

We hear of the mistakes and oversights of the private practitioner that are discovered at the clinics, but the family doctor sees mistakes and oversights that occur there too. They are probably no greater in one than the other; they are inevitable in all practice.

But if only the work of the two could be combined how much less likely would be the occurrence of these mistakes.

Which is easier, to graft the general experience of the private practitioner on to the expert or to educate the practitioner in the work of the specialist?

However, cannot both practitioners be used, the general practitioner who has specialised in some degree carrying on the work of the clinic, with the assistance, when necessary, of the expert?

If all persons were insured every doctor's surgery might be a clinic, the communal clinic being used for consultative purposes, and for treatment that could be better and more expeditiously done there.

As the clinic system extends, the greater the need for efficiency, the greater the need for every sort of assistance, the greater the need for the general practitioner, with his special experience and opportunities. In fact, every extension of the system magnifies the impossibility of dissociating the domiciliary and consulting room work of the practitioner from that of the clinic.

When the medical man can follow through the cases that he cannot properly deal with in their homes or his consulting room, to the clinic or hospital, with their better facilities for diagnosis or treatment, and for consultation when necessary with other general practitioners or specialists; when he can do this, how much more keen must he become, how much more useful to the nation as well as to his profession.

He will come to have a different conception of his private practice as he realises, as he will if he has the chance, that it is all part of the great service that medicine has from all time endeavoured to give the world, though its efforts have too often been hampered for want of method and opportunity.

If the need and advantage of the assistance of the general practitioner is admitted the medical officer of health will not rest until he has found the means of using it.

In the actual arrangement and conduct of this there will no doubt be difficulties, but we

consult you, the experts and specialists in administration, believing that in consultation only can then difficulties be overcome.

But so important is an alliance with the general practitioner that to secure it treatment must be radical, if other means do not suffice; it might even be necessary to remodel the whole system of clinics.

There is already by the force of circumstances a constant convergence of various sections of medicine, the centrifugal forces are weakening, the centripetal are increasing. Yet we cannot shut our eyes to dangers that are incidental to the process, to recognise them is to avoid them.

The medical man is fearful of losing his professional independence, of which he is for many reasons, and I think rightly, very jealous.

But I am sure that he recognises that in a society so complex and interdependent as ours, there must be limits to individual liberty, and is anxious to discover some means by which he can combine his freedom of thought and method with that intimate and hearty co-operation between all departments of medicine, which is necessary for a complete and efficient service.

It must be remembered that in indiscriminate consultation there lurks a risk of the loss of that sense of responsibility which weakens instead of strengthening individuality, capability, and knowledge.

I appeal to you to do all in your power to enlist the services and sympathy of every practitioner. With every extension of the Insurance principle prevention becomes increasingly (his lowest) his pecuniary interest, with every fresh scientific acquisition, with every new opportunity for the better practise of his art, it becomes his highest inspiration.

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#### THE WASSERMANN REACTION—ITS VALUE AND LIMITATIONS.

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The numerous articles and correspondence that have taken place in nearly every medical journal during the last three years on the subject of the reliability of the Wassermann Reaction makes it quite clear that this test is not in any way pathognomonic, and that it is liable to lead practitioners into very serious error if they do not know its limitations.

The valuable article on this subject, by Mr. R. M. Pearce and Dr. G. J. Langley in the October issue of "Public Health," is of great value, as the number of tests applied on a large number of patients enable conclusions to be drawn, based on experiments sufficiently numerous to make the statistics based on them of weight and value.

If, however, a critical survey is made of the figures presented by these gentlemen, it is difficult to see how they arrive at their conclusions, which appear to be that the test is a valuable one as a means of diagnosis. Indeed, the results published in their various tables indicate that the results obtained by them were even less satisfactory than those which have been obtained by many other workers.

Table 1 shows that only 57 per cent. of untreated primary sores that have been present for 28 days give a positive reaction, and only 75 per cent. of similar cases in three months, only 65 per cent. of secondary cases, and 55 per cent. of tertiary cases. In treated cases, whether the treatment has been old, new, or inadequate, the positive results are at about the 50 per cent. line, and if no treatment has been given at all, the percentage of positives is about the same.

Table 3 shows that even with such strong dilution as 1 in 5, only 50 per cent. positive results are obtained under four weeks, and 65 per cent. in over four weeks, but under three months.

These results clearly indicate that the Wassermann Reaction is of no value for the diagnosis of primary syphilis, as it is an equal chance as to whether a positive or negative result will be obtained, even if the sore has been present a month. That out of 2,897 cases of florid secondary syphilis only 65 per cent. should give positive results, and that out of 1,242 cases of syphilis with tertiary lesions, only 55 per cent. should give positive results, suggests also that the Wassermann Reaction is of little value for the diagnosis of secondary and tertiary syphilis with the technique employed in the Pathological Department of the University of Manchester.

The value of a provocative dose of Salvarsan does not appear clear, as the three out of 53 cases that were previously negative and became positive are not very conclusive.

In Tabes Dorsalis also about an equal number of cases gave a positive and a negative reaction. Of cases which had apparently been

diagnosed as general paralysis of the insane, somewhat less than 50 per cent. gave a positive reaction of the cerebro-spinal fluid. Now, I think I cannot be accused as being a biased partisan in favour of the reliability of the Wassermann Reaction; indeed I think that I was one of the first to draw attention to the fact that this test was far from being pathognomonic, and that it was essential that its limitations should be known, (1) but my experience certainly leads me to believe that it is of greater value than the above figures would lead one to suppose, (2) and my experience, extending over ten years, does not cause me to modify the opinion I expressed in 1912, (3) that about 75 per cent. of positive reactions are obtained in primary cases, if the initial lesion has been present over one month; while florid secondary syphilis gives 90 per cent. of positive reactions, and tertiary lesions about 75 per cent., if the original technique is employed.

My figures also agree with those of Mott and Plaut, in finding about 90 per cent. of positive reactions of the cerebro-spinal fluid in cases diagnosed as general paralysis. In my opinion it would be equally a matter of regret if the general practitioner was led to believe that the Wassermann Reaction was of little practical value, or whether he was deluded into thinking that the Wassermann Reaction was an invariably reliable test in cases provisionally diagnosed as secondary and tertiary syphilis or general paralysis. I believe that a negative Wassermann is of very decided value indeed, as indicating a very considerable probability that in such cases the provisional diagnosis has been an erroneous one. Similarly, if a lesion is present, the nature of which is obscure, the presence of a strongly positive Wassermann Reaction indicates that anti-syphilitic treatment should be given, and the effect of such treatment noted before considering the advisability of proceeding to other forms of treatment.

#### References:—

- (1) Bayly, H. Wansey: "The Wassermann Reaction—Its Use and Abuse." ("The Lancet," 4.5.18.)
- (2) Bayly, H. Wansey: "Venereal Disease—Its Prevention, Symptoms, and Treatment" (1919). (J. & A. Churchill), London.
- (3) Bayly, H. Wansey: "Clinical Pathology of Syphilis and Parasyphilis" (1912). (Balliere, Tindall & Cox), London.