AN IMPRESSION OF G.P.I.

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In a multitude of things the general view of the many is not at all flattering to the research work of the few, and I have had this impressed upon me very thoroughly so far as the treatment of general paralytics is concerned. Recently I held an appointment in a Mental Institute as a senior student and became vastly interested in the treatment of G.P.I. In systematic classes I had come to believe that treatment was carried out in these cases but that, generally speaking, it was hopeless. Now that I have seen the practical application of the treatment, I am far from agreeing with the futility of treating these cases. Let me add now that I do not, for one moment, believe that any treatment is curative in so far as recovery of loss of nerve function is concerned, but I do maintain that appropriate treatment will cure the activity of the spirochete, clear up mental disturbance to a great extent and make a useless mass of humanity into a useful machine again. Of course, there is always some mental deficiency, and in a few very advanced cases the syphilis is cured, but there has been so much cortical degeneration that mentality is too far impaired to permit of that person being housed in any other place but a mental hospital.

Then again, the general belief is that the 5 per cent of syphilitics developing mental symptoms is confined to those people who are dependent on their mental powers for their daily bread. In my very puny experience I have found no ground for this belief. Certainly I have come in contact with a mere thirty cases, but of these only one held a position in the industrial world where it could be said that his occupation called upon his brain more than on his physical powers, and he was a shipping clerk. There were ships’ stewards, picture-house attendants, labourers, carters and so forth, but none of these could be said to be in a position where his mental powers were taxed, nor could I elicit a constant history of strain through worry, etc. Most, indeed, seem to have had a comparatively happy, uneventful life. But, of course, to balance that is the permanent antipathy of people to admit causing worry to, or being caused worry by, their nearest kin. That general paralysis is commoner in the male than in the female I think is generally accepted, and in the Institute where I had the privilege of seeing those cases there was only one woman who might have been a general paralytic.

To bear out my remarks at an earlier stage refuting the hopelessness of these cases, I give the histories of one or two typical cases. The first case I should like to describe briefly is our most successful “cure.” In the autumn of 1930 he was admitted to hospital and his credentials were along the standard certificate lines: “He is hallucinated; he is slovenly
in his actions, disorientated as to time and place, dirty in his habits and a
nuisance to his relatives.” Actually his appearance was rather horrible.
His clothes were soiled with food, urine, and feces. He was unkempt,
unshaven and unwashed, his people remarking that he would not bother
himself, yet at one time he had taken great pride in his appearance. Now
he was listless and chuckled away to himself one minute and the next
was weeping, yet, at one time, he had been a virile, active, and athletic
young man. On examination it was found that the Wassermann reaction
was positive both for blood and cerebrospinal fluid. Well, he was put on
treatment almost immediately and responded very actively to the malaria
infection. Indeed, he caused some anxiety by the severity of his rigors,
of which he had the routine twelve, and was then subjected to necessary
quinine treatment. The malaria having cleared up he was given twelve
injections of tryparsamide during a period of six weeks. For the next
three months he was given injections of an intramuscular preparation of
bismuth and at the end of that time he had shown very remarkable
improvement. He could now laugh at himself for having his hallucinations
of grandeur, although he admitted still having them. With regard to his
general appearance, his old pride had returned to a great extent, and he kept
himself clean and carefully shaven. Gone was his listlessness and he proved
to be a very useful and industrious fellow about the place. His treatment
was continued, and when he was discharged from the Institute in the early
summer months of 1933 he was, to all intents and purposes, his old self
again. That man returned to his job as an attendant in a leading picture
house, where I often see him at the present day. His superiors say
that he is a very good servant and apparently the only difference in his conduct
is that occasionally he loses his usual geniality and is inclined to be
irritable.

Now permit me to describe a “failure.” This was a man whose occupa-
tion was that of a mate on a cargo vessel. On admission to hospital
his condition had not the hopeless appearance of the previous case, but,
nevertheless, he had very definite symptoms. However, he was aware of
his mental impairment, and it was only on very careful questioning that
it could be said that he was suffering from grandiose ideas. He was also
put on malaria and arsenic treatment; but with little or no avail. Here an
interesting point crops up. In contrast to the previous case this man did
not respond very actively to the malaria and his treatment was not a
success. This, to my mind, indicates that the prognosis in these cases is
dependent upon the reaction to the malaria infection. However, some
people hold that it is not the malaria but the accompanying elevated
temperature that gives the required results. Following upon this idea a
course of graduated injections of a B. coli vaccine has been given. The
temperature chart of one of the cases corresponds exactly to one of a
very active tertian malaria. Unfortunately, I have only seen one such
treatment, and that is quite insufficient for me to say whether it is a
valuable line of treatment or not. Certainly it did not appear to have the success attendant on malaria infection. To return to the actual cases whose treatment has been completed, I have developed the impression that the relative “cure” is dependent upon two main factors, firstly, the stage at which the disease is recognized and treated and, secondly, the reaction to the malaria infection. My impression is that the earlier the disease is recognized and treated and the more violent the malaria rigors, the better is the prognosis.

In discussing the cases of G.P.I. to which I refer, it has been borne home to me that prophylaxis, as in all diseases, is by far the best line of treatment. Why should anyone become a sufferer of neurosyphilis in any of its forms? It is admitted that adequate treatment in the early treatment of syphilis is preventive. Many people will argue as to the ignorance of people developing syphilis, but why should they not be educated? Notices are placed in out-of-the-way corners by the “Public Health Authorities,” and are seen by only a few, and those few merely glance at them. Recently there was a propaganda film, entitled “Damaged Lives,” which brought upon itself much adverse criticism, but I think it was one of the finest pieces of “herd” education yet released to the public. The grounds I have for stating this are the number of people who, on seeing this film, and realizing the dangers liable to follow upon the risks they had exposed themselves to, applied for advice at the various clinics for the treatment of venereal disease. Certainly a large number of these people were not infected but, to counteract that, there was a fair number who were, and who would not otherwise have applied for advice. Thus I think that a systematic education of the general public on the dangers of venereal disease should be carried through (for is not fear the emotion which most guides us in our actions?) and there would be much less need for treating G.P.I. in future.

AN UNUSUAL SURGICAL EMERGENCY: WOUND OF THE GROIN INVOLVING THE FEMORAL VEIN.

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Mrs. X. was cutting cardboard on her kitchen table with a large sharp knife, when the knife slipped and the point entered her right groin; there was immediate and very profuse hæmorrhage, which the patient herself managed to control partially by local pressure and the application of a constricting bandage around the thigh below the wound. She was seen a few minutes afterwards by the orderly medical officer, who, introducing local colour, described the scene as strongly resembling a bull ring at the end of an afternoon’s slaughter. The patient’s condition was extremely grave and she was transferred immediately to hospital, where I saw her