

## Dominion Medical Monthly.

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### THE ABORTIVE TREATMENT OF SYPHILIS.

All competent authorities now agree that the more carefully and thoroughly a syphilitic patient has been treated, the fewer will be the after osseous and cerebral lesions. It is also agreed that treatment is most effective when it is commenced at an early stage of the disease, and followed out in a scientific and painstaking manner. The expectant plan of treatment has led to unfortunate results. No conclusion can be drawn from the fact that the secondary manifestations are mild as to what the later results may be.

Everyone who has had much experience with venereal sores must admit the difficulty of making a positive diagnosis, in the first period of this disease. With this in view, Jonathan Hutchinson recommends that mercurial treatment ought not to be commenced until there is evidence of induration in the chancre. But such experts as Fournier have admitted being wrong in their diagnosis when they relied upon this induration in the chancre as the test for syphilis. It is this difficulty that has induced J. William White to come to the conclusion that it is sound

practice to delay treatment until absolute proof is present. It seems to be the opinion of many experienced teachers that it is better to wait until the diagnosis is quite clear, rather than to subject the patient to a prolonged course of mercury for a disease which he has not. Any advantages to be gained by very early treatment, is counter-balanced by errors in diagnosis. In some cases, as during pregnancy, or the appearance of suspected sores on the lips, eyes, or nose, immediate treatment is necessary. With such exceptions, it is the proper course to follow to wait until there can be no doubt about the nature of the case.

Cauterization has been strongly urged by some good authorities. Keyes, however, emphatically rejects it. The results have not been very encouraging. The value of cauterization is still surrounded by much speculation as to when the disease ceases to be local and when it becomes general.

The method of abortion by the excision of the chancre has received more support. If the case be seen early, and the chancre thoroughly removed, and the wound then cauterized, a cure may be effected. Some cases thus treated have never developed the disease. But, here again we are faced with the uncertainty of diagnosis. Some cases have been diagnosed as true chancre, and regarded as suitable for excision. Under observation for some time, the local sore healed up and no further trouble made its appearance. Had these cases been operated upon, they would have been taken into account to swell the statistics of good results from this plan of treatment.

This plan of treatment is quite different, however, to the attempt to abort by the early use of mercury. Should the disease appear after excision or cauterization, constitutional treatment can then be instituted. But, in the event of the attempt to abort