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## The new syphilis

*Let's face it, when you get the clap or something, you go straight to the clinic. Most private physicians have never seen a case of syphilis. I've made a deal with my doctor, though. If he'll keep an open mind, I'll give him plenty to read.*

B Y M I K E S M I T H

"But I've never had syphilis," Tom said, putting the magazine down. "Are you HIV positive?" I asked insistently. "You know I am." "Then you may have had syphilis," I argued, picking up the magazine. "According to this article in the January *Atlantic*, you may have syphilis now." I handed him the magazine again. "What's more, it may be syphilis that's killing you, not HIV."

My last remark came too quickly, I could tell. It was one thing to ask Tom to believe that, in addition to HIV, he had syphilis. It was too much, though, to expect him to believe it was syphilis alone.

"But . . . but," he sputtered, so many questions trying to get out at once, "what about HIV? Did scientists discover the wrong bug? And if I have syphilis, why hasn't my doctor picked up on it? The last time I went to the clinic my VD tests were negative. Well?"

I paused. Was I ready to beat my head against the wall again? A year of reading medical journals and talking with medical researchers, doctors and clinicians had taught me one thing at least. You've got to separate the know-it-alls from those with an open mind or you'll go crazy. One doctor at the VD clinic had not read an article on syphilis in fifteen years. He didn't even know that syphilis invades T cells and suppresses the immune system!

"Well," I continued hopefully, "theorists suggest HIV may be just a component of syphilis. You see, the syphilis you and I were taught about is not as simple as we thought. Remember the three-stage thing? You know, the primary stage of a lesion, followed by secondary and tertiary stages where syphilis progresses from a skin rash to a wholesale invasion of your vital organs?"

"Yeah, I read all that."

"Well, I had that kind of syphilis when I was 19," I said, almost casually. "I got a lesion, got tested then treated with the standard shot of 2.4 million units of penicillin G benzathine. Imagine my shock when I learned just six months ago that the treatment may have been inadequate. That it might only have masked the syphilis, driven it underground. There's a latent form of the thing, you know, that can sit around in your tissues, biding its time, waiting to go back to work." Tom stared at me, silent. "Did you know?" I continued, my voice getting louder, "the Russians take two years to treat a case of syphilis, the Italians one year? Europeans have long criticized our short-term approach."

Tom paused then shrugged. "So why can't we just go the clinic and get tested? I don't see the big deal."

"Another dilemma," I announced, eager to share what else I'd learned. "It seems the standard syphilis tests are increasingly unreliable. The *Journal of the American Medical Association* (January 16, 1987) suggested that such tests may no longer be valid, particularly in persons with compromised immune systems. Sound familiar?"

Tom grew quiet. I could see I was getting through. "How did you get on to this?" he finally asked.

"Well, the *New York Native* has been a champ about it. Since last February they've promoted the theory. It really started, though, with a medical researcher in Berkeley named Joan McKenna." I reached for the *Atlantic* again.

"I know, I know, it's all in here." Tom said impatiently. "So what happened?"

"A friend of mine knew I was interested in



Illustration by E. Ann Hinds

the connection and came across McKenna's article ('Unmasking AIDS: Chemical Immunosuppression and Seronegative Syphilis,' *Medical Hypotheses*, December 1986). I was stunned. I had to talk to her. So I tracked her down and went to see her a couple of days later."

"Just like that."

"Just like that. Our meeting was the most informative two hours I ever spent. She knows more about syphilis than anyone. She got me started on the medical journals and has listened patiently to all my arguments since."

"So let's get to the nitty-gritty. What did you do?"

"Well, after plenty of reading and talking — and listening — I found a doctor in Palo Alto who was one step ahead of me. He believed enough in what McKenna was saying to try out some high doses of penicillin."

"How high?" Tom asked hesitantly.

"20 to 40 million units a day. Aqueous penicillin in an IV drip."

"Jesus, that much!"

"Yep. Anything less may mask it again. Though, I must admit, I'm still not sure whether it's the amount or the duration."

"What do you mean?"

"Well in Germany they're using these big doses in continuous IVs over a three-week period. In New York there's a doctor who's claiming success with the more conventional oral penicillin over several months. Penicillin kills syphilitic spirochetes only when they're reproducing, so how much penicillin and how long is still up in the air. And, of course, each individual's situation is different."

"So what happened after your treatment?"

"Well, about three weeks after I finished, I had blood work done and, guess what?"

"Yeah?"

"Yeah. Things improved for the first time in about three years. Various parameters started to show normal or closer to normal. And my physical symptoms improved. The thrush has all but disappeared and my energy and weight are normal."

"So you're . . . 'cured'?" Tom asked hesitantly, fishing around for the right word.

"Whoa! Not at all. I mean, it's only been a couple of months. I'm still not even testing positive for syphilis."

"You mean you went through all this without even knowing whether you had syphilis?"

"Remember what I said about the tests. Listen. One of the guys in our group was really out in left field. Like you, he had never had

syphilis. When he'd been diagnosed with KS a couple of years ago, he took the veil and began the Big Search. He too found McKenna. Then, about a year ago, he went to this doctor and did three weeks of IV penicillin. His KS lesions started to disappear and he developed what appeared to be a syphilitic rash. But he was negative on the tests! So he went through the whole thing again seven months later. And finally, ten months after his first treatment he shows positive on the tests. He was so excited when he called me, 'I've got syphilis, I've really got syphilis!'"

"So his immune system was starting to kick in?"

"Exactly. He had been so shot — and the syphilis was so subtly buried — he didn't even test for it. But after two courses of IV penicillin his immune system became normal enough for him to test positive. Take my case. Following my first bout with syphilis, I was diagnosed again in 1972, then again in 1973. And of course, treated both times. Then in 1975 I was diagnosed again, only now it was 'early latent' syphilis. I was treated again. Then diagnosed one more time in 1976 (again 'early latent') and treated again. Now even though my sexual practices didn't change until 'safe sex' of the early '80s, I supposedly never contracted syphilis again. In fact I remember saying to a friend about 1982 that it seemed strange that I was no longer catching syphilis. 'Have I become immune?' I asked naively. Well, now I know it was either the same case all along or perhaps several cases in several stages, all becoming less typical, less trackable, less treatable. Finally, about three weeks after this new treatment with IV penicillin, along comes a rash. I guessed what it was, but I wanted as many opinions as I could get. I even called Germany."

"Germany?"

"Yeah, there are two doctors there who started using IV penicillin on AIDS patients in 1981, though they thought at first it was endocarditis due to gonorrhea. They told me many of their patients had developed a rash. Well, the rash, they say, is secondary syphilis ('awakened' from latent syphilis) being excreted through the skin. A doctor in New York agreed and added that it might be complicated by staph. Mine comes and goes but appears to be fading."

"So, you're cured?" Tom repeated.

"No, no. I'm reprieved . . . maybe. I'll wait a few months, get some more blood work, and, who knows. I may have to watch this thing the rest of my life."

"Well," Tom concluded, drawing in a breath. "This is all a bit much. I'm not sure what to make of it."

"I can tell you one thing. If you walk out that door and start yelling 'syphilis!' they're going to think you're crazy. And if enough people tell you you're crazy, you'll start believing it. Take this to your doctor," I said, making him a present of the *Atlantic*. "Ask him if he has an open mind. Tell him you'll bring him the research if he'll read it. You know, the drug and medical establishments stand to lose face — and money — if it turns out to be syphilis. So be ready for the worst. But tell him too you've only got one body to leave to science and you're not ready to part with it yet. OK?"

*Mike Smith was diagnosed "with something" last summer. He has become an AIDS activist, speaking before various groups about the syphilis connection. He can be reached at (415) 552-1358. In addition to the references mentioned above, he suggests the following reading: New York Native (most issues since February 1987), the British Journal of Venereal Disease (most issues of the last fifteen years), the New England Journal of Medicine (June 18, 1987), Pathogenesis and Immunology of Treponemal Infection by Schell and Musher (Marcel Dekker, New York, 1983), and No Magic Bullet, A Social History of Venereal Disease in the United States since 1880 by Allan M. Brandt (Oxford University Press, 1987). Joan McKenna heads the Institute of Thermobaric Studies, 2811 Martin Luther King Jr. Way, Berkeley, Calif. 94703.*