VENEREAL DISEASES: THEIR TREATMENT AND CURE

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THE present war is doubtless responsible for the upheaval of public opinion, the awakening of the public mind to the prevalence of venereal diseases in such alarming proportions. Certainly such awakening is responsible for the recent act passed by the Ontario Legislature for combatting venereal diseases.

For years we have watched with interest the abortive efforts made in various parts of the world to grapple with this problem, and to Ontario is due the credit of instituting a unique piece of legislation (not perfect by any means) which properly enforced, and loyally supported by the medical profession, promises results heretofore unobtainable.

The success of Ontario's Venereal Diseases Act is dependent upon various factors.

1. The rigid enforcement of the legislation now on the statute books, even to the extent of penalizing medical men who fail to fulfil its requirements.
2. The loyal and intelligent support of the profession.
3. An intelligent appreciation of the act by the laity.

The purpose of this paper is to emphasize the second requirement, particularly "the intelligent support of our profession", and to outline a definite course of treatment, which in the hands of the venereal practitioner will produce maximum results.

The Act explicitly states that a patient shall continue treatment until pronounced cured by a properly qualified medical practitioner. What proportion of medical men are properly qualified to pass on such cases?

Heretofore in our colleges venereal diseases have been shamefully neglected. In gonorrhœa our colleges, hospitals, and clinics have advised potass permanganate irrigations, the essential oils, the three-glass test, and such like until the discharge stops. With such hazy ideas students have been thrown upon the public with the

inevitable result, that husbands (in all good faith) have infected innocent wives, that there exists more gonorrhœa among married women than among prostitutes, and thirty per cent. of blindness in children is due to gonorrhœa.

The responsibility therefore lies at the door of the medical man who advised his patient that he was cured, when actually his condition had been rendered prostatic and chronic. It lies more directly at the door of our teaching institutions, who unquestionably are responsible for the appalling prevalence of venereal diseases throughout the land.

In my opinion, one hundred per cent. of cases of gonorrhœa are curable. The percentage of cures of cases of syphilis would necessarily be somewhat smaller.

A patient recently described prostatic massage as both unpleaasnt and undignified. Allowing this description to be correct, would we not as physicians more properly vindicate the dignity of our profession by making intelligent and scientific efforts to eliminate this great evil, than by continuing the somnolent ineffective efforts we are making to-day?

In stating that one hundred per cent. of gonorrhœal cases are curable, I do so advisedly. Such results, however, are only obtainable with men properly and scientifically trained.

No genito-urinary clinic can possibly do effective work without the co-operation of a fully equipped laboratory. No case of gonorrhœa should be pronounced such without the aid of the microscope—the day of clinically diagnosing any discharge as specific, has passed forever.

Many staining methods have been advanced, but perhaps the simplest and most efficient is either Wright's or Giemsa's. If unobtainable the ordinary methylene blue method will suffice.

The complement fixation test, while not applicable in acute or chronic catarrhal conditions, is yet of considerable value in generalized involvements such as gonorrhœal rheumatism.

Microscopic slides should be taken and reported upon daily, for in no other way can a proper knowledge of the progress of a case be obtained, and treatment should be based largely upon microscopic findings.

Although Neisser was the first to isolate the diplococcus, to Austria is attributable the accomplishment of the scientific and effective cure of gonorrhœa.

A prominent urologist has stated that prostatic massage alone will cure the great majority of cases. There is a smattering of

truth in his statement, for we all know that any case that has been untreated or improperly treated for a fortnight becomes prostatic. Assuredly prostatic massage with protargol irrigations will clear up one hundred per cent. of our cases, if they be otherwise uncomplicated.

As to protargol. Some years ago I was afforded the opportunity of experimenting with germicidal preparations in gonorrhœa. After prolonged experiments I became convinced that protargol gave best results, and curiously enough, that one half per cent. protargol was remarkably more efficient than solutions of greater strength. This doubtless is easily explainable. The silver preparations in catarrhal conditions have two distinct actions—a germicidal action and an astringent one. In solutions of strength greater than one half per cent. the astringent action predominates, closing up the follicles and so preventing the germicidal action to proceed particularly in the deeper tissues.

Technique. In the systematic treatment of a case of gonorrhœa the patient first removes his clothing. The clinician then glances generally over the integument for the prevalence of any rash. He next palpates the groin for adenopathy, examines the scrotum for testicular involvements—orchitis, epidymo-orchitis, varicocele, bubonocele, rupture or hydrocele. He now examines the penis. Patient retracts the prepuce which is examined for phimosis, paraphimosis, chancre, chancroid, and venereal warts. Some urethral discharge is now expressed and this is placed on a microscopic slide. The patient then urinates, after which physician examines the prostate and seminal vesicles. A second slide of the prostatic secretion is now obtained.

An old teacher of mine advocates prostatic massages and bladder irrigations of protargol even in non-prostatic cases, maintaining that the protargol is sufficiently germicidal to protect the bladder. I personally am inclinded to look askance upon such measures, believing that it exposes the patient to unnecessary complication. Nevertheless, I must admit that throughout years of experience with this man I found no ill effects following this procedure.

In early anterior urethritis it is my practice to endeavour to abort the condition by daily anterior irrigations of protargol, either by patient or physician. With a rubber-tipped urethral syringe the patient is directed to inject protargol four times daily, holding the same in for a period of four minutes. If there be any burning with micturition due to hyperacidity he is given a mildly alkaline

diuretic to be taken per mouth. A large proportion of anterior cases can thus be aborted in ten days.

In prostatic cases the patient carries out treatment identically the same. Private ambulatory cases are required to report every three days for prostatic massage followed by bladder irrigations of one half per cent. protargol. In institution life where such cases are more readily controllable, such treatment can be given every two days, without danger of producing orchitis or other complication.

Such treatment, however, should be based upon microscopic findings with suitable alterations to meet the individual case.

It is quite unnecessary to discuss here the various complications other than prostatitis. Orchitis, epidymo-orchitis, seminal vesiculitis, gonorrhœal rheumatism, peri-urethral abscess, prostatic abscess and stricture, all demand special treatment, but a good working knowledge with remarkably good results can be obtained from the above mentioned technique.

Vaccines of course have their uses. In gonorrhœal rheumatism, they, preceded by a course of serum, yield excellent results. I have also found them invaluable in the mixed infections of chronic gonorrhœa.

Syphilis. As to syphilis little need be said. With the excellent facilities offered by our various provincial health Laboratories, one can and should obtain a reliable Bordet-Wassermann reaction on every syphilitic or suspectedly syphilitic case. The Wassermann reaction should likewise be repeatedly utilized, suitable treatment having been given, before a case should be pronounced cured.

As to anti-syphilides I should name among the arsenicals the following preparations in the order of their efficiency: salvarsan, kharsivan, diarsenol, galyl, arsenobillon, the various "neo" modifications, "sub-salvs" (a rectal suppository of salvarsan).

Prophylaxis. And now, permit me a word with regard to prophylaxis. Two general methods are at present followed:

1. The establishment of preventive depots (at present for the military only) where patients may present themselves even within a period of from eight to ten hours following exposure, with excellent chances of arresting the disease.

2. Prophylactic packages containing urethral instillation of 20 per cent. protargol, and a jar of 30 per cent. calomel ointment; such contents to be used immediately before exposure.

The latter is undoubtedly the more effective method. Such packages have for years been issued to United States sailors and marines when applying for shore leave. The occurence of venereal diseases has been thereby reduced to a fraction of one per cent. Similar experiments attempted both in Canada and in England have yielded equally favourable results.

With the clinical facilities at our disposal, with the intelligent co-operation of the profession, with the adoption of scientific methods of combatting these diseases, and the rigid enforcement of our new Ontario Venereal Diseases legislation, I believe that ten years will show a remarkable depreciation in the occurrence of these maladies, and twenty-five years will render them comparatively rare.

In conclusion might I suggest the establishment of a long felt want in the Canadian Medical Association, viz: a Section on Skin and Genito-Urinary Diseases. Such a Section would do much to arouse renewed interest in venereal diseases, and would prove an excellent educative factor as well.

THE medical departments of Harvard University, Columbia University and Johns Hopkins University, have been left a residuary estate estimated at between $6,000,000 and $10,000,000 by Captain Joseph Raphael de Lamar, capitalist and mine owner, who died December 1st. The object of the legacy is to provide funds for the study and teaching, or the origin and cause of disease, and its prevention. The study and teaching of dietetics is also demanded. Captain de Lamar told in detail his wishes with regard to the uses of the residuary funds. They are to establish fellowships, scholarships and professorships, and are to be used for the construction and maintenance of laboratories, clinics and dispensaries. The result of the study of dietetics and the effect of different foods and diet on the human system, are to be made the subjects of public lectures, and are to be published for the use of the general public not in scientific publications only, that the people at large may have the benefit of such research.