

to Venereal disease. Congresses are held to discuss it internationally.

As regards Syphilis, the present results of scientific knowledge may best be summed up by saying that the more we know about it, the more we realize how little we know, and the wider spread we realize it to be. Although it is often said that Syphilis is decreasing amongst us, and Army statistics are pointed to as bearing out the statement, the truth is that day by day and week by week fresh forms and fresh manifestations of it are being recognised. And this recognition of the presence of Syphilis in the body has been largely facilitated by the test discovered by Wasserman, and applied to blood withdrawn from suspected cases. It is not uniformly effective; but at the least it has proved of great help in the diagnosis of such cases. Recently, Dr. H. Noguchi has published details of a skin test which he has named Luetin, a preparation for injection into, not under the skin, and which he claims to produce a characteristic reaction in cases of Syphilis. It is too early to gauge the value of his discovery. It *may* be the best guide we have yet had to diagnosis, and in conjunction with the Wasserman test reduce the number of doubtful cases which come under observation to a minimum. For the first step towards conquering a disease is the power of diagnosing it.

Other scientists meanwhile are at work on other deeply important investigations as to the origin and nature of the Syphilitic organism. Edward Halford Ross of the Lister Institute has, within the past six months given to the world his pregnant discovery of an intracellular parasite obtained from syphilitic lesions, differing in appearance from the Spirochaete pallida of Schaudinn, which he takes to be an earlier stage in the development of the Spirochaete, in this confirming the observations of Stassano and Siegel, who preceded Schaudinn in their discoveries. This, or an analogous organism is found in guinea pigs, in earth worms, in rabbits and hares. Others working along his lines are already consolidating the results of his researches. These are all practical matters of which we, as nurses ought to know the outlines at least, although the applied results of the discoveries must necessarily rest in the hands of our Senior Partners, as Dr. D'Arcy Power has so well named them, of the medical profession.

We pass to matters of treatment. A very few years ago, the world was startled by the announcement of a cure for Syphilis discovered by Ehrlich, and bearing the appalling name Dioxidiaminoarsena-benzyl, an impossible one,

quickly popularized into Salvarsan, and known in the profession also as "606" its distinguishing number in Ehrlich's laboratory. The lay papers as is habitual with them, ran away with the idea at once and trumpeted the "cure," whilst the more sober scientists shook their heads and prepared for a closer investigation of the facts. Salvarsan was soon succeeded by Neo-Salvarsan and more recently still by Yolia, the three being, to put it shortly, preparations of Arsenic. The preparation, diluted with distilled water is injected intravenously, or deep under the skin, or more usually into the muscles, and produces a very distinct reaction, sufficient to necessitate, in some foreign hospitals at least, the keeping of the patients in bed and the withholding of food. The subject of Salvarsan, its dosage, its so-called curative power, with, on the other hand its sudden and dangerous effects is one of the deepest interest to Nurses, who may at any time be called upon to observe and report upon a case of Syphilis under treatment. As regards its efficacy, opinion is gradually modifying more and more. It is recognized by many as an important factor in dealing with the disease, although the majority probably of those who thus recognize its importance would employ it only where mercury has failed and then alone within restricted limits and excluding a very definite range of cases. That it is not a specific cure is not only probable, but almost an ascertained fact. Rosenthal in America notes a case where a chancre developed 4 days after the intravenous injection of 0.6 grn. of Salvarsan. Gaucher and Levy-Franckel working in conjunction give this as the result of their observations, that "Salvarsan only modifies the evolution of the disease by *retarding* the further symptoms," and emphasize the danger of the false security given to patients, especially as regards marriage. "It whitewashes Syphilis, but does not cure it." Further knowledge can only be gained in time, as the result of multiplication of cases treated and of careful observation in all quarters of the globe and under widely differing conditions. That the dangers of the drug are great is shown by writer after writer. "Salvarsan," says a writer in the *American Journal of Medical Science* "appears to have a determining or precipitating or energizing influence upon syphilitic processes, perhaps identical with the influence upon which its remedial action depends." Its use, he adds has been attended by a growing list of affections of the cranial nerves, the brain and the spinal cord. Fritz Lesser tells us that it produces epileptiform convulsions. Schnidler

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