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THE TREATMENT OF CONSTITUTIONAL SYPHILIS.

BY

A. MACKENZIE FORBES,

Montreal.

During the first half of the eighteenth century but little was known about the unity of that disease which is now commonly called Syphilis; it was still confused or associated with such pathological conditions as urethritis and chancre. In the second half of the century, the theory of the identity of syphilis and gonorrhœa was firmly opposed by Balfour of Edinburgh; and Benjamin Bell, in opposition to John Hunter, who maintained the identity of the two diseases, but the question was finally set at rest by the experiments of Ricord, who established the axiom that the gonorrhœal secretions can never produce a chancre, and yet, although the truth has been settled in the mind of the scientific physician, it cannot be forgotten that even so late as 1829 Sir Astley Cooper denounced the practice, common in hospitals, of giving mercury for gonorrhœa, and it was not until 1852 that Bassereau separated primary venereal sores into two classes, named respectively, hard and soft; before this time it was pretty generally supposed that all venereal sores were due to the action of a single virus.

Syphilis may be defined as "a contagious disease, chronic in character, due to the entrance of a specific virus into the system, which is capable of further propagation and transmission, both by inheritance and by inoculation with the blood and morbid secretions from the affected individual."¹

The specific cause of this infection is as yet unknown, and, until such has been discovered, it is inevitable that all efforts to treat this disease must be founded on empiricism. Yet, although we are in ignorance of the exact causation, we are in possession of the knowledge that syphilis being contagious is probably of microbic origin, that syphilis bears a definite relationship to those conditions which are commonly known as "infectious diseases," in that the mode of infection is by contact, and this infection is followed by a period of quiescence,