

MEDICAL MATTERS.

ON THE TREATMENT OF SYPHILIS.

Mr. D'Arcy Power, F.R.C.S., in the course of an address delivered at the opening of the discussion on syphilis at the Royal Society of Medicine, gave the following interesting description of the technique observed in the administration of salvarsan, which he considers most useful when used as an adjuvant to mercury, and never by itself or in place of mercury. So used he thinks highly of it as a remedy for syphilitic manifestations. He said:—

TECHNIQUE.

“The routine of our technique for administering salvarsan has always been the same. It has been given by intravenous injection, and the patient has been kept in bed for twelve or fourteen hours previously. The skin has been prepared by sterilising it with a 2½ per cent. solution of iodine in rectified spirit. The veins are rendered prominent by the application of a fillet, and when the veins at the bend of the elbow have been used the patient has been made to grasp a ruler or a staff, as in the days of blood-letting. The needle used is that recommended by Mr. J. E. R. McDonagh, which is bevelled to a point on the upper surface instead of beneath, as is usual, and it is provided with a slightly concave plate of metal to allow it to rest more securely on the skin—two small modifications which make the operation of puncture of the vein much easier. It is unnecessary to give either a local or a general anæsthetic when the veins can be made prominent, as is usually the case. A skin incision is unnecessary, and with a well-directed and sharp needle the pain is momentary and infinitesimal. The syringe and needle are filled with freshly prepared and sterilized salt solution and the vein is punctured obliquely upwards. The fillet is then relaxed, and the contents of the syringe are emptied into the vein. This will show whether the vein has been fairly entered, for if it has been missed or transixed the salt solution will form a bulla owing to the extravasation of fluid into the surrounding tissues. If the salt solution enters the vein freely the syringe is filled with salvarsan solution, which is then injected by syringe-fuls at a time until the whole pint has been introduced. When all the salvarsan solution has been introduced a syringe-ful of salt solution is injected to wash out the needle and to free the tissues from any salvarsan which might be adherent to them. Both the salvarsan and the salt solution are kept at a

temperature of 105 degrees F. The needle is then withdrawn, a pad and bandage is applied over the prick, the arm is kept in a sling for a few hours, and the patient is allowed to get up when he feels inclined to do so. The salvarsan solution is made by dissolving 0.6 gram of salvarsan in a pint of sterilized salt solution made from freshly prepared distilled water. The solution is neutralized or rendered faintly alkaline by the addition of a 1 per cent. solution of sodium hydrate. It is necessary to have everything sterile, and it adds greatly to the ease of the operation if the rubber junctions connected with the three-way tap of the syringe are made of such thick rubber with so small a bore as to make it difficult to fit it on to the tap, because the ordinary thin rubber tubing is apt to slip off or become flattened if it kinks whilst suction is being made. When the needle is once fairly introduced care must be taken that it does not slip out of the vein. It is therefore handed over to the sole care of the patient if he is competent to look after it, or, if he is nervous, it must be given in charge of a nurse. If the needle slips out, or if the vein is not punctured fairly at the beginning of the operation, it is much better to employ another vein than to attempt any rectification in the one first chosen.”

COMBINED TREATMENT.

Mr. D'Arcy Power said further:—

“What is the best treatment for syphilis in the present state of our knowledge of the disease? Taking, for the sake of example, the case of a surgeon or of a nurse who is inoculated in the course of professional duty, the wound should be well washed under running water, like a wound obtained in the *post-mortem* room. It should then be dried and covered with an ointment consisting of 10 grams of calomel in 30 grams of lanoline. This mercurial ointment should be gently rubbed into the wound for five minutes, and a dose of salvarsan (0.6 gram) should be given intravenously. The prophylactic action of the mercurial ointment appears to end—at any rate experimentally—within twenty-four hours of inoculation; the salvarsan is said to be serviceable in checking the generalization of the disease even when the seat of inoculation has become characteristically indurated and the lymphatic glands are enlarged. The fact, however, that the lymphatic glands do not return wholly to their natural condition after the administration of salvarsan in early syphilis rather inclines me to distrust the drug as a sole remedy, and should lead one to give mercury in some form or another as soon as possible.”

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