TREATMENT OF SYPHILIS BY INTRAVENOUS INJECTIONS OF MERCURY.

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THE treatment of syphilis by intravenous injections of mercury was introduced in this country at the Male Lock Hospital in 1895, and in the following year I read a paper on the subject at the Third International Congress of Dermatology held in London, an abstract of which appeared in THE LANCET of Dec. 12th, 1896. The number of cases then brought forward was 76, all of them males, and the number of injections administered was over 1000. I then employed a 1 per cent. solution of cyanide of mercury, the dosage of which was M xx. , at first given on alternate days, but later more frequently; the number of injections varied from 46 downwards, but in at least 10 cases the treatment had to be discontinued owing to the difficulties of finding a suitable vein, or at the patient's own request.

In my experience, this treatment was more rapid in its effects than any other method of mercurial administration, painless in comparison with intramuscular injections, and perfectly safe; the only objection I then brought forward was the difficulty occasionally experienced in introducing the hypodermic needle into a vein. The treatment did not for the most part commend itself to the members of the Venereal Diseases Section of the Congress owing to its inherent difficulties, and although its critics were not hostile, they were by means enthusiastic in its favour.

Reintroduction of the Treatment, and its Application to Women.

I did not persevere much with this treatment after 1896 for various reasons, one being that I was shortly afterwards transferred to the charge of the patients in the Female Lock Hospital, and I did not think at that time that women would be suitable subjects for intravenous injections owing to difficulties with their veins; another reason was the introduction at about that time of arsenical compounds which were then coming into vogue. In 1917, finding that my patients at the Female Lock Hospital rather welcomed and looked forward to their injections of salvarsan substitutes, and that the difficulty of intravenous injections in women had been greatly over-estimated, I decided to give the treatment a further trial, the results of which have been perfectly satisfactory. The number of women I have now treated amounts to 166, of whom 40 were pregnant, mostly in the early stage; the routine adopted was one injection of one of the salvarsan substitutes and five injections of the cyanide solution per week; the doses of the latter varied with the tolerance of the patient, and it was found that many patients could stand a dosage of 40 to 50 minims, so that they received 200 to 250 minims in the course of a week. The maximum number of cyanide injections given was 110, in a case of very severe and disfiguring framboesiform syphilide of the nose and face; in 16 cases over 50 injections were given, and in 13 cases 40 or more, and the average number given came out a little under 40; the total number amounted to considerably over 5000. The strictest attention was paid to the hygiene of the mouth, and the occurrence of severe gingivitis or other manifestations of mercurialism was rare, so that under appropriate treatment the injections had seldom to be interrupted for more than a few days; in two cases phlebitis and occlusion of the veins occurred, and necessitated the recourse to other forms of mercurial treatment. Of the 126 non-pregnant women, 82 had a positive Wassermann reaction (W.R.) on admission, and a negative one on their discharge; 30 had a positive reaction on their admission, and also on their discharge, free from all

symptoms; the remainder had a negative reaction both on admission and discharge, owing in some cases to the test having been performed before the evolution of the disease, and in others as the result of treatment before admission. Of the 40 pregnant cases, the W.R. was positive in 37 on admission, and negative in 3; of the babies born of these women 36 gave negative W.R.'s at birth, and remained negative until they and their mothers were discharged from hospital free from symptoms. In two cases the W.R. was positive at birth, but was rendered negative by treatment. Two cases of macerated foetus occurred at about seven months; one infant died of cyanosis and vomiting in 24 hours, one of jaundice in a fortnight, and one at two months of diarrhoea and vomiting. The treatment of the expectant mothers was continued up to their confinement, and was resumed shortly after; they were enjoined to suckle their babies for as long as was deemed expedient, and to present themselves and their offspring for inspection at intervals of two to three months. The average stay in hospital of these patients was about 16 weeks, but many of them continued their treatment as out-patients, and the remainder resumed their ordinary avocations.

Use of the Treatment in France.

Since my reintroduction of this treatment in 1917 I found that it had been strenuously advocated in France by Dr. Thibierge, of the St. Louis Hospital, as recorded in his work, "Syphilis and the Army," published in 1918. He there states his opinion that intravenous injections of cyanide of mercury are superior to all other forms of mercurial administration, and that they constitute an attacking treatment for which no "mercurial preparation suited for the treatment of syphilis in soldiers can be substituted." His plan of treatment in some respects resembles that adopted by me, but he commences with two or three intravenous injections of cyanide of mercury, then one of novarsenobenzol followed in eight days' time by a second injection of that substance; in the intervals between the novarsenobenzol injections an intravenous injection of cyanide of mercury is given daily or every other day; 12 to 15 injections in all, the course lasting from 18 to 24 days altogether. In Thibierge's opinion, if followed by regular treatment by mercurial pills it was sufficient to protect the patient from secondary disturbances.

Conclusion.

In conclusion, I am more than ever impressed with the value of intravenous injections of mercury, given concurrently with one of the salvarsan substitutes, and for the prophylaxis of syphilis I consider it to be infinitely superior to any other routine of treatment. I fully realise that it is not appropriate to the treatment of out-patients in the V.D. clinics, but I am convinced that it is the most reliable method for use in institutions where the patients can be induced to stay until the complete subsidence of all symptoms of syphilis.

For the careful records of these cases I am greatly indebted to my house surgeon, Dr. G. W. Rundle, and to Miss Ashby, matron of the Female Lock Hospital.

THE PEOPLE'S LEAGUE OF HEALTH.—Ten lectures are being given this autumn under the auspices of the League. On Oct. 13th Sir G. Sims Woodhead delivered the first lecture, and eight subsequent lectures will be delivered on Thursdays at 6 P.M. by Prof. E. Collis (Oct. 20th), Dr. W. A. Potts, Dr. Leonard Hill, F.R.S., Dr. Eric Pritchard, Mr. E. B. Turner, Mr. E. Farmer, Mr. Bishop Harman, and Dr. C. J. Bond. These lectures will be delivered at the London Day Training College, Southampton-row, W.C. The last lecture of the series will be delivered by Sir Maurice Craig at the house of the Royal Society of Arts, John-street, Adelphi, Strand, on Wednesday, Dec. 14th, at 6 P.M. The fee for the course is 4s. Further particulars may be obtained from the Honorary Organiser, Miss Olga Nethersole, at 7, Hanover-square, London, W. 1.