VI

CORRESPONDENCE

Syphilis and Mental Treatment Act

July 9th, 1934.

Gentlemen,—It is perhaps difficult to realise that the Mental Treatment Act has in any way influenced the treatment of syphilis. In a mental hospital population the only definite psychosis resulting from infection by syphilis is G.P.I.; cerebral syphilis with mental symptoms is rarely seen in a mental hospital.

The author of the paper "Syphilis and Mental Treatment Act" in your Journal * makes a plea for co-operation between the mental hospital and the local M.O.H. of the area to which a treated G.P.I. may be discharged. With the increase of mental out-patient clinics it should become possible for discharged G.P.I.'s to be followed up (as stated, this is already done in the L.C.C. under the Director of Pathology at the Maudsley Hospital). The notification of malaria to the M.O.H. in cases of treated general paralytics, who are about to be discharged, was designed as a precaution against the possible spread of malaria. The large majority of cases are inoculated by blood; this method of injection does not lead to relapses in malaria, and it is only the comparatively few mosquito inoculated cases who are liable to malaria relapses. It is doubtful, in any case, whether attendance at a V.D. department or clinic where cases are being treated in the active stages of disease is the best method for discharged G.P.I.'s; much better send them to a psychiatric clinic where serological tests can be performed from time to time and a watch kept on their mental state. It is not sufficiently realised how many cases of G.P.I. are nowadays treated in general hospitals. This practice still continues in spite of the facilities which now exist for receiving patients in a mental hospital on a voluntary basis. The ideal of following up patients from a V.D. clinic for the rest of their lifetime remains to be fulfilled, but even so many unfortunate sufferers from G.P.I. can quite honestly deny any history of a primary infection—the attack passed unnoticed.

One is somewhat surprised to read that "mercury is now almost obsolete in the treatment of syphilis," also that "little and insufficient treatment with arsenicals, etc., is worse than no treatment from the successfully treated cases of G.P.I. where the history has been reliable and the absence or the presence of a full and adequate course of treatment (with arsenic, mercury and iodides) in the primary stage has proved no prophylactic whatever against the subsequent development of G.P.I. I am afraid the physician was unduly optimistic when he recorded that "out of 100,000 cases of British soldiers who contracted syphilis during the war and received what is by modern standards a very inadequate course of '606' and mercury, only 6 cases were found in mental hospitals or Ministry of Pensions hospitals,

* B.J.V.D., April, 1934.

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etc., suffering from any form of neuro-syphilis." This hopeful conclusion may have been written several years ago, but during the last few years cases of G.P.I. who contracted syphilis during the war have been more than plentiful, and in many cases an adequate course of anti-specific treatment was given in the primary stage.

Malaria is one of the greatest advances in the treatment of G.P.I., and it is generally agreed that malaria plus tryparsamide or some other arsenical is more efficacious than malaria alone. After eleven years of malaria therapy in England no therapeutic agent has been discovered which might seriously challenge the use of malaria.

The importance of treating cases of G.P.I. in the earliest stage cannot be stressed too often, and the patient is indeed fortunate who comes under the care of a skilled physician who can diagnose G.P.I. in the early stages.

Yours faithfully,
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To the Editors of
THE BRITISH JOURNAL OF VENEREAL DISEASES.

The Editors, BRITISH JOURNAL OF VENEREAL DISEASES.

GENTLEMEN,—I have read Dr. Fitzgerald's article with much interest. I find myself in agreement with what he says. I do not think there are any special criticisms to offer. In any case, my experience here is too limited, although we have had a certain number of cases of general paralysis of the insane. I feel sure that he is right in what he says; for example, about the falling off of cases having set in before malarial therapy was introduced. We certainly have had a smaller number of admissions.

I think most people will agree with what he says also in regard to the need of antisyphilitic measures being utilised in addition to malaria being induced; for example, we have used such things as Donovan's solution and N.A.B.

I doubt if it is possible yet to say that a cure has been discovered; one is always chary of giving an optimistic prognosis. I suppose it is the usual thing, different cases reacting differently to the same treatment. I think that prophylaxis is the thing to be aimed at, and there seems to be hope of this in the extension of the work of the V.D. clinics.

Of course, the Mental Treatment Act has not made the same amount of difference as far as we are concerned here, as we take only private patients and we have been in a position to take voluntary patients for treatment for many years; whereas this has been possible in the public mental hospitals only since the new Act.

I do think it is a valuable paper and I am obliged to you for sending it to me.

Yours sincerely,
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