

Magic bullet: Paul Ehrlich, Salvarsan and the birth of venereology

In the years following its discovery, Salvarsan would have impacts far beyond that of syphilis treatment alone. Salvarsan's expansion would eventually reshape the broader landscape of venereal disease service delivery in the UK.

In August 1913, Paul Ehrlich presented at the International Medical Congress in London,¹ where he dazzled the medical community with his new cure.² Prompted by the novelty of Ehrlich's magic bullet, Parliament passed a resolution enacting a new Royal Commission on Venereal Diseases charged with directing venereal disease (VD) policy in the UK. The new commissioners stated that 'there are good grounds for concluding that eradication of the spirochaete with complete cure, or a total absence of subsequent signs or symptoms of the disease in the majority of cases,

Box 1 Royal Commission on Venereal Diseases Instructions to Patients.

1. Syphilis is a contagious disease; it can be cured if promptly treated by a doctor.
2. Treatment by quacks, herbalists or persons advertising so-called cures is likely to lead to disastrous results.
3. The infection may last several years. It can be conveyed to others by sexual intercourse, by kissing or using the same eating or drinking vessel, utensils or tobacco pipes, etc.
4. Treatment should not be stopped until the doctor says this may be safely done.
5. Should signs or symptoms of the disease appear, such as a rash on the skin, sore throat or symptoms of nervous disease, a doctor should be consulted at once.
6. A doctor should be consulted occasionally, even though there are no symptoms or a return of the disease.
7. Treatment need not as a rule interfere with work or necessitate a stay in a hospital.
8. No one who has, or has had, syphilis should marry without permission of the doctor; otherwise, there is great danger of giving the disease to wife and children.
9. Teeth should be cleaned in the morning. The patient should dress warmly, live simply and avoid wine, beer, spirits and other intoxicants.

can be obtained by 'intensive treatment' when commenced in the primary stage'.³ The combination of the Wassermann diagnostic test⁴ and an effective treatment provided new hope for medical VD control.

Beyond focusing on syphilis' medical importance, the Royal Commission's remit centred on understanding drivers of VD prevalence and prevention of VD. Notably, the Commission did not aim to tackle the thornier moral and social issues raised by the problem, such as the commercial sex work sector (box 1). The Commission brought together key VD control interest groups, including physicians, lawyers, ministers and women's groups (yet no representatives from the armed services⁵ or feminist groups). Despite this diversity, the medical community dominated the membership of the Commission: two-thirds were physicians or part of the social hygiene movement, whereas 66 of 85 witnesses called to testify were physicians.⁶

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