

8-3

Closing discussion on, "Recent
Significant Changes in the Technic
of the Hinton Flocculation Test."

Dr. W. A. HINTON (Boston, Mass.): Mr. Chairman, I had no intention of saying anything in the way of discussion, but I was struck by the words of Dr. Stokes, who hit upon a pet hobby of mine, a hobby which gets one into great dispute if one proposes it a little bit ahead of the general procession. I have reference to what Dr. Stokes said in relation to the "diagnosis of syphilis as a laboratory problem" as contrasted to what I believe to be actual diagnosis of syphilis, which is in my opinion a clinical problem.

God knows, but I do not know, when I send out 100, 500, or 1000 reports, whether all of those who have positive tests do or do not have syphilis. Some may have pneumonia, acute streptococcus infection, or any of a large number of things. It seems to me, as laboratory workers, we should do our job and merely report that a person's blood is positive if he has in the serum a property by virtue of which it will give a precipitate in the presence of a suitable antigen. Our job as laboratory workers should end here in relation to the diagnosis of syphilis.

The second thing is in relation to the control of treatment. I am almost certain many of you will want to hoot me out when I say there is no laboratory test which tells when a patient is cured of syphilis and which tells when a patient is not cured of syphilis. Only a few days ago, I saw a man eighty-nine years old who had a positive reaction, who had acquired his syphilis when he was nineteen years old and who, therefore, had had the disease for ⁷⁰eighty years, but at the present time didn't have a single thing syphilitic the

matter with him. If the positive reaction were the index by which he should have been killed, he perhaps would have been killed sixty years ago.

Moreover, I think we have all, or should have, if we have used our eyes instead of our minds, seen the patient whose blood has not only become negative relatively soon, but has stayed negative for a year or two or three years; and who has even had a negative spinal fluid, come down with a cardiovascular complication or a neurologic complication. In other words, I think Dr. Stokes has said the most significant thing in relation to the value of these tests to the clinician. In my opinion, they tell you what the tuberculin reaction tells you in regard to tuberculosis, namely, that the patient has syphilis or has had syphilis, but the patient himself by his history and your clinical findings must give you the answer as to which.

Thank you. (Applause)