II

MARRIAGE AND SYPHILIS

By DR. P. N. PANTON

DR. P. N. PANTON said he could do little more than propound questions to which he was unable to find the answers. First, could it ever be said that a person who had had syphilis was cured? The information given by the blood Wassermann was insufficient evidence of cure, for that reaction might be negative for a time and then revert to positive. He did not think there existed any method by which it could be said that a person who had had the disease was certainly cured, though a possible exception was the patient with a chancre and a negative Wassermann who was strenuously treated from the first, coupled with—what he regarded as very important—complete abstinence from alcohol. It was very important to know whether syphilis in the tertiary stage was infective. Sir Jonathan Hutchinson considered it was not, and there was much evidence that tertiary syphilitics did not infect their partners. Since the introduction of the Wassermann test, however, there seemed good reason to doubt that statement, and it now seemed certain that infection could be spread in the tertiary stage. A further question was as to what percentage of latent syphilitics subsequently developed lesions. He was not aware of any figures on this matter. His definite view was that no one with tertiary manifestations ought to marry, both on the grounds of infectivity and of subsequent disability. Even cases of latent syphilis without manifestations risked something by marrying. He would have thought that by now the venereal clinics could have supplied the material to enable this point to be settled.

The physician, said Dr. Panton, was apt to regard the Wassermann reaction wrongly from two or three points of view. He was inclined to regard it as infallible, but everyone was liable to err, and, for safety, the test should be repeated. And mistakes were made in reading or interpreting the result of the test, for it was not a question of it being simply positive or negative, especially in cases

BRITISH JOURNAL OF VENEREAL DISEASES

in which it was between positive and negative. In a given case of the kind one pathologist would return a feeble negative, another a feeble positive, the reaction being the same. No one would nowadays say a case was cured because of a negative blood, or even spinal fluid negative, for at any time it might revert to positive ; moreover, an open, progressive, syphilitic lesion might give a negative Wassermann, both in the blood and the cerebro-spinal fluid. It seemed that certain people did not have a reaction and produce anti-bodies. He asked what was the longest time during which the Wassermann had remained negative and then become positive. The longest time he had seen that was less than two years. A frankly positive Wassermann, he thought, could be confidently taken to mean that active spirochætes still existed somewhere in the body, and no such person could be advised to marry. He did not think the pathologist was the right person to answer the inquirer's question as to marriage, and certainly the dermatologist was not. His practice was to send such inquirers to the general physician for a thorough overhaul.*

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