There are "no primary sores to reveal the presence of the disease," for "at the very onset the germs are already attacking every vital organ." It seems that none of the mother's increasing resistance reaches the child. "When definite signs finally appear, they are those of secondary syphilis," — hives, "nettle rash," or other skin eruptions due to an "upset" stomach. At times the child may "be born with infectious lesions."

In a few weeks, "usually before the fourth month of postnatal life," the child becomes ill. It may "at first be restless" (from over-feeding), "then develop snuffles" (also from overfeeding), "perhaps a skin rash (from indigestion), and "other changes," from the same causes. "The blood test is positive" — sometimes.

Prenatal "syphilis is divided into "early" and "late," as is "acquired syphilis." (The discriminating reader will recognize that prenatal "syphilis" is also "acquired.") In time the "secondary signs" vanish and "prenatal syphilis enters the third stage." Congenital heart disease, paresis, locomotor ataxia, blindness, etc., "are as fatal and severe in their attacks upon the child as are these varieties of acquired syphilis upon the adult." Dr. Becker says "the child thus diseased may have moderate nutrition and stunted growth. He or she is pale, undersized, and shows a lack of resistance." All these conditions are more rationally explained by referring them to malnutrition from its various causes than by assuming that they are due to a disease called "syphilis."

At the age of ten a girl began slowly to go blind. Her father

took her to an eye specialist, who "immediately diagnosed her condition as keratitis caused by syphilis." The father admitted having had a sore twelve years before which was burned off by a doctor and he had never given more thought to it. The father had "infected" his wife in the "non-infectious stage," and now his daughter was going blind.

Keratitis is inflammation of the cornea and may be caused by many things. Medical dogma has it that it is due to "syphilis." Gummatous sclerosis of the internal ear "is also said to "cause deafness." Parran tells us that "juvenile paresis is a relatively rare but terrible result of congenital (prenatal) syphilis.'"

Parran also says: "The relation of congenital syphilis to feeblemindedness is difficult to describe. Some studies show little difference in the syphilis rate among feebleminded and normal children.'"

It is as difficult to tell whether or not a baby has "syphilis" as it is to tell that an adult has it. Parran says: "Like acquired syphilis, congenital symptoms are so diverse that not all are recognized. Some congenitals go through life with few symptoms. *** The mother's Wassermann may be negative; also the blood from the umbilical cord, or from the baby's veins. The placenta may appear normal, even by microscopic examination. The X-ray may show nothing in the long-bones. Yet some months or even years later the child may show signs of congenital syphilis."

TESTS THAT DO NOT TEST

Chapter VI

In 1906 the medical world manifested great enthusiasm over the announcement by Erick Wassermann, of the discovery of a test for "syphilis." Before the invention of the test they were never sure whether or not a patient had "syphilis;" since its invention they are equally uncertain. Indeed, they do not yet know what the test reveals. How do they know that the test reveals "syphilis" unless they know that there is such a disease as "syphilis?" How do they know what the blood condition is that gives a positive test?

The presence of "syphilitic infection" is supposed to result in changes in the biochemical properties of the blood serum and the tests are supposed to reveal, not the germ, but the blood changes. Since the germ gives off no toxin, the blood changes are not likely to exist. However, if they do exist they should be present in greatest quantity when the germs are most prevalent. The test should not be positive one day and negative the next.

It was early recognized that the test was not fully reliable. Noguchi, whom Parran calls great, pointed out that the same "syphilitic" serum will give all kinds of Wassermann ' reactions from completely negative to strongly positive, depending on how the test is made.

A lady in New York City went to a physician who suspected her of having syphilis. He took a blood sample to have a Wassermann test made. This he sent to a private laboratory. The lady on the same day had another physician send a blood sample to the Board of Health laboratory for a test. When the reports were received, the Board of Health test gave a negative reaction, that of the private laboratory a strongly positive reaction.

One shudders when he contemplates the potential power for damage of a test like this. Interpret this anyway you please, it is not encouraging. Say that somebody's technic was faulty. Say that the doctor and the private laboratory were working together in the interest of each other and not in the interest of the patient. Say that somebody did not know how to make the test. Say that a few hours difference between the time the two blood samples were taken were sufficient to account for the differences in the reaction. Explain it as you will, the fact still stands out that one may have syphilis at the same time that he or she does not have it, so far as the test is concerned. This does not bring up a very pleasant picture in one's mind.

Drs. Lydston and Stillians of Chicago, Krauss and Kahn of Memphis, and Dock of St. Louis, are among those, who, more than once, have pointed out the shortcomings and undependability of the Wassermann test. Kahn says, "it is evident *** that in every syphilitic stage isolated cases are found which will not respond to the Wassermann test." Stillians asserts that "the blood of a healthy baby less than two weeks old will give a positive Wassermann." There are some who are said to get the "Wassermann habit." They show a Wassermann plus throughout life, "even though the syphilis has been brought under control. "These cases are said to be "Wassermann fixed." In his **Race Decadence.** Wm. S. Sadler, M.D. admits that "the Wassermann test is not infallible."

It is known that many conditions other than "syphilis" give a positive Wassermann. The **Revue de Medicine,** Paris, (Dec. 1920) carries an exhaustive article by the Chief of the Faculty Clinic, A. Touraine, entitled "La Reaction de Wassermann en de la Syphilis" (Wassermann Reaction outside of Syphilis), in which he says: "Almost all the maladies which respond to the positive Wassermann are characterized by a rapid and intense deglobulization. This deglobulization is most marked in diseases due to parasites which live in the blood. A number of tropical diseases have been found to give positive reactions. Positive reactions were also found in sleeping sickness by Hallock, Jakimoff, Schilling and others. Eichelberg obtained ten positives out of 25 cases of Scarlatina. Laederlich found positive reactions in measles. Ravout found positives in starch poisoning. In the study of pneumonia Weill obtained 23 positives of 23 cases.

"Bacillary diseases, especially pulmonary tuberculosis, offer a truly extraordinary collection of positives.

"Positive reactions are sometimes found in diabetes, alcholism and morphinomania.

"Nanta and Joltrain obtained three positive Wassermanns out of four cases of lymphatic leukemia. Ten out of eleven cases of myeloid leukemia were obtained by Bruck, Nanta and Joltrain."

Besides yaws or frambesia, Dr. Becker says "very strongly positive blood tests occasionally are seen in patients who are seriously ill with pneumonia, scarlet fever, malignant endocarditis (a heart infection), leprosy, various diseases of the blood, and generalized cancer."

The April 1926 issue of **Southwestern Medicine** says of the Wassermann test: "It is not specific, *** fever at times will give a positive test, and when repeated after the fever is gone will yield a negative reaction; constipation will give a positive test; jaundice at times gives confusing reactions. Tuberculosis may give a positive reaction." To add to this J. DeQuer, M.D. of Los Angeles, tells us that he obtained a positive Wassermann in 400 cases of constipation, and that after the constipation was corrected by diet, etc., 364 of these

cases gave a negative reaction.

If starch poisoning gives a positive reaction in 40% of cases, and almost everybody is starch poisoned (a condition that exists today), one may readily see the enormous number of cases of "syphilis" this test would reveal in our population. This may help to account for the great number of Wassermann positives found among the starch-fed negroes of the South.

That diet influences the test has long been recognized. For years Dr. Tilden of Denver, has said "If the advocates of the Wassermann test would like, I will obligate myself to prepare any number of syphilis-free cases to show a Wassermann positive test, and then immediately after cause the same subjects to show negative reactions; and the preparation of both conditions will be made with food."

John R. Williams, of Rochester, N. Y. writing in the **American Journal of Syphilis,** for April, 1912, under the title, "A Study of the Wassermann Reaction in a large group of supposedly non-syphilitic individuals, including large groups of diabetics and nephritics," says in part: "As the nutrition of these cases was improved by proper dietetic measures, there was a coincidental improvement in the Wassermann test." Thus in each instance where a positive Wassermann test was obtained the diabetes was very severe. He adds:

"The more plausible explanation is the one which has already been suggested. It would seem that there is a relationship between the nutritional states of these individuals and the variation in the Wassermann reaction. It was observed that the positive and partial reactions occurred when the patients for a long time had been on a diet far below the point of minimal basal metabolism and were suffering severely from imperfect nutrition."

R. B. Pearson, of Chicago, says in his **Drugless Cures,** "Oscar Jones, M.D., of Indianapolis, tells me that the Wassermann test only indicates the condition of toxicity of the body, and there is no relation between a positive Wassermann and the presence or absence of syphilis whatever. Further, he says, any one who eats meat to excess may get a positive Wassermann at any time; or cut out meat entirely, cleanse the meat toxin from the intestines with frequent enemas and eat sugar to excess before the test, for a negative Wassermann."

In going over the reports of tests carried out on negroes in different sections, one thing struck me rather forcibly: namely, more so-called "syphilis" was revealed by the Wassermann dragnet in the economically most depressed negroes than in those who have better food and care. Starch-feeding groups show more positive Wassermans in their investigations. The relation of poor nutrition to so-called "syphilis" is amply demonstrated by its so-called prevalence

among the pellagrous-diet fed negroes of the South.

Alterations in the body's defense mechanism change the test. Prof. McDonagh, of Loch Hospital, London, recognizes this fact and says: "I now practically never do a Wassermann in this stage (after the 4th year) for the simple reason that a positive reaction may only mean that the patient's protective mechanism is working well and retires no stimulus." He adds that malaria and "other diseases" also produce a positive Wassermann reaction.

Other things than diet affect the test. In an article on "The Interpretation of the Wassermann," In the **New York Journal and Record,** 1922, page 514, Dr. Sydney Wallenstein, of Baltimore, Md., says, "Contaminated blood may give falsely positive reactions." "The injection of alcohol previous to taking blood tests will render reaction negative." Even the very drugs used to treat "syphilis" alter the reactions. Accurate tests show that iodine, arsenic and mercury, drugs used in treating the supposed disease, affect the test. Ether and chloroform narcosis gives a positive Wassermann. Food, alcohol, drugs, disease, the state of nutrition, and so many other things affect this supposed test, that it is absolutely unreliable, even if there were really such a disease as "syphilis", a thing I positively deny.

Variations in the test also affect the outcome. Thomas and Ivy, two standard medical authors, say, **Applied Immunology.** Page 101:

"1. the marked discrepancies between the results of the Wassermann test and the clinical findings in many cases are causing skeptical clinicians to lose confidence in the value of the reaction, and thus they are being deprived of an important diagnostic agent.

"2. A great many unfortunate persons are being treated for syphilis who have not and never had syphilis, as the result of weakly positive and doubtful reports of workers using these antigens."

They also say: "Schamberg, Kolmer, and others report that they obtained positive Wassermann reactions, in using the cholesterinized antigens in over 28 percent of twenty-two cases of psoriasis (itch), in a great many of which syphilis could almost certainly be excluded, thus providing evidence that weak reactions do not necessarily mean syphilis, and that a diagnosis of syphilis cannot be based on weak and medium inhibitions when they are employed. We hold that weakly positive reactions with syphilitic liver-extract mean nothing but syphilis. Even though it were true that the cholesterinized antigens give a more 'delicate' reaction and may furnish positive results in cases of syphilis that are negative to the syphilitic liver-extract, it is a very much less serious error to overlook an occasional case of syphilis than to saddle a diagnosis of the disease with all it entails on a patient who does not have the disease."

The meaning of this last paragraph is simply that:

1. Cholesterinized antigens frequently disclose syphilis where none exists; and

2. Syphilitic liver-extract frequently fails to reveal syphilis where it does exist

A positive reaction with cholesterinized antigens does not necessarily mean "syphilis" and a negative reaction with syphilitic liver-extract does not necessarily mean the absence of the disease. Surely the reader is ready to give up all faith he may have had in the test. Much more interesting data of a similar import could be given from these authorities but it is hardly necessary to multiply testimony at this time.

Dr. W. A. Evans, whose **How to Keep Well** column appears in many daily papers, wrote, in answer to questions **(Sunday News.** New York, May 25, 1922): "In the competition between laboratories there is some tendency to advertise such claims as 'We get a larger proportion of positive Wassermanns than other laboratories.' This claim is not untruthful necessarily. By varying the methods one way or the other the test can be made more sensitive and the result may be as advertised.

"But there is this to be said: The Wassermann test is not specific for syphilis. It is most dependable when it is just so sensitive, (How sensitive? — Author). If, on the other hand, it becomes too sensitive, it loses value, just as it loses it when it is not sensitive enough.

"What is the final conclusion? Shall we pay no attention to the Wassermann reactions? Shall we quit having them. made? I know of no one (using them — Author) in favor of that. With all its shortcomings, the Wassermann test is a standard procedure and should be continued."

It is valueless, but since it is a "standard procedure" keep up the fallacy. It fools both the doctor and the patient, but the deception is standardized. Let's keep it up.

In an address at the Conference on Venereal Disease Control Work, Washington, D. C., Dec. 28-30, 1936, Published in Supplement No. 3, to **Venereal Disease Information,** issued by the U. S. Public Health Service, Dr. Parran said: "We have learned from many check tests that many state and private laboratories are inaccurate in their examinations. The examinations for syphilis are so insensitive in some laboratories that cases of syphilis are missed. In others they are so hypersensitive that certain persons who are not suffering from the disease are labeled as syphilitic."

How can it be known that the test is just right, that it is neither too sensitive nor under sensitive? How can they ever be sure what this reveals? It is obvious that they can never be sure what the reaction means.

The various stages of "syphilis" give a varying percentage of positive and negative reactions. No reliance can be placed upon it in the primary stage, according to the best known medical authorities. In the second stage a positive reaction occurs in not more than 85 percent of cases. In the so-called tertiary stage only 70 percent give a positive result. Some authorities report even lesser percentages than these. A positive reaction occurs in scarlatina, pellegra, Hodgkin's disease, malaria, jaundice, diabetes, pregnancy, and a number of other diseases. Yaws, a tropical disease, gives a positive Wassermann. So, also, does nodular leprosy.

The Department of Health, of the city of New York, maintains a laboratory where various laboratory tests are made without cost to the doctor or his patient. Glass containers are supplied to the physician in which to send blood samples to the laboratory. Around these containers are wrapped blanks to be filled out by the physician and which, after being properly filled, are sent along with the blood sample to the laboratory. On the blank that is filled out when a Wassermann test is desired, the physician is asked: **"If result of examination is negative do you wish the department to consider the case as one of syphilis?"**

What can a question of this kind mean. Does it mean that the test is not reliable? Does it mean that one may have syphilis and the test show him not to have it? Does it mean that the profession and the Boards of Health, themselves, do not trust the competency of the test? If it means any of these things and, as I shall show, it means all this and more, the patient cannot reasonably be asked to place his trust in the test.

In a paper on **"The Skin and Syphilis,"** read before the Academy of Medicine, on Jan. 15, 1926, Dr. Howard Fox, of New York City, said: "The tendency to place undue emphasis on the Wassermann test is unwise. It should be given due consideration but not relied upon to the exclusion of clinical evidence. If leprosy can be eliminated, a strongly positive test indicates syphilis. A negative test, however, by no means excludes a syphilitic infection, as is frequently shown in the case of typical gummas of the skin. Examination of the spinal fluid may show a positive Wassermann test in cases where the blood examination is negative. Even the spinal examination may be negative."

Dr. Richard C. Cabot of Harvard University and the Massachussetts General Hospital, says: "The Wassermann test has about it a great deal that we do not know. We do not know for certain that a person with a persistently negative Wassermann reaction does not have syphilis. In a few cases of syphilis we have positive evidence of syphilis on the surface of the body despite a negative Wassermann." This statement is made only a few paragraphs after he says "syphilis can imitate any kind of skin disease, and it is not worth while even to try to recognize it."

Now you see it and now you don't. We can't tell whether it is syphilis or blackheads without a Wassermann test, but we know that it is syphilis even if the Wassermann does say no. If Dr. Cabot knows any more jokes he ought to tell them.

Parran says "one should always remember that there is a possibility of error in so delicate and complicated a procedure. In the absence of a history of syphilis and without symptoms and physical signs, no person should be labeled a syphilitic on the basis of a single laboratory test." But if we cannot rely upon one test how may we rely upon two or three? Do we reach certainty by the multiplication of uncertainty? Can we arrive at fact by multiplying error? Is not Dr. Tilden right when he declares: "But it is too childish to be taken seriously; for it is like a game of blind-man's buff — **now you see it and again you don't.** This week, this month, this year it is Wassermann positive; next week, next month, next year, negative. Now you have it, and now you don't; proving that the specific cures for today, for next week, for next year; but the cure does not stay putl Once syphilitic, always syphilitic — **at times I** Why not all the time, or none of the time after being cured?"

In the **Cincinnati Journal of Medicine.** Vol. IX, 1923, page 144, Dr. C. J. Broeman says: "A positive Wassermann does not always mean syphilis." "The blind dependence which so many physicians are now placing upon this blood test is a very dangerous state of mind, and efforts should be made to correct it."

In Feb. 1928, **The Journal of the American Medical Association** published a report of 331 autopsies performed by Dr. Douglas Symmers, Assistant Director of the Bellevue Hospital Laboratories; Dr. Chas. G. Darlington, and Helen Bittman, assistant in the Bellevue Laboratories, in which these investigators state that they have reached the conclusions that:

"The Wassermann test gives a negative reaction in from thirty-one to fifty-six percent of cases in which characteristic anatomic signs of the disease ("syphilis") are shown by autopsy; *** the Wassermann reaction is positive in at least thirty percent of cases in which it is not possible to demonstrate the anatomic lesions of the malady by autopsy. *** It (the Wassermann reaction) *is* not a specific action, but occurs in conditions other than syphilis, and it does not always occur in syphilis. *** the generation that holds the responsibility of the future is being inoculated with an almost reverential respect for artificial methods that neither clinician nor pathologist can explain or control."

The test, let me add, is frequently alternately positive and negative in the same individual; is, also, often negative when the blood test is employed and positive when a spinal test is made, or vice versa.

Now, since the clinician cannot determine with any degree of certainty whether you do or do not have the disease, as I

have shown in a previous chapter, and since the laboratory ex-spurt and his tests are as unreliable as a weather forecast, the only way you can be sure you have the disease is to die and let them find out at the necropsy. But suppose there is no such thing as "syphilis" — what then are these "characteristic anatomic signs"? They are not. They are not "characteristic". No disease presents either a symptomatology or a pathology that is clean-cut and characteristic.

Parran says, "Positive blood Wassermann tests are not a complete index of the amount of syphilis. One-third of patients with beginning nervous system involvement show a negative test." He further says: "After 30 years of using serodiagnostic tests, they are still purely empirical. We do not know that a negative test in a person who has had syphilis does not mean that the disease is cured. We are not sure that a persistently positive test means that organisms persist. We think it does, but positive blood tests for other diseases — typhoid, diptheria, for example — persist after the living organisms have been killed off. There is no way of determining accurately the time when the last syphilis organism has been exterminated from the body."

Yet these men want every man, woman and child in the land tested for "syphilis" by this same unreliable test, tomorrow. They would deny marriage to the purest young woman in the whole land until she has subjected herself to a test for this medical nightmare, "syphilis". They would compel her to stake her all upon a test that *is* not nearly as reliable as a weather forecast. Becker would repeat the test every year or two throughout life, for, he thinks the repetition of "the routine blood tests" can alone prevent large numbers from becoming "hopelessly crippled by syphilis before" they are "aware of its presence".

The Wassermann test is of no earthly value, except as a means of perpetuating a delusion. It can be used to scare the wits out of you, and blacken your life for the rest of your days, if you do not commit suicide as many do. If the test shows positive, you will be declared to be "syphilitic". If it shows negative, the physician will not be sure whether you have the disease or not.

In the **Journal of the American Medical Association,** Oct. 23, 1926, James Herbert Mitchell, M. D., calls attention to the unreliability of a weakly positive Wassermann reaction and states that much of his present work consists in trying to convince patients that they do not have the disease. He says: "The value of the various 'serums' and blood tests has been extolled to the point at which the uneducated or the unthinking layman is led to believe that a blood test is infallible. Add to this the fear of venereal disease implanted in his mind by the anti-venereal propaganda, and we have a combination of circumstances with the greatest possibilities of harm. The time has come, I believe, when steps should be taken to give the layman and the general practitioner a word of caution."

Then coming to the mental effects of the pronouncement of "syphilis" he tells us: "One patient of mine, as a result of a slightly positive Wassermann reaction ten years ago, has wandered from coast to coast, begging physicians to treat him. As many of the reputable men have refused to do so, he has been obliged to step down the scale in order to find men who would treat him. He carries about with him his own favorite type of spinal puncture needle, and when last seen had had twenty spinal punctures done by men in various parts of the country. The reports on his spinal fluid have been uniformly negative, but the one slightly positive blood Wassermann reaction ten years ago was sufficient to upset his whole life.

"In no class of patients does the slightly positive Wassermann reaction cause so much harm as in the candidate for marriage. The very laudable movement for such examinations set on foot by various agencies, insisted on by some eminent divines of the Episcopal Church and enacted into law in some states, has undoubtedly produced good results; but when a slightly positive Wassermann reaction is returned a day or two before the ceremony is to take place, the situation may be nothing short of tragic. In the last year I have struggled with five such cases . . . . ."

This article by Dr. Mitchell evoked an editorial comment from the **Medical Journal and Record** (New York), Sept. 21, 1927, in which the question is raised as to whether the Wassermann test has not done more harm than good. The **Record** says, in part:

"Dr. J. H. Mitchell, in a paper before the Section on Pathology of the American Medical Association in April, 1926, wisely remarked that many laymen have the impression that the practice of medicine has kept pace with the mechanical developments in other fields of endeavor and that diagnoses are now made with mechanical, if not mathematical, precision, thanks to the various tests employed. He might have added that a great body of physicians seem of the same mind or they would use much better judgement in interpreting or even in using these tests. The routine examinations through which so many patients are run nowadays, if they do not give them this impression must give them the opposite one that they are being imposed upon, and where their faith is stronger they may even end most disastrously. *** On the whole we wonder whether the Wassermann has done more harm than good, for a negative reaction following treatment of an undoubted case does not mean that the patient is really cured, though unfortunately he usually interprets it in that fashion.

"Dr. Mitchell gives other illustrations that would confirm our questioning as to whether humanity might not be as well off if the complicated and variable ingredients for the Wassermann test were dumped into the ocean along with the bulk of the Pharmacopoeia, as suggested by Dr. Holmes, though this would be mixing the elements considerably. We see no reason why it *is* not more important that one innocent

person should be saved from mischief by so doing than that evidence of real infection should be given some confirmation. The medical profession cannot be responsible now for the advertising given this test outside their own offices, but they can be more judicious in using this and any other test indiscriminately and without due consciousness of its nature. "Many patients undergoing a so-called routine or thorough examination object to (and all must find it anything but pleasant) the taking of blood. In so doing they show good sense beyond that of those who insist on this performance without the best of reason."

As before pointed out the unreliability of the Wassermann test was early recognized. Various experimenters made efforts to "improve" the test. Many modifications of the test have been made, one of the first of these being the Nogouchi test. At the present time many pathological laboratories never make the original Wassermann test. Let us give a little attention to some of these "improved" tests.

Becker says of the original Wassermann, that "it soon was found that the test was not only nonspecific in that conditions other than syphilis resulted in a positive test, but that it often was negative in the presence of the disease. The original test has been modified by many workers, with improvement in sensitivity and specificity. Another type of the test, the precipitation test, has been introduced more recently and has gained favor on account of its simplicity and economy. At present there is no particular choice between the complement fixation and the precipitation reaction, but a combination of the two performed on each serum from the blood gives more information than either alone. Good laboratories perform a representative of each of the two types on each serum. If there is any doubt as to the significance of the test it should be repeated. The two forms of test theoretically should not disagree, but occasionally they do. That is why both often are made." So they can disagree, I suppose.

The Journal of the American Medical Association, July, 10, 1937, says editorially of the "Clinician and the Serologic Test for Syphilis:"

"The ideal serologic test for syphilis is one that is completely specific (which gives no false positive or false doubtful results in known nonsyphilitic persons). There is no such test." Discussing tests they say "the results of the American serologic conferences" show to be satisfactory — "the Kolmer complement fixation test and the Kahn and Kline diagnostic (not the Kahn presumptive or Kline exclusion tests) —" they say: "Even with these named tests the clinician must remember that false positive (or false doubtful) results may be obtained in about one patient out of a hundred tested, and he must be on his guard against diagnosing syphilis when it is not present and instituting treatment that is not needed."

The intelligent reader will readily perceive that a test that is capable of showing syphilis where no syphilis exists is not

likely to do so only once in a hundred cases. It may do so ninety-nine times out of a hundred.

The editorial further says: "The ideal serologic test is one that is so sensitive as always to detect syphilis when it is present. There is no such test, *** however, the five tests named in the preceding paragraph — Kolmer, Kahn and Kline diagnostic, Eagle and Hinton — compare favorably with any known tests as to sensitivity in that they are successful in detecting from 70 to 90 percent of positive and doubtful results in known syphilitic population (treated and untreated). The percentage sensitivity in the hands of the originators of these tests is: Kolmer 72.6, Kahn diagnostic 82.3, Eagle 82.6, Kline diagnostic 86 and Hinton 90."

These tests then are as unreliable as a weather forecast. They not only find "syphilis" where none exists, but they also fail to locate it where it does exist. We may not take at their face value, their accurately determined ratios of sensitivity, even to the first decimal point, for they have no dependable means of checking these tests. Indeed if they had such means they would not need the tests.

The editorial further says: "To the clinician moreover, specificity is more important than sensitivity. He must remember that, in the laboratory, sensitivity is usually gained at the expense of specificity; as any test is adjusted to give the highest possible proportion of positive results in known syphilitic patients there is a hand in hand increase in the proportion of false positive results in nonsyphilitic patients."

How is it ever to be definitely known that any particular case is "syphilis" if the test is not dependable? We have previously shown that so-called "syphilis" cannot be diagnosed by the symptoms, nor by the dark-field test.

The editorial makes the matter more confusing by telling us that the same blood sample may give a positive reaction with one test and a negative reaction with another in the same laboratory. It says: "Many laboratories still perform a complement fixation test with several antigens, e.g., plain alcoholic, cholesterinized or acetone insoluble, or check a complement fixation with a flocculation test or one flocculation test with another. While this type of multiple testing is desirable for intralaboratory check, the reporting of such multiple results to the clinician is often confusing. When the blood specimen gives a negative result with, for example, the Kolmer test but a positive result with the Kahn, this signifies only (a) that the patient has but a small quantity of reagin in his blood and (b) that the Kahn test is more sensitive than the Kolmer. The same thing applies to the different antigens in the complement fixation test."

Suppose these diametrically opposite results signify what they say they do; does it mean that the Kahn test is so sensitive that it finds "syphilis" where there is none, or that the Kolmer test is so insensitive that it fails to find "syphilis"

where it does exist? How is the clinician to know whether his patient has or does not have "syphilis"? The editorial attempts to answer such questions by saying: "If the history is positive and physical signs are present, a single positive test may be accepted. If these are absent, the positive result must always be verified by a repeat test in the same or a different laboratory before the patient is told of the diagnosis or treatment started."

It should be obvious that if the physical signs are of such a character that the physician can be positive that they are positive, there would be no need for the test. The test came into existence because doctors could not diagnose "syphilis". The same may be said for the "positive" history. The history cannot be positive so long as there is doubt about the real nature and meaning of the past symptoms. What of the repeat test to verify the first test? It is no more dependable than the first.

The editorial says that the repeat test "is in order to guard against the possibility of false positive results in non-syphilitic persons, a chance ranging from 0.1 to 0.5 percent even with the five tests named, and greater with other tests." Doctors are never anything if not accurate. They know their tests are inaccurate and they can't tell when they are right or wrong (if they could they would not need the tests), but they know to the smallest fraction of one percent, just how often their tests are wrong.

The reader's attention is especially directed to the falsehood contained in the next statement of the editorial. It says: "The only other diseases or conditions that give a positive serologic test for syphilis are malaria (rarely), yaws, relapsing fever and leprosy (all frequently). In untreated syphilis the range of positivity of the five tests named is from 90 to 95 percent in all stages of the infection."

We have previously shown that several other diseases besides those named in the editorial as the "only other diseases that are positive," give positive results in the tests and do not deem it worth while to dwell on this here. We pause only long enough to brand the editorial statements as false and to ask: If malaria gives a positive reaction, why does it do so only "rarely"?

The editorial discusses what it calls the "archaic and confusing system of reporting by plus marks" and says, "many nonsyphilitic patients have been treated for syphilis on the basis that a test reported as 'one plus' means positive, when as a matter of fact it may not mean any such thing. For the plus marks the words 'positive,' 'doubtful' and 'negative' should be substituted without qualifying symbols or adjectives. *** Doubtful would mean that there had been a definite result and that the test should *be* repeated. False doubtful results in nonsyphilitic persons are more frequent than false positive (from 0.1 to 1 percent with the five tests enumerated, greater with others). However, a doubtful result

may mean syphilis, especially if the patient has been previously treated.

"If the tests are negative there is a 95 percent chance that the patient does not have syphilis (in the absence of previous treatment), but a negative result does not exclude the diagnosis."

Was there ever such a mad-house? Is there any other field of human activity in which men are so willing to deliberately blind themselves to their own follies? Dr. Tilden says, "I do not believe the profession is conscious of its irregular and guerrilla style of defending its so-called science. It is forced by its confusions to make explanations that do not explain, **except to those who are not troubled with thinking."** It seems fitting to close this chapter with a quotation from Dr. Logan Clendening. In an article in **Plain Talk,** April 1930, he says, in discussing the question: Is a patient cured of syphilis?: "About twenty years ago a test known as the Wassermann test was brought forward. *** it was reported that it decided whether a person ever had syphilis, whether the syphilis was cured or whether more treatments were necessary. Therefore it was hailed with great enthusiasm and almost universally carried out in all laboratories and hospitals. I believe that I express the general opinion of clinicians when I say that twenty years of experience with the Wassermann reaction has modified the early enthusiasm very considerably. Many person's who have never had syphilis have positive Wassermann reactions. And no syphilographer on earth would be prepared to say a man was cured on the record of his Wassermann test alone.

"That this may not appear a personal opinion, let me refer to the statement of Dr. Wile, who is Professor of diseases of the skin at the University of Michigan. In discussing this very point of the determination of the curability of syphilis, he said a year or so ago that we must abandon reliance on the Wassermann and must go back to the old rule proposed by Ricord (who was born in 1799): that when a patient has remained free from all signs and symptoms of the disease for seven years, he may be pronounced clinically cured.

"Certainly no one can put forward the supposition that Dr. Wile has not had enough experience. No one is prepared to suggest that the technique used in doing Wassermann reactions at the University of Michigan, where he labors, is faulty."

WHAT CAUSES "SYPHILIS?"

Chapter VII

When Pasteur announced his theory that disease is due to microbes, Dr. Robert Koch, a German scientist, laid down four conditions that must be met before the theory could be regarded as scientifically proven. "Koch's postulates," as these are called, which were incautiously accepted by Pasteur and his subalterns and echoes, as reasonable, are:

1. The germ must be present in every case of the disease.

2. The germ must not be present except in connection with the disease.

3. The germ must be susceptible of cultivation in proper media outside the body, for several generations.

4. The pure culture thus obtained must be susceptible of re-transplantation into the healthy human or animal body, where it must infallibly produce the same disease, and the same microorganism must again be found in the tissues, blood, or secretions of the inoculated animal or man.

There is not a single germ that is held responsible for a single so-called disease that fully meets a single one of these conditions, nor one that ever meets all four of them.

It is claimed that "syphilis" is caused by a germ. Two German investigators, Fritz Schaudinn and Erich Hoffmann, announced the discovery of the germ of "syphilis" in 1905. Because of its spiral form they called it **"spirochaeta"** and because it was difficult to stain they attached to it the descriptive classification **"pallida."** Later the **"spirochaeta pallida"** was identified with a previously discovered organism named **"treponema".**

Every ten cent mind in the medical profession has accepted this cork-screw shaped germ as the cause of a disease called "syphilis" and the public has been told frightful stories of its ravages by such promoters, with six cent minds, as Parran, de Kruif, Becker, Palm, Wenger, Cox, Pusey, Fishbein, Stokes, Munson, Wile, Moore, Schamberg, O'Leary, and that aggregation of syphilophobes, the American Social Hygiene Association, headed by Dr. Walter Clarke. However, even these men have misgivings about the office of this germ in causing hundreds of pathological conditions which they gather together and label syphilis — indeed, their doubts are so great that they cannot keep them wholly inarticulate.

In a booklet issued by The American Social Hygiene Association, under the title, **The Social Hygiene Program — Today and Tomorrow,** C.- E. A. Winslow says of the treponema pallidum, "Koch's postulates have never been fulfilled here and we are not certain whether this organism is the sole cause of syphilis, or a symbiont, or a related saprophyte; yet its value as a practical index is quite clear."

To the writer, "its value as a practical index" is not "quite clear." For, Dr. Becker says in **Ten Million Americans Have It,** "It is not always possible to find spirochetes, even in lesions that are proved to be syphilitic. *** Failure to find the germs on a dark field examination does not necessarily mean that the lesion is not syphilitic."

Here, then, it fails to meet one of Koch's postulates — **it is not always present where the disease is.**

In his **Shadow on the Land,** Dr. Parran says: "During 50 years many investigators, among them the late, great Noguchi of Rockefeller Institute, have attempted to cultivate the spirochete outside the human body. Several have reported success with an organism which looks like the syphilis germ. Invariably it has proven nonvirulent. Experimental animals cannot be infected with it, only with human virus. This has led several workers, among them Levaditi, discoverer of the curative value of bismuth, to suggest that the visible spirillum is but one phase in the complicated life cycle of the spirochete, during part of which the organism exists in an ultramicroscopic stage, too small to be seen by the most powerful microscope."

Here, then, it would appear not to meet two more of Koch's postulates — (1) It does not seem to be susceptible of cultivation outside the body; and (2) if it is susceptible of such extra-somatic cultivation, it does not produce the disease it is supposed to cause when inoculated into the body. In all probability it is actually cultivated outside the body. Its non-virulence when inoculated into animals is the thing that causes physicians and bacteriologists to try to doubt that they are cultivating the right organism. They don't want to be forced to admit that their cause is no cause at all.

Dr. Becker tells us that the "syphilis germ" "itself has little tenacity except when well entrenched in the human body. * * * The germ probably never has been grown in virulent form in test tubes, although it is possible to infect certain laboratory animals, such as rabbits, mice, and apes, *** the spirochete of syphilis is not tenacious outside of the body, it dies quickly when it is allowed to dry, *** The germ of syphilis gives off little or no toxin (poison), *** It is no mere repetition of a trite expression to say they live in more or less complete harmony — the germs of the disease and the human body *** In connection with this, let us call attention to the fact that there is some evidence to support the theory that spiral form (spirocheti) is not the only form of the germ. *** It is possible that the germ of syphilis in other than the spiral form some

day may be discovered."

There is not the slightest evidence that the spirochete exists in any other than the "cork-screw" form. The assumption that it does is essential to save the theory. No physician who values his professional standing would dare question this fallacy. Well does Dr. Tilden say, "The whole thing is Fool's Paradise. Why doesn't the profession know it? Because it is awed into worshipping authority; and into believing that to question the hallucinations of a moth-eaten laboratory professor is a sacrilege deserving of eternal damnation."

Dr. Becker says: "Already we have pointed out that syphilis is a disease peculiar to human beings. Animals in the natural course of existence do not have syphilis, although it has been found possible to infect certain species with the disease for research purposes. The course of syphilis in these animals is milder than in humans, and the infected animals slowly cure themselves without treatment."

Here is another of Koch's postulates the "infection" does not comply with; when the "human virus" is used to infect an animal, the resulting disease follows an entirely different course, recovers without treatment, as it will always do in a healthy human, and thus fails to provide any evidence of specificity.

The fact that animals, when "infected" with "syphilis" do not develop a virulent form of "the disease," as did sixteenth century Europeans, would suggest that the infection is not devastating in new soil. The absence of such virulent forms in so-called primitives to which "syphilis" has been carried during the past century suggests the same thing. Syphilographers make use of this subterfuge merely because they are hard-put to account for the vast difference between the sixteenth century form of "syphilis" and that of the twentieth.

Sir Wm. Power, British Medical Officer of the Local Government Board, was asked before the Royal Commission on Vivisection what he meant by "a definite specific organism". He replied: "A definite organism which will react always in a certain way to a series of culture tests." He was then asked what diseases are associated with organisms for which such a test has been established. He replied: "I cannot say that we have got to that stage with any one of them."

They certainly have not reached that stage with the spirochete. It meets none of Koch's postulates and "syphilis," as described by medical authorities, never reacts the same in the human body. There is not a physician or a bacteriologist living who can honestly affirm that the spirochete has been definitely proven to cause "syphilis." If there is such a disease as "syphilis," its cause is simply not known.

DIAGNOSING A PROTEAN MONSTER

Chapter VIII

The reader who has read this far is already aware of the practical impossibility of ever being sure that a given case is or is not "syphilis." He knows that "syphilis" cannot be definitely determined by the clinical symptoms; that the dark-field test is not always reliable; that the various blood tests are not fully dependable and, finally, that the spinal test cannot be depended on to give an unequivocal answer. In the midst of so much uncertainty, how is it proposed to diagnose the disease? By adding all of the uncertainty together and getting a diagnosis as a final summation.

Parran says, "In the typical textbook form primary and secondary syphilis are easy to recognize. The trouble is that so few are typical cases. Moore, of Johns Hopkins, says that in one man out of nine, one woman out of three all early symptoms are so evanescent as to be unrecognized unless by accident. Yet the Wassermann is positive, and if this test were used routinely by all physicians in all physical examinations, it would uncover many unsuspected cases."

The fact is that there has long been a tendency for more and more of the maladies with which people suffer to be attributed to syphilis. This is especially true of nervous maladies. Because of the consequent ever increasing multiplicity and variability of its manifestations it is very difficult to diagnose. Like man, it is "fearfully and wonderfully made," in fact, so "fearfully and wonderfully made," that even its creators cannot recognize it.

Dr. Tilden says, **Venereal Diseases,** p. 93, "The profession saddles on syphilis everything that cannot be cured by an irrational treatment. If a symptom presents that by exclusion cannot be attributed to any known disease, then it must come from syphilis, whether or not a scintilla of evidence can be discovered by all the Sherlock Holmes of the profession that the patient has ever had the disease." He says elsewhere that "syphilis" "truly represents a professional monomania. The profession has given so much study to the subject that it has become a real insanity. Why? Because of the fixedness of cause. The premise is that the cause is specific, and it is a mind-upsetting task to undertake to fit a fixed cause to a set of symptoms that are paradoxical as well as heterogeneous."

Illustrative of the truth of Dr. Tilden's assertions let us look at a few cases cited by Dr. Becker. He tells of a woman whom he examined for "syphilis".She gave a history of "severe tuberculosis" which she had many years previously. She

recovered in six months. He declares that severe tuberculosis does not heal so quickly and "her symptoms were interpreted as those of a tuberculoid type of syphilis." Another woman said she had had diptheria of the throat for many weeks before it finally healed. Since diptheria does not last that long "the conclusion arrived at was that the woman may have had the sore throat often typical of early syphilis." A third woman gave a history of a generalized skin eruption involving the whole surface of the body, including palms and soles, "since other skin ailments are not likely to involve the palms and soles," he says, "she probably had experienced an early eruption of syphilis."

He tells us that "revelations such as these are valuable aids in diagnosing syphilis in cases where there may be some doubt." All the physician needs to do is to pick out something the patient had ten to twenty years previously, the details of which have escaped his or her memory, and arbitrarily decide that it was "syphilis." It is a very convenient method and saves the profession much embarrassment in endeavoring to explain the "late stages" in those who have long been "infected with syphilis" but have never had any knowledge of it.

This is the reason that it is so very "important to ask (the patient) careful questions relative to all possible types of signs and symptoms, many of which may have been misinterpreted by the patient and at times by the physician." The above mentioned cases "well illustrate the value of the examining physician's ability to interpret the patient's replies to questions."

Who does not know that the doctor's interpretations will be determined or biased by his premise. If he starts with a suspicion of "syphilis," this will determine how he interprets the patient's replies.

This method has its drawbacks however; for, "In spite of all the questions a physician may ask, *** it often is impossible to obtain any suggestive history relative to the infection."

Discussing the diagnosis of "syphilis" in **Gonorrhea and Syphilis,** by Tilden and Alsaker, Dr. Alsaker says: "some diagnose by exclusion; that is, they try out the case in hand with every other known disease, and if the symptoms fail to agree with all other diseases they can think of, it must be syphilis." It should be obvious to the reader who has followed us this far that a diagnosis by "exclusion" is all but impossible. He will remember that "syphilis" is "the clown of diseases, that it is a dissembler, it is more versatile than any protean actor; it is more varied and variegated than Joseph's coat; its skin manifestations simulate, in different subjects, nearly all cutaneous disorders known."

Physicians no longer diagnose syphilis "by mere inspections and general impressions," although this was the only method known and employed before the discovery of the "elusive

spirochete of syphilis" and the "perfecting" of "the blood test or both. We are told that the "germs of syphilis can be found by the dark field microscope as soon as the chancre appears, which may be several weeks before the blood test becomes positive."

However the spirochetes are hard to find and there are other organisms that so closely resemble the spirochetes as to be easily mistaken for them, while "failure to find the germs on a dark field examination does not necessarily mean that the lesion is not syphilitic." In addition to this, it is not definitely known that the spirochete is the cause of the chancre. Finally, there is often no chancre or other lesion in which to find the germs. "It already has been pointed out," says Becker, "that at least fifty percent of patients do not have any signs or symptoms of early syphilis which they are able to recognize."

It is next necessary to examine the rest of the family, perhaps all of ones friends and associates. "Family examinations," though it often "requires considerable ingenuity and effort to convince the family of the need of examination, since there is no legal method, (and they want means of compulsion) of requiring its members to submit to such scrutiny," "assists in the solution of doubtful cases by finding definite infection in other members of the family, and results in placing other infected individuals under treatment."

If the physician is not sure that his patient has "syphilis" he must examine the rest of the family. With remarkable ease he can positively discover "syphilis" in some other member of the family, even if he does not find it easy to determine whether or not the patient before him has "syphilis." Just as it is easier to find "syphilis" in Indians who have been dead a thousand years than in living Indians; just as it is easier to diagnose a "syphilitic" condition the patient had ten years ago that it is to diagnose the "syphilitic" condition he now has; so it is easier to find "syphilis" in some other member of the family than to find it in the patient.

The next step is to make one or more of the various serologic tests and follow these with "check tests," for durring the first stage ten percent give a negative test; during the second stage five percent give a negative test; during the third stage thirty percent give a negative test. Even then, we are not sure that the patient has syphilis. Becker says, the blood test "varies from day to day, week to week, month to month, and year to year. This is the case after the early stages of the disease have been passed. If blood tests were taken on a patient with late syphilis every day for a month, there would be some that would be strongly positive, some weakly positive, and some negative. The author, in one or two instances, has seen the results alternately very positive and negative every other day for a week." Because of such experiences Dr. Stokes recommends that the blood test report "should be used as a clew rather than as a clutch." It merely suggests further investigation and is not to be accepted as an infallible diagnostic procedure.

Let me at this point, repeat a question asked by Dr. Tilden: "If tests are made every few days and they come Wassermann positive every third time, what is the state of the body when the test comes negative, after being positive just a short time before? If the test is worth anything, the patient should be cured — well — when the test shows negative."

Next the spine must be punctured, a dangerous and barbaric procedure, and fluid drawn and tested. Four tests are made upon the spinal fluid. The white blood cells are counted in the fluid. These are said to be "present in abnormally large numbers in **many nervous diseases,** including syphilis." A chemical test is performed for globulin, "which is present in greater amount in syphilis and **some other nervous conditions."** A Wassermann or a precipitation test is made. This is "practically always" but not always, positive in "syphilitic involvement." The fourth is "a very delicate colloidal test," which "tells whether the syphilitic nervous disease may at some future date develop softening of the brain." Taken together the results of the four tests are claimed to show "whether the nervous system is diseased, and to some extent in what way and how severely."

Not one of these tests is specific. Even the delicate colloidal test often shows that the patient is going to develop softening of the brain (paresis), and he subsequently does nothing of the kind, as de Kruif tacitly admits in **The Fight For Life.** As unreliable as are these tests of the spinal fluid and as rarely as they are made, Dr. Becker says they supply "information that can be obtained in no other way, and it is so indispensible to the management of a patient that intelligent treatment cannot be undertaken without it in the average case."

. Becker tells us that in addition to all these "rather simple examinations" described above, "numerous special examinations often are necessary. Assistance of specialists in diseases of the eye, ear, nose, throat, nervous system, genito-urinary system, and heart, in X-ray and electrocardiograph records, and in many other branches of medicine and surgery is necessary. There is no disease known at present in connection with which so much cooperation is necessary as with syphilis."

Now that we fully understand how difficult it is to accurately and positively diagnose "syphilis," what a lot of tests and check tests and microscopic inspections are necessary and what an army of specialists are required, we naturally wonder how the ignorant physicians of the sixteenth century, who had neither tests nor specialists, ever discovered the existence of "syphilis."

The modern doctor has a final test to fall back upon when all the above fail him. After all examinations fail he can resort to treatment as a diagnostic method. This is the "therapeutic test," and consists, as Becker says, "in a mere trying out of treatment, whether or not syphilitic infection is present." The drugs are given and "careful observation" of the patient's

"signs and symptoms" is made. If the patient improves under treatment he has "syphilis" or something else; if he fails to improve he has something else, or "syphilis." The "therapeutic test" is, in the very nature of things, as utterly unreliable as all the other tests. Why? Because all troubles commonly improve with or without treatment and all troubles often grow worse with or without treatment.

Although Dr. Becker insists that the "importance of correct diagnosis cannot be over emphasized" and that "absolute diagnosis must be made before treatment is begun, since treatment, to be efficient, is severe on the patient as well as being expensive," he recommends telling the patient, in which there is doubt ("doubtful cases, such as those with weakly positive blood tests"), that "while the evidence is not absolute, you should be treated to insure health, just as patients are sent for a sanitarium rest when tuberculosis is only suspected and not proved." He might have added, just as thousands have their appendices removed when appendicitis is only suspected, or as thousands are operated on for cancer when it is only suspected. He thinks this plan of causing fear, doubt, apprehension in his victim "places the decision with the patient."

If the patient dies or is killed and the doctor is still uncertain, he can, as the final resort, perform an autopsy. It is true that relatively few autopsies are performed and these are made chiefly on the abused classes, but this does not deter men like Parran from telling us that "any series of autopsies in any hospital in the country will demonstrate *** quite clearly" that thousands of "syphilitics fail to complete the full course of treatment." He is sure that he can tell syphilis in the dead, even if he cannot always detect it in the living.

It can be of no value to a patient to have his disease diagnosed at necropsy, and, yet, it is quite evident that if he undertakes to spend the money and time necessary to have all the tests and examinations made to arrive at a guess that he does or does not have syphilis he will not get the diagnosis until after fear or starvation have killed him. He can die happy, however, with the thought that he has contributed to the wealth of numerous physicians, specialists, and pathologists. The diagnostic program outlined by Becker certainly gives jobs to the whole profession.

Much that is supposed to be known about the diagnosis and treatment of "syphilis" *is* pure hallucination and scientific fabrication. The profession saddles on "syphilis" everything that cannot be, accounted for in a rational way, so that "the disease" has grown more protean with the passage of time. Today there are physicians who hold that all disease is syphilis and that everybody is infected.

A woman gives birth to a dead child. Now there are many causes for **still-births,** chief of which are ergot and anesthetics used in labor, but the attending physician "suspects" syphilis. He carefully questions the mother and he

learns that a few years before, she had a rash on her body which she thought was due to eating strawberries. Probably it was a strawberry rash, but it becomes another link in the chain of "syphils." Next, he makes a blood test. It is negative, but he is unconvinced.

He examines the husband. The husband recalls once having had a "cold sore" on his lip, which developed a short time after he attended a party where he took part in a kissing game. Some weeks later he had a headache and a slight fever which were accompanied with an eruption on his chest, which his physician diagnosed as shingles. A blood-test is now made of the husband. It is positive. The doctor is satisfied up to this point. He has discovered the "source of infection" and he now has the husband under treatment. He returns to the wife. He has several kinds of blood tests made and, while part of them are negative one of them is positive. Now he is getting somewhere. Spinal tests are made. Two are positive, two are negative. The woman has "syphilis." There is no doubt about it.

He calls in an army of specialists. They examine her heart, they X-ray it and make an electrocardiogram. They examine her eyes, ears, nose, throat; her genito-urinary organs; her nervous system, etc. It's too bad, but she certainly has syphilis. He places her under treatment. It is a tragi-comedy in four acts, in which the doctor-hero traces down the corkscrew villian and saves the charming heroine from his evil designs. Since she is already married, the hero and heroine do not marry and live happily ever afterward. In this last particular the play is like a western movie in which the hero, after saving the girl and the ranch, rides away on his pinto to new adventures.

THE BEGINNING OF QUACKERY

Chapter IX

Quack is from the German word for mercury or quicksilver — quacksalber. The term was applied to Paracelsus and his followers because of their extensive use of this metal. Originally the word quack was applied to those who poisoned their patients with mercury. Now it is falsely applied to all who refuse to poison their patients. Every intelligent reader will readily recognize to whom the term really belongs.

Paracelsus was not the first to use mercury in "syphilis", but he was the first to proclaim it a specific and the only specific for "the disease" (1636). To Jacob Carpensic belongs the doubtful honor of having been the first to use mercury in "syphilis." This was in the year 1502 and de Kruif tells us that his use of it "was so successful that he presently became rich thereby." The Arabians had used mercurial ointment in the treatment of scabies (itch) and because "syphilis" produced sores somewhat like scabies, the **ungentum Saracenicun** was used in "syphilis."

Fracastorius (1630) advised infusions of mint, hops, thyme, and guaiac. He insisted on sweating, saying: "when one perspires, the rottenness leaves the body with the drops of sweat." He also advised purging and bleeding, but above all, he praised mercuric inunctions, which he pushed up to the point of salivation. In 1648 Femel sustained the claim of Paracelsus that mercury is a specific and the only specific for "syphilis."

Following Carpensic, Fracastorius, Paracelsus and Fernel, mercuric inunctions were employed to such an extent that the gums of "the patients softened and their teeth fell out." Palm thus describes this early treatment: "They filled their patients' stomachs with mercury pills; painted and greased them with mercury salves, and as an afterthought baked them in ovens until one early author observed that 'the stench of frying fat was through the air.'"

Parran says: "Unfortunately, no one knew of the great risk attached to the continued use of mercury. The physician, of his nature proceeded cautiously. The quacks, however, promising quicker results gave such huge doses that as many patients succumbed to the drug as to the disease. *** This mercurialization which, at its best, was almost as dangerous to the patient as the disease, when supplemented by the bleeding, the purging, and the sweating that characterized the. treatment of the time, constitutes a picture of therapeutics at its ebb tide of usefulness. The doctors being intimidated by

what they saw, either gave up the use of mercury entirely or used it in amounts insufficient to control the disease."

He is not entirely honest about what he calls the "misuse of mercury." It was the people and not the doctors who rebelled against the mercury treatment. More honest, de Kruif says, "because there was no standardized dosage, many patients were poisoned, and actually killed, by doctors who were too eager to cure them. This caused the popularity of mercury to wax and wane. In the sixteenth and seventeeth centuries German candidates for the doctor's degree were made to take an oath that they would under no conditions prescribe mercury for their patients. Doctors who did so were denounced as 'poison mixers and murderers.'"

Such practices constituted therapeutics, not at its "ebb tide of usefulness," but at its high tide of destructiveness. No doubt many patients died after years of suffering from slow mercurial poisoning. Many were bled to death, while many more died of heat stroke. Others died of all three. Some were too tough to kill.

Parran says, "so great were the agonies that attended overuse of mercury that guaiacum, china root, sarsaparilla, sassafrass, and other similar preparations, each in turn, were hailed as cure-alls. Sweating in its early vogue, may be considered as the forerunner of the fever-machine therapy."

Then, during the last half of the nineteenth century Fournier in Paris and Hutchinson in London, worked out the precise method of administering mercury to avoid salivation and it resumed its place as a **specific** for "syphilis." Iodides were added to the treatment as a "useful auxiliary to clean up the late lesions."

"Syphilis" assumed its present protean forms when it began to be treated with mercury. Its pathology was changed over night and it rapidly became the nightmare of the profession and the haunt of the public. Unfortunately for the "civilized" portions of the race, mercury in some of its forms has been used lavishly in many other diseases. There is hardly a disease in the nosology for which mercury in some form has not been used. It is for this reason that so many hundreds of people who give no history of ever having had so-called "syphilis" often develop diseases that are said to belong to the tertiary stages of "syphilis." Of course, there are other drugs besides mercury that can and do cause these troubles, as will be shown later.

Taken in any of its forms mercury is followed by erythemia, painful nodosities, cellulitis, abscesses, and sloughing. Any or all of these may be present. Mercurial poisoning is accompanied by a peculiar metalic taste in the mouth, a profuse tenacious saliva, sensitive teeth, inflammed gums, which are, at first, light in color but later become red and spongy. If sufficient mercury is given the teeth become loose and fall out. The tongue and parotoid glands swell, while

ulcers form on the mucous surfaces of the mouth and throat. The condition of the mouth and throat is duplicated in the mucous lining of the stomach and bowels. The victim becomes weak, depressed, nervous, loses his appetite, has headache, indigestion, diarrhea, gastro-intestinal catarrh and skin eruptions. Mercury may cause general mental and physical degeneracy and death. It all depends on the amount given and the effectiveness of the organism in eliminating it.

Bastedo, a standard medical author, says: "Mercuric chloride has a special destructive action upon the epithelium of the convulted tubules; in sub-acute and chronic poisoning there may be a diffused nephritis." Again, "the mildest form of poisoning has for its prominent feature 'mercurial stomatitis,' or as it is commonly called, 'salivation.' It is much more readily produced in nephritis than when the kidneys are unimpaired. *** The profuse salivation may go on to the inflammation of the salivary glands, and to necrosis of parts of the mouth and jaws; in addition the patient feels ill and there may be headache, lassitude, muscular weakness, and diarrhea, occasionally there is constipation."

There was a time, not over fifty years ago, when a physician did not think he had done anything if he had not salivated his patient. Now signs of salivation are watched for and upon their appearance drugging is stopped for a short time and then resumed. The Department of Health of the state of New York, advises in its pamphlet on **The Modern Treatment of Syphilis, Gonorrhea and Chancroid:** "if salivation occurs, mercurial therapy should be temporarily discontinued to be renewed in smaller dosage after the salivation clears up. For the salivation, frequent mouth washes with a saturated aqueous solution of potassium chlorate are recommended. For soft, spongy gums, tincture of myrrh may be painted on locally two or three times a day."

Dr. Richard C. Cabot discusses the various methods of employing mercury and the evils of this drug and says: "Every patient is warned to watch for symptoms of over dose. The first of these is a soreness of the teeth on striking them together; that comes twenty-four hours or so before the more serious result of inflammation of the mouth, stomatitis, with increased flow of saliva, hence the term 'salivation.' Our grandfathers never thought they had given enough mercury unless they had salivated their patients. Nowadays patients do not take kindly to the idea and doctors try their best to avoid it. But this is often impossible unless the patient obeys the direction to stop treatment the instant there is any soreness of the teeth; even then he sometimes will have trouble afterwards."

Mercury enters the blood as an oxide and is carried to all parts of the system. It combines with the phosphoric acid of the bones, forming phosphate of mercury and leaving the bones in a state of oxide of calcium, or common lime. The bones being thus chemically decomposed, exfoliate and crumble. There are records of many cases of destruction of the

jaw bones by mercury. The teeth become loosened and sometimes fall out. Their extraction is followed by ulceration, of the sockets. The Mercurial teeth of Hutchinson are found in children who have taken the drug in some form in infancy. It is probable that the defective teeth found in so-called congenital syphilitic cases are also due to mercury. Congenital syphilis in such cases being nothing more nor less than congenital mercurialism. In other words, the infant suffers because of the mercury taken by the mother. It suffers in more ways than mere defects in its teeth. A large number of cases of pyorrhea are due to mercury.

Any drug that can destroy the teeth and jaw bones is capable of destroying any bone in the body. This being true, and it is true, what but mercury produces the osseous lesions of modern "syphilitics?" If such lesions are not found in the ancients, why not explain it by the fact that they had not made so much "scientific" advancement that they were able to "cure" disease with this powerful metal?

Of course, medical men will claim that this destruction of the bones is due to "syphilis." But I deny that there is such a disease, except as they create it with drugs. "Syphilis" is a medical creation. And, I repeat, they should be proud of their skill in building pathology.

Professor N. Chapman, M.D., for years professor of Materia Medica in the University of Pennsylvania wrote: "If you could see what I almost daily see in my private practice, persons from the South in the very late stage of miserable existence *** emaciated to a skeleton, with both plates of the skull almost completely perforated in many places, the nose half gone, with rotten jaws and ulcerated throats, with breaths more pestiferous than the poisonous Bohon Upas, with limbs racked with pains of the Inquisition, minds as imbecile as a pulling babe, a grievous burden to themselves and a disgusting spectacle to the world *** you would exclaim, as I have often done, 'Oh, the lamentable ignorance which dictates the use (as medicine) of that noxious calomel!' It is a disgraceful reproach to the profession of medicine; it is quackery — horrid, murderous quackery. What merit do physicians flatter themselves they possess by being able to salivate a patient? Cannot the veriest fool in Christiandom give calomel to salivate. But I ask another question: Who is there that can stop the career of calomel once it has taken the reins into its own possession? He who resigns the fate of his patients to calomel is a vile enemy to the sick, and, if he has a tolerable practice, will in a single season, lay the foundation of a good business for life; for he will ever afterward have enough to do to stop the mercurial breaches in the constitution of his dilapidated patients. He has thrown himself in close contact with death, and will have to fight him at arms length so long as one of his patients maintains a miserable existence."

Calomel is mercury. Here is a spendid example of those horrid pen-pictures of "tertiary syphilis" which syphilophobic minds are so fond of drawing, and it is the result of the use of

mercury in the treatment of fevers and simple ailments. Dr. Parran says: "Part of the decline in early cases may be due to the changing character of the disease. The older syphilologists comment upon the fact that nowadays we see bone lesions much less frequently — 50 years ago every medical school could show medical students plenty of old syphilitics who had lost a nose, for instance. Now we find them only occasionally. Neither are there so many of such exacerberated skin lesions."

Perhaps the declining use of mercury will account for this "changing character of the disease" and less frequent "bone lesions." The reader will please bear in mind that the bone lesions put in their appearance only after the medical profession began treating their patients with heavy and frequent doses of mercury.

The **United States Dispensatory** says "mercury occasionally produces a peculiar eruption of the skin, which is described by writers under the various names of hydrargyria, exzema mercuriale, and lepra mercurialis." Any syphilophobic doctor may easily mistake these skin eruptions for "second stage syphilis." One does not have to take mercury as a medicine in order to be poisoned by it. The **Dispensatory** says "those who work in mercury, and are, therefore, exposed to its vapor, such as looking-glass silverers, and quicksand miners, are injured seriously in their health and are not infrequently affected with shaking palsy, attended with vertigo and other cerebral disorders. *** occasionally, in peculiar constitutions, its (mercury's) action is quite different, being productive of a dangerous disturbance of the vital functions. Pearson gave a detailed account of this occasional peculiarity in the operation of mercury, in his work in venereal diseases. The symptoms which characterize it are a small frequent pulse, anxiety about the praecordia, pale and contracted countenance, great nervous agitation, and alarming debility."

One of the first symptoms of mercurial poisoning is swelling of the parotid glands (of the mouth). Bastedo tells us that it also produces nephritis, or inflammation of the kidneys. He adds that where the kidneys are unimpaired, mercurial stomatitis or salivation is not so easily produced as where they are impaired. This is due to the fact that the mercury is sent to the kidneys to be eliminated and if these are unimpaired they are more successful in eliminating the drug. Dr. Richard C. Cabot says, that mercury is one of the common causes of Bright's disease. He tells of a case of this disease which developed in a woman who had used a small amount of mercurial ointment on her scalp to kill lice. She had purchased but a teaspoonful of the ointment and had rubbed it onto her scalp as directed. Dr. Cabot says of the result, "but she had got a severe mercurial poisoning as a result. One of the effects was acute Bright's disease." He says that in Germany, where the less powerful poisons are hard to get, mercury causes many deaths every year from Bright's disease.

The Department of Health of the State of New York, issues

a pamphlet on **The Modern Treatment of Syphilis, Gonorrhea and Chancroid,** by Edward H. Marsh, M.D., consultant in Venereal Diseases, in which occurs the following: "Mercury and arsphenamine each put an added strain on the kidneys and weekly examinations should be made of the urine of a patient taking either or both. The general condition of the patient in regard to weight, nourishment, etc., should also be watched. The teeth should be brushed night and morning and after each meal."

Any drug that is capable of producing the destructive effects upon the glands of the mouth as those described, and can cause acute inflammation and destruction of the kidneys (Bright's disease) is capable of doing the same for every gland in the body. It is capable of affecting every membrane of the body just as it affects the skin and mucous membranes and the bones. In fact, there is not a tissue nor fluid in the body that is exempt from the ravages of this powerful metallic poison. It is chemically destructive to every part of the body with which it comes in contact, and though slow and gradual in its operation, often its results showing only after the lapse of years, the final results of its use must be universal ruin to a greater or less extent.

Previously I gave you Professor Chapman's description of the effects of calomel on patients, in which he mentioned that their minds were as imbecilic as that of a pulling babe. Perhaps you had never thought of mercury as one of the causes of insanity. Among the nervous and mental symptoms produced by mercurial poisoning, Bastedo presents: "tremor of the hands and lips, or of the whole body, irritability of temper, fear, hallucination, loss of memory and peripheral neuritis".

On page 110, Vol. 1, of the **Transactions of the Medical Society of London,** are the following forcible words of one Dr. Falconer, of Bath, concerning the effects of mercury: "Among other ill effects it tends to produce tumors, paralysis, and, not infrequently, incurable mania. I have myself seen repeatedly, from this cause, a kind of approximation to these maladies that embittered life to such a degree, with shocking depression of spirits and other nervous agitations with which it was accompanied, as to make it more than probable that many of the suicides which disgrace our country were occasioned by the intolerable feelings which result from such a state of the nervous system."

Who is able to estimate the number in our asylums who were sent there by mercury? Who can tell how many hopeless paralytics are so because of the deadly effects of this murderous drug? Mercury combines with the phosphoric acid of the nerves, weakening and destroying these and thus giving rise to headaches, neuralgia, neuritis, nervousness, severe pains, often mistaken for rheumatism, loss of memory, and if continued, locomotor ataxia, paralysis, insanity and death. Physicians will tell you that these troubles are due to "syphilis." Let them prove it by demonstrating that they exist

in so-called primitive peoples who have no mercury, etc., with which to treat the disease.

In his article, "The Truth About Syphilis," which appeared in **Hearst's International,** Nov. 1922, de Kruif writes of the use of mercury by Carpensic, "the effect of the drug was so distinct and unmistakable that even the shaky and "unscientific method of folklore soon placed it in the small company of really valuable drugs." In spite of its "distinct and unmistakable" effects, he tells us that, "for a long time, however, it was a serious question whether its effects on the dreadful disease was to cure or only improve (suppress, — Author) its symptoms."

"There was only one way," he says, "in early days to tell to what extent mercury was of benefit. This was for the doctor to give a long and careful course of treatment with the drug, until the outward signs of the malady disappeared, and then watch carefully for a recurrence of the disease, or what is technically known as a 'relapse'.

"If a person so unfortunate as to contract the disease, submitted himself to careful mercurial treatment, his symptoms might disappear, they might never return, and consequently he might be said to be cured by mercury."

He adds, "On the other hand, some who were never treated with mercury, had the same experience. That is to say, they contracted the plague and then, for some unexplainable reasons got better (he is afraid to say they got well) without any treatment, and remained hale and hearty till old ago." Then, fearing that some one might suggest that "mercury-cured" cases were also cases of spontaneous recovery, he hastens to add: "It is evident from this that it might be easy for 'knockers' to maintain that mercury had no real effect on the disease. Such critics might say that it would be better to go to a soothsayer or witch doctor, or indulge in prayer to God (and this is precisely what the present author does say), rather than run a chance of being poisoned by a dangerous drug.

"In those days of ignorance of the cause of this sinister plague, the opponents of the use of mercury might have been put to flight by a simple method. That is to say, if doctors had kept careful records of the number of people who suffered relapse after good treatment with mercury, compared to the number who relapsed after prayer or witch-doctoring with no mercury, they might have had definite evidence of the merit of mercury. They could have assured themselves by comparing the records, that more people got better by mercury, than spontaneously or by prayer."

In spite of de Kruif's confidence that such records, had they been kept, and they were not, would have upheld mercury, I must give it as my own conviction that the opposite would have been the case and that were it possible (which it was not) to gather up all cases that resorted to prayer or witch-doctoring, the percentage in favor of these would be so great

as compared to mercury, that mercury soon would have ceased to be employed. For, mercury not only does not and cannot cure the patient, but it damages him or her greatly, de Kruif, himself says: " *** While it had now been proved that mercury has definitely injurious effects on the cause of this infection, it was clear that other curative agents should be looked for. This was evident for two reasons. First, the dose of mercury needed to destroy the infection is perilously near to the dose that seriously harms human beings. Second, many cases of this plague flourish obstinately, in spite of thorough treatment with this new drug."

The learned doctor evidently is not aware that tests such as the one he suggested have been made and they give exactly opposite results to the ones he says they should have given. Fortunately, these experiments were made under precisely the right circumstances, and on a sufficiently large scale to assure comparative accuracy in the results. These were made in European Naval and Military hospitals with such an unvarying statistical regularity in results that we are justified in the assertions that: (1) the less medicine the better, and (2) at that time, at least, the mercurial treatment was the worst form of treatment employed.

Since no questions have been raised as to the fairness of these tests nor as to the competency of the men and institutions making them and, since they bear out all that has been previously said in these pages about the evils of mercury, I shall give some account of them at this place.

In a clinical lecture published in the **London Lancet,** July 24, 1852, subsequently reproduced in **"Braithwaites Retrospect,"** part XXVI, p. 278, then the leading allopathic journal of Europe, and later copied into Dr. Trail's **"Pathology of the Reproductive Organs,"** 1861, Professor Bennett, of Edenburgh, Scotland said: "The treatment of syphilis may be said to be of two kinds, namely the **simple** and the **mercurial.** The profession is rapidly deciding in favor of the first, although some of its members still give mercury in inveterate cases. Many of those we meet with, therefore, have taken the drug, and we have to eradicate the effects of the **mineral poison** as well as that of the original disease."

Describing the **simple treatment,** which, he says, "is divided into **internal** or **medical** and **external** or **surgical,"** he tells us that it consists of such measures as diet, rest, exercise, tepid baths, laxatives, cleanliness and, externally, fomentations or dressings of simple cerate. Of diet he says: "The diet must be light and mild, meat and all stimulating viands retarding the cure; even with the lightest diet, the hunger should never be quite appeased. The regimen must be more **diminished** and **rigid** in proportion to the youth and vigor of the patient." In some cases stimulating, caustic or opiate dressings were applied and occasionally leeches were applied and in a few cases iodide of potassium was prescribed, but on the whole the simple treatment is well described by Trail when he says of it: "It certainly has the

negative merit of doing but little harm, so far as drugs are concerned; while the hygienic management, so far as it goes, is positively beneficial, and in a majority of cases, perhaps all that is required."

Coming, then, to the mercurial treatment, Dr. Bennett thus described it: "The **mercurial treatment** consists in keeping up slight salivation by means of the internal administration of blue pills or some form of mercury, sometimes conjoined with mercurial frictions or fumigations, at least for the space of a month. This physiological (pathological) action of the drug may be produced by administering any of its preparations continuously in small doses. If combined with opium, they act less on the bowels and more on the system generally. (Opium produces constipation and this prevents the normal expulsion of the drug by means of a diarrhea. This results in its absorption and then the other parts of the body are brought into contact with it. — Author's note.)

"It is necessary during its action, that the patient does not expose himself to cold. A certain irritability is produced, and the constant soreness of the gums, the metallic taste in the mouth, not to speak of the inconveniences of profuse salivation which occasionally occurs, render this species of treatment anything but agreeable to the patient."

Dr. Trail well says: "Dr. Bennett might have added, this course of treatment is not only particularly disagreeable to the patient, but absolutely distressing, and not only distressing but actually ruinous to the constitution. No person can be salivated, however slightly, without a serious injury to the system; but to keep up this condition of violent poisoning and disorganizing inflammation for weeks can never fail to damage the whole organization irreparably, as the thousands of aching, pain-racked, shattered, rheumatic, and neuralgic invalids, who have been subjected to even the mildest mercurial courses, and whose existence thereafter is but a living death, can testify."

The reader should now have a good general idea of the two forms of treatment in vogue in the early part of the nineteenth century. Coming to the experiences with these two modes of treatment, Dr. Bennett says: "Both kinds of treatment have now been extensively tested. In the year 1822, the Royal Council of Health, in Sweden, having been charged by the King to conduct a series of experiments upon the different modes of treating venereal diseases, reports from all the civil and military hospitals were ordered to be drawn up annually. These reports established the **inconveniences** (!) of the mercurial system, and the superior advantages of the simple treatment. In the various hospitals of Sweden, forty thousand cases have been under treatment, one half by the simple method, the remaining half by mercury — the proportion of relapses have been in the first instance **seven and a half,** in the second, **thirteen and two thirds,** in one hundred. Dr. Fricke's experiments in the Hamburg General Hospital were first made public in 1828. In four years, out of 1649 patients

of both sexes, 582 were treated by a mild mercurial course, and 1067 without mercury; the mean duration of the latter method has been **fifty-one days,** and that by mercury **eighty-five.** He found that **relapses were more frequent,** and **secondary syphilis more severe, when mercury had been given.** When the non-mercurial treatment was followed, they rarely occurred, and were more **simple and mild** when met with. He tells us that he has treated more than five thousand patients without mercury, and has still to see cases in which that remedy may be advantageously employed. He has **never observed caries, loss of the hair, or pains in the bones** follow his treatment: and in all such cases which come under his care, **much mercury** had been given.

"In 1833, the French Council of Health published the reports sent in by the physicians and surgeons attached to regiments and hospitals in various parts of France. Some of the reports are in favor of a mild mercurial course; others in favor of simple treatment. They all agree in stating the cure by mercury to be one third longer than by the simple treatment. At Strassberg, mercury was only employed in very obstinate cases. Between 1831 and 1834, 6271 patients had been thus treated, and the number of relapses and secondary affections calling for the employment of mercury had been very small. No **case of caries,** and only one or two instances of exostosis, had been observed. Full reliance may be placed on these facts, as regiments remained in garrison at Strassburg for five or six years.

"In the various reports now published, more than eighty thousand cases have been submitted to experiment, by means of which it has been **perfectly established** that syphilis is cured in a shorter time, and with less probability of inducing secondary syphilis, by the simple treatment."

Caries of the bones, loss of hair, pains in the bones, and exostosis resulting in those cases treated by mercury and absent in those cases not treated by mercury, should convince the reader that mercury itself is a cause and, often, the sole cause, of many conditions which are called "tertiary syphilis." Think of the utter absurdity of going to a physician with a condition which is caused by mercury and have him treat it with more mercury! And yet this is what is done all over the world today. Dr. Trail says: "More than a score of times have I seen the miserable sufferer salivated again, to remedy the effects of a prior salivation, the physician mistaking the mercurial cachexy for secondary syphilis."

Dr. Bennett further says: "These facts are now very generally admitted, and malignant syphilis is gradually disappearing. Twenty years ago, the most frightful secondary and tertiary cases were met with, and the usual treatment was profuse salivation. At present such cases are rare. Abroad, owing to the wise police regulations, the disease is infinitely more innocent even than it is at present in Scotland; and under the salutary influence of a mild and simple treatment its virulence is daily abating. In appreciating the value of this

important revolution in practice, we should not forget to eulogize those who had first the boldness to introduce it. The credit of this is mainly due, in England, to Mr. Ferguson, and other British army surgeons who practiced it during the Penninsular campaign; and to Mr. Rose, of the Coldstream Guards. In Scotland, the writings and lectures of the late John Thompson, of this university, were mainly instrumental in convincing Scotch practitioners of the evils of mercury in venereal disease. In England, the Hunterian theory and practice have been deeply rooted, and in Ireland have been supported by the writings of Carmichael and Colles. Mercury in consequence is still very generally employed in those parts of the Kingdom. The gigantic experiments made abroad, however, **ought to convince the most sceptical,** if not let them compare what syphilis is in Scotland with what it was, and especially observe that we never see an instance of the disease, such as that malignant case now in the ward, unless the patient's system has been contaminated with mercury."

"The syphilitic contamination," says Trail, "is much more easily recovered from than the mercurial," and in this, I fully agree with him. In the above quotations the expression "mild mercurial course" occurs a number of times. Prof. C. R. Gilman, M.D., of the New York College of Physicians and Surgeons, is quoted by Trail as saying: "A mild mercurial course, and mildly cutting a man's throat, are synonymous terms." He also quotes Prof. H. G. Cox, M.D., of the New York Medical College as testifying: "Mercury is a sheet-anchor in fevers; but it is an anchor that moors your patient to the grave."

The experiments recounted above, covering more than eighty thousand cases, in some of the leading hospitals on the European continent, under the direction of some of the very best medical talent of the age, fully established certain facts, namely:

1. That "syphilitics" treated without mercury recover in much shorter time than do those treated with mercury.

2. That the tendency to relapse is almost doubly as great in mercury treated patients.

3. That mercury ruins the constitution while "syphilis" does not.

4. That the "tertiary" affections are seldom seen in cases treated without mercury.

5 That disease of the bone (caries and exostosis) is almost unknown in the non-mercury treated cases.

6. That the "inconveniences" of mercury treatment are avoided where mercury is not employed.

What more can the profession and the patient ask for? If these facts are not sufficient to utterly condemn mercury-

therapy, nothing short of the extermination of the whole human family will satisfy them.

Surprising as it may seem to the reader, the medical profession continued to employ mercury for the treatment of so-called "syphilis," in the face of such over-whelming evidence of the disastrous consequences of mercurialization and, although, used more carefully and in much smaller and fewer doses today than then, it was, until a very few years ago the leading remedy employed by the Allopathic school in treating so-called "syphilis." Trail, in trying to account for the continued use of this drug, in the face of such results, says: "It can only be accounted for on the ground of professional prejudice. Medical men, after being once educated, do not often change their opinions. They have, during their course of studies, learned that medical theories, on almost all subjects, are as contradictory as they are numerous, and that medical facts, opinions, and practices are as changeable as the ever-varying phases of the moon. Hence, they naturally become incorrigibly sceptical in relation to new notions, and so, with rare exceptions, go through life with the same routine in professional business. For this reason, too, they are much more inclined to adhere to old errors than to adopt new truths."

Dr. Hermann, of Vienna, a graduate of the great medical schools of Vienna, and for thirty years superintendent of the syphilitic wards in the Hospital, Wieden, near Vienna, which is one of the greatest institutions in the world for the treatment of so-called leutic ailments, has written several books in which he vigorously combats the idea that "syphilis" is a constitutional disease, and shows that under proper hygienic conditions, the disease is self-limited, runs a regular natural course, and never produces any "tertiary stages." The doctor states that during those thirty years in this great municipal hospital, while under the closest constant scrutiny from doctors and medical schools, he treated sixty thousand cases of so-called "syphilitic" disease without the employment of mercury. He also states that in all the cases thus treated he has never observed a single spontaneous recurrence, nor the development of "tertiary symptoms," nor any evidence of hereditary transmission.

Dr. Hermann says: "The disease conditions usually diagnosed as constitutional syphilis are the results of mercurial treatment or of other disease taints in the body.

"This I prove, first by clinical observation of the natural course of the disease, and second, by the positive chemical proof of the presence of mercury in the system." *** "Among the thousands of leutics whom for thirty years I observed in the Hospital Wieden in Vienna and who were treated without mercury, not a single one developed symptoms of constitutional syphilis."

"Cases of so-called constitutional syphilis that came to us suffering with ulcerations of the palate, mouth and nose, with

bone pains, gummata of the brain and inflammations of the nerves, all had histories of mercurial treatment. Hundreds of electrolytical analyses of urine, sputum, perspiration, blood and other body materials revealed the presence of mercury, while a comparatively small percentage exhibited scrofulous or tuberculous symptoms.

"Thus it became clear to me that the entire chain of symptoms which are commonly diagnosed as constitutional syphilis are nothing but the effects of mercury in the human body."

"Workers salivated in the mercury mines in Idra, who never suffered with syphilis, exhibit all the symptoms of so-called secondary and tertiary syphilis. In the blood and urine of these patients I also found mercury. In fact, the various forms of mercurialism everywhere occur among people who continually come in contact with mercury and thus absorb it; no age, no sex is immune. This is verified by physicians practicing among quick-silver miners, mirror, thermometer and barometer makers, etc."

NEW EVILS FOR OLD

Chapter X

In spite of all the claims made for mercury, it had long been realized that it does not "cure" the supposed "syphilis." Indeed it has become a medical axiom: "Once a syphilitic, always a syphilitic." A standard author says in a text book of materia medica for nurses: "Investigators have long believed that arsenic would be a specific against syphilis if some compound could be found which could be given in sufficiently large doses to kill the germ without killing the patient." For many years, medical alchemists have been searching for a poison that would kill germs in the body without destroying the body. They know that such a poison is, in the very nature of things, an impossible thing, but they continue to search for it.

In 1910 Paul Ehrlich, a German Chemist, announced a combination of arsenic with other drugs which he claimed would destroy the spirochetes without killing the patient. This drug, dioxy-diamino-arsenobenzol-dihydro-chloride, he declared to be a specific for "syphilis". Because he thought the new drug would prove the salvation of "syphilitics", he called it **salvarsan.** Because, according to the "build-up," it was his 606th experiment, it became known as "606." Due to the failure of 606, Ehrlich continued his experiments until he performed 914 of them, giving us **neo-salvarsan,** or 914. This new salvarsan was produced in an effort to "avoid some of the disagreeable side actions of salvarsan."

The salvarsan patents were held by the Germans. When the nations voided patent rights held by aliens during the World War, American pharmaceutical houses manufactured the two drugs under the names **arsphenamine** and **neo-arsphenamine.** In England the drug is manufactured under the name, **arsenobenzol.**

Writing in **Hearst's International,** for Oct. 1922, Paul de Kruif, formerly of the Rockefeller Institute, says in an article entitled "The Truth about Syphilis": "In 1909 this drug which Ehrlich called '606' was first tested on human beings suffering from this disease. The results were really magical. A patient one day might be covered with a severe syphilitic rash. A dose of the drug was given him, and presto! in twenty-four hours the rash had disappeared. The severe and loathsome sores and ulcers of the latter stages vanished in an almost equally prompt manner."

It would seem that here, at last, was a real "cure" for a disease that never existed outside the minds of the deluded

profession of pill-peddlers and serum squirters. But de Kruif hastens to add: "The first high hopes were soon shattered. For it was found that while the outward signs of the malady quickly vanished before a single dose of the new drug, relapses were almost sure to occur, sooner or later. What is more, numbers of fatal accidents began to be reported." He further says: "Twelve years have gone by since the brilliant discovery of Ehrlich. The fires of the first enthusiasm have died down. The cries of the knockers and critics have largely been silenced. (By professional ostracism. —Author). The drug has been modified into a new compound, called '914.' It is now known that, if a sufficient number of doses is given, there is far greater hope of cure than in the old days when mercury was the only weapon. Careful statistics have been compiled, especially by the British physicians. These show that when a patient is treated with '606' and mercury, his outlook for a healthful and useful life is bright." "Years must pass before it is really known whether this disease can be cured in a majority of cases."

Their new drug, the one that worked like magic, killed the patients quickly. It was not always so slow and insidious in its operation as is mercury. All magic is of that character. "Scientific" minds still believe in magic in the realm of medicine, however. The "cure" of the skin eruptions proved to be nothing more than suppression In the very nature of things it could not have been otherwise. But then, the medical profession has considered suppression to be cure from time immemorial. Most chronic diseases are the result of suppression of acute disease. Cure as this is called, is mankind's greatest enemy. It is the only barrier between him, and health.

Since the invention of **neo-salvarsan,** many new arsenical compounds have been concocted and tried out on human beings. Other "searchers" have extended Ehrlich's original 914 experiments into the thousands. One of these, **tryparsmide,** Becker tells us, is of "no value in ordinary infections," but is good in "resistant nervous syphilis." "It is dangerous in that partial blindness occasionally may result from its use." **Kharsivan** is the English name for another arsenical "remedy" for "syphilis". Arsenic and bismuth have been combined in a single drug called **bismarsen.** Another arsenical, **acestarsone,** called in France, **Acetaisone,** and in Germany, **Spirocide,** is the choice in treating infants. Becker tells us that, "in syphilis of the nervous system acestarsone is prepared in a special form for intravenous insertion." There are other arsenicals too numerous to mention.

Thus it will be seen that "606" was not so specific but that Ehrlich continued to conjure up other formulas up to 914 and this is not so specific but that others are constantly conjuring up new "modifications." Arsenicals recently produced contain less arsenic than 606 and 914 and it is hoped that when these are "perfected" they will "prove less dangerous." Today, as Dr. Tilden so aptly says, these various formulae are "fitted by medical imagination to different types and phases of the

wonderful disease, syphilis."

Nothing shows more plainly the failure of the great specific and the profession's dissatisfaction with 606 and 914 as well as the other arsenicals they have, than their constant search for new "cures". Not alone are they searching for new arsenicals, but for "cures" outside the arsenicals.

The arsenicals not only fail to cure, they also produce damage and death. The following quotations from Becker's **Ten Million Americans Have It** are to the point: "Arsphenamine, it should be understood, is a poisonous drug containing arsenic, and must be employed with great care to avoid serious developments." (Minor developments, though cumulative and progressive do not seem to disturb him. It would appear that it is all right to hurt the patient if he is not hurt too much.) "Neoarsphenamine is the drug which is used generally today. It is administered with less difficulty than arsphenamine; and, though less efficient and more poisonous, is the drug used throughout the world." (One wonders how they explain their preference for the "less efficient" and "more poisonous" drug.) "Arsphenamine does have several disadvantages, chief of which are its high cost (in comparison with previous treatments) and the reactions which follow its administration." "Reactions following the administration of arsphenamine and similar drugs vary from mild discomfort to serious illness. There is no medicine known which is not dangerous to a few individuals, owing to the peculiarity of the chemical make-up of their tissues, and the most simple medicaments occasionally bring serious results." "Sometimes there are local reactions to the intravenous use of arsphenamine or its substitutes."

Instead of his last sentences being a defense of the use of arsenic, as he intends them to be, it is an indictment of the whole drug practice, not alone in "syphilis," but in all forms of disease. He says the arsenic induced reactions range all the way from "mild discomfort to serious illness." I should think the illness is really serious when it results in death. We have already quoted de Kruif that "numbers of fatal accidents" followed the first use of the drug. An article in **Public Health Reports,** July 10, 1936, tells of 63 deaths from the use of arsphenamine in the U. S. Navy during the period 1919-1935.

The **United States Dispensatory** says of arsenic, that "while because of its general protoplasmic toxicity it has a certain degree of power as an anti-bacterial, it is too poisonous to man for use as a medical germicide. Arsenic in sufficient strength is capable of destroying the vitality of all forms of living matter." Yet, it is as anti-bacterial and this only, that arsenic is used in "syphilis." It is employed to kill the spirochetes and it often kills the patient. The **Dispensatory** says that "when applied to any ulcerated surface, arsenic may be absorbed with fatal results; death has indeed occured in a number of cases from the use of arsenic as an escharotic to tumors, cancerous ulcers, etc."

Ancient armies used to poison the water along their line of retreat with arsenic. We have long used it to kill rats. All of the soluble salts or compounds of the drug may quickly destroy life, even in doses of two or three grains. De Kruif reminds us that some people are so "sensitive" to arsenic that "they can't stand the smallest doses without the possibility of severe even fatal skin inflammations."

Arsenic does not merely produce immediate reactions. Its effects are cumulative. Its continued use in full medicinal doses, produces, among other troubles, oedema and itching of the eyelids, nausea, vomiting of mucous, diarrhea or dysentery, irritable and feeble heart, difficult breathing, disordered sensibility, herpes zoster, urticaria, eczema and other skin eruptions, jaundice and albuminuria (Bright's disease). Dr. Cabot gives it as one of the prominent causes of Bright's disease. This drug is capable of simulating about as many forms of skin disease as the medical profession says "syphilis" does. It destroys the blood cells and produces anemic pallor. In **Preventive Medicine and Hygiene** (1927) Dr. Rosenou tells us that it has been known for forty years that small quantities of arsenic, continued for a long period, may give rise to growths of a cancerous character.

Does it not seem strange that just at the time, when there is a growing movement to abolish the spraying of fruits and vegetables with arsenic, the medical profession should propose wholesale arsenical poisoning as a boon to the race?

Ehrlich did not consider his "remedy" 'to be harmless but advised its cautious use in properly selected cases. He gave the following contraindication to its use: irritable heart due to nervous causes, organic heart disease, valvular degeneration, aneurysm, old cases of cerebral hemorrhage (apoplexy), the aged, serious nephritis, diabetes and gastric ulcer.

When taken in small and repeated doses arsenic produces fatty degeneration of the liver, heart (its most dangerous result), glands and muscles of the body. It disturbs sight, the disturbance ranging from temporary functional derangement to complete blindness. It often causes atrophy of the optic nerve, in which case the blindness is permanent. Ehrlich claimed that when blindness followed its use, it was due to "syphilis" and not to the drug. Dr. Koch, of tuberculine fame, caused blindness in 22 of his patients in treating sleeping sickness with arsenic. In these cases the blindness was not due to "syphilis."

When a drug that is capable of producing atrophy of the optic nerve, as well as degeneration of the liver, heart, glands, and muscles of the body, if given in repeated doses over a period of time, is used, and blindness, paralysis, insanity, etc., follow, it is hardly fair to blame a supposed disease called "syphilis" for these results. At first Ehrlich thought one dose of his specific, especially if given in the "early stage" of "syphilis," would kill all the germs and "cure" the patient. This proved to be a mistake and it is now known that the

arsenic must be given until it produces fatty degeneration, atrophy of the optic nerve, heart damage and death

Drs. Gordon and Feldman report in the **Journal of the American Medical Association** (Oct. 25, 1924), a case of acute yellow atrophy of the liver occurring in a young woman (age 29) after receiving treatment with neo-arsphenamine (914). She developed jaundice forcing the cessation of the treatment. The jaundice cleared up in a week, reappeared in another week accompanied by delirium and a few days later she died. The autopsy revealed acute inflammation of the kidneys, acute atrophy of the liver and adherent pericarditis (inflammation of the investing membrane of the heart). These authorities state that this is not an uncommon condition following injection of arsphenamine and neo-arsphenamine.

Skin eruptions and inflammation following the use of these arsenical compounds are very common. Dr. Klauder, in the **Journal of the American Medical Association,** (March 22, 1924), divided these skin affections into three groups involving such things as redness, itching, scalding, pigmentation (discoloration), herpes zoster, morbid sensation and "localized fixed arsphenamine eruptions." The morbid sensation (paresthesia) is considered an expression of arsenical neuritis (inflammation of the nerves caused by arsenic) and invariably appears in the feet. If the arsenicals (Salvarsan, neo-Salvarsan, arsphenamine and neo-arsphenamine, etc.) are continued, it ascends up the legs. Arsphenamine has been found to kill tubercular patients.

That arsenic builds pathology is certain. Why, then accuse a disease called "syphilis" of being responsible for the pathology that follows after years of intermittent periods of treatment by this and other deadly drugs? If arsenic can and does cause atrophy of the liver, inflammation of the heart, inflammation of the kidneys, jaundice, neuritis, and death, what need is there to look to an imaginary disease for the causes of these and similar conditions in patients treated with arsenic? Why kill a person with a powerful poison and then say the disease killed him?

Prof. McDonagh, clinician to the outdoor department of the Loch Hospital, London, says in his **"Biology and Treatment of Venereal Disease"** (1915 edition), that after the fourth year, "treatment is by no means indicated, it may even be a contraindication, as I have seen several cases in which I am certain that a degenerative nervous lesion was precipitated, owing to the check which treatment put upon the production of systemic anti-bodies." Actually, the degenerative nervous lesions are due to the destructive effects of the drugs upon the nervous system.

J. Haskel Kritzer, M.D., says: "Some syphilologists state that they had noticed no ill effects from '606', but this is due to the fact that those suffering from chronic Salvarsan (arsenic) poisoning become patients of other specialists whose practices are limited to nervous and mental disorders."

A condition of the kidneys called nephrosis is frequently the result of mercury and arsphenamine used in the treatment of so-called "syphilis." Degeneration of the epithelial tissues of the tubes of the kidneys occurs. Casts, albumen, pus, and red blood cells are found in the urine as a result of these drugs. "Arsphenamine alone, when properly used, causes only slight irritation, neo-arsphenamine less, and mercury is by far the most important factor in renal irritation. Whether inunctions or intramuscular injections of mercury succinamide are given seems to make little difference in the time of appearance or extent of renal irritation. The renal irritation resulting from combined arsphenamine and mercury is practically equivalent to that produced by the two drugs given separately," says the **"Practical Medicine Series. 1924."**

In the booklet previously quoted from, issued by the Board of Health of the State of New York, the following instructions for the after care of the patient, who has received a dose of arsenic, are given: "Following the injection, the patient should be allowed to remain in a recumbent position for a few minutes (usually five minutes is sufficient) and then slowly assume the upright position. If the patient moves too quickly at this time he may suffer with vertigo. He should then go home and at once lie down for several hours. Frequently patients will feel so well that they will insist on resuming their duties. Such activity is not advised. If a reaction occurs, hot water bottles to the feet, ice to the head and abstinence from food are required."

Arsenic ranks with mercury in destructiveness and in its capacities as a builder of pathology. It seems strange that a profession that can study the pathology produced by these two drugs can, at the same time, employ them in treating the sick and then blame the so-called disease for the effects produced by the drugs. This is the drug that is recommended through the whole of pregnancy, notwithstanding the fact that arsphenamine is especially harmful to infants.

In view of the foregoing evidence of the harmfulness of arsenic (and more evidence could easily be given), I leave it to the intelligent reader to properly characterize the following statement of medical promoter, Thomas Parran, who uses his position as head of the United States Public Health Service, not in the interest of public health, but to build business for a dying profession. He says that for "syphilis" control "we have drugs called the arsphenamines; compounded of arsenic with other chemicals derived from benzol which poison the spirochetes in the blood and tissues without injuring the person who harbors the spirochete."

I do not intend to devote so much space to the other drugs now employed in the treatment of so-called "syphilis", but shall tell enough of their evils to enable the reader to understand why they should be avoided as carefully as should mercury and arsenic.

William Wallace, of Dublin, introduced iodide of potassium

in 1834 as "valuable for stubborn secondaries and for the gummy tumors of late syphilis." Bismuth was introduced in 1922 by Levaditi, of Paris, which more and more is supplanting mercury, because it is less poisonous.

Iodine once ranked next to mercury as a "cure" for "syphilis." Like all other drugs, used in treating "syphilis" iodine is very irritating to the alimentary canal, and quickly upsets the stomach. Taken internally this drug produces skin disorders ranging from mild erythema (blushing) to pustules. The eruptions it produces are capable of simulating almost all forms of skin disease. Purpura, a very mild form of inflammation, sometimes follows its use. Inflammation of the mucous membranes of the body is also caused by this drug. These inflammations indicate that the body is attempting to defend itself against the drug at every point. Lachrymation (flow of tears), ringing in the ears, nervousness, depression and other annoying symptoms follow its use.

Some idea of the power of this drug to work injury to the body is gained when we see it produce purpura and pustules on the skin, the most resistant of all the organs of the body. If it is capable of so affecting the skin and mucous membranes, what may we expect internally? Its power to produce glandular atrophy is well known. Iodism, or iodine poisoning, is characterized by coryza (catarrhal inflammation of the nose), salivation, and skin eruptions. In Materia Medica it is classed as an "alterative" because it "modifies" cellular activity. It also suppresses exudations, thus locking up within the body, matter that it seeks to eliminate. How much of the pathology of "syphilis" is due to the disease proper and how much is due to the employment of such poisonous and destructive "remedies?" A correct answer to this question will send "tertiary syphilis" back to the realms of limbo where it was before the beginning of the use of mercury. When the public learns that this huge nightmare, "syphilis," is a medically created monster, that it is the product of what we call "science," then we will hear less of "syphilis" and its "ravages" upon the human body. We will soon empty our insane asylums, also.

Potassium is frequently employed in the treatment of "syphilis." This drug is equally as destructive as mercury and arsenic. However, since potassium salts are normal constituents of the human body, they are much more easily eliminated than mercury and arsenic. Mercury, in particular, is difficult and slow of elimination. The ability of potassium to build pathology is about equal to that of iodine.

In large doses by the mouth potassium salts act as powerful irritants to the gastro-intestinal canal and as depressants to the circulation. They disorder digestion, overwork the kidneys, where they are eliminated, often causing albuminuria or Blight's disease. This deadly drug destroys the tissues of the body by combining with their water, dissolving their albumens, and saponifying their fats. In large doses it decomposes the red-blood cells, paralyzes the motor nerves

and is thus a most potent cause of destruction of the brain and nervous system and of nervous and mental diseases.

Bismuth is also employed in the treatment of the nightmare, "syphilis." It is hardly necessary to state here that it is fully recognized that it does not cure the supposed "syphilis". What I wish to emphasize is that it does build part of the pathology that is called "tertiary syphilis." For instance, Leredde, in the Bulletin of the **French Society of Dermatology and Syphilis** (Vol. 31, 1924) describes the occurrence of a nitroid crisis following the second injection into the muscles of a bismuth preparation. This patient had previously been given forty injections of salvarsan without appreciably altering the Wassermann reaction. The reaction occurred immediately after the second injection of bismuth and presented engorgement of the skin, lips and tongue, a brief loss of consciousness followed by loss of speech. Another authority in this same volume describes a violent skin disease covering the whole body except the hands, legs, feet and face, immediately following injections of bismuth. So great are the dangers of bismuth poisoning that efforts are made to antidote it by following it with doses of sodium compound. Another method used in an endeavor to avoid these crises is to draw out an amount of the patient's blood equal to the size of the dose of the drug before injecting the drug. It would be difficult to explain just how this would detoxify or neutralize the drug. It never seems to enter their empty heads that the way to avoid the effects of the drug it to keep it out of the system.

The bismuth "must be injected deep into the muscles of the buttocks." Becker tells us that "the injection (of bismuth) is not very painful, but sometimes painful lumps develop."

The **United States Dispensatory** says "when applied to raw surfaces *** the subnitrate of bismuth undergoes some chemical change and sufficient of the metal may be absorbed to cause fatal poisoning.

"The symptoms of bismuth poisoning which have followed the surgical use of bismuth subnitrate are as follows: there appears first a bluish line on the edge of the gum which spreads and becomes darker in color until the whole tongue and pharynx are almost black. There also develops ulcerative stomatitis with salivation, nephritis, vomiting, and in some cases mental disturbances and methemoglobinemia. The mortality in this poisoning is high."

Speaking of the injection of bismuth preparations into chronic fistulas of bone tuberculosis, the **Dispensatory** says, "in a number of cases the injections of the bismuth paste into abscess cavities has led to bismuth poisoning."

An Irishman once swallowed a potato bug. He rushed into the house and quickly swallowed a dose of "Paris green." Next morning in telling his friend of his experience he concluded by saying: "And begorral Pat, that d - - - little bug

almost killed me."

The whole attitude of the medical profession towards "tertiary syphilis" is just like that of the Irishman towards the bug. They give the poor patient all of the most virulent poisons they can find, and when these produce the troubles we have described, they say these are due to the disease and not to the drugs. Literally, in this case, the troubles are said to be due to the bugs (germs) and not to the poisons.

If such a disease as "syphilis" really existed, I would much rather take my chances with it than to take these drugs into my system regularly over a period of time, sometimes for years, in the foolish effort to "cure" the disease. The superstition of "cure" has certainly led mankind to do many foolish and dangerous things. All this will end when it is realized that there is no such thing as curing disease.

"Tertiary syphilis" is a medical creation. The paresis, paralysis, locomotor ataxia, insanity, blindness, destruction of the organs of the body, gummata (tumors), and the whole long list of morbid conditions that are described as "tertiary syphilis", are produced by the treatment and the nerve destroying influence of the fear and morbid mental states that are built by gruesome tales the medical profession tells of the ravages of this disease, even unto the third and fourth generation.

These deadly drugs, serums, and vaccines, and many more like them, are doing duty for the profession, not only in a disease called "syphilis," but in many other conditions of impaired health. The sanitariums and asylums of the world are full of the victims of such drugs, and such fears. The profession builds all this unnecessary pathology, and then says it is due to "syphilis." And it is due to "syphilis" — the only "syphilis" that ever existed — that is, the "syphilis" the profession builds with its treatment and psychology.

The syphilization that is destroying the race consists of a state of physical degeneracy, brought on by sensuality, onto which is grafted a state of mind that is worse than the physical degeneracy, and the destructive effects of the most powerful drugs known to an antiquated school of medicine. For the last two of these, the medical profession must shoulder the whole blame. For the first they have to share the blame with theologians, politicians, and pedagogues.

I have nothing against the fish of the seas, but I do believe that if we follow the suggestion of Dr. Oliver Wendell Holmes and throw all the drugs into the sea, there would never be another case of "syphilis." Let me repeat: "syphilis" is a medical creation. It is a disease and a state of mind that the medical profession has cursed the race with. It is a medical crime.

THE ARTIFICIAL FEVER CURE

Chapter XI

Fever is a curative process, a defensive process, a life-saving expedient. Although the medical profession has taught for three thousand years that fever is the enemy of life and that it kills, during the past few years they have acknowledged its beneficient character.

Outside the ranks of the medical profession the true character of fever has been known, proclaimed and acted upon for over a hundred years. The Hygienists, Physio-Medicalists, Hydropaths (water cure-ists), Eclectics, and Naturopaths have all been roundly denounced as ignorant quacks for over a hundred years, by the medical profession, for declaring fever to be a curative expediency.

In his autobiography, Benvenuto Cellini tells how he was afflicted with "pocks," went shooting in the marshes, contracted a fever and was cured. Dr. Wagner-Jauregg noticed similar occurrences and was led to experiment with induced "malaria" to produce the same "cures." Since he was not hanged nor shot, as others who kill their fellow men are, but was allowed to go on maiming and killing them, others followed his lead and now the "fever cure" is much talked of.

In fact the "fever cure" bids fair to become a "cure-all." It is now used in cases of gonorrhea, St. Vitus dance, arthritis, the heart wreck "caused by the rheumatic state," eye infections, undulant fever, cancer, tuberculosis, menengitis, neuritic pain, and certain diseases of childhood; although it was pointed out at the First International Congress on Fever Therapy, Waldorf-Astoria Hotel, New York City, March 31, 1937, that "in all cases", "definite conclusions must await the test of time."

About the year 1927, Dr. Morris Nath, Pathologist at Middletown (New York) State Hospital for the Insane, speaking before an assemblage of Homeopathic physicians, declared that seventy percent of fifty-three cases treated since "last July", for paresis, by the "malaria treatment", showed "marked improvement." He said the "malaria treatment" is a harsh treatment, despite the finding of the German experiments, "which would seem to suggest this treatment for the disease." He thinks it is too harsh for private patients but recommended experimentation with the treatment upon the helpless inmates in the state institutions.

The experiments have gone on and de Kruif, in writing of the "malaria fever" cure, says that in certain hospitals, this

drastic treatment killed ten out of every hundred folks it "set out to cure." He thinks it splendid that under the care of Wagner-Jauregg and of O'Leary of the Mayo Clinic, "less than one out of a hundred died from the malaria." He tells us that the "malaria" treatment, "even in the most skilled hands" is a two-edged sword. The fever often gets out of hand. Becker says the "malaria" treatment is somewhat dangerous, while Palm tells us that though the "malaria fever" **cures** a majority of cases treated by it, it presents problems of its own. De Kruif says that ten percent of victims refuse to develop "malaria" when inoculated. Remission of paretic symptoms is claimed in only thirty percent of cases treated by means of "malaria treatment".

Dissatisfaction with the "malaria cure" led to experiments with other means of producing fever. Among the methods used have been prolonged hot baths, getting the patients hot inside electric blankets, inoculating them with typhoid vaccine, inoculating them with proteins (albuminous substances), diathermy, hot air, (hot blasts), hot humid air, and radio shortwave. For nearly four hundred years doctors have sent their "syphilitic" patients to "health resorts" or to hot springs to take hot baths, or have given them sweat baths at home. In the sixteenth and seventeenth centuries sweat baths were commonly used. During those centuries baking "syphilitics" in huge ovens was a widely employed method of treatment. Becker says that "among primitive peoples the afflicted ones were buried in hot sand for days at a time."

Artificial fever produced by diathermy is described by de Kruif as dangerous, terribly uncomfortable and as producing "hellish burns." He says a patient has to be crazy to endure it.

The accidental discovery that the radio short-wave will produce fever by merely remaining in the invisible field of the machine's short-wave electric energy, without touching the electric gadgets, led to much experimenting with this agent and to the production of an apparatus called, by the inventors, the **radio-therm,** a coffin-like cabinet in which many met their death, while many more were badly burned.

The workings of this machine were "exasperatingly uncertain," in that the fever "stoked up" was "now feeble, now ferocious, genuinely unpredictable, and invincibly uncomfortable." The electric energy "arcs" in the sweat pools that form under the arms, between the thighs, and over the patient. "Like buzzing zips," says de Kruif, "the electric fire" thus formed "burned holes in their skins." He says that "many a paretic wreck suffered frightful skin burns" in the experiments with the radio-wave machines. "Fever lighted by this or that gadget got out of control, killing not a few who burned to death by an awful internal fire."

De Kruif has graphically portrayed the development of "machine fever treatment," which, he calls "hot science," and "dangerous hot healing." He declares the team of experimenters who carried on the "bold experiment" using

"human experimental animals," took "stern chances," but he omits to emphasize that they took the chances with the lives of their patients and not with their own lives. Their patients were guinea pigs and some of them died under the torture in the coffin-shaped "cantakerous radio-therm." He says that the experimenters risked burning their human guinea pigs and that they did "badly burn some of them." One feels that he correctly styled them "fever maniacs" and that what he calls their "fanatical persistence" in their experiments was really fanatical.

Due to a sudden failure of an air-conditioned radio-therm, which caused the experimenters to continue to send air into the box to prevent the patient from knowing the apparatus had quit, it was discovered that blasts of hot air would send the temperature up and keep it up. With nothing but "circulating moist, very hot, too hot air" they now "fever their victims." The moister the air they blow around the victims in the coffin-like box, the less heat is needed, because every increase in humidity lessens heat radiation from the body. This form of "fever treatment" can be controlled better than any other method yet employed.

But it must not be supposed that because the "machine fever" is more easily controlled than the "malaria cure" or the radio short wave that it is safe or pleasant treatment. De Kruif describes the victim in the box as the "threatened one" and explains that those who are treated by the "friendly fire" are held close to a heat "that can kill as well as cure." He admits that the subject of the "hot science" suffers in the box and that the treatment is perilous. He says that they are "fevered' within a few degrees of death — death from heat stroke. Dr. Walter Simpson says that modern fever treatment is not less serious than a major surgical operation.

The greatest care is required to avoid killing the patient, for the treatment demands a "peculiar new high technique" and constant vigilance both of the patient and the machine. The pounding pulse at the patient's temple is constantly watched by the nurse. She must watch for signs of a failing heart, must guard against the fever going too high, and must dope the patient to keep him "comfortable." Nothing is more common than human negligence and carelessness is easy. Every patient who goes into one of the coffin-shaped boxes places his life in the hands of the attendants. Even at its best it is very dangerous, while de Kruif says that in the hands of those not expert in its use the artificial fever treatment is still outlandish. De Kruif wants the public to finance the quick training of thousands of doctors and nurses in this devilish work.

It may be well to ask what good may be expected of this "hot science." De Kruif himself says that six years ago the machine-fever treatment was only at the stage of groping experiment and that even now, "the hot science must still be called an experiment." It is certainly too early to ask the public to finance the training of a new species of chef to roast

the sick.

The machine-fever method is said to possess certain advantages over the "malaria cure". "Malaria treatment" requires the patient to spend weeks in bed. The machine treatment does not. The machine-fever is more easily controlled. Another advantage possessed by the machine-fever over the "malaria cure" is that in "machine-fever" the "syphilis fighting" chemicals may be used simultaneously with the fever; whereas with the "malaria cure" the chemicals "kill the fire" the "malaria stokes up" in the victim.

Fever alone, without chemicals, says Simpson and Kendall, will not "cure syphilis." They find, they say, however that so long as they toast their victims, they require "much less of the dangerous arsenic" and that the bulk of the drug given may consist of "the much less poisonous bismuth." De Kruif thinks the fever treatment is good when combined with the old drug "remedies."

It is believed that the spirochetes cause "syphilis." This lacks proof. It is believed that the spirochetes die when the body temperature reaches 107 degrees. This belief also lacks confirmation. Indeed it is highly improbable that a temperature so low will kill these germs. We may be certain that if the spirochetes cause "syphilis" and the high fever kills them there would be no need for the resort to poisonous drugs But the fever treatment is always combined with "mild harmless doses of arsenical drugs and bismuth."

It is claimed that "syphilitics" who cannot stand the smallest dose of arsenic under ordinary conditions, stand arsenical treatments well if the arsenic is shot "into their arm: while they are at the height of their machine-fever. It may be possible that the body defends itself better against arsenic a a high temperature than at a low one. Be this as it may the reader should readily see the risk the experimenter took with the lives of their human guinea pigs when they injected arsenic into the bodies of those known beforehand no to be able to tolerate even small doses of the poison.

It is claimed that experiments now in process show that machine-fever treatments enormously shorten the fight against "early syphilis." The patient is thus given fewer doses of arsenic and bismuth. In other experiments now being carried out, shorter hours of fever treatment seem to work as well as the longer treatment. This means less torture by "hot science." It is to be hoped the downward trend of these experiments will continue until they cease all treatment.

It is well to keep in mind, however, that all these "cures" of "early syphilis" are determined by changes in the serologic reactions as revealed by the Kahn and Wassermann tests. That is, the "cures" are fictional.

Great caution is necessary in selecting cases for "fever treatment." Only those who are strong enough to endure the

ordeal can be given the treatment. Many persons with paresis and locomotor ataxia, and these are the conditions in which this form of treatment is claimed to be most beneficial, have other physical disabilities, such as heart trouble, high blood pressure, tuberculosis etc., that make the fever ordeal doubly dangerous. Palm says that "the treatment must be given in a hospital where the personnel and equipment are capable of meeting any complications which may result."

He also tells us that the "mortality rate among fever patients is still high, and the percentage of cases in which it can be employed with safety is relatively small." It is obvious that so dangerous a "remedy" cannot be universally applied and that at all times it is likely to do more harm than good. Parran thus describes a case he watched: "Two nurses were standing solicitously by, however, to lay cold compresses upon his fevered brow, to give him ice water and whiskey to sip through a straw, to watch his blood pressure and pulse for any signs of heart failure." He adds: "First results are good, but for anything short of a beginning paresis or a serious gonorrheal complication, I personally would not want to subject myself, to this near-lethal temperature." The treatment is very expensive and inconvenient. The fever machines are expensive and the cost of operation is great. Treatment must be given in a hospital by specialists in this work. Perhaps this is well — it will serve to protect thousands from its' dangers.

Palm says, "malaria and artificial fevers are now being used in the treatment of some cases of locomotor ataxia with varying degrees of success. The results in these cases do not lead us to believe however, that there is any great hope that the toll of locomotor ataxia can be materially reduced in this way." He says further: "while artificial fever offers a ray of hope to paresis victims this treatment falls far short of the ideal goal of modern medicine. It results in great discomfort of the patient, even to the extent of spasms and delirium. In the hands of a quack or a bungling physician, it may easily be fatal." He thinks that "most doctors recommend artificial fever to their patients only when they are certain that all other means of treatment have been exhausted and that fever offers the only possible solution of an almost hopeless condition."

If the treatment offers a solution in such hopeless cases, where other methods are of no avail, surely it would constitute a better solution of more hopeful conditions where other methods are thought to still offer hope.

We do not have to assume the existence of a disease called "syphilis," nor do we have to assume that the patient's troubles are caused by an evil germ, in order to recognize that increased temperature causes rapid changes in living cells. We have long known that nerves regenerate more rapidly at a high than at a low temperature. For many years Dr. Tilden has emphasized the great value of much heat to the patient. He even says bake them at times. But it is one thing to raise the temperature of the body and another to roast it. It should be understood, too, that the increase in body temperature in

natural fever is but one part of a complicated series of correlated and complex changes — changes in metabolism, circulation, respiration, alterations in the physical and chemical structure of the blood and tissues, etc., and the local changes at the point of injury — all of which collectively constitute the process of cure. Machine fever does not duplicate natural fever.

Finally, in Oct. 1937 Dr. Paul A. O'Leary, of the Mayo Clinic, who is an outstanding experimenter with fever treatment, told members of the American Medical Association that "artificial fever treatment for syphilis widely heralded when first developed, has not stood the test of time, as well as the chemicals, arsphenamine and bismuth." He added that "even those physicians who were most enthusiastic about machines for inducing fever to rout syphilis from the body, now recommend, as do those who use malaria to induce fever, the use of arsphenamines and bismuth during or after the fever treatment in all types of syphilis." He said: "Besides malaria and electric fever machine, typhoid vaccine and hot baths have been found helpful in treating some cases of syphilis No one knows exactly why any of these methods is helpful" This condensed summary of his paper is taken from the Nov. 1937, issue of the **Scientific American.**

Thus another "cure" has gone glimmering through the things that were.

WHAT IS "SYPHILIS?"

Chapter XII

In his discussion of a number of the "unsolved problems" of "syphilis" Parran reveals how little they know and how uncertain is everything connected with "the disease." He and others tell us one "attack" of "syphilis" does not confer immunity against "reinfection." This refers to the absurd medical notion that certain diseases confer immunity to future attacks. There is not an iota of evidence in favor of this ancient superstition and every physician knows this. Yet they all subscribe to it in the case of a few diseases, although they freely confess that most of the "infections" do not confer immunity. The whole of the vaccine and serum practice is based on this insane notion.

There is considerable doubt about just when "the disease" is "infectious" and when it is not. Becker is sure that "late syphilitic lesions, even when ulcerative, are not infectious." Parran feels that, "best bet of all, from the public health point of view, the arsphenamines promptly render the syphilis patient noninfectious". He says, "studies of the Public Health Service, which are as yet incomplete, suggest that the seminal fluid of a syphilitic man is infectious several years after all open lesions have disappeared." Milk from a "syphilitic" woman is "infectious" unless she is under treatment. Everything is chaos.

Certainly nothing can be certain so long as so many hundreds of pathological conditions, developing anywhere in the body, at any age of life, perhaps without any known source of "infection" and no preceding symptoms, or years after the first symptoms have been superseded by what looks like health, and symptoms have been forgotten, are collected together and called "syphilis."

This prompts the question: What is "syphilis"? "Syphilis" is a weaving together of faith in a specific germ (formerly a mysterious poison), and a myriad of symptoms at all ages of life, plus a risk in branding possible children with "the disease" and the danger of infecting a loved one by a kiss, or by the use of comb, hair brush, drinking glass, or cooking utensil. Dr. Tilden says: "These beliefs cause nervous, imaginative people to build a living hell for themselves. To this hell of fear which is desperately enervating and ruinous to digestion and elimination, there is added the cursed drug habit, that cannot do less than further ruin digestion."

He wisely says: "It is attempted to be shown by writers that a hard chancre requires twenty-five days to develop. This is

purely arbitrary and fictitious; for the class of men who **contract syphilis** would have to be sent to jail and a guard set to keep them away from women twenty-five days. To charge a suspicious intercourse, indulged in twenty-five days before a chancre develops, with being the cause of its development, is as far fetched as to single out one of twenty-five drinks, in a drinking bout, as being **the one** that caused the drunkenness."

Adenitis (swelling of the lymph glands adjacent to the chancre) is not uncommon. Every doctor sees patients with enlarged glands daily. They do not indicate syphilis. They may enlarge from a sore toe or from intestinal decomposition. They are not painful and may persist for months or years without the patient's knowledge. Who, then, asks Tilden, "is willing to say the glands were not enlarged before there was a chancre?" He is not.

In the "second stage" there are said to be such symptoms as skin eruptions, headache, rheumatic pains, falling hair, mucous patches, iritis, etc. Just as there is often no chancre, so, frequently there is no "second stage." The "second stage" never presents all of the above symptoms.

Skin lesions are due to drugs or to autointoxication. Dr. Alsaker says, "the skin and mucous lesions are built by mercury and not by the so-called syphilis." Mucous patches are frequently found in the mouths of people who have no venereal disease. Headache and rheumatoid pains may come from heavy eating and a sluggish portal circulation, or from deranged digestion due to fear and worry. Falling hair may be due to many causes. Alsaker says the falling hair is most often due to the "blood medicines." Iritis is often due to enervation from sexual excesses and to autointoxication. It is sometimes caused by alcohol.

There is not a symptom in the whole group that cannot be had without a preceding chancre, there is not one in the group that always follows, and many times none of them follow, the chancre. Dr. Tilden says, "the worst forms of syphilitic skin diseases are a compound of ignorance, bedrooms without ventilation, dirty beds, filthy underwear, no bathing, and harsh eating, mixed with physical degeneration from sexual debauchery." Again he says "the diseases described as due to syphilis can, everyone, be accounted for when such causes as fear, drugs, errors in eating, overstimulation by coffee, tea, alcoholics and tobacco, and sexual abuse are considered."

Because they persist in obscuring all diseases by drugs, medical men do not have any idea of the influence of sexual excesses, tobacco, alcoholics, food deficiencies, overeating of stimulating foods and other errors of life. Drugs not only mask symptoms, they produce symptoms of their own. Physicians, who day by day drug their patients, obscure the symptoms of disease by developing drug diseases. Much of "syphilis" is doctor made.

Dr. Alsaker says, "doctors have been building pathology for

years, and this has resulted in symptoms so numerous and fantastic that they even astonish and confuse those who build them." Because doctors are so expert at building pathology they do not know what "syphilis" is. Dr. Tilden asks: "How many physicians have watched a case of syphilis from its beginning to its end without giving a dose of drugs? Not one! Then what are their opinions worth? The first day a drug is given in any disease, that day the disease is masked — it ceases to be a natural disease — and no physician is wise enough to tell what symptoms are from drugs, what from food, and what symptoms belong to the disease proper. As absurd as this statement makes the situation, the best physicians in the world demand that their opinions be taken on a subject that is masked, and as obscure as the incoherent mutterings of delirium."

"Syphilis" is said to pass through three stages — primary, secondary and tertiary. Between the second and third stages is a quiescent stage, which makes four stages in all. If the disease presents three stages, why do these three stages not develop? Patients cared for by natural methods do not develop any stages. Years ago Dr. Tilden, wrote: "Every one of these symptoms can be built without a chancre." Today the whole profession admits it. Indeed they now assert that the "third stage" may present the first evidence that the person has "syphilis." There is nothing uniform or regular about its development.

Let us look at a few of the "third stage" developments of "syphilis." Gummy tumors seen in this "stage" are due to nutritional perversion and are not confined to "syphilis."

"Syphilis" is accused of responsibility for much heart and arterial disease. Parran says the negro has blood vessels that "are particularly susceptible so that late syphilis brings with it crippling circulatory diseases." They have no means of determining in either whites or blacks when heart disease is due to "syphilis" and when due to other causes. It is all guess work. In the **Journal of the American Medical Association,** Nov. 29, 1930, Dr. James B. Herrick tells us that the classification and nomenclature of heart disease "is very unsatisfactory." He adds, "the condition diagnosed aortic regurgitation by one is called by another syphilis of the aorta and aortic valves; by a third aortic leak *** ," etc. The heart and aorta are affected by toxins of many kinds, including alcohol, tobacco, and arsenic, and it is impossible for the physician to tell that "syphilis" is affecting the heart.

In the **Journal of the American Medical Association,** Oct. 2, 1937 (p. 1123), James E. Paullin, M.D., Professor of Clinical Medicine, Atlanta, Ga., says in an article on "Cardiovascular Syphilis," " *** In the detection of syphilitic aortitis, too much reliance must not be placed on the presence of a positive Wassermann reaction or on any other serologic test for syphilis. It is well known that from 10 to 20 percent of persons with latent cardiovascular syphilis will give a negative serologic reaction. *** A patient who has not had

rheumatic heart disease, and does not have hypertension, but who does give a history of syphilitic infection and presents any three of the aforementioned symptoms or signs (symptoms that could apply to heart ailment from any cause), even in the absence of a positive Wassermann reaction, should receive the benefits (sic) of anti-syphilitic treatment."

Parran says that "among primitive races, syphilis seems to result in more skin lesions than among present-day white races. Conversely, involvement of the nervous system seems more frequent with us." Again, Paresis is more frequent in the white than in the colored race; more frequent in the male than in the female, ("The whole course of syphilis seems milder in women."); more frequent among brain workers than among unskilled workers. On the other hand, Parran says that, due to the great pains to which nature has gone to protect the brain, "even with no treatment, this organism (the spirochete) passes the barrier, I should guess, in less than one case in three."

Dementia paralytica, or general paralysis, also known as paresis and softening of the brain, is said to be due to "syphilis." The discovery of what are called "lesions of tertiary syphilis" in three cases of dementia paralytica led to the belief that "syphilis" is etiologically related to paresis. There followed work by several "investigators," until now, paresis is said to always be due to "syphilis" and never to anything else.

It is true that in many cases there is no history of "syphilis" and in many cases the Wassermann and even the spinal test is negative. For instance, Becker says: "After the disease has been present for several years the blood test becomes negative in thirty percent of the cases, and in patients who have syphilis of the central nervous system up to forty percent of the blood tests are negative, although the spinal fluid may be strongly positive." Parran explains that for a long time after the nervous system becomes involved there may be no symptoms — "asymptomatic neuro-syphilis: found in one-half of the cases with a persistently positive blood Wassermann reaction. Even a negative Wassermann test is no insurance against trouble in the nervous system — nearly one-third of the patients with positive spinal fluid have it." Fox says: "Even the spinal examination may be negative."

It is claimed that the spirochetes are found in the central nervous system of these patients. This is not always true and it has not been definitely shown that the spirochetes cause "syphilis." In addition to this, post-mortems are not made on all the cases. Nonetheless the dogma has gone forth: **no syphilis, no paresis.**

In the **Journal of the American Medical Association,** March 6, 1936 (p. 806) an editorial discussion of "Syphilis and the Central Nervous System," says'"The question whether dementia paralytica and tabes are caused by the syphilitic toxin or by the direct action of spirochetes cannot be answered in the present state of our knowledge. There is no constant

definite relationship between these neuro-syphilitic manifestations and the presence, number and distribution of the spirochetes in the tissues of the central nervous system."

These facts are alone enough to cast doubts upon the dogma, but few if any medical men ever entertain such doubts. The editorial continues: "Nonne emphatically rejects the idea of specifically neurotropic spirochetes. Patients who develop syphilis from the same source commonly develop different types of the disease. It is not unusual in conjugal syphilis to see one partner develop dementia paralytica and the other tabes."

Medical authorities claim that the incubation period of paresis is seven to ten years — occasionally two years or less. The editorial says that Nonne found "syphilitic areritis in one-third of the "early cases" in his material and that "cerebrospinal syphilis developed in about one half of them within the first three years. Acute syphilitic menengitis may be seen in a few months after the infection." Further on the editorial says: "Early menengitic symptoms are not necessarily an indication of later dementia paralytica or tabes. Brunsgaard states that normal cerebrospinal fluid in the early stage of the disease does not guarantee against later dementia paralytica or tabes. Nonne found that patients who exhibit signs of menengitis did not, as a rule, develop either tabes or dementia paralytica."

The editor adds that "social status, alcoholism, trauma, cultural status and the constitutional type do not seem to play any part as predisposing etiologic factors. He repeats Nonne's guess that "the spirochetes may remain dormant in the organism of patients, both untreated and treated, and that these spirochetes may later become activated, invade the blood and cause lesions of the central nervous system." Neither Nonne, nor anyone else ventures a guess as to what renders them dormant or what activates them. The whole thing is a guess.

The present propaganda emphasizes the need for early discovery and adequate treatment of "syphilis" to avoid the later development of tabes, paresis, etc. This plea is found in all literature intended for public consumption. The editorial above quoted is intended only for doctors and, therefore, does not have to hide the truth about the evil effects of this treatment and its failure to provide the protection they promise against, "neurosyphilis." It says: "Without in the least condemning the modern treatment of syphilis, the fact that it does not guarantee against dementia paralytica and tabes must be admitted on statistical evidence." When will the Parrans, Beckers, de Kruifs, Puseys, etc., develop enough honesty to tell the truth to the public? This editorial not only asserts the failure of "modern" treatment to prevent paresis and tabes, but points out that the treatment itself may help to cause these troubles. It says: "The question has been raised whether the antisyphilitic treatment itself was not a factor in the causation of late complications. A number of investigators state that in countries in which syphilis was treated poorly or not at all,

and in which secondary and tertiary manifestations were common, the occurrence of tabes and dementia paralytica was rare."

The comparative absence of such conditions in non-treated or "poorly treated" groups should have aroused suspicions about the correctness of the medical dogma that tabes and paresis are always due to syphilis and never to anything else, as well as to suspicions about the effects of arsenic and bismuth on the nervous system. But the editorial runs away from these suspicions and goes off on a tangent. It adds: "These observations gave rise to the notion that mild syphilis predisposes to tabes and dementia paralytica. In an analysis of 1,278 cases of dementia paralytica and 1,372 cases of tabes seen in the course of fifty years, Nonne finds that in 80 percent there were no secondary symptoms."

Finally, the editorial says, "Brunsgaard reports the unique experience of the dermatologic clinic of the University of Oslo. Between 1891 and 1910, 2,181 patients suffering from primary and secondary syphilis were treated there on a hygienic constitutional regimen from which all available antisyphilitic remedies were excluded. Boeck, chief of the clinic, believed that the antisyphilitic remedies interfered with the regulating forces of the invaded organism and served to alter the course of the disease, thus leading to viscereal and neurosyphilitic complications. The analysis of this material shows that neurosyphilis developed in only 3.4 percent of the cases."

Unless we assume that physicians of Norway know more about hygiene and hygienic care of patients than the physicians of America do, we will be forced to assume that these Norwegian patients received very poor hygienic care and that under a genuinely hygienic program, the results would have been vastly superior to what the report indicates.

Meningo-vascular "syphilis" is a generalized inflammation with involvement of the optic nerve, resulting in loss of vision or blindness; and involvement of the eighth cranial or auditory nerve resulting in deafness. "Syphilis" is said to result in blindness in two chief ways: (1) by producing atrophy of the optic nerve, and (2) by producing in terstitial keratitis, a severe inflammation and subsequent clouding of the cornea. "Syphilis" is said to also often "attack" the iris, retina, motor nerves and ciliary body. "A visual defect occurs in practically every case of congenital syphilis."

So-called "syphilitic blindness" and deafness presents the usual uncertainties — frequent absence of a history of syphilis; frequent negative serologic tests, etc. Keratitis may be caused by many things; optic atrophy is a frequent result of arsenical poisoning.

"Syphilis" is claimed to affect the ears in much the same manner that it does the eyes and is held responsible for many cases of total or partial deafness. Otologists estimate that 80

percent of deafness is due to catarrh. Many things cause the other cases. That "syphilis" causes deafness is without foundation, except in medical imaginations.

The **Journal of the American Medical Association.** Sept. 4, 1937 (p. 782) prints a discussion on "Syphilis and Blindness, "by Dr. Louis Lehrfeld, of Philadelphia. Dr. Lehrfeld discusses a statistical investigation made on 600 cases of "syphilitic optic atrophy" which had just been completed at the Wells Hospital in Philadelphia. He says: "The most important conclusion of the survey is that the present day treatment of syphilitic patients having optic nerve involvement is entirely unsatisfactory so far as improvement of vision is concerned." Although, he claims the survey showed that the untreated cases became blind in five years while the treated cases became blind in eight, he casts doubts upon this statement by saying: "The preponderance of syphilitic optic atrophy among the white patients compared with the negroes, in whom syphilis is five times more prevalent, may be a basis for suspecting that present methods of treatment may precipitate early optic atrophy, while those who are lax in receiving treatment, particularly negroes, are less likely to develop optic atrophy. *** the present method of using arsenicals must be revised if we wish to reduce the percentage of blindness from syphilitic optic atrophy."

Elsewhere in this book we have presented evidence that arsenic produces optic atrophy. Dr. Lehrfeld's closing statement seems to refer to the same fact. What is needed, however, is not a revised method of using arsenic, but the complete cessation of its use. It is quite obvious that most of the pathology seen in so-called syphilis is doctor-made. Dr. Alsaker truly remarks: "The symptoms and pathology of syphilis described are not necessary, but they show what medical art can accomplish in building disease. If nature unaided produced the text-book pathology we would be forced to believe that chaos reigns supreme when syphilis is at the helm, but as most of the symptoms are protests by nature against meddlesome treatment such conclusions are not justified."

He adds: "It would require great professional skill to develop such a case ideally, and by ideally I mean in a way to conform to text-book descriptions. People who are much broken in health from excesses and improper living can have many marked symptoms without being under medical advice, but it will fail to act as the text-books say it should."

He thinks that: "Surely the medical profession should feel proud of its ability and power in creating so destructive a disease. By the aid of a few drugs they are able to conjure up conditions such as nature alone has never equalled, at least such as competent observers have never seen her equal in devilish grotesqueness when left to herself."

In the same vein, Tilden says: "Since giving up drugs I have learned that all formidable symptoms known as constitutional

syphilis are compounds of fear, wrong life and drugs, and are very easy to overcome when I can have the patient's help — when the patient is willing to give up bad habits and learn to live normally and naturally."

"Syphilis" is a medical creation. It is medicine's contribution to civilization. The whole complex of symptoms and pathologies have been arbitrarily and artificially joined together by the syphilomaniacs of medicine and added to by their destructive treatment. "Syphilis" is doctor made and doctor perpetuated.

This being the case, we do not need laws to compel everybody to submit to repeated testings and treatings, but we need laws to restrain syphilophobic physicians from filling our minds with groundless fears and our bodies with deadly drugs. We need a treatment that will cure the profession of its belief in "syphilis;" one that will eliminate syphilophobia from their puny minds. We need a treatment that will cure the profession of its paranoia, of its delusion that it is commissioned by God to care for the race of man. Perhaps the only way to rid the world of "syphilis" is to shoot all the physicians of the world.

The American Journal of Syphilis (July 1929) carried a paper by Wm. C. Stoner, M.D., of St. Luke's Hospital, Cleveland, Ohio, in which he says: "Syphilis may be present without history of initial lesion or definite clinical manifestation; this is especially true in women. *** A negative Wassermann reaction does not necessarily rule out active syphilis which may include vascular (blood vessel) syphilis, neuro (nerve and brain) syphilis, or any other form of syphilis, therefore the test should be used only as one of the signs of syphilis. *** most so-called soft chancres are hard chancres and that a gonorrheal infection may obscure a coexisting syphilitic infection. *** the tendency in the so-called Wassermann test is to treat the test rather than the patient. *** a negative blood and negative cerebro-spinal fluid do not necessarily rule out cerebro-spinal syphilis."

Dr. Stoner says that "the most astounding thing" that his study of 340 cases representing all walks of life — laborer to big business man, banker, professional man, and the socially elite — was "the presence of syphilis in the supposed truthful individual who has lived well and no history of previous manifestations is obtainable."

If this does not represent a state of hopeless confusion, it is one of those "syphilitic brain storms" that syphilomaniac minds so frequently tell us of. One may have "syphilis" without ever having any clinical symptoms of it. Both the blood test and the spinal test may be negative. They know you have "syphilis" because, at forty you develop paresis or tabes. One may die at sixty or at eighty, of pneumonia, having lived all his life in utter ignorance of the fact that he contracted "syphilis" in his early teens when he innocently kissed the maid while mother was out. It is a mad man's dream — a

nightmare, a humbug, a lie, a myth.

There is no history of infection. The tests mean nothing. The cause is uncertain. The clinical symptoms, if present, are not specific. No physician living can tell that his patient has syphilis." **I challenge the entire medical world to prove that there ever has been, or is now, in any part of the world, a single case of the disease called "syphilis," as defined and described by "medical science;" I challenge them to prove that the whole thing is not a clever fabrication which has deluded even its fabricators.**

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REGULAR ABUSE OF THE "SYPHILITIC"

Chapter XIII

We have seen how the popularity of mercury waxed and waned and how many other substances were used in an effort to cure "syphilis." Mercury treatment remained the treatment of choice until 1843 when it was combined with potassium iodide, which was given by mouth. This combination held sway until 1910, when 606 came into use. Due to the failure of arsphenamine "physicians adopted the plan of giving mercury and iodides in conjunction with arsphenamine. For twelve years," says Becker, "this combined treatment was adhered to, then bismuth was introduced and found to be superior to mercury, though inferior to arsphenamine. Bismuth, therefore, was given in conjunction with arsphenamine. Today, the world over, syphilis is treated largely with arsphenamine and bismuth. Mercury still is used, but to a much smaller extent than before."

Dr. Parran tells us that improvements in treatment since 1926 have been relatively minor, and expresses the hope that someday a serum will be found to cure "syphilis." The serum, he calls a "biologic method."

We have previously shown the damaging character of this treatment but will add this testimony of Becker: "Mercury in early days often was used in such overdosage that patients developed mercurial poisoning, so that the drug was in disfavor for some time. When more rational doses were given, however, (severe) poisoning was prevented and the patients improved." Arsphenamine is "a yellow dye containing arsenic, a definite poison, which must be given with caution." The volume on Dermatology and Urology, of the Practical Medicine Series, 1924, from which I have quoted frequently in these pages, says: "The failure of the arsenicals to provide, in conjunction with mercury and the iodides, an ideal method of treatment is evidenced by the search for new drugs or new measures to replace the arsenicals or to enhance their effects. With mercury, iodides, old, neo and sulpharsphenamine, bismuth, foreign protein therapy (milk and vaccine injections, induced malaria and so forth,) the physician has access to a variety of agents and possibility of numerous combinations."

It is also stated that there is "very little to guide" the physician "in the consideration of the relative merits and the particular indications for the use of one drug in preference to another," and that, "frequently the health of the patient" begins to "suffer as a direct result of the *** strain imposed by the continuous effort to combat the invasion." It is then

asserted that when this point is reached, "the hope of affecting a complete sterilization (killing of all the supposed germs of "syphilis" in the patient's body), is greatly diminished." It is also asserted that mercury has little germicidal action upon the supposed germs of "syphilis".

This book was written by medical men for the use of medical men. The facts it contains were never intended to reach their present and future victims. The victims are being told and will be told that "syphilis" is cured by the very means that are asserted, by their standard authors and greatest specialists, not to cure the disease.

They are still attempting to cure the disease by the very drugs that cause it. This is homeopathy with a vengeance, although these men are allopaths. Think of it! They admit, among themselves, that there is little hope of curing you, after their drugs have wrecked your health. And yet four to eight weeks is enough time to get well of the "primary" and "secondary" stages of so-called "syphilis," if no drugs are employed.

While Parran says "the consensus of expert opinion is that about 18 months of continuous treatment is necessary for maximum safety to the patient with early syphilis," Becker says that "the duration of treatment varies from three years to life, depending on the age of the patient, the severity of the disease, and the parts of the body affected. It is seldom that a patient is discharged as cured. More often he is placed under lifetime observation."

Becker also tells us that in "late syphilis" the "treatment is started rather mildly *** and numerous short rest periods are advisable to allow the patient to recuperate from time to time from the effects of the treatment." This would indicate that the treatment is worse than the disease, else there should be no let-up in the "cure," until the enemy has been driven out of the body.

Parran admits that the treatment "frequently is not comfortable," while de Kruif describes what he calls the "long drastic arsenic and bismuth treatment." as "that grueling once-or-twice-a-week treatment that takes nearly two years to finish." In telling of cases treated by machine-fever he says "arsenic and bismuth had poisoned them plenty, failed to cure them, all but killed them."

Drs. Bovion and Pierre say in the July, 1924 issue of the **Annals of Clinical Medicine:** "At no time should the patient be disregarded, and it is imperative that nothing should be done that would render the patient less capable of combating the disease if treatment should be discontinued before the infection has been eradicated. Hence, what the patient is able to do on his own account and the influence that therapeutic agents may have on the resistance of the patient are factors of no little importance *** . In the first place it may be stated as a general principle that all therapeutic agents that cause an

abrupt cessation of the reaction on the part of the patient, but fail to destroy the infecting organisms, operate to the disadvantage of the patient and predispose to the subsequent occurrence of more severe manifestations of the disease. All of the highly active parasiticidal agents appear to possess this disadvantage to a greater or less degree, and as a rule this feature of their action is proportional to the difference between the direct spirocheticidal action of the drug and its ability to induce resolution of lesions. Moreover in instances of this kind the earlier the treatment is undertaken the more serious are the consequences of a failure on account of interference with immunological reactions. If treatment is instituted at a time prior to the development of an immunity that is sufficient to bring the infection under control, the progress of immunological reactions is interrupted and resistance promptly returns to an essentially normal level, or may even become sub-normal for a time. If, however, the course of events is not interfered with until later, the resistance that has been acquired is more stable and tends to persist for some time even after the withdrawal of the stimulus to reaction."

This hardly calls for extended comment. It is plainly stated that the treatment employed to kill the. supposed germs of "syphilis" tends to kill the patient while interfering greatly with the body's own self-curing powers and processes, and that the earlier in the disease this treatment is employed the more damage it does. The sensible man or woman, upon learning these facts, will studiously avoid a plan of treatment that renders one "less capable of combating disease." That all drugs lower the body's powers of resistance admits of no doubt. In this they are in striking contrast with the truly natural methods which raise resistance.

In a letter to the **Journal of the American Medical Association,** a physician in Alabama describes a case of "syphilis" in which "his first Kahn test was found positive after a very thorough examination in which no physical defects of note were discovered." This man was treated uninterruptedly for three years by several physicians, with such harmless remedies as "neoarsphenamine," bismuth, arsphenamine sulphanate, mapharsen, yellow mercurous iodide, mercuric salicilate, mercury by inunction, potassium iodide by mouth potassium bismuth tartrate, iodobismtol and hyperpyrexia (fever) treatment."

After three years of such abuse his Kahn and Wasserrnann reactions remain positive. The young man, age 26, wants to get married and the physician asks what course should be taken. The doctor was told that the young man should not be allowed to marry and that further tests should be made.

This thing would be funny if it were not so tragic. This man had no symptoms of any trouble. The diagnosis of "syphilis" was made solely upon the result of a Kahn test. The test is known to every physician to be unreliable. The man has gone through three years of torture and abuse and, so far as the tests

reveal, is as far from cured today as the day he commenced treatment. On the basis of such frauds and fallacies he is denied marriage and more of the same kind of treatment is advised.

Dr. Joseph Earle Moore, famous syphilographer says: "It must be recognized that even given more clinics, better clinics, and free clinics the control of syphilis by present day treatment methods is still far from satisfactory. Treatment is too prolonged, too painful, too dangerous, and too expensive."

In his **The Human Body,** Dr. Logan Clendening takes the position that "syphilis" is not half so bad as it has been pictured and says that only the sensational cases come to the attention of the public and produce the prevailing erroneous impressions of "the disease." Dr. Clendening seems to be unaware that the "sensational cases" are creations of "medical science" and of nothing else. I am sure, however, that he will readily agree with the assertion of Dr. Richard C. Cabot that "we certainly can overtreat a patient; the drugs we give are poisonous and it is perfectly possible for a person to suffer as much from the treatment as from the disease. It is not best, therefore, to have a patient go on indefinitely with this treatment."

The particularly damaging character of the medical treatment of "syphilis" is made apparent by the following words of Becker: "The co-existence of other diseases complicates the treatment of syphilis and often greatly increases the difficulty of controlling the infection. Tuberculosis, especially, is made worse by some medicines used in the treatment of syphilis. Disease of the kidneys, which prevents the employment of some of these drugs, also complicates the situation. Anything that undermines the general health of the patient makes treatment more difficult. Inability to tolerate the drug is a factor which is often met. Some individuals are so sensitive to arsphenamine that even minute doses produce severe reactions of various types, so that other and less efficacious methods must be substituted, and the chances of cure are correspondingly lessened."

Various alibis are offered by the "anti-syphilis" crusaders for the failure of physicians to cure their "syphilitic" patients. Commonly, they say the patients do not continue treatment long enough. De Kruif says, however, that the grimmer reason that so many fail to complete the "chemical ordeal" they are run through by the poison'em and kill'em school of medicine, is that "the drugs are poisons. The margin between the amount of them you've got to use to kill the syphilis microbe and the amount that may be deadly for the microbe's victim — is perilously narrow. There is no published record of the number the powerful arsenicals have killed."

The intelligent person would expect the profession to abandon such dangerous measures, especially, when they all admit that these powerful drugs do not cure "syphilis." But they do not cease their use. Perhaps Dr. Tilden supplies the

reason for their persistence in such deadly practices when he says: "The average medical intellect is awed into a worshipful attitude by Ehrlich's **infinite** wisdom and patience in working out 606 and on to 914, and on to the devil only knows how many more specifics for syphilis. For the average F.R.C.P.L. and A.M.A. to question Ehrlich's premise is a sacrilege." "There is not a drug used in the treatment of syphilis that is not a rank poison. All the synthetic remedies of Ehrlich must be administered with as much care as the great man of Germany used in preparing them. Such technique is required that, if results are not favorable — the disease is not cured — it is because of 'faulty technique.' The sun, moon and stars may vary in their courses, but Paul Ehrlich's remedies cannot fail, unless the technique is blunderingly carried out! **And the great medical profession** falls for this palpable fraud — this Germanic medical camouflage!"

All agree, to use Becker's words, that "not every physician is qualified to diagnose and treat syphilis," and all the crusaders warn their readers to beware of "that vast army . of medical charlatans who claim to be able to cure syphilis easily and quickly and frequently by secret methods." Palm feels it necessary to warn against those who use fasting, but he is either too ignorant of the method or else too dishonest to tell the truth about it.

Medical treatment is not only severe, it is also expensive, and long-drawn-out. De Kruif describes it as "too long, too painful, too poisonous." Doctors are fond of telling their victims of the great expense involved in producing the drugs they use and how they are imported from Germany. This is done to justify their five-and-six dollar fees. The plain fact is that they are not imported from Germany; while the ordinary dose of neosalvarsan costs forty-three cents, and a dose of bismuth costs three cents. Parran says some doctors demand high prices for treating "syphilis", although the state supplies them with their drugs free of cost. Someday the profession will be compelled to admit that the whole thing is a racket.

Do medical methods ever cure "syphilis"? The propaganda says they do; but is the propaganda true? Before we submit to wholesale arsenical poisoning, before we give up our liberties and pour out the contents of the public purse, is it not well that we first determine what we are to receive in return for our sacrifices?

A few years ago, replying to the question, "can syphilis be cured?", Dr. Richard C. Cabot wrote: "I do not think anybody is in a position to give an absolute answer to the question. Syphilis certainly can be made to disappear for a considerable period of years, *** Today we feel that when a patient has had a negative Wassermann and no external or internal evidence of syphilis for one year, we are ready to say that he may marry and that he does not just then need treatment, although we cannot say that he is cured."

Becker says, "only little more than a generation ago syphilis

was termed an incurable disease;" also "in prearsphenamine days there never was any certainty of cure." In his efforts to answer the question "can syphilis be cured?" he says: "Modern practices have not been in effect long enough to present a complete picture of the treatment of syphilis, backed by unassailable statistics, *** can *** syphilis actually be cured, or can it be, perhaps only arrested, as is the case with tuberculosis? *** The situation is comparable with that in tuberculosis. It is appreciated generally by the layman that tuberculosis patients are not cured, that all germs are not actually eradicated from the body. The patients spend a certain time resting in sanitariums or at home, and to a great extent regain their former health. *** The situation in regard to syphilis is quite similar. A patient takes the requisite amount of treatment, is placed under life-time observation, but the blood test may still be very strongly positive. There may be many spirochetes in relatively unimportant parts of the body, such as the spleen, so entrenched behind scar tissue that the medication reaches them only with difficulty. These germs, protected from attack by scar tissue, produce the positive blood test, but cause the patient no particular harm if he is carefully watched.

"It is especially difficult, at times, to induce the blood test of patients with prenatal syphilis to revert to negative. This is one of many reasons for prolongation of treatment of these individuals."

This talk about "hidden germs" is all guess work, but it furnishes a convenient way of retreat and the profession never fails to provide itself with a means of escape. It will be noticed by the discriminating reader, also, that treatment is directed not to the restoration of health, but to the production of a negative Wassermann. They actually treat the test.

He tells us that: "unfortunately, there is no method of determining complete cure of the disease. Before the advent of arsphenamine, post-mortem examinations of patients with syphilis revealed signs of the disease in a high percentage of cases, so that actual cure probably was attained only rarely. A sufficient time has not elapsed since the discovery of arsphenamine in 1909 to determine whether or not the patients really are cured."

They can't tell after twenty-seven years of continuous use of a "specific remedy" in millions of cases in all "stages" of "the disease" whether or not it "cures," but "it is the **belief"** of Dr. Beaker "that where patients start treatment early, adhere rigidly to the treatment schedule, and tolerate the various drugs, well over ninety percent can be completely cured." He thinks "the chances of cure in syphilis decreases with the age of the disease. In other words, the earlier in the infection that treatment is started the better the chance for actual cure." He also emphasizes the need for "efficient" treatment, saying: "it is necessary that the early treatment be sufficient, because inadequate early treatment may so upset the protecting mechanism of the body that the disease never can be

completely eradicated."

If "inadequate treatment" has such an impairing effect upon the body's "protecting mechanism", what effect will more treatment — "adequate treatment" — have on the same mechanism? May it not be that the more the patient is treated and his defense mechanism crippled, the less likely he is to recover? Will he not be better off without any treatment? Becker goes on to say that "an element that is of utmost importance is the reaction to the disease on the part of the body itself. It has been noted that a small amount of treatment may result in evident cure in one patient, while a large amount of treatment may fail to halt the spread of the disease in another instance. It is obvious that the body itself has some power of killing off the organisms. This especially is true in women, who handle the disease much better than men. The explanation involves (he and others guess) the chemical changes in the woman's body during the menstrual cycle and, especially, during pregnancy. The infection is controlled better in women who have had multiple pregnancies than in women who have never been pregnant."

May it not be that "cure" in all cases is the work of the body's own "power of killing off the organisms," and that the upsetting effect of treatment prevents recovery in many cases? Of course, no medical man will accept this conclusion — it would completely wreck his little house of "syphilitic" cards.

Becker warns us against serious complications that may result from improper care and says, "the serious complications may not be manifest until twenty years after the administering of poor treatment." The only way you can be sure you have had good treatment is to wait. If you develop the complications the treatment was poor; if you do not the treatment was "efficient." It is like the old test for mushrooms: if you eat them and live they were mushrooms, if you die they were toad stools.

Becker says "The duration of treatment varies from three years to life, depending on the age of the patient, the severity of the disease, and the parts of the body affected. It is seldom that a patient is discharged as cured. More often he is placed under lifetime observation."

What a racket! Ten to twelve million Americans are said to have "syphilis," with half a million new cases developing every year. What a fertile field for medical exploitation! What a flow of gold this should bring to our public spirited doctors!

In the **Journal of the American Medical Association,** Jan. 1, 1938, Dr. Paul A. O'Leary, of the Mayo Clinic writes: " *** For a decade following the introduction of arsphenamine, the effort to produce cures by the use of this new specific was so great that the patient's defense mechanism, which is the potent factor in the cure of the disease, was temporarily forgotten. Accordingly, the results of malarial therapy, and the established incompetence of arsphenamine, its numerous

modifications, and bismuth and mercury compounds created among syphilologists a receptive mood for a new method of treatment. ***

" *** Fever therapy is the most popular of the numerous nonspecific measures now in use, but its vogue at present does not necessarily mean that it is the method par excellence, or the one which will eventually be shown to produce the acme of therapeutic results. Perhaps the future will reveal a more effective therapeutic method. *** "

What then, must we say about the claim so persistently ana clamorously flung at us in magazines, newspapers, books and over the radio, that, "syphilis" can be cured by modem medicine" — "If discovered in time." Only one word can properly characterize this claim. It is a lie. Carlyle, or whoever it was who said there are three kinds of lies — "Lies, d - - -lies and statistics" — would add a fourth if he were now alive — namely; medical lies.

They pretend to be trying to wipe out a disease which they admit they cannot correctly diagnose and for which they admit they have no cure. They are employing methods of treatment that they know to be worse than the fictitious disease they are trying to wipe out. Will the American people tolerate such an outrage, or will they wipe out "syphilis" by wiping out those who create it?

HYGIENIC CARE OF THE "SYPHILITIC"

Chapter XIV

In "syphilis" we deal with a whole series of physical conditions arising out of a multiplicity of causes. The word **syphilis** could be, with profit for everyone, dropped from our language and forgotten. For as defined and described by "medical science," no such disease exists. The medical theory of its propagation is a super-colossal delusion.

I do not deny the reality of the hundreds of symptoms that are claimed to belong to the four "stages" of "syphilis," but I do deny that these symptoms have any relation to a disease called "syphilis". The "loathsome symptoms" of "late syphilis" are built by mercury, arsenic, potassium iodide, bismuth and fear. Mercury, arsenic and bismuth are cumulative — they resist elimination; they remain in the body and build the conditions diagnosed as "tertiary syphilis," Chronic drug poisoning is added to the delusion "syphilis."

My own experience in the care of "first stage syphilis' has been the same as that described by Tilden, who says: "My experience in the treatment of the disease from the chancre stage to recovery in from six weeks to two months without aftermaths of any kind, during more than threescore years, ought to demand a little attention from right minded people." I have seen no secondary and tertiary stages develop in any cases during a period of over twenty years in practice, I have seen chancres heal completely in three to four weeks after coming under my care.

In view, however, of the fact that it is claimed that when "syphilis" is once apparently cured it may reappear later, it will be asked how one is to know when he or she is well. If all the symptoms have disappeared (without being suppressed by drugs), and all discomforts eradicated, and the patient returned to good health, is he well or not? He is if it is any "other disease" from which he suffered. Is "syphilis" the one exception? Perish the idea! Because suppressed symptoms recur and because the drugs used to suppress then build the so-called third stage of "syphilis," we do not have to believe that symptoms that have spontaneously disappeared under natural methods will also recur. We do not have to accept all the fallacies that have been built up around this word "syphilis" during the past four hundred years.

I have cared for a number of cases of so-called "secondary syphilis", some of them of two and three years standing. Without exception, these patients have gotten well in four to eight weeks under hygienic care. I have yet to see a case

relapse. If they are not well of "syphilis," why not? Some of them have become parents and the children are as sound and well as anybody's children. The disappearance of the symptoms, in these cases, was spontaneous. They have not returned. The patients have remained sound and well over a period of years. I insist that they are well. For the sake of those who may still have faith in the Wassermann test, let me say that in a few of these cases this test was made (in one case 9 tests in two years), subsequent to the disappearance of symptoms, and the tests proved negative in each case. Nine negative tests in two years, without a single positive test should satisfy the most ardent supporter of the test and the prevailing views of the disease. I must insist that these recoveries are real and not merely apparent; that there has been no suppression of symptoms, there will be no recurrence.

I cared for a "syphilitic" in 1935 whose health had been wrecked by worry, not alone over his condition, but by troubles with his family, who attempted to drive him to arsenic and bismuth, despite his unwillingness to be poisoned by this treatment. The man was under care for about ten weeks. He was restored to vigorous health, became a physical director and in two years after recovery, distinguished himself by his strength feats. He has not had a minute of illness since he was discharged. His skin is as clear as a child's, his eyes are bright and clear, he is as full of energy and ambition as a young animal and maintains this condition by hygienic living.

Is he well? Will he later develop "late syphilis?" Who is there who will assert that he is not well? Who will predict that he will develop "late syphilis?" If this man is not well, how is health determined? How can we ever know when anybody is fully recovered from any disease?

In 1928 a young man consulted me in New York. Shortly after a "date" with a young woman he developed a chancre on his penis. A Wassermann test gave a "plus four" reaction. When he consulted me there was the beginning of a generalized skin rash on parts of the body in addition to the chancre. Under hygienic care the symptoms rapidly disappeared and there had been no recurrence of symptoms when he last reported nearly two years later. In his last report the young man said he was enjoying the best health he had ever had in his life. A friend of his, the man who induced him to consult me, wrote about the same time that the man "looks better than" he "ever saw him look before."

In 1926 a lady, age about 40, came to me after six years of treatment with mercury and 606. Her doctor had discovered a pimple on her thigh at child birth. A Wassermann test gave positive results, and the torture began. Six years of torture and failing health, and always a positive Wassermann were all she could stand. She was suffering so much from the treatment that she stated that if she could not find a less painful method of treatment she would commit suicide. The Wassermann reaction had not varied during the whole six years of torture. What wonder that she was discouraged as well as worn out

with the suffering caused by treatment.

A few weeks of hygienic care restored her to vigorous health. After only four weeks of care the Wassermann reaction was negative. No subsequent Wassermanns were ever made.

This woman enjoyed excellent health for the next nine years, when, due to worries over economic distress, she developed marked nervous symptoms. Her family immediately thought of her "syphilis." She again placed herself under my care and in four weeks was returned to vigorous health in which condition she has remained up to the present writing.

In 1927 a young woman, (age 29) came to me for treatment. She had been under treatment for "syphilis" for two years. She had never showed the slightest symptom, on her skin or elsewhere, of "syphilis." Her baby had been bom dead — a thing that may have been due to one of several causes. A Wassermann test was made and it registered four plus. The woman did not know how she could have contracted "the disease" and, as a test of her husband gave negative results, they tested her mother. The mother reacted positively and they told her she had inherited the disease from her mother. But the mother, also, gave no history of ever having had any symptoms that could be regarded as "syphilis". Despite this, mother and daughter were given treatment with mercury and 606. The daughter stood the torment (the injections of the drug amounting to this) as long as she could, and, as the reaction never changed, decided to "find relief through other channels or commit suicide."

Six weeks under natural treatment and she was in excellent health and gave a negative Wassermann. Her health has continued good, whereas, the drugs were wrecking her body.

Osler says: 'throughout the 16th century the symptoms were well described. The disease appears to have been of much greater severity, than at present." In view of the present propaganda we can only wonder why the more virulent form of "syphilis" that swept over Europe, like a prairie fire, in the sixteenth century did not wipe out the whole population, since they lacked both resistance and effective treatment. If it is as infectious as it is supposed to be, if it was as wide-spread as it is said to have been, if they possessed no effective remedy against it, if it is as deadly as we are told it .is, you and I, dear reader, should not be here today.

The Practical Medicine Series, 1924, tells us that investigations by a noted authority on venereal diseases showed that "there is a spontaneous tendency to Wassermann negativity (cure, in their language) in untreated syphilis, with the lapse of time in human beings and that this tendency amounts to 30 percent in the work of an ordinary diagnostic practice." Parran says "In my acquaintance are a half dozen hale and hearty old men and several women who have a

history of acute infection from 20 to 40 years ago. Some of them were untreated. None of them received adequate treatment by modern standards. Yet these fortunate folks seem to have achieved a constitutional immunity *** in the cure or arrest of syphilis, as of other diseases, the resistance of the body is an important factor." He writes of a "lucky minority who achieve spontaneous cure or permanent latency." He admits that many "do learn to live with their disease and gain a constitutional immunity to it."

Hygeia, official propaganda organ of the American Medical Association, for Dec. 1937 (p. 1135) in answer to the question: "Kindly give an opinion of the statement that 25 percent of the individuals with untreated syphilis undergo spontaneous 'cure'. Is this a valid statement?"; says: "while it is true that there are a certain number of cases of spontaneous cure with untreated cases, the number does not compare with the percentage of patients that are cured through therapy. *** It admits that "25 percent of the cases undergo a spontaneous cure" and asks "who is going to decide which cases will undergo spontaneous cure?"

Hygeia insists that "syphilis is a public health problem" and that to take a chance on "spontaneous cure" in twenty-five percent of cases is to transmit the disease to innocent people, particularly wives and children, while the person who neglects treatment in the hope that he will recover spontaneously "may become insane or suffer from syphilis of the large blood vessels near the heart."

Since it is everywhere admitted that medical methods of treatment are very unsatisfactory and that they are responsible for much injury, why has not some effort been made to determine the conditions upon which "spontaneous cure" depends, so that these may be supplied to all and thus produce a spontaneous cure in all cases.

It is testified that the very drugs employed to treat "syphilis" impair the body's "immunity processes" and often make recovery impossible. Would it not be the part of wisdom to abandon these methods and turn to those measures that are known to enhance the body's defensive powers?

The many changes that occur in the body of a woman during pregnancy are thought to enhance the body's defenses against spirochetes, so that pregnancy exerts a beneficial influence on the course of "syphilis." This benefit, it seems, is not supposed to extend to the child. The changes in a woman's body during pregnancy are nutritive changes. Why, not, then, look to improved nutrition as the ideal means of recovery? It is certainly well established, outside regular medical circles, that this works.

Tilden says the "gummy tumors, when they really have an existence, can be overcome by correcting the patient's nutrition." Alsaker confirms this, saying, "sometimes the gumma is simply absorbed when metabolism becomes

normal." The negro, who suffers more from malnutrition than do the whites, has "syphilis" that is "biologically different in him than in the white." The colored woman "remains infectious two and one-half times as long as the white woman." The "male negro is essentially susceptible to cardio-vascular disease."

Becker testifies that "chronic alcoholism (habitual drunkenness) frequently favors relapses in early syphilis and increases the difficulty of obtaining cure. Excessive smoking tends to the formation of syphilitic mucous patches (infectious lesions) in the mouth, and also to leukoplakia, a precancerous lesion of the mucous membranes of the mouth caused in part by syphilis."

Becker says "exposure of the entire body to sunlight also is an advantage. It has been found that this measure alone will result in improvement of clinical lesions of late syphilis." Sunlight is as much a nutritive factor as food itself.

The Practical Medicine Series, 1924 says: "Viacuska reports two cases, one occurring in his own practice, in which patients, suffering from syphilis developed typhus fever. In both cases a positive Wassermann remained after vigorous therapy (which means, from their point of view, that the "vigorous therapy" failed to cure the patients), but after the typhus fever the blood showed a negative Wassermann reaction, and to all appearances there was a cure of the syphilis."

The profound nutritive changes occurring in the body in fevers and the great destruction and elimination of toxins, result in the cure of many chronic diseases. Similar results are obtained, without acute disease, by the fast.

It is our contention that the conditions of ill health attributed to "syphilis" are due to the thousand and one causes for disease that abound in the daily lives of the people and to the drugs that are employed in treating them, and that true cure comes only from correcting all known causes, including the treatment. This furnishes us with a rational basis upon which to proceed to restore our patients to sound health.

Dr. Tilden says, "since giving up the use of drugs entirely, pronounced syphilitic symptoms disappeared and took their places among symptoms that naturally follow errors of life. Those masked with drug action soon cleared up and pointed to their origin." Again, he says: "Those physicians who look upon syphilis as one of the most dreadful diseases on earth have gained their experience by seeing and treating scrofulous — syphilitic — subjects of very low resistance. They have made the mistake of breaking down what resistance the patient had left by mercurialization, developing a scrofulo-syphilo-mercurial type that cannot be cured because of the physical degeneracy which existed before the syphilitic infection. The force of these statements will be better understood if through the mind's eye there may be contrasted

the scrofulous subject, from the most resistant type too low to throw off disease, with a non-scrofulous subject, who, when in full health, cannot be infected.

"The immune people — people who have no scrofula and who fail to take on disease, no matter how much exposed they are — resist infection from specific diseases until their habits of life lower their resistance; then they frequently become infected."

Let us begin at the beginning: De Kruif tells us that not even Dr. Parran will claim that the best weapon to fight early "syphilis" has been found. Of course, de Kruif has reference to medical "weapons."

Locally, cleanliness is all that is required. For this purpose, frequent washing with plain warm water is sufficient. Antiseptics are of no value, although they may do considerable harm.

It is necessary to correct all enervating causes — all excesses, dissipations, poison habits, emotional stresses, etc. — and cleanse the body of toxins. Rest and fasting are the quickest means of eliminating toxins from the body.

Fasting has long been employed in so-called "syphilis," and always with good results. The Arabian hospitals in Egypt, at the time of the French occupation, prescribed fasting in this condition. Avicena, the famous Arabian physician regarded it as a specific in "this disease." In the Orient, also, it has been used in so-called "syphilis" with excellent results. Fasting has reached its highest development in America during the past one hundred years and has been extensively employed in so-called "syphilis" with the highest results.

Dr. Weger says, "our experiences in the dietetic and so-called eliminative treatment of this disease have been so interesting as to open up a wide field for speculation. The local lesions of the **first-stage** heal with startling rapidity. Pharyngeal, labial, and buccal ulcerations frequently disappear before the tenth day of fasting. Unfortunately it has been impossible to keep in touch with all these cases for any considerable time but several have reported no evidence and no sign of trouble at the end of two or three years. Those not reporting may have had later leutic developments, especially those whom we have every reason to suspect might return to their former loose habits of living and eating."

So long as there is fever, malaise, or other "constitutional symptoms," or unhealed chancre, or skin eruption, etc., no food but water should be taken. Fasting is good not only in the so-called "primary stages," but in all "stages," and under proper supervision may be employed until all symptoms have cleared up. In discussing fasting in so-called "syphilitics," Dr. Weger says, "violent reactions are usually anticipated in drug saturated individuals." We rarely expect them in other cases; nonetheless the fast is best undertaken under the watchful

care of one experienced in conducting fasts.

The diet after the fast should be fruits and green vegetables at first; other foods may be added later. The diet is best prescribed by one who is fully versed in scientific or natural dietetics.

To recover health, whether one is suffering merely from the so-called syphilitic infection or from drug and serum poisoning, as well, all enervating indulgences and practices must be abandoned. As long as enervation persists, elimination will be poor and neither the drug nor the infection will be readily thrown off. Enervation also deranges digestion and perverts nutrition and this, together with checked elimination, results in a blood and flesh condition which we call toxemia. The toxemic individual cannot throw off infection. Toxemia can only be prevented or overcome by overcoming enervation.

All habits and influences, therefore, which use up nerve force in excess must be corrected and removed. Tobacco, alcohol, tea, coffee, chocolate, all drugs, etc., because these overstimulate and use up nerve force, must be abandoned.

Overwork, hurry and rush must be abstained from. These consume nerve energy in excess and leave a deficiency with which to carry on the functions of life.

Worry, fear, anxiety, grief, depression, hate, anger, jealousy, self-pity and similar destructive emotions are great annihilators of nerve force. This is one reason why it is a great crime for physicians to frighten people about "syphilis," cancer, tuberculosis, etc. These states of mind must be overcome. Cultivate, in their stead, poise, cheer, hope, courage, contentment and love. The destructive emotions derange secretion and excretion while these constructive emotions accelerate them. The first are paralyzing in their effects on the body — the latter are vivifying.

In order to recuperate your dissipated nervous energies it is essential that you secure an abundance of rest and sleep. The inactivity of rest and not the excitement of stimulation is nature's great tonic. Rest and sleep is the great representative restorative process.

Late hours must be abandoned. Retire early, the earlier the better. Arise later. Rest some during the day. Where this is possible, go to bed for an extended rest. The more rest and sleep you secure, the more rapidly will you recuperate and the sooner will the enervation be recovered from. This means that normal secretion and excretion will be reestablished, the blood and lymph will be purified and normalized and resistance to infection greatly increased.

Sleep and live in well ventilated rooms. Fresh air day and night will improve your health and hasten your recovery. Foul or impure air will impair your health and retard recovery.

Avoid all stimulation. Stimulation is opposed to rest. It prevents recuperation. It increases activity and thereby increases the expenditure of your energies. This is true of all forms of stimulation — drug, mechanical, electrical, thermal and mental. Hot and cold baths, because they are stimulating, are enervating. Massage, manual manipulations, Chiropractic "adjustments," electrical and mechanical treatments are all stimulating, hence enervating.

Sensuality must be overcome. All sexual indulgence and all sexual excitement should be avoided. These consume nervous energy as few things do and build and perpetuate enervation in even the most vigorous and healthy.

Keep yourself clean. Keep the sexual organs clean. Keep the sight of infection clean. When the papule opens, keep the ulcer clean, using for this purpose, plain warm water, use no antiseptics. These delay healing, injure and weaken the tissues, break down the normal resistance of the blood, and often result in serious trouble.

As a means of reestablishing normal nutrition, promoting elimination and building up one's natural resistance to infection, few things can equal sunshine. A daily sun bath will hasten recovery in every instance. Those unaccustomed to the sun must begin carefully in exposing their bodies to its rays. The nude body should be exposed to the unfiltered rays of the sun.

If there is nervous trouble or heart difficulty, or any other serious organic impairment, from whatever cause, or if asthma or tuberculosis are present, the sun-bathing should be taken under expert supervision.

Exercise builds bodily vigor. It promotes nutrition, improves digestion and elimination and builds resistance to infection. A few minutes each day spent in exercise will hasten recovery. If there are no organic defects — heart disease, arterial defect, high blood pressure, tuberculosis, etc. — one may take his exercise himself; but if these exist, the exercise should be supervised by a skilled Hygienist.

This plan of care, while it produces none of the evils of wholesale arsenical poisoning physicians now threaten us with, not only results in the speedy clearing up of symptoms and the return of vigorous health, but usually, also, in serologic negativity.

Dr. Weger says: "A negative Wassermann reaction is the rule after fasting and dieting except in those individuals who return to former habits of venery, plus tobacco, coffee, alcohol, and stimulating food." He adds "Some of these cases (of second stage "syphilis") have had repeated blood tests made, both before and after treatment. In some a positive was regularly returned after repeated courses of intravenous medication and the usual supporting treatment. Some gave faintly plus or negative reactions to the test even with

demonstrable lesions or symptoms still in evidence. In some few cases after a fast and after strict dietetic and living habits had been persisted in for months, a positive was still obtainable without any other evidence of disease whatsoever."

Dr. Tilden says: "for years our treatment which is strictly dietetic and hygienic has brought all cases of Wassermann positive to Wassermann negative in from four to twelve weeks." Again he says: "I can feed any case giving a Wassermann positive for a week, and the first test made will come back negative, and if the patient will follow my instructions in the proper care of his body, his blood will remain negative."

It has been my experience that a negative Wassermann does not always follow fasting and diet. In those cases where Wassermann tests have been made subsequent to recovery of good health, two have returned "plus four" Wassermanns.

Here is the case of a German who received a "syphilitic infection" in the tropics twelve years before coming to me. The Wassermann had been persistently positive during this period. He placed himself under our care and had a fast of over thirty days. This was followed by a natural diet. He received daily sunbaths and exercise. It was a real joy to watch this man slowly creep back to good health — to see his signs and symptoms disappear, to see his eyes clear up and regain their youthful sparkle, his complexion become as clear as a child's and his pale cheeks become a ruddy pink, to see him gain weight and grow strong and vigorous and his enthusiasm daily increase.

Health! The man had a degree of health one seldom sees even in the young! He had a Wassermann made. It was positive. He checked it in another laboratory. Again it was positive. He collapsed. That is, all his enthusiasm disappeared like a lightning's flash. Nobody knows what a Wassermann positive means, but he had been taught that it means "syphilis." For twelve years it had been drummed, into him by doctors in both Central America and the United States. This man's life had become a quest, not for health and vigor, but for a negative Wassermann. It was not enough to be well and strong, to be vigorous and full of renewed life. He wanted only a negative Wassermann. Nothing else mattered.

Locomotor ataxia is said to be due to "syphilis" and to this alone. Some years ago Dr. Tilden wrote that he had treated many cases of locomotor ataxia that could give no reasonable history of "primary infection." The syphilomaniacs now freely admit this, but attempt to side-step its plain implication by saying that the infection may not produce a chancre or "primary stage," may, indeed, be so mild as to be unrecognized as such. They do not even trust the Wassermann reaction.

In the summer of 1922 a young physician in Syracuse, New York, discussed with me a case of locomotor ataxia he had

under treatment at that time. He said: "I have had three Wassermann tests made and they are all negative, but I am treating him for syphilis, anyway." He had been taught, in medical school, that this disease is due to "syphilis" and he had blindly accepted the words of his professors and text-book writers. He did not trust the blood test and treated his patient for syphilis in the face of three negative tests. This is the common practice in such cases.

In 1926 a gentleman entered my office in New York City, suffering with locomotor ataxia. He had been suffering with this trouble for six years, he said, and, in spite of medical treatment (or was it because of it) had grown continuously worse. I asked him if he had been treated for "syphilis." When he replied that he had been so treated, I asked him for a history of "syphilis." To this he replied that neither he nor any member of his family had ever had the disease. Then I asked him about Wassermann tests. He stated that these had been made repeatedly, during the six years he has had the ataxia, and every test had been negative.

Here was a man who gave no history of either acquired or congenital "syphilis" and who always supplied a negative Wassermann reaction, yet they had been treating him with mercury and salvarsan. They did not trust their vaunted test and completely ignored the history of the case. The medical theory is that locomotor ataxia is due to syphilis and they simply had to treat him for this disease, regardless.

A little investigation of the past lives of every one of these sufferers will reveal enough of sensuality and gross living, to cause their troubles without dragging in an imaginary disease called "syphilis". These people have been living in a manner that weakens and debases their bodies. Years of gluttonous eating, late hours, excessive venery, drinking, tobacco using and other forms of sensuality and dissipation, eroticism in thought, and added to these, the drugs that are taken by such men and women for their aches and pains, are enough to produce in them any one or more of the mental and nervous and other diseases which are referred to as the third stage of a disease called "syphilis."

This man gave a history of a past life of late hours, drink, sexual excesses, gross, gluttonous eating and other vices that are enough to account for the trouble he has without calling in the aid of imaginary diseases. But the reader should near in mind that so long as disease is due to germs the above causes and many more like them are not going to receive attention. Locomotor ataxia is due to "syphilis" and "syphilis" is due to a germ, so the scientific laboratory trained men give no attention to such insignificant things as those named above.

It is said that the first symptoms of locomotor ataxia appear within one year after "infection," or delay until thirty. or forty years afterward. Like everything connected with ' syphilis," there is nothing regular, uniform or certain about its development.

The early signs of locomotor ataxia are shooting pains in the lower half of the back, severe backaches, various urinary disturbances, and deficiencies of vision. As the disease progresses the subject gradually loses control of his muscles: his walk becomes a peculiar swaying, shambling, futile attempt to direct his feet. Later, he loses all ability to walk. It is considered fortunate that locomotor ataxia "usually brings death within a short time after it strikes."

Dr. Tilden says that a cause for locomotor ataxia "need not be looked for beyond the daily lives of subjects. Everyone has abused himself sexually; indeed the history of such cases usually runs about as follows: 'I began at eight years of age to masturbate, and kept it up one to half a dozen times a day until I began visiting women, and have had intercourse once to four times every twenty-four hours for the past twenty-years.' Does such an individual require syphilis to paralyze him? Add to this abuse wrong eating, tobacco and often alcoholics, coffee and tea, then can any sane man believe that syphilis is necessary to add to all that crime against health, to make a successful ataxia?"

A few years ago a comparatively young man consulted the author. He had the early symptoms of locomotor ataxia. While he gave no history of "syphilis", he did confess to gross frequency in masturbation from early youth to marriage and stated that, during his marriage (over three years) he had had intercourse once to three times a day, everyday without intermission. Since he was doing hard work and working unusually long hours, I doubted his statement about frequency of intercourse. I contacted his wife and upon questioning, she verified his statement.

Dr. Alsaker says "the tendency of late years is to blame syphilis for more and more of the nervous disorders from which people suffer. Some medical men claim that this disease causes all cases of locomotor ataxia. It is true that many of the ataxias have had syphilis, but by no means all of them. Many of them have also had measles and corns. Locomotor ataxia has as varied a causation as other diseases have, and to blame one previous disorder is either mental laziness or perversion of the truth."

Doctors who insist that locomotor ataxia is due to "syphilis" and not to anything else, should bear in mind that locomotor ataxia was known to the ancients who are not supposed to have suffered from "syphilis."

In the winter of 1929-30 the writer was consulted by a wealthy middle-aged man who had what he said was "syphilis." He had a large, ugly chancre on his penis and informed me that a Wassermann test had been made which was four plus. He attributed his infection to intercourse with a loose woman during one of his periodic drinking sprees.

I put him in bed and stopped all food, alcohol and tobacco. No drugs were given. He took nothing into his stomach but

water. In three weeks I discharged the man as well. The chancre was completely healed.

I have had reports from the above patient from the day he was discharged and have seen him personally more than once, the last time in the summer of 1937. During this period the man has enjoyed what he considers good health and has had no eruptions or other symptoms that could be called second or third stage "syphilis". No Wassermann tests have been made.

A brief study of this man's living habits will reveal plenty of causes for any troubles he may and must develop in the future, without any reference to the infection he had nine years ago. To begin with the man is a gross eater. He is, in fact, a glutton, eating three big meals a day and eating between meals as well. His foods are highly seasoned and spiced and are made up of well-cooked conventional foods — white bread, denatured cereals, canned goods, sulphured fruits, pasteurized milk, embalmed meats, eggs, etc. — he drinks freely of strong coffee, consumes poisonous soda fountain drinks and does not consume much fresh fruit or green food. He smokes heavily; in fact, is rarely seen without a cigar in his mouth. He drinks alcoholics habitually, going on "sprees" at intervals, and getting "dead-drunk." He is a sensualist and indulges in sex relations frequently. In addition to all this he works hard, putting in long hours, denying himself needed sleep, and driving himself with stimulants.

This was his mode of living before he received his "infection." It has continued to be his mode of living. Since he laughs at all suggestions of reform, this is likely to be his mode of living until death puts an end to it. Such a mode of living will certainly result in some serious trouble in a few more years.

Let us suppose that ten years from the date of this writing (nineteen years after the healing of the lesion) he develops heart trouble, paralysis, dementia, locomotor ataxia, nephritis, blindness, or some other trouble that is said to be late "syphilis," and that he goes to a "regular" physician with his trouble. The doctor will ignore his years of gluttony, his defective diet, his condiments, his many poison habits, sensuality and over work and, upon being told of the chancre nineteen years previously, will say the trouble is due to "syphilis." Every disease-producing factor in the man's whole life will be forgotten and a syphiliphobic mind will reach back nearly twenty years to an insignificant skin infection, that quickly healed and left no after effects, to account for the patient's troubles.

In January of 1933 I cared for a young man for both "syphilis" and gonorrhea. In this case the gonorrhea had become chronic; the "syphilis" was manifest only by a positive serologic test. The chancre had completely healed four months before and there were no "secondary" symptoms. The Wassermann test had been persistently positive. To the medical world this means the man had "syphilis." The man

did not have and has not had medical treatment.

He was cared for by Natural or Hygienic methods for six weeks and was restored to excellent health which he has enjoyed to the present. Today (June 1, 1938), as I write these lines, this man visited me. He is in excellent health — strong, robust, vigorous, active. There has been no ill-health since he was dismissed in February, 1933.

This man takes excellent care of himself. His eating is rational, he is addicted to no poison habits — tea, coffee, cocoa, tobacco, alcohol, etc. — is not a sensualist, gets daily exercise and avoids over indulgence. He will not develop paralysis, paresis, heart trouble, blindness, or arterial degeneration.

Dr. Tilden says, "I know from sixty-five years of experience that *** locomotor ataxia is the result of excessive venery and is curable." Alcoholism, injury to the cord, vascular and nervous sclerosis from toxemia are undoubtedly causes. Perhaps the drugs given for "syphilis" are the most potent causes.

The treatment for locomotor ataxia should have no reference to a disease called "syphilis." All causes of impaired health should be corrected and every health building measure employed. Tilden says, "when cases of locomotor ataxia apply to me for treatment, I treat the individuals for what their symptoms present. If they have any stimulating habits, these have to be given up at once. Their wrong eating habits are corrected immediately. When it is possible for them to go to bed, they are sent to bed, and kept there until the coordination has been restored." He tells us that he has treated many cases of locomotor ataxia with plus four Wassermanns, whose symptoms cleared up within sixty to ninety days, and adds, "where they have given up their bad habits and continued living in the right way, they have continued to remain well."

Dr. Weger reports that "several tabetic cases advanced to the cane and crutch stage have been able to discard these aids to locomotion within a few months and have improved sufficiently to carry on extensive enterprises, play golf, and live normal lives for six or eight years, only to have the tabes reassert itself and become progressively worse. These cases were those of men past middle life whose habits were exemplary and who could be depended upon to do much better than the average person in carrying out instruction."

I have had no such experiences and Dr. Weger is the only Hygienic practitioner who reports such recurrences. I incline to the opinion that the habits of these men were not as exemplary as they had led Dr. Weger to believe, and that they had not carried out instructions well. Unless we abandon all rational views of the trouble and accept the delusions that cluster around the spirochete, we must know that something in the lives of these patients caused the recurrences.

Finally, let us briefly glance at paresis. This is a form of insanity with paralysis that we get but little opportunity to care for; first because our institutions are not designed to care for the insane; and second, because these cases are usually sent to asylums. I have had the privilege of caring for but two cases and these in the terminal stages when there was nothing to do except watch them die.

Paresis, the "most horrible of all conditions resulting from syphilis," is said to develop in one out of every five cases of "untreated syphilis." One naturally wonders how these figures are obtained if the cases are untreated. "The disease centers its attack upon the cells of the brain," while the brain involvement is supposed to begin "at the very time of the first general invasion of the spirochetes."

Dr. Tilden says "the mental derangements are brought on from venery and fear." He should have added, plus drug poisoning. There can be no doubt that paresis, like all other troubles, is the summation of multiple causes.

Paresis "shows occasional, sometimes continual symptoms throughout all stages of its advancement." In its early stages there are usually "unmistakable signs of queerness." This goes on to "gradual mental break down." The victim's manners, customs, and habits are likely to strike off at odd tangents. He may become egotistical and develop a troublesome attitude towards others. Delusions of grandeur, with extravagance as a likely outstanding characteristic, may develop. Criminal tendencies may result in forgery, embezzlement, murder, revolting sex crimes, etc. Accompanying the odd mental quirks, and varying in intensity and variety in some cases, are severe, recurring headaches, dizziness, insomnia, memory lapses, nervousness and numerous types of convulsive seizures and paralysis.

The symptoms described are not "specific". They are common in people in all walks of life who eat to excess of deficient and stimulating foods, imbibe alcoholics, tea, coffee, soda fountain slops, indulge in tobacco, practice excessive venery, who overwork, worry a lot, secure insufficient rest and exercise and who palliate their symptoms with drugs. I cannot see the need for a disease called "syphilis" to produce these symptoms and to finally produce degeneration of the brain. Hardening of the arteries of the brain from any cause may easily produce these symptoms. I know of no logical reason why the early stages of paresis will not yield as readily to **Hygienic** care as does ataxia.

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Erratum: On page 46 we incorrectly "credit" Eric Wassermann with the discovery of the Wassermann test. "Credit" belongs to August von Wassermann, and to his two colleagues, Neisser and Bruck.

ADDENDUM

"Knowing what excellent results can be obtained without using drugs which impair the health and sometimes blind or even kill the patient, I never now advise their use.

"That many in the profession are dissatisfied with the present drug treatment of syphilis is proved by the fact that less toxic drugs are, from time to time, recommended in medical journals as a cure for the disease.

"Needless to say, such an unreliable test as the Wassermann plays no part in the guidance of my treatment. Marshall and French, in their book, **Syphilis and Venereal Diseases,** utter a warning against the dangerous tendency at the present day to exalt the value of laboratory diagnosis and neglect that of clinical experience. M'Donagh of the London Lock Hospital has also shown the fallacy of relying upon the test, which is not a specific one. A positive Wassermann denotes an acid condition of the blood, a state which is common to numbers of diseases other than syphilis.

"Present-day treatment and laboratory diagnosis makes for damnable pessimism and degenerative disease of the nervous system. Again, a syphilitic suspect is kept under surveillance so long and tested so often that only the very strong-minded or callous can hope to avoid the depression of syphilophobia and its more or less acid condition of the blood, which so often spells a positive Wassermann.

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"Those who talk learnedly of the incurability of syphilis without drugs base their opinions on what frequently happens in the case of patients feeding in the conventional manner, which, as I have already shown, makes for disease instead of health." — Major Reginal F. E. Austin, R.A.M.C. (Retired), M.R.C.S., Eng., L.R.C.P., Lond.

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