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Syphilis

History, Recognition and Treatment

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You may have noticed a lot of advertising and education material around currently dealing with syphilis. That "it's back" and rates are "on the increase". The number of syphilis infections is certainly on the rise in Australia. Syphilis is a complex and fascinating infection that has been with humans for a very long time.

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A Brief History of Syphilis

Syphilis was one of the world's first identified sexually transmitted infections. It is documented as far back as the 1400s. A variation of the Treponema bacterium (the causative organism of syphilis) may have been around since prehistoric times. There are a number of theories as to where syphilis originated and how it was spread.

One of the most popular theories is that syphilis was brought back to Europe by Columbus' expeditions to the Americas. Syphilis existed in the Americas before European contact. It may have been a less contagious or virulent form but it was a disease to which the Europeans had had no previous exposure and against which it had no immunity.

The first well-documented European outbreak of syphilis occurred in 1494 amongst the French troops at war in Naples. The French soldiers were infected by the Spanish mercenaries serving King Charles. Then, as war raged across Europe, syphilis travelled with the armies and their followers. The syphilis outbreak in Europe in the late 1400s was a

true epidemic and many countries were affected.

When the signs or symptoms of syphilis were first recorded in 1495 it was described as pustules that often covered the body from head to knees. These would cause the flesh to rot and fall from people's faces. Death usually occurred within months of infection. By the mid 1500s the symptoms and progression of the infection was similar to the way it present today.

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Prior to this syphilis was known by many names. The Italians called it the "French disease" and in the eighteenth century the Tahitians called it the "British disease". These names came about due to the disease being spread by sailors and soldiers in foreign countries spreading the infection to local sex workers through unprotected sex. The local name for syphilis usually indicated which country these sailors or soldiers were from.

At first there was no cure or treatment for syphilis. Many types of treatments have existed over the centuries. A common treatment was the use of mercury, which continued in use until the twentieth century. Mercury was administered in many ways (orally, by injection or vaporised and inhaled). Another treatment was arsenic. Unfortunately these treatments did not fully treat the syphilis and as we now know they could cause their own health problems through poisoning. It was not until the discovery of penicillin that syphilis could be treated fully and effectively. Penicillin is still the effective treatment for syphilis today.

Some famous people linked to syphilis:

- Charles VIII of France, Adolf Hitler, Benito Mussolini, Friedrich Nietzsche, Vladimir Lenin and Henry VIII are all alleged to have suffered from syphilis;
- Al Capone contracted syphilis as a young man and was suffering confusion and disorientation from neurological syphilis by the time he was in Alcatraz;
- Artists Paul Gauguin and Eduardo Manet suffered from syphilis as did Russian author Leo Tolstoy.

The Tuskegee Experiment

A disturbing piece of medical research took place from 1932 to 1972 in Tuskegee, Alabama. A group of around 400 poor, largely illiterate African American men with syphilis were knowingly and deliberately not treated so that researchers could observe the natural progression of untreated syphilis. The end results were obviously horrific and devastating for these men, along with the lifetime of illnesses and problems that occurred because of their syphilis infections.

Syphilis Infection Today

In Australia the number of diagnosed syphilis infections has been on the increase since the early 2000s. Certainly in the last five years there has been a sharp increase in the number of reported infections. The majority of syphilis infections occur in men who have sex with men. This may be attributed to a number of factors such as decreased use of condoms for sexual contact. Also syphilis can be transmitted through oral sex and not many people use condoms for oral sex.

What is Syphilis?

Syphilis is an infection caused by a microscopic bacterium called *Treponema Pallidum*. Syphilis can be passed on through vaginal, anal and oral sex and from a mother to her child during pregnancy.

Syphilis is quite a complicated infection to explain. The most common symptoms in an early syphilis infection are an ulcer or ulcers on the genitals, in the anus or in the mouth. The ulcer is not painful. Another sign of syphilis is a rash on a person's chest or back, or the palms of the hands or soles of the feet.

As with most S.T.I.s a person may not know he or she has syphilis. If the ulcer is in a part of a person's body she or he cannot see and it is not painful, it is quite easy to overlook it. A person may not develop a rash or be aware of any symptoms. The only reliable way to know is to have a test.

Syphilis in the early stages of infection is very easily passed on. The infectious stage may last for up to two years. After two years a person is usually not infectious to others but if not treated the infection can go on to cause serious health problems later in life. This bacterium can affect a person's heart, brain and nervous system. The effects of untreated syphilis on an unborn baby are very serious and can lead to birth abnormalities or death.

What are the Tests for Syphilis?

Syphilis is tested with a blood test. If a person presents to a doctor or clinic with an ulcer they may take a swab as well. Swabs are now available in some centres that test for syphilis. As with any genital ulceration it is always a good idea for the clinician to exclude herpes infection, which is also tested for with a swab.

Rapid Testing for Syphilis

Many countries use "rapid testing" for syphilis. Normally test results can take up to a week for the test to be available, whereas rapid testing results can be available within the hour. Rapid testing for syphilis has not been approved for clinical use in Australia. There is currently a process of having this test validated for use in Australia. This test was recently used at the Mardi Gras Fair Day and may be at a number of sexual health clinics in Sydney. This is part of checking the accuracy and appropriateness of the test. It is foreseeable that rapid testing will become available in Australia.

Treatment

Syphilis is treated with penicillin injections, usually given in the buttocks. The number of injections needed is determined by how long a person has had the infection. If a person is allergic to penicillin another antibiotic may be used. If there are already complications from having untreated syphilis for a long time a person may need further tests and different treatment.

If a person is diagnosed with syphilis it is also important to contact current and past sexual contacts to notify them they may have been exposed. If a person is uncomfortable with doing this the clinician can assist. It is very important sexual contacts are notified to allow them to be tested and treated and avoid possible problems or complications from the infection. It is also important to know that being treated for syphilis does not give a person immunity from getting it again. Therefore if a person has sex with an untreated partner again or if they put themselves at risk again, they can be reinfected.

The best way to prevent transmission of S.T.I.s is using condoms for penetrative sex, condoms or dental dams for oral sex and gloves for fingering. When using condoms, the condom needs to be on before there is any contact with the other person's genitals. This means not just for the actual penetration but before there is any touching rubbing of another person's genitals.

If you have been diagnosed with syphilis you should not have sex until after treatment has been shown to be successful. It is important to tell any sexual partner(s) you had during the three to six months before you were diagnosed so they can be tested and treated, and so they do not reinfect you or infect anyone else.

If you have any concerns or questions about syphilis, please contact your doctor or local sexual health clinic.

Maggie Smith R.N.

Maggie was born in Brisbane and grew up on Stradbroke Island and moved to Sydney in 1996. She has been a nurse for over twenty years and is currently working as a clinical nurse specialist in sexual health and H.I.V. services. Through this role she was introduced to the transgender community and the specific, specialised and often under-resourced area of health care and

education. She is committed to improving access, knowledge and skills in health care to the transgender community especially within sexual health and is especially passionate about raising awareness within the medical and nursing field of the need for improved health services to the transgender community. As a member of the Gender Centre's Management Committee for several years, she has assisted the Manager and staff in developing health services through her knowledge of the health care system.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.