

WHAT WE ARE DOING IN VENEREAL DISEASES

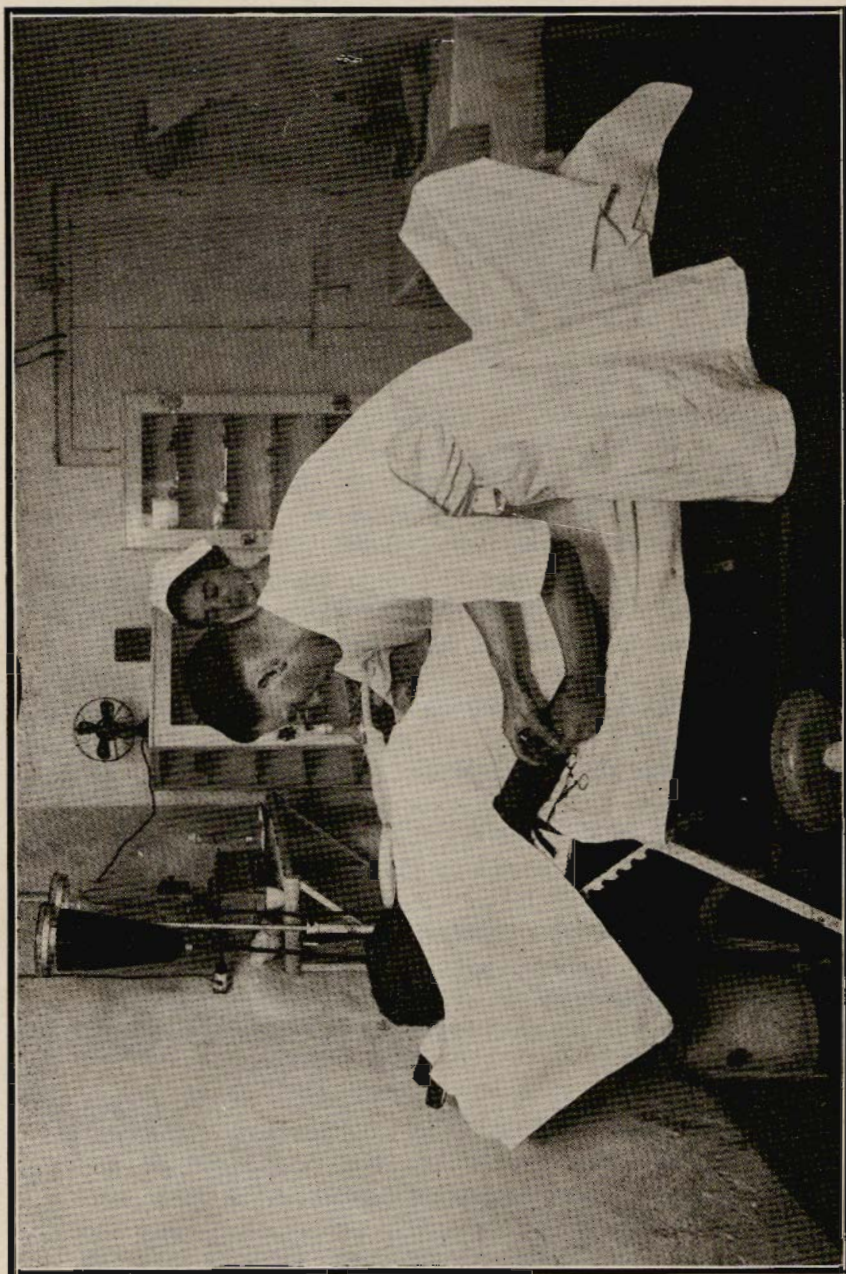
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On June 1st, 1923, the Legislature of Porto Rico appropriated the sum of \$12,000 for the prevention and treatment of venereal diseases. As babies' and mothers' clinics, tuberculosis dispensaries and other health centres were at that time in a stage of creation, it was not possible for us to inaugurate our work until January 15, 1924.

Although we have no exact knowledge of how much syphilis there really is in Porto Rico due to the absence of any form of registration or reporting of the disease to the authorities, still we feel sure that it ranks high, if not the highest among the causes of death. The advanced symptoms of this disease are classified by the general terms of apoplexy, Bright's disease, aortic insufficiency or stenosis, etc. With a high percentage of syphilis in the Island it is no wonder that we have still an infant mortality of 128 per thousand or 25 per cent of all deaths. Statistics show that at least 75 per cent of syphilitic children die under the first year of age. It was a knowledge of these facts and the realization of this great responsibility towards public welfare that induced the Department of Health to establish this bureau. In addition to the medical treatment given, we are also carrying on moral and educational prophylaxis at our University, public schools, private institutions, churches, etc., by lectures, personal advice and by the posting of placards.

Our work is still in its infancy, and the Department will soon establish other clinics. Other phases of a modern campaign are being contemplated such as the suppression of quack practice, prostitution and drug-store dispensaries as well as compulsory measures compelling patients to receive treatment and to continue it until discharged.

Our clinic is located at No. 40 San Sebastián Street, very near "La Perla" and "Boulevard del Valle", noted places of prostitution in the old days. The clinic consists of a large well-furnished waiting room and office and a record room with a small annex where patients with severe reactions may lie down. It also has five other rooms, each containing a table. One of these rooms, properly equipped, is used for operating purposes. The staff numbers six, namely, three



Treatment room. Social Hygiene Dispensary, San Juan.

doctors, one nurse, one male nurse and one clerk. The clinic is open from 8 to 11:30 a. m. and 1:30 to 4:30 p. m. Patients are treated in the morning. The afternoon is spent in taking samples of blood for the Wassermann test and in making examinations of patients who need special attention and care.

Before a patient is registered a blood test is made. If positive, a complete record is taken containing brief data regarding his family, past and present illness with a complete physical examination. Occasionally patients are registered on clinical diagnosis alone.

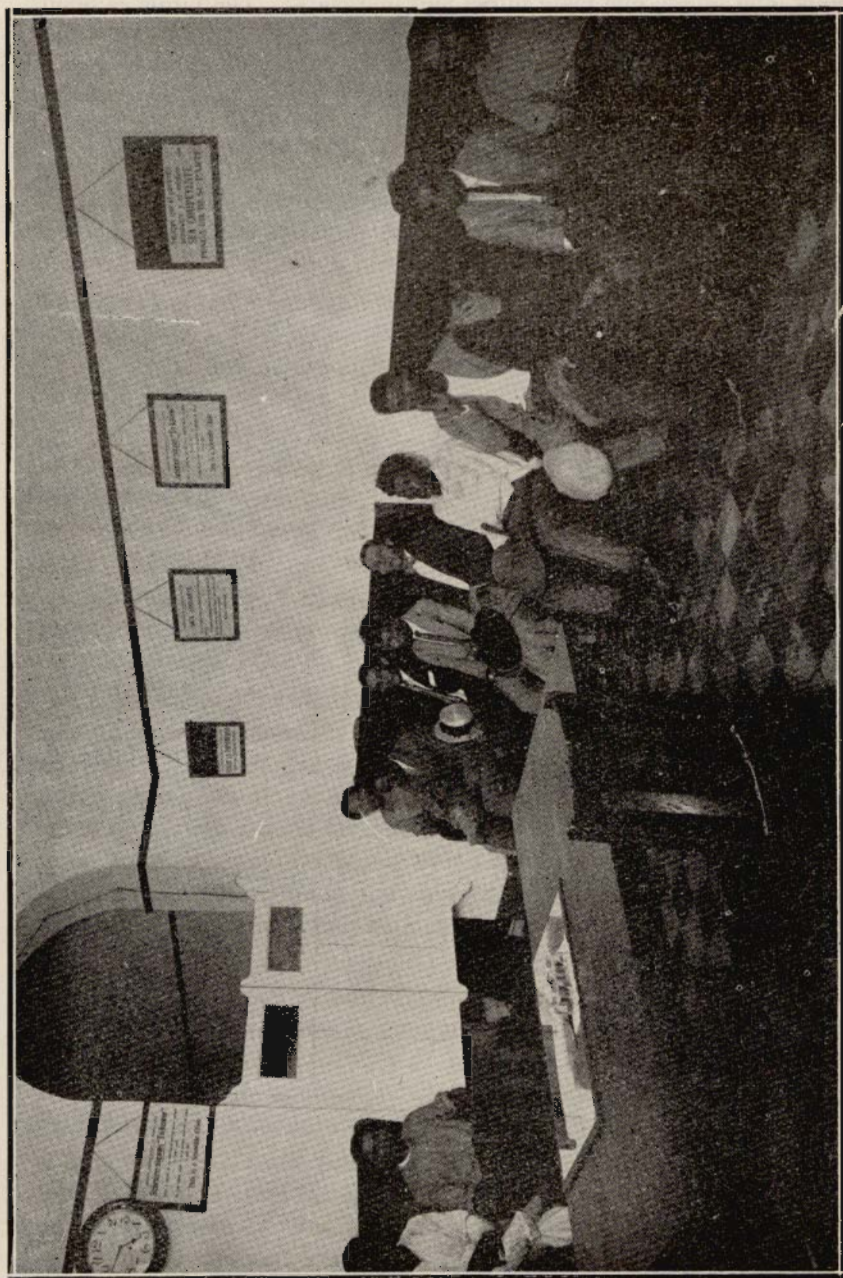
Before treatment is started patients are turned over to the Social Agency where a survey of their financial status is made. Some patients are able to purchase their own drugs which are administered by us gratis.

From January 15, 1923, to June 30, 1924, 702 patients were admitted, 433 females and 267 males. Six hundred and six patients had syphilis, ninety-six had other venereal diseases. Sixty-eight patients were children under twelve years of age, six of whom had gonorrhoea. Three patients had granuloma inguinalis. These were radically cured after the third or fourth injection of stybil. At present there are 1,500 admissions at the clinic and we take care of an average of seventy-five patients daily.

The management and treatment of patients as a whole does not differ greatly from that of other recognized clinics of the world. The neoarsphenamines and sulphoarsphenamines are injected weekly in small progressive doses, six to eight injections in all being given according to the severity of the infection as shown by the Wassermann test and the clinical signs. In desperate cases massive doses are administered. We find that by giving small doses patients withstand the drug better and severe reactions are not so common.

For children sulfoarsenobenzol (Biochemie) is used exclusively. They withstand the drug remarkably. Thus far no case of infection has come to our notice and although we are not quite ready yet to pass judgment on the efficiency of this drug as compared with the neoarsphenamine, still we may say that symptoms disappear rapidly. Sulfoarsphenamine has never been used subcutaneously in this clinic.

Following the instructions of Ehrlich and Shamberg, mercury is used after neoarsphenamine has been administered, and we do not mix or interchange drugs as it would be difficult to determine which of the two is to be blamed in case of a severe reaction or complication. We give mercury per os, intramuscularly and intravenously twice weekly. Ordinarily patients start with .01 gram of the cyanide.



Social Hygiene Dispensary, San Juan. Waiting room.

If withstood well, from seven to eight injections are given of .02 gram each. Some patients are sensitive to cyanide and develop symptoms such as sore throat, laryngitis, stomatitis, nausea and vomiting or even nephritis. These cases are immediately changed to bichlorol intramuscularly, or the bi-iodide of mercury intravenously. Patients with organic lesions of the heart, kidney, liver, high tension, fevers, or such other conditions rendering neoarsphenamine or mercurial injections undesirable or even dangerous are treated with intramuscular injections of bismuth salts, such as Quinby, Muthanol, Ruby, etc.

After a series of injections have been given a rest of four weeks is recommended at the end of which time a new examination of blood is made. Another series of injections is given whether the blood shows a negative reaction or not. Tryparsamide is being tried and a report on its efficiency will appear in the next article.

How much treatment a patient is to receive is of course a matter of experience. We continue treatment until at least four negative Wassermanns and one or two spinal punctures have been obtained at different intervals.

Although our experience is premature, nevertheless we have made a few observations in our work which we hope will be of service to some one. In about thirty per cent of syphilitic patients the Wassermann test is negative after the active secondary stage has passed. This is easily explained by the fact that the majority of the *treponema pallida* that gain entrance into the general system are killed by the body resistance, only a few remaining. Therefore, it should be clearly understood that the Wassermann reaction is only one of the signs of syphilis and not the whole diagnosis. A syphilitic chancre always appears at the place of direct contact and the spirochet remains in situ for about thirty days before gaining entrance into the blood stream. Realization of this fact and prompt recognition of a chancre is of vast importance, for as Still has said, "this is the golden time for the treatment of the disease". Experiments show that at least from six to eight injections of salvarsan are necessary to arrest the disease at the stage and prevent a general infection. Lesions located in the glans penis are usually of syphilitic nature. Patients with chancroids developing paraphimosis should be circumcised and a few injections of neoarsphenamine given as a prophylactic measure, especially if the inguinal glands are infarcted. We have often noticed small chancres concealed under the foreskin.

Our technique for injecting patients is practically the same as that used in other clinics. Defective vein punctures with extravasation of salvarsan into the neighboring tissues are often followed by proteidal reactions with skin manifestations, such as herpes zoster and local and general dermatitis. Curiously these accidents have occurred mostly in women right before and after the menstrual period.

In closing we will say that syphilis is a problem of public health rather than a matter of morals; that it is much more controlable than tuberculosis, against which we are waging an active fight at present, and that inasmuch as its removal from the Island will rid us of this plague, all efforts and expenses for such a noble end are justified.