CORRESPONDENCE

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,

W. D. NICOL, M.R.C.P.(Lond.).

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

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infection during war service, and had received one or two courses of salvarsan, but did not persist in treatment.

In view of the long latent period for the development of neuro-syphilis, the questionnaire of 1925 was probably too early to assess fully the fate of war-time infections and the results of treatment. But now, ten years later, are we to experience a great increase in neuro-syphilis? The reports of O'Leary and Rogin, of Healy, and the remarks of Dr. W. D. Nicol are all suggestive.

At the V.D. treatment centres, probably few cases of G.P.I. are seen. In the Guy's Hospital V.D. Department there have been only twelve cases of G.P.I. in the last ten years, none of whom had received arsenobenzol treatment. Other types of neuro-syphilis are much more frequently observed. The high proportion of neuro-syphilis among tertiary lesions in the Guy's Hospital V.D. department has given rise to much concern.

I have attempted to compare the post-war ratio of neuro-syphilis to other tertiary lesions in my cases with a similar ratio for cases from the pre-salvarsan era.

For this purpose, details from an analysis of 4,400 cases of tertiary syphilis seen by Albert Fournier, and published in 1902, were utilised and compared below with cases from the Guy's Hospital records from 1924-1933.

	Cases of Tertiary Syphilis.	Neuro-syphilis.	
		Number.	Per cent.
A. Fournier, 1875-1902 .	4,400	1,857	42·2
Guy's Hospital, 1924-1933 .	1,040	433	41·9
Guy's Hospital, 1933 only .	128	55	42·9

There appears to be no significant difference in these proportions.

Also a scrutiny of 388 consecutive cases of neuro-syphilis from the Guy's records quoted above revealed only four who had received any arsenobenzol therapy in the early stages of their infection; in no case would the amount of treatment be considered adequate at the present day. The respective diagnosis in these four cases was tabes, syphilitic meningitis, cerebral syphilis and syphilitic labyrinthitis.

Although there is no support for a recent increase in neuro-syphilis among the cases passing through my hands, it is evident that further information on this subject, particularly as regards G.P.I., is most necessary to those readers whose hands hold the ultimate fate of the present-day early infections of syphilis. A second edition of the 1925 questionnaire is now opportune, and would have its value greatly enhanced by the ten-year interval.

Yours faithfully,
V. E. LLOYD.

September 29th, 1934.