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THE INCIDENCE OF NEURO-SYPHILIS IN PATIENTS WHO HAVE BEEN TREATED BY MODERN INTENSIVE METHODS

At a general meeting of the M.S.S.V.D. on January 11th, 1924, the President, after referring to an important statement made on the subject at a previous meeting by Dr. Gordon Holmes, suggested that an enquiry into the later history of syphilitics who had been treated with arsénobenzol compounds might help to clear up the question as to whether the incidence of neuro-syphilis in these had in fact been greater than in syphilitic patients treated by older methods. Colonel Harrison said that during the War approximately 100,000 syphilitic patients had been treated in Army hospitals. That the War had commenced nearly ten years and had ended over five years ago, so that we were now in a period when we might expect the later effects of syphilis on the central nervous system to be declaring themselves. That we know approximately what percentage of neuro-syphilis we might have expected from the older forms of treatment, and that with this might be compared the incidence of clinically manifest neuro-syphilis in ex-soldiers who had been treated for syphilis in Army hospitals during the War. For the purpose he suggested that the Society should send out to V.D. clinics, neurological clinics, mental hospitals, and pensions hospitals, a questionnaire in the following terms:

(1) How many instances of syphilitic neuro-recurrences have you seen in men who were treated for syphilis in military venereal diseases hospitals during the War?

(2) Please state, if possible, in each case—
   (a) The form of the neuro-recurrence.
   (b) The date of its onset.
   (c) The stage of the disease at which treatment commenced in the military venereal diseases hospital.
   (d) The amount and kind of treatment administered in the military venereal diseases hospital (i.e., form of arsénobenzol com-
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pounds employed and number of injections. Ditto of mercurial) with approximate dates.
(e) Names of military venereal diseases hospitals.

(If you are unable to furnish all the above particulars, kindly give as many as you can.)

Signature.

Hospital.

Venereal Diseases Treatment Centre.

Neurological Clinic.

Please address your reply to—The Hon. Secretary, M.S.S.V.D., 43, Queen Anne Street, W. 1.

He would confine the enquiry to cases with clinical signs and symptoms of neuro-syphilis because it would be impossible to compare the proportion of cases showing only pathological changes in the cerebro-spinal fluid with any figure obtained before the introduction of arsenobenzol treatment.

The questionnaire in the form suggested above was accordingly issued by the M.S.S.V.D. to all V.D. clinics, and, through the good offices of the Medical Director, Ministry of Pensions, to pensions hospitals. A start has also been made in the enquiry as concerns patients in mental hospitals. Up to date, answers have been received from only a certain number of V.D. treatment centres, a number which deals with approximately one-sixth of the syphilitic patients treated in the public V.D. treatment centres of England. The results so far obtained are published here in order that readers may gain an idea of their trend.

An analysis of the replies shows that eight cases of neuro-recurrence had been noted in patients who received arsenobenzol treatment during the War. The particulars of these eight are as follows:

(1) Spastic paraplegia since 1915. Had received two injections of "606" in 1914.
(2) Left hemiplegia since 1917. Had received a "full course" (probably eight injections) of "606" in 1916, in a military hospital in France.
(3) Tabo-paresis. Had received two injections of "606" in 1913 in Hong Kong, and two in 1914, at Hilsea.
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(4) Tabes. Infected 1913. One injection of "606" in 1913, two of "606" in 1914, and four of "914" in 1916. None of these had been given in an Army hospital.

(5) Tabes. Two injections of "606" in 1915.

(6) Cerebral Syphilis. Infected 1918. One injection of "606."

(7) Tabes. Twelve injections of "914" in 1919–20 in a military hospital.

(8) Lightning pains with positive cerebro-spinal fluid. Had previously received nine intravenous injections of salvarsan and mercury.

At one of the treatment centres which replied to the questionnaire 168 cases with clinical signs of neurosyphilis, including 123 tabes, twelve general paresis and six tabo-paresis had been treated and their records scrutinised, with the result that cases (2) to (7) above were discovered.

One correspondent stated that the number of cases he had now seen was large, but did not supply details.

So far as they go, the results do not indicate a greater incidence of clinically manifest neurosyphilis amongst patients who have been treated with arsenobenzol. Indeed, if those cases of syphilis are excluded in which the arsenobenzol treatment was much slighter than syphilologists agree to be necessary, the enquiry has discovered surprisingly few instances of neuro-recurrence following the course of arsenobenzol and mercurial injections usually administered to syphilitic soldiers during the War. It is hoped that those centres which have not yet answered the questionnaire and, in fact, all practitioners who have met with cases of neuro-syphilis amongst soldiers treated for syphilis during the War will send particulars to the Secretary, M.S.S.V.D., 43, Queen Anne Street, W. I, so that eventually the enquiry may be as complete and conclusive as possible.

The columns of this Journal are open to correspondence directed to improvements of the lines on which the investigation is being conducted as it is felt that readers would wish for the fullest enquiry to be made in a matter on which very diverse opinions have been expressed.