THE FIVE-DAY TREATMENT FOR SYPHILIS.*

Scientific research work which has yielded an effective five-day treatment of syphilis was begun seven years ago by three members of the medical staff of the Mount Sinai Hospital, New York City.

Twenty-five cases of early syphilis were first treated in 1933 by allowing neoarsphenamine to flow continuously into a vein at the rate of thirty to fifty drops a minute for a period of ten to twelve hours daily on five consecutive days. In this manner, as much of the arsenical drug as is ordinarily given in three months was given in five days.

The treatment was not repeated and the patients received no other form of therapy. The symptoms of the disease disappeared promptly and completely and the patients so treated have remained well. Nineteen of them were kept under observation for three years and fifteen of these remained under observation for a period of more than five years. With the exception of one questionable case, all of these patients can be declared to have been completely cured.

During 1938 and 1939, this work was repeated at the Mount Sinai Hospital by the same investigators; 350 patients were treated this time under the supervision of a special committee composed of representatives of the U.S. Public Health Service, the Health Department of the City of New York, the American Social Hygiene Association, the head of the Department of Pharmacology, Columbia University, the heads of the Departments of Medicine of Columbia and Cornell Universities, and of the Mount Sinai Hospital.

Although neoarsphenamine administered in this manner proved to be effective, its toxicity was still too great for safety. Work with this arsenical was therefore discontinued and arsenoxide (mapharsen) was employed in its stead on the last 266 patients.

By this new technic (the continuous-slow intravenous drip) the original aim of Paul Ehrlich, to rapidly rid the body of syphilitic infection has been accomplished without any greater toxicity from the drug (mapharsen) than is encountered in the present method of administering arsenicals, *i.e.*, in divided doses at five-days' intervals over a period of from one to two years.

Although the new method requires treatment in a hospital by competent experts, its advantage is that it reduces the period of treatment from an average of eighteen months to five days. Its great public health importance lies in that it takes the infected persons out of contact with other people and returns the majority to their homes freed of the menace of transmitting the infection to others.

Release, New York Academy of Medicine, April 12th, 1940

NURSING CARE.

Constant vigilance on the part of the nurse is of vital importance in this treatment of syphilis. If the temperature rises to 101.6 degrees and vomiting continues, the intravenous medication is stopped.

Important symptoms occur on the first day or the two days following treatment. During the first day of treatment symptoms sometimes occur which may lead to serious complications. These are: elevation in temperature, chill, nausea and vomiting, marked accentuation of the rash. During the two days following the completion of the treatment the nurse must watch for cerebral reactions. Although rare, they may include dizziness, extreme weakness, headache, speech impairment, confusion, and convulsions. A morbilliform eruption must also be watched for.

The nursing care of early syphilis by intravenous drip method necessitates bearing in mind these essential points:

1. The mental attitude of the patient during the institution of treatment.
2. The importance of careful observation of the patient in order to detect any untoward reaction to the drug.
3. The observation of strict isolation technic.
4. The maintenance of proper nutrition by forced fluids and high carbohydrate diet, because of danger of damage to the liver, no matter how organic arsenicals are administered.
5. Education of the patient. The patient must be taught that the disease may reoccur and therefore he must return to the follow-up clinic a week after discharge from the hospital, and once a month thereafter. If any symptoms occur which indicate a possible relapse he must return immediately.

Due to the possibility of late sequelæ, no patient should be discharged from the hospital sooner than two full days following the completion of the therapy.—Grace A. Warman, Director of Nursing, Mount Sinai Hospital, New York City.

* Reprinted from the *American Journal of Nursing*.

THE "CRUISE" VISOR.

When we realise how priceless a sense is sight, we wonder why its protection has not been more determinedly demanded in equipment for war.

To quote the *People* of August 4th:

GIVE EVERY SOLDIER EYE-SHIELD.

Give every member of the Armed Forces in Britain and Abroad a "Cruise" Visor. This is the urgent advice to the War Office of experts who have thoroughly tested Sir Richard Cruise's anti-war blindness invention, and who feel that the issue of the visors to a mere 5,000 soldiers as an experiment is only touching the fringe of the problem.

There is no further need for experiment, it is felt, with a device which has the unanimous approval of the Ophthalmological Society, and is the result of years of patient research on the part of its inventor.

The "Cruise" Visor, it is claimed, would cut down casualties due to whole or partial blindness by approximately 90 per cent.

A device which can accomplish such a revolution should be issued to our troops, not in thousands, but in millions.

Not only our soldiers, airmen and sailors, but every member of our Home Guard and A.R.P. Forces should be given the benefit of this device.

1914-18 LESSONS.

Made of duralumin, the visor is the product of over 23 years of scientific work.

Its evolution is a romance which had its beginnings in the final year of the last war, when a young R.A.M.C. captain, sitting in a shell-raked front line trench in Flanders, reflected with burning anger and pity on the appalling numbers of his comrades who were blinded or nearly blinded by shell fragments.

That R.A.M.C. captain is now Sir Richard Cruise, the King's surgeon oculist. He succeeded then in getting the War Office to adopt a visor which greatly reduced the numbers of eye casualties.

Simplicity is the keynote of the perfected device, which consists of a perforated sheet of duralumin, moulded so as to fit the inner curve of a steel helmet, to which it is attached by rivets.

A spring enables it to be kept within the helmet and makes it possible to lower it easily in an instant.

Sir Richard Cruise has already stated that well over half the cases of blindness in the last war could have been prevented by such a form of protection.

"Between 1914 and 1918," he said, "approximately 2,000 were blinded in both eyes and 40,000 in one eye."

The visor, the *People* holds, should be made available to every fighting man.

previous page next page