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THE HOSPITAL OPPORTUNITIES AND RESPONSIBILITIES TO THE SYPHILITIC*

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DETROIT

In contrasting the hospital attitude of today with that of twenty-five or even ten years past, we are gratified to note the broadening attitude now extended the syphilitic everywhere. It has been only a short time since a known syphilitic was barred from hospital care and sent to the outpatient department for treatment which he received for symptoms only, and was then lost, the staff assuming no responsibility for further treatment or for the safety of the uninfected. Today, still increasing numbers of general hospitals not only admit to their special wards patients with all stages of syphilis for treatment and control, but are administering a far greater service in educating not only the syphilitic, but also the interns and nurses who administer to his care and treatment. A growing responsibility, then, confronts every general hospital toward the syphilitic, and on our shoulders rests the mission of driving home this responsibility. The teaching hospital which welcomes to its wards and its medical service the syphilitic is embracing the most gigantic opportunity in preventing and treating the most prevalent chronic disease in all communities.

In a recent survey of the Class A hospitals of this country, it was found that an overwhelming majority were closing their wards to all physicians not members of their staff. The advantages of such an action as this were considered a distinct advancement over the open wards, and in no instance was there any intention of returning to the old open hospital methods.

The hospital management which marks the success of the leading hospitals in this country is the management which advocates the closed or restricted medical service. The most successful hospital service for the syphilitic is the restricted general hospital with closed free wards and closed outpatient service. The advantage of this type of hospitalization is obvious.

More and more the hospital is becoming the center for scientific medical investigation and teaching. The inability of the medical man, as well as the surgeon, to conduct a complete medical examination in his office is now becoming more generally recognized. Grouping of medical specialists in a closed teaching hospital is without question a distinct advance in medical study and teaching. General hospitals with closed wards conduct closed outpatient clinics, and the treatment

of all syphilis in all departments of the hospital should be under one department of syphilis and controlled by social service. The special service for the syphilitic must be equipped with the most modern laboratory facilities not only for determining an early diagnosis, but also to assist in the periodic treatment and teaching.

The medical service should be continuous and the responsibilities definitely placed on the chief of the service, with a selected corps of assistants. The service should first teach the intern staff of physicians who enter this department by selection, and few there are who are adapted to this work. They should be taught that no patient needs more human consideration from them than the suffering syphilitic, and there is no more appreciative class of patients and no more gratifying reward awaits them than that which is constantly coming from this unfortunate class when conscientiously treated. The true professional ministrations of the syphilographer in his daily rounds toward the syphilitic convey the most impressive teaching to the intern. The social service corps of nurses should also receive special instructions, so as to carry helpful knowledge and assistance to the syphilitic home rather than knowledge that is discouraging and detrimental. A course of special lectures and round table discussions with the social service staff of nurses is most helpful and advisable.

All syphilitics who enter the restricted wards or outpatient departments are recorded as syphilitics by the social service. This registration is made without objection on the part of the patient, because hospital records are considered private. Here, then, in the hospitalization of syphilitics we possess, next to the army and navy, the most accurate available records gathered in an unobjectionable manner. This registration will be of unequalled value in having on record the syphilitics of a community. The greatest difficulty in the hospital treatment of syphilis in the past was due to the inability of the hospital service to follow up and periodically treat the syphilitic. Here then, through the follow-up records of the social service department and clinics in which social service has been installed, we have the necessary data. Not only has attendance been enormously increased, but also the patient is voluntarily recorded and periodically notified when to return for further observation, laboratory checks and treatment. With this valuable service we are treating not only the symptoms of the disease but the disease itself and are preventing its transmission. When a syphilitic is registered under the social service department and that patient is a member of a family, we not only treat the one who presents himself, but we go into the family and determine the extent of the syphilis, and often the whole family is

* Chairman's address, read before the Section on Dermatology at the Sixty-Eighth Annual Session of the American Medical Association, New York, June, 1917.

found syphilitic. No hospital service can successfully treat syphilis without a well organized social service department.

Under this closed system these patients do not lose days of valuable hospital service because of inattention which comes through the shifting of responsibility. The syphilitics of a general hospital should all be in one department under the supervision of a group of specially trained men. This service should be wholly responsible for the absolute control and treatment of the syphilitics of that institution. When complications arise and the counsel of other specialists is necessary, cooperation is most essential. These specialists should examine and report to the head of the department recommendations for special treatment without any transfer to another department. The syphilitic cared for under such a system places confidence, first, in the syphilographer, and second, in the institution and its social service system of control. A small percentage of registered active syphilitics does not respond to periodic notification for return to the hospital for treatment. This irresponsible class should be compelled to return by an order from the probate judge until it is considered uninfected.

In no other disease is it more important that the confidence of the syphilitic in his physician be most firmly established. Rotation of service or the transferring to other services destroys this confidence, and its loss is most damaging and detrimental to the control of this class of hospital patients. This confidence must be maintained and continuously carried over weeks, months and years of observation. It is a fact that the syphilitic wanders from clinic to clinic and shops from physician to physician principally because of a lack of interest of the staff physician.

It is estimated that from 15 to 25 per cent. of patients admitted to all departments of the general hospitals are syphilitic. This percentage is based on routine Wassermann tests and clinical symptoms of several hundred patients, and to this number could be added a certain small percentage of syphilitics who do not show positive serologic findings or even clinical symptoms, but show a positive spinal fluid finding. With this percentage of syphilitics in our general hospitals, how absolutely absurd is the action of any hospital board in rejecting known syphilitics. This has been the status of syphilitics in our general hospitals for many years. Yet the percentage that has been recognized and received treatment during hospitalization has been appallingly small. This scientific proof of their existence in the hospital is most positive, and the remedy for the correction of the present existing situation is equally positive. Recommendations for routine serologic examinations, and also spinal fluid, in doubtful cases, is as necessary as any routine standing order for examination of patients admitted to the hospital. Routine urine analysis for the possible existence of albumin or sugar is a standard order for all hospital patients; yet how comparatively seldom is this pathologic condition found, and how even more important is the knowledge of the existence of a positive Wassermann test. With such routine recommendations, much unnecessary suffering and hospital expense would be spared. Recognition, then, of this class of unrecognized syphilitics means prompt and appropriate treatment, a shortening of the days spent in the hospital, and the restoring of a large percentage of this class to their self-supporting vocations.

Syphilis is not only a grave disease, but also a most expensive one, both to the patient and to the community and state. The early recognition and treatment of syphilis is far less expensive to the community and the state than the unrecognized, insufficient treatment of the patient. If we are to check the constant enlarging of our public institutions to accommodate the increasing number of hopeless inmates, we must thoroughly acquaint the voter and the legislature with the great importance of appropriations for carrying on a more extensive preventive campaign in the hospitalization, treatment and control of syphilis. They should further be cognizant of the percentage of inmates and public charges who are now confined in our state institutions, the cause being directly traceable to syphilis, both inherited and acquired. State appropriations should be most liberal and unlimited, now that we can scientifically prove that early recognition and treatment can greatly diminish the number of hopeless public charges and maintain many syphilitics as self-supporting citizens.

Medical history records that following all recent wars there has been a wide dissemination of syphilis; yet in no previous national conflict have the soldier and the sailor been so surrounded with scientific protection. All credit is given to the medical army and navy service for this protection. Even with every possible knowledge of the form of transmission, as well as the medical protection given, there will be much syphilis returning to our country following this international conflict. The infection acquired will be that transmitted from one nationality to another, and according to bacteriologic laws, strains of any organism placed in new fields, transmitted from one race to another, usually present the most virulent type of the disease. This class will consist of registered syphilitics who will be returned to the community in which they reside to be further treated in the general hospital. This is a most important approaching situation, and we should be aroused to this responsibility and to the stirring need for more hospitals and dispensaries equipped with the most modern facilities to meet this approaching medical problem.

Now that we possess and have at our command the knowledge of the etiology, methods of early diagnosis and specific treatment of this disease, we should strongly advocate the installing of a more uniform systematic method of medical service in our general hospitals for the control and treatment of the syphilitic.

Poisoning from Rhubarb Leaves.—The sudden death of a person (*Pharm. Jour.*, May 12, p. 413) alleged to be due to the deceased having partaken somewhat freely of cooked rhubarb leaves is reported from Enfield, England. The symptoms corresponded to those usual in cases of poisoning by oxalic acid. Owing to the scarcity of vegetables newspapers recommended rhubarb leaves as a substitute for cabbage. The public health officer of Enfield has issued a warning against such substitution. The editor of the *Pharmaceutical Journal* calls attention to the account of another death in 1901 from eating stewed rhubarb leaves. In this country the leaves are not commonly used as food but the leaf stalks are consumed to a considerable extent in the form of sauces and pies. The leaves and leaf stalks of rhubarb contain citric, malic and oxalic acids, chiefly as the calcium, magnesium and potassium salts. Of these, oxalic acid is the only one having distinctly poisonous properties. Cases of poisoning from eating stewed rhubarb leaf stalks are rare, probably because the amount of oxalic acid thus ingested at a single meal is small.