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THE TREATMENT OF SYphilis BY INTRAMUSCULAR INJECTIONS OF INSOLUBLE GREY OIL.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—With reference to Major Porter's letter on this subject in the August number of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, I beg leave to make a few remarks in reply.

I concur with Major Porter that Army Order 158 of September, 1907 (later embodied into paragraphs 1080 and 1174 King's Regulations), arranging for the out-patient attendance of soldiers, has "resulted in a large number of men leaving the Army cured, enormously reduced invaliding, and has diminished the spread of syphilis amongst the civil population." If Major Porter will look at the preface to my book he will find that 144 pages of printed matter were submitted by me for the consideration of the War Office in July, 1903. On the return of this manuscript in September, 1903, I was unable to publish my views as I was on the eve of foreign service, so I re-wrote the military aspects of what I had to say and submitted it for the Parkes Memorial Prize in December, 1905. This essay I later published in the form of a book "Syphilis in the Army, 1907." The so-called "attack on Colonel Lambkin" is presumably my reply in the July Journal, written at the request of many officers of the Corps, to the review of my book in the May Journal. Major Porter, in writing of his plan of treatment by intramuscular injection of insoluble grey oil, says "no treatment is ever given before the appearance of the initial rash." This is absolutely opposed to reason, to the best teaching of the profession, and to the mass of evidence of both civil and military experts, as judged by the Advisory Board Reports. In my opinion it is quite unjustifiable in the majority of cases to thus suspend treatment for three or four months after a man has contracted syphilis; and recent experimental research on monkeys conclusively proves this, and utterly condemns such a practice (vide article by Neisser in the British Medical Journal, October 10th, 1908; also Mr. Jonathan Hutchinson's remarks in "System of Syphilis, vol. 1, 1908)."

Regarding the efficiency of intunction methods, Colonel Lambkin wrote of an officer so far back as Army Medical Department Reports, 1891, Appendix IV.: "I saw him five weeks after his departure for Aix. I was astonished at the improvement he had made. Every sign of the disease had gone, he had put on weight, and looked a different man. The case made a great impression on me. I had two other similar cases. I was so struck with the above cases that I determined to pay a visit to Aix. In October, 1899, I went there. Class was well represented, from the peer to the prize-fighter. Most of the English cases I met were of at least a year's standing; they had been under treatment at home, but the disease recurring over and over again, and being sick of taking medicine internally, they at last found their way to Aix. They were all loud in their..."
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praises of Aix and the treatment, and the benefit they had derived from it. Here, I may remark, that it is astounding to me the ignorance that exists (whether real or assumed) among the profession in England concerning the treatment carried out at Aix-la-Chapelle. Dr. Brandis, at Aix, said, "Why do you not carry out this treatment in England?" I remarked "How can we without the Aix waters?" He answered, "You do not need the water; any water will do, provided it is soft. The baths are used solely for the purpose of preparing the skin for the inunction of mercury." I learnt that by far the best channel for the introduction of mercury into the system is through the skin, and that the internal administration of mercury into the system is radically wrong, and in my opinion should never be employed. In my essay for promotion, which I wrote in May, 1891, I gave the notes of my syphilis cases which were all treated at the Shorncliffe Hospital by this method, showing the marked success I had with this treatment." The practice at Aix prevails at the present day.

I am therefore surprised to see Colonel Lambkin, when reviewing my book, write that "nine times out of ten injections are used in the Army," and Major Ward, at the same hospital, wrote in January, 1908, "It is very seldom patients are put on inunctions; we have not had a case for a long time." This, quite apart from my description of the method of inunction in use at Woolwich being called "crude and antiquated." I also regret to see that Major Porter says, "In spite of the experience of the civil surgeons quoted by Major French, the number of surgeons who use it (i.e. intramuscular injections of insoluble salts of mercury) to the exclusion of all other methods is vastly in excess of those who treat the disease by inunction or by the mouth. I hope that what Major French has written, coming as it does from a specialist and teacher of young officers at one of our largest hospitals, will not have the effect of deterring our younger brethren from the use of intramuscular injections." I take marked exception to this reflection on my teaching, as some thousands of these intramuscular injections have been given to "out-patients" at Woolwich. For fifteen years, in large military stations, including Woolwich, Chatham, London and Cairo, I have tried most known methods of treating syphilis, and recorded the results. I have found inunctions of ung. hydrarg. the best in the early stages for in-patients, I also use mouth methods later, and advocate quinine as well for ten years. This possibly explains why there is only an average of eight cases of syphilis in hospital at Woolwich, a garrison of nearly 5,000 men, when in an identically situated town garrison 4,000 strong, viz., London, where in-patients are treated by intramuscular injection of insoluble salts of mercury, or soamin, twenty-six beds have been constantly occupied by syphilitic cases, and 687 venereal cases, including 121 cases of syphilis, have in addition been sent to Woolwich for treatment from London since September 17th, 1907, to date (October 10th, 1908).
Major Porter, speaking of a country garrison at Colchester 3,300 strong, says "the comparative emptiness of the 24-bedded ward which is appropriated to the treatment of venereal sores and syphilis is a constant source of surprise to those who know the strength of the garrison and the average of about seventy weekly out-patients."

At Woolwich the garrison is nearly 5,000 strong, the average weekly out-patient attendance for this year to date is thirty-five, and the average monthly attendance numbers twenty-six. In 1905, the strength of the garrison being the same, the average weekly out-patient attendance for syphilis was nearly 150 (in-patients being at that time treated by intramuscular injections of insoluble grey oil.) The "monthly" list is an inspection roll for men who have been over one to two years under previous active mercurial treatment, and who are waiting between courses of injections, &c. In October, 1905, when I instituted inunctions for in-patients, I was able to initiate this valuable monthly roll. It works well with Commanding Officers, and is popular with the men, as they appreciate the occasional escape from a too rigid weekly inspection. In large stations it admits of more detailed observation and treatment of the earlier cases of syphilis on the weekly roll. The reduction of syphilis at Woolwich has been effected by the early recognition and by the very thorough treatment of cases in hospitals by inunctions, baths, and dietary in the earlier and much more remediable stages of the disease, long before the rash develops. By these means tertiary syphilis and nervous affections are admittedly best prevented, and more thorough treatment is not made subservient to the convenience of a less curative weekly injection for "in-patients," which, as an extensive investigation has proved, does not curtail the time spent in hospital.

Woolwich,

October 10th, 1908.

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