

No place for complacency

Claire Denness

'He who knows syphilis knows medicine,'¹ said Sir William Osler, of the spiral-shaped bacterium, *Treponema pallidum*. He continued, 'know syphilis in all its manifestations and relations, and all other things clinical will be added unto you'.²

Powerful statements from one of the fathers of modern medicine, which reflect both the prevalence of syphilis in the 19th century (it had its own specialty – syphilology¹) and its ability to mimic a huge range of other diseases with diverse systemic manifestations, sometimes only appearing decades after the initial infection.

Syphilis has been endemic across the world for hundreds, if not thousands, of years. Aside from its place in medical archives, references to syphilis can be found throughout the arts, literature and history.³

It is a disease that has long been associated with stigma and shame, with affected countries blaming their neighbours for it, and naming it variously 'the French disease', 'the German disease' and the 'Neapolitan disease'.⁴ However, syphilis spreads despite geographical borders and social status: Queen Mary I of England, Oscar Wilde, Friedrich Nietzsche and John Keats are among those believed to have been infected.⁴

As remedies evolved from sassafras root and mercury-based treatments to penicillin,⁴ perhaps we thought we had triumphed over 'this great imitator' but its resurgence suggests otherwise, as an article in the March 2024 issue of *AJGP* discussed.⁵ Campbell et al remind us with their case study in this issue that syphilis might be 'forgotten, but [is] not gone'.⁶

Scabies is another infectious disease that has accompanied humans for millennia; there may even be a reference to scabies in the Bible.⁶ It is one of the earliest human diseases for which a causative agent was known; the

identity of the mite *Sarcoptes scabiei* being identified in 1687.⁷ Like syphilis, scabies is a disease associated with stigma and shame, and is an excellent imitator.

As Iyengar and Chong discuss in this issue of *AJGP*,⁸ it mimics a range of dermatological disorders, such as atopic dermatitis and dermatitis herpetiformis. Like syphilis, it can have devastating consequences – especially crusted scabies, which has a five-year mortality rate of 50%.

Creutzfeldt–Jakob disease (CJD) is another devastating, almost always fatal, infectious disease, first identified in the 1920s.⁹ It is a disease that has, perhaps, slipped from our consciousness after the widely publicised variant CJD (vCJD) outbreak in the UK in the 1990s. As Scott et al remind us in another case study in this issue¹⁰, most cases of CJD will present to a general practitioner (GP) in the first instance, and it needs to be considered in all cases of rapidly progressive dementia.

The most recent reminder, of course, of our susceptibility to infectious diseases is the COVID-19 pandemic. Thomas et al explore the experiences of GPs diagnosing and managing long COVID¹⁰, discuss the associated challenges and provide some recommendations.

Finally, Gunnarsson et al discuss the use of point-of-care tests (POCT) for group A streptococci (GAS) in the wet tropics¹¹, providing a timely reminder of the need to practise excellent antibiotic stewardship. The article is an uncomfortable but necessary reflection on the fact that Australia has one of the highest rates of antibiotic prescription in the world.

As syphilis's resurgence and COVID-19's emergence demonstrate, there is no place for complacency when dealing with infectious diseases, be that in our history-taking, clinical reasoning, investigation, management or preventive care.

For many people with an infectious disease, or seeking protection from one, GPs will be the first healthcare professional they consult, and to quote Sir William Osler again:

*It cannot be too often or too forcibly brought home to us that the hope of the profession is with [those] who do its daily work in general practice.*¹²

– Sir William Osler

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References

1. Rayment M, Sullivan AK. 'He who knows syphilis knows medicine' – the return of an old friend. *Br J Cardiol* 2011;18:56–8. Available at <https://bjcardio.co.uk/2011/04/he-who-knows-syphilis-knows-medicine-the-return-of-an-old-friend> [Accessed 4 June 2024].
2. Preston PW, Carter JJ, Malu MM, Abdullah A. Syphilis: The return of the great imitator. *British Association of Dermatologists*, 2022. Available at <https://cdn.bad.org.uk/uploads/2022/01/29200046/Syphilis-the-return-of-the-great-imitator.pdf> [Accessed 4 June 2024].
3. Marinković Z, Dukić S. [Historical and medical review of syphilis-afflicted army leaders, rulers and statesmen]. *Med Pregl* 2011;64(7–8):423–27 (Historical and medical review of syphilis-afflicted army leaders, rulers and statesmen) (Internet).
4. Tampa M, Sarbu I, Matei C, Benea V, Georgescu SR. Brief history of syphilis. *J Med Life* 2014;7(1):4–10 (Internet).
5. Phua G, White C. The resurgence of syphilis in Australia. *Aust J Gen Pract* 2024;53(3):133–137. doi: 10.31128/AJGP-08-23-6943.
6. Campbell DE, Uribe E, Mothobi N, et al. Syphilis the great mimic: Forgotten but not gone. *Aust J Gen Pract* 2024;53(10):714–18. doi: 10.31128/AJGP-06-23-6858
7. Arlian LG, Morgan MS. A review of *Sarcoptes scabiei*: Past, present and future. *Parasit Vectors* 2017;10(1):297. doi:10.1186/s13071-017-2234-1.
8. Iyengar L, Chong A. Scabies: A concise synopsis. *Aust J Gen Pract* 2024;53(10):710–12. doi: 10.31128/AJGP-06-23-6863.
9. Henry R, Murphy FA. Etymologia: Creutzfeldt–Jakob Disease. *Emerg Infect Dis*. 2017;23(6):956. doi: 10.3201/eid2306.et2306.

10. Scott D, Solvyns S, Ralston D, Hely MA. Creutzfeldt–Jakob disease: From presentation to palliative care. *Aust J Gen Pract* 2024; 53(10):699–702. doi: 10.31128/AJGP-09-23-6955.
11. Gunnarsson RRRK, Orda U, Elliott B, Heal C. Carrier rates of group A streptococci in the Australian wet tropics and their impact on the clinical usefulness of throat swabs. *Aust J Gen Pract* 2024; 53(10):727–30. doi: 10.31128/AJGP-07-23-6897.
12. Quotefancy. Top 120 William Osler Quotes (2024 Update). [quotefancy.com](https://quotefancy.com/william-osler-quotes), 2024. Available at <https://quotefancy.com/william-osler-quotes> [Accessed 5 June 2024].

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