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SYPHILIS AND MENTAL TREATMENT ACT

[Owing to a mistake, for which I take full responsibility, Dr. Nicol's letter was incorrectly printed in our last issue. It is now published with the last three paragraphs appearing as he originally intended them to be printed.—E. R. T. C., *co-Editor*.]

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 "little and insufficient treatment with arsenicals, etc., is worse than no treatment from the point of view of neuro-recurrence." One can bring to mind many successfully treated cases of G.P.I. with a reliable history and in whom 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

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

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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 adequate course of 606 and mercury, only 6 cases were found in mental hospitals or Ministry of Pensions hospitals, 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.

To the Editors, THE BRITISH JOURNAL OF VENEREAL DISEASES.

GENTLEMEN,—It is somewhat disquieting to read in the correspondence columns of your July number, in the letter from Dr. W. D. Nicol, that 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.

Many of your readers will recollect that replies to a questionnaire sponsored by the M.S.S.V.D. in 1925 revealed only an occasional case of neuro-syphilis in soldiers who had received treatment with arsenobenzols in the early stage of their infection during the War, 1914-1918.

Hamish Nicol in the same year reported in this journal details of 141 cases of neuro-syphilis, among whom only four had received arsenobenzol therapy in the early stage of the infection.

Wide interest was aroused by this questionnaire and in the resulting information, and although many of your readers have been on the alert for such cases since 1925, there appears to have been no comprehensive report until recently.

In 1932, O'Leary and Rogin (*Arch. Derm. & Syph.*, xxvi., 783), published a detailed report on 500 cases of neuro-syphilis; he found seventy-four cases who had received arsenobenzol treatment, but in only fifteen of these could the amount of treatment be considered adequate.

Still more recently, Healy (*Lancet*, 1934, ii., 350), reported twenty-eight cases of G.P.I. in the Chester Mental Hospital who had received treatment with arsenobenzols. Most of these had acquired their