THE BRITISH JOURNAL OF VENEREAL DISEASES

HONORARY EDITOR

V. E. LLOYD, *M.C.*, M.B., B.S.

VOL. XXI

March, 1945 to December, 1945

Published by
BUTTERWORTH & CO. (PUBLISHERS) LTD
4, 5, 6 BELL YARD, TEMPLE BAR, W.C.2

CONTENTS

CONTENTS

CONTENTS

injection. They are not severe, however, and the patient usually feels well on the following morning.

(2) *Severe reaction.* The second type is the fever that accompanies a severe secondary reaction, which may range from 103°-105° F. for 3-5 days. In this type of reaction one sees the serious complications: toxicodermal reactions, hepatitis, encephalopathy and agranulocytosis. These patients present a more difficult problem. It is our practice to wait from 4-6 days after the patient has become afebrile and symptom-free and then, if there has been no serious complication, to resume treatment with a 0·0006-gramme dose of mapharsen. This is approximately one-hundredth of the usual dose and is given in 10 cubic centimetres of distilled water, as described above. The amount of mapharsen is doubled daily until the patient tolerates the full dose without ill effect. During the period of small dosage the patient may suffer an exacerbation of his earlier symptoms but, as in the previous regime, he usually feels well the following morning. If, however, the reaction has been severe, the same dose may be given for a second time before the amount is doubled.

Conclusions

As the result of our experience we have been able to formulate a few simple therapeutic principles in regard to the secondary reaction and the subsequent treatment of the patient.

(1) If a patient has had a severe secondary reaction and treatment is resumed with a 0·006-gramme dose of mapharsen, the ensuing reaction may be as severe as was the original and may discourage the clinician from further treatment. When in doubt it is wise to resume treatment with a 0·0006-gramme dose of mapharsen.

(2) If treatment has been interrupted for some reason other than a secondary reaction, it is unwise to resume treatment with a full dose, as the patient is apt to have a reaction of the secondary type. It is our practice to resume treatment with a 0·006-gramme dose and the amount is increased daily as in the case of a moderately severe secondary reaction.

(3) After close observation we have been unable to discover any ill effects as the result of continuing treatment in patients who have had a severe secondary reaction.

(4) As far as we can determine, the only contraindications for further intensive arsenotherapy after the occurrence of a secondary reaction are the following: (*a*) hepatitis, (*b*) proved encephalopathy with persistence of symptoms and abnormal spinal fluid findings and (*c*) severe blood dyscrasias. For a patient of this type treatment may be continued with penicillin instead of the arsenicals.

By the use of the methods described above it has been possible to complete the twenty-day intensive course of treatment of 424 out of 428 patients.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES

PROGRAMME OF MEETINGS, 1945

All meetings are held at 11 Chandos Street, Cavendish Square, London, W.1, on Saturdays, at 2.30 p.m.

March 24th	Subject:	*Early syphilitic infection treated with intensive arsenotherapy and penicillin.*
	Speakers:	Surg. capt. T. R. Lloyd-Jones and Surg. cmdr. F. G. Maitland.
April 28th	Subject:	*Cutaneous manifestations in gonorrhoea.*
	Speaker:	Dr. A. H. Harkness.
May 26th	Subject:	*The treatment of infective arthritis with special reference to hyperthermia.*
	Speakers:	Lt.-col. A. J. King, Maj. C. S. Nichol and Maj. D. I. Williams.
July 28th	ANNUAL GENERAL MEETING:	
	Subject:	*Optimal methods of treatment of the venereal diseases with penicillin.*
	Speakers:	Col. D. M. Pillsbury and Maj. J. Marshall.

previous communications in the literature on this subject. I trust that Brig., Osmond and Dr. Price will add it to their long lists of infective foci teeming with gonococci yet giving negative serum reactions.

London, W.1 A. H. HARKNESS

REFERENCES

Barrington, F. J. F., and Wright, H. D. (1930) *J. Path. Bact.*, **33**, 871.
Bockhart, M. (1883) *Arch. Derm. Syph., Wien*, **15**, 3.
Bumm, E. (1885) *Der Mikro-Organismus der gonorrhöischen Schleimhaut-Erkrankungen*, J. F. Bergmann, Wiesbaden.
Burnet, F. M. (1941) *Production of Antibodies*, Macmillan & Co., London.
Carpenter, C. M. (1937) *J. Amer. med. Ass.*, **109**, 1428.
Finger, E., Ghon, A., and Schlagenhaufer, F. (1894) *Arch. Derm. Syph., Wien*, **28**, 277.
Jacoby, W. M. (1924) *Verh. dtsch. Ges. Urol.*, **6**, 310.
Jacoby, A., and Wishengrad, M. (1937) *Neisserian med. Soc.*, pp. 10-20.
Lever, W. F., and Crawford, G. M. (1944) *Arch. Derm. Syph., N.Y.*, **49**, 389.
Sawyer, W. A. (1931) *J. prev. Med.* **5**, 413.
Walker, K. M. (1913) *Lancet*, **1**, 435.

Sir,—Two points in Dr. Harkness's letter seem to merit a reply. First, I am surprised that Dr. Harkness says that he has not been invited to Whitechapel. However, may I repeat the invitation? Secondly, his remarks concerning the lifelong immunity conferred by attacks of measles, yellow fever, diphtheria, and scarlet fever, and the demonstration of the respective antibodies long after the infection has ceased, refer to well-known facts. What is odd is that he uses these facts in order to bolster up his contention that the production of gonococcal antibodies may proceed unhindered long after the infection has been eradicated. Does he contend that an attack of gonorrhoea confers a lifelong immunity to the disease? If not, I fail to see the point of his analogy.

In conclusion, I would suggest that Dr. Harkness would be doing a bigger service to his colleagues if he were to put forth some constructive criticism, instead of decrying this test on the strength of hazy clinical impressions and some hand-picked quotations.

London, W.1 I. N. ORPWOOD PRICE

EDITORIAL NOTES

The Editors beg to acknowledge with thanks the receipt of the following periodicals, etc.

American Journal of Syphilis
British Journal of Dermatology and Syphilis
British Journal of Urology
British Medical Journal
Cronica Medica
Journal of the Cape Town Post-Graduate Medical Association
Journal of Experimental Medicine
Medicina Española
New England Journal of Medicine
Revista de la Asociacion Médica Argentina
Revista de medicina Tropical y Parasitologia Bacteriologia clinica y Laboratio
Revista de Sanidad y Assistencia Social
Revista del Instituto de Salubridad y enfermedades tropicales
Revista médica de Chile
Revista médica de Yucatan
South African Journal of Medical Sciences
Urologic and Cutaneous Review
Venereal Disease Information