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SESSION III. Free communications

Changing patterns of late syphilis

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THE problem of how to prevent late syphilis has been a matter of importance since the beginning in 1948 of the modern anti-V.D. campaign in Poland.

To cope with this task, special examination centres, staffed by a team of specialists in the main dermatological clinics, were organized in each district and this system has proved of value in the course of the past 20 years, because it has helped to prevent late systemic changes in latent cases, and has provided early and adequate treatment for symptomatic cases. From 1948 to 1952, most of the patients who attended these clinics were persons in whose cases late syphilis had been discovered during a mass serological screening campaign. More recently the patients have been persons with late as well as early syphilis who, after a sufficient period of post-treatment follow-up, have come for a final examination by specialists.

Material

This paper, which continues and supplements the previous studies which were mainly based on the clinical case histories of the former Dermato-venereological Institute as well as on material from consultants' clinics, describes the findings in 1968.

At the same time another group of clinicians (Dowżenko and Zieliński, 1969, 1970) has been carrying out a somewhat similar investigation of neurosyphilis, using case records from neurological and psychiatric clinics and hospitals, going back for the last 40 years, and some of their results are included in the second part of the paper.

Results

The percentages of different types of late syphilis distinguished in patients examined in 1968 are shown in Table I.

TABLE I *Forms of late syphilis diagnosed in* 1968

Diagnosis	*Percentage*
Meningovascular syphilis	32
Tabes	8
General paresis	4
Taboparesis	1
Cardiovascular syphilis	27
Late latent syphilis	28
Total	100

As in the preceding study, special attention was paid to the clinical characteristics of the cases examined and the severity of systemic changes at the time of diagnosis. The patients were then classified as follows:

I (a). Cases of neurosyphilis with marked and irreversible neurological changes and significant physical or mental disablement.

(b). Serious cases of cardiovascular syphilis and all cases with aortic insufficiency.

II (a). Cases of proved but not disabling neurosyphilis, which did not affect the patients' ability to work.

(b). All cases of aortitis luetica complicata.

III. Cases with very early symptoms of neurosyphilis or cardiovascular syphilis and a few cases in which a syphilitic causation was suspected.

A comparison of the data obtained for the year 1968, with that from 1950-54 and 1960-64 (Table II) reveals a considerable decrease in the percentage of the more serious types of syphilis, and of neurosyphilis in particular.

TABLE II *Percentage distribution of cases according to the severity of symptoms,* 1950-68

Group	*Period of observation*	*Type of syphilis*		
		Neurosyphilis	*Cardiovascular*	*Late benign*
I	1950–54	33·0	12·6	2·2
	1960–64	8·0	2·0	0·6
	1968	5·5	2·0	—
II	1950–54	36·7	7·0	—
	1960–64	24·2	8·0	—
	1968	13·0	20·5	—
III	1950–54	6·5	2·0	—
	1960–64	36·2	21·0	—
	1968	39·0	14·5	—

Cardiovascular syphilis was most common in Group II. This may be due to the difficulty of establishing a diagnosis of cardiovascular syphilis in its early stages and to the fact that subjective symptoms are insignificant in the early stage. The percentage of serious cases (Group I) has become very small and no cases of late benign syphilis have been observed in recent years.

These data, from the venereological clinics, have been supplemented by data from neurological and psychiatric clinics and hospitals. Dowżenko and Zieliński (1969) have stated that the admission indexes of neurosyphilitic cases diagnosed from 1957 to 1965 are considerably lower than those from 1926 to 1937, the most significant decline having occurred in the 1960s (Tables III and IV).

TABLE III *Admission index of cases of neurosyphilis, 1926–37 and 1963–65*

Source of clinical material	*Year*				
	1926	1930	1937	1963	1965
(1) Neurological clinic, Warsaw	11·000	13·666	12·000	1·166	0·166
(2) Psychiatric hospital (Pruszków)	1·952	2·571	2·333	0·714	1·142
(3) Psychiatric hospitals (total)		2·645	3·203	1·029	1·077

TABLE IV *Admission index of cases of neurosyphilis, 1957–65*

	Source of clinical material	*Year*			
		1957	1961	1965	*Percentage decrease* (1957-65)
I	Nine neurological clinics	1·515	0·839	0·396	73·9
	Nine psychiatric clinics	1·857	0·762	0·381	79·5
	Total	1·627	0·811	0·390	76·0
	Meningovascular syphilis	1·930	0·544	0·346	82·1
	Tabes	1·287	1·030	0·463	64·1
	General paresis	1·644	0·863	0·370	77·5
II	Psychiatric hospitals	1·060	1·039	0·618	41·7
III	Neurological clinic (Warsaw Medical School)	1·277	1·405	0·127	87·6

The decline in the number of neurosyphilitic cases admitted to all the neurological and psychiatric hospitals coincides with the decline in new cases and the gradual dying out of old cases. These findings, when seen in the light of the continuing relatively high incidence of new cases of venereal infection, indicate the effectiveness of modern methods of treating of early syphilis.

Dowżenko and Zieliński (1970) have also analysed case histories of patients suffering from neurosyphilis, who were admitted to hospital and treated in the period 1956 to 1965 in nine neurological and nine psychiatric clinics.

The total number of cases investigated comprised 418 males (65·4 per cent.) and 221 females (24·6 per cent.).

Among the patients treated in neurological clinics, there was a preponderance of tabes dorsalis (43·6 per cent.) and meningovascular syphilis (42·4 per cent.). In the psychiatric clinics, cases of general paresis predominated (87·3 per cent.). In 62·7 per cent. of the tabetic patients, the pathological process in the cerebrospinal fluid was inactive. The spontaneous 'burning-out' of the tabetic process is a well-known phenomenon, but it is possible that the universal use of antibiotics for conditions other than syphilis could have played a significant role. Such 'classical' symptoms as gastric crises, lightning pains, and locomotor ataxia were seen less frequently than in the past.

In meningovascular syphilis, the tendency of the active process to regress was not so common. The general clinical picture did not vary greatly from the classical one, and the incidence of clinical manifestations was similar to that observed before the introduction of antibiotics.

Hardly any of the neurosyphilitic patients had ever been treated with penicillin during the early stages of their disease. This suggests that treatment of early syphilis with penicillin prevents the development of neurosyphilis.

Conclusion

The present organization of venereal disease control gives the V.D. clinics and consultant's unit wide opportunities in the prevention, early diagnosis, and treatment of late syphilis. In consequence, admissions of neurosyphilitic cases into the neurological and psychiatric clinics has considerably declined. Those which are admitted to hospital clinics are mainly the more advanced cases which have not been previously reated.

Summary

Clinical and epidemiological data obtained at an outpatient clinic for late syphilis in the period 1967-68 are compared with similar data obtained in 1950-54 and 1960-64. The findings are supplemented by data from neurological and psychiatric clinics and hospitals. This investigation has revealed a considerable decrease in the incidence of the more serious types of late syphilis, and especially of neurosyphilis.

Reference

DOWŻENKO, A., and ZIELIŃSKI, J. J. (1969). *Neurol. Neurochir. pol.*, **19**, 559.

—— —— (1970). *Ibid.*, in press.

Modifications du tableau de la syphilis tardive

SOMMAIRE

Les informations, cliniques et épidémiologiques, obtenues dans une clinique pour malades ambulatoires et concernant la syphilis tardive, pour la période 1967–1968, sont comparées avec les informations similaires recueillies en 1950–54 et en 1960–64. A ces informations s'ajoutaient celles qui avaient été obtenues auprès des hôpitaux et cliniques neurologiques et psychiâtriques. Cette confrontation fit apparaître une diminution considérable de l'incidence des formes graves de la syphilis tardive et, particulièrement, de la syphilis nerveuse.