

## II

EXPERIENCES WITH ANTI-SYPHILITIC  
TREATMENT FROM THE PRE-SAL-  
VARSAN ERA TO THE PRESENT AND  
THEIR POSSIBLE BEARING ON PRESENT  
TREATMENT PRACTICE

## DISCUSSION

MR. G. L. McELLIGOTT said he had thought recently that not enough was known about the excretion rate of the arseno-benzine compounds, though it was known that they were chiefly excreted by the bowel. In his clinic he had few enough toxic effects from the use of those compounds. When he had seen untoward results, they usually occurred after the fourth or fifth injection, not after many courses; variations in the excretion rate might possibly explain why in some late secondary or early tertiary cases the Wassermann was rendered negative after vigorous treatment, while in others it remained positive. It was not known whether the arsenic put into the patients would be eliminated quickly, or whether it would "hang about" and do its work for some time. He did not know of any serious work on this aspect of elimination, and he asked Colonel Harrison's view on it.

AIR COMMODORE H. E. WHITTINGHAM also thanked Colonel Harrison for his paper. As regards the more rapid disappearance of positive Wassermann reactions after treatment with the original "606" as compared with "NAB," he wondered whether this was not explained, in part at least, by the bulk of fluid used. In the "606" days when very large quantities of fluid were given intravenously, the diluted drug had ample opportunity to penetrate to all parts of the body, whereas with the modern therapy, using only 10 c.c. of fluid there was far less chance of doing so, especially if the infection were done rapidly. In addition, rigors following injections were more common in the past and their shock effect possibly contributed to the good.

## ANTI-SYPHILITIC TREATMENT

DR. W. D. NICOL said that his experience of primary syphilis was confined to a brief period at the end of the War in the Navy with the Black Sea Mine Sweeping Force, where treatment was all too inadequate. Since he had been in mental hospital practice he had seen many cases of late neurosyphilis, but more especially the fully developed general paralytic. At the present moment at Horton investigations were being carried out with regard to antispecific treatment given during the primary attack of syphilis or subsequently. In many cases no history of a primary attack nor, consequently, of any treatment given, could be obtained. Where there was a history of primary syphilis, it was rare to find patients to whom an adequate course of treatment had been administered. In cases of latent syphilis there was ample evidence that many of these had been receiving injections of trivalent arsenic, in some cases for two and three years, up to the date of admission, by which time G.P.I. had become fully established. It would appear that these prolonged courses of trivalent arsenic were not beneficial and might be harmful in the case of the late neurosyphilitic.

During the past ten years some 800 cases had been treated at Horton with malaria and in a large proportion of these cases malaria had been the sole form of therapy, no course of post malaria treatment being given. It was significant that in recent examinations of the cerebrospinal fluid a very high proportion of cases exhibited completely negative serological findings following a course of malaria alone. Colonel Harrison's paper was of great interest in reviewing the different forms of treatment over a prolonged period and in clarifying for younger workers many of the issues involved. Dr. Nicol and his colleague looked forward to addressing the society at a later date on further aspects of the treatment of neurosyphilis.

*(Continued on page 76)*

## VI

### ADDENDUM

#### EXPERIENCES WITH ANTI - SYPHILITIC TREATMENT FROM THE PRE-SAL- VARSAN ERA TO THE PRESENT AND THEIR POSSIBLE BEARING ON PRESENT TREATMENT PRACTICE

By L. W. HARRISON

DISCUSSION (*continued from page 24*)

DR. T. E. OSMOND said his first experience in treating syphilis was with mist. hyd. per chlor, cum pot. iod., the hope being that one would not see the patient again. His next experience was at Rochester Row, in pre-war days, using 606. A very fine needle was used, and as long a time as twenty minutes was required to give a dose. The value of bismuth in keeping syphilis under, if not curing it, was borne out by some French workers, who used it in the treatment of prostitutes, with the idea of preventing syphilis. Under twice-weekly injections of bismuth into the buttock these women, with one exception, remained free over a number of years. It seemed to show that as long as a depôt of bismuth was kept available in the body, syphilis was kept at bay.

Much had been learned from Colonel Harrison's paper; probably no other member of the Society could have given such a paper, owing to Colonel Harrison's large experience. Even in those early days the results of treatment were very remarkable.

*(To be continued in the April issue)*