

SYPHILIS FROM A DENTAL STANDPOINT.*

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The following paper contains a few notes on syphilitic lesions as they may be encountered in general practice, together with the report of a case of tertiary syphilis it has been the writer's fortune, or misfortune, to come in contact with :

The prevalency of the disease, the difficulty involved in its extermination, and the ease with which it may be transmitted, all tend to make syphilis a subject of vital importance to the dental profession. The existence of this disease is not confined alone to large cities, nor to seaport towns, but may be encountered in remote country districts as well, and as dental practitioners, liable to encounter it in any of its phases, it is a duty we owe to our patients, our profession and to ourselves, to promptly recognize these lesions and act accordingly. As the oral cavity is the second most common locality of this disease, it is imperative that we, as dentists, should hold "hygiene" as one of our professional standards. The primary lesion is generally of small extent and secretes but little pus, and were it not the forerunner of practically unlimited complications, it would be considered insignificant. In one or two months later we have the second stage ushered in by the general febrile condition, papules on the mucus membrane, mucus patches, and general eruptions on the skin. In the third stage we have pathological involvement, not only of the superficial tissues but also of the vital centres and organs. When patients present themselves at our office desiring professional attendance, and at the same time exhibiting syphilitic manifestations, it is a debatable question whether or not we should proceed. The use of forceps, a gum lance or scaler, not followed by the most stringent antiseptic precautions, and who can foresee the extent of the damage that may be done?

It is to be regretted that not more than 25 per cent. of practicing dentists to-day perform the most simple antiseptic precautions, even with instruments of such close association as forceps; and can we wonder if once in a while we hear of some constitutional lesion without any recognized history of inoculation? Time and again we may come in contact with some constitutional disease where it is impossible to diagnose from lack of data, and such being the case it is unquestionably our duty to perform no service in practice except under a condition of prophylaxis. Our method

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