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BOOK REVIEWS


Questions which cause the conscientious syphilologist anxious concern are the prospects of his case of syphilis developing neurosyphilis and the inferences which he is entitled to draw respecting the outlook in this respect from the state of the spinal fluid when examined in the earlier and the later stages, during treatment and long after suspension of treatment. In answering such questions he will be helped very greatly by a study of Esbern Lomholt’s work under review. This is based on examinations of spinal fluids from 1,521 patients with early syphilis, 130 with tertiary syphilis, 25 with aortitis and 723 with latent syphilis, together with several carefully extracted details of case-histories. In a number of cases the punctures were repeated. Considerations of space prevent any but the most outstanding of the author’s conclusions being mentioned here. The criteria of pathological states of the fluid were more than 4 cells per centimetre; globulin more than 1 and/or albumin more than 20, as tested by Bisgaard’s method (Monatschr. f. Psychiat. u. Neurol., 1910, 28, 124), and a positive Wassermann reaction. The degrees of change were classed under three headings: (1) “Complete positive” when the fluid was positive to all three of these tests; (2) “Combined positive” when it was positive to only two of them; and (3) “isolated positive.” By far the most frequent change was pleocytosis, and the least common a positive Wassermann reaction. With regard to the frequency of pathological changes in the early stages, the impression gained by a study of this monograph is that the fluid tends more and more to become pathological during the first year and that the changes may not at first be checked by treatment. Thus in multiple tests before and after a few injections have been given the second test may reveal changes not apparent in the first. On the other hand, in many cases the changes were found to have improved rapidly under treatment. Although spinal fluid changes are most likely to be found in patients with positive serum reactions, and especially in those who have relapsed, they are by no means infrequent in latent syphilitics with negative blood. Pathological changes found in the fluid in latent syphilis do seem to respond to some extent to ordinary treatment. Thus of 18 originally complete positive, when repunctured after a few injections only 5 were now in the category “complete positive,” 7 “combined,” 5 “isolated” and 1 negative. Of 13 classed as “combined positive,” which were similarly repunctured, 1 had become negative, and of 17 classed as “isolated positive” 10 had become negative. It is emphasised that changes found in the stages of active disease are unreliable as an indication of what may be found later. A patient found to have negative fluid at a single examination during
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the secondary stage may be positive when punctured in the latent stage, and often one with positive fluid in the secondary stage is negative in the latent.

The question whether a patient with negative fluid in the latent stage long after suspension of treatment may be relied on to remain negative and whether he is safe from the point of view of developing late neuro-syphilis is discussed at some length.

The conclusion is that, provided no clinical relapse occurs, a change to positive in such a case is a rarity; also a search through the literature has disclosed only 1 case of late neuro-syphilis in a patient whose fluid was negative in the latent stage.

On the question of the ultimate development of general paresis in syphilis, thanks to the Danish system of registration, the tracing out of later histories was successful in a very high proportion of cases. The results are particularly interesting, and may be quoted verbatim from the author’s conclusions, as follows:—

"Among 538 fresh male syphilitics with an observation period of 14–23 years there were found altogether 18 cases of paralysis."

"Dementia paralytica makes its appearance preferably in patients who have had one or several secondary eruptions, seldom in primary syphilics who have never had any secondary eruption (abortive treatment)."

"In two of the three patients who had no secondary eruption, the spinal fluid showed pathological changes coincident with the primary affection."

"The risk of getting paralysis is present in about 5–50 years after the infection; it seems to be greatest about 15–20 years after the infection (Tables 60 and 62). Not infrequently, however, the paralysis manifests itself about 20–25–30 years or more after the infection (Tables 50 and 61)."

"A successful abortive treatment lowers the risk of eventual paralysis."

We recommend everyone interested in the prognosis of syphilis to study this valuable monograph.

L. W. H.


In his preface the author makes it clear that this book is not written for dermatologists and syphilologists, but for general practitioners, public health workers and medical students. It emanates from the United States of America and the market for which it is primarily designed is, presumably, in that country. The fact, however, that it is also published in England indicates the hope that a market for it will also be found here. One must state quite frankly the opinion that no such market exists. The trouble about this work is that it is unbalanced. Frequently it says too much, and as often too little, for the clientele it caters for. The author states that "the technique of administering drugs has not been described because this should be learned from demonstrations on patients and not from studying a book." There is a good deal of truth in that; and yet he devotes three pages
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