Medical history and some thoughts about the possible connection between syphilis and AIDS

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Personal STD history

I am gay, 59 and led a very active sex life during the 1970's. Indeed, I was more sexually active in middle age than when I was younger.

In 1962, I was diagnosed with syphilis. This was my first and *last* such diagnosis. It was a long time ago and at the time, I had little knowledge of syphilis except that, while it was considered to be a very dangerous disease, it was curable with penicillin. My doctor died a few years ago and apparently kept such poor records that the only certainties I have about this incident are: (a) a dark-field test identified *T. pallidum* in a sample my doctor took from the chancre on my anus. He performed the test himself, and (b) I was treated with a series of twice weekly shots in the gluteus of penicillin in peanut oil for six weeks.

Unfortunately, I have no way of knowing what the results of my VDRL tests were at the time, and whether or not I had begun to produce antibodies. The time between my awareness of the painful chancre and the onset of treatment may have been no more than about two weeks.

After this, I took my doctor's advice and had a VDRL test every six months during the 60's. Later, I tended to forget and was probably not tested more frequently than about once a year. During this time, I experienced 3 or 4 episodes with non-specific urethritis and was treated with tetracycline.

Three and one half years ago, I tested positive for HIV. My CD4 cell count has dropped from approximately 700 then to around 100 now. Under the current CDC definition, I am a person with AIDS, even though I have suffered none of the major opportunistic diseases. During the past 10 years, I have had two bouts of herpes Zoster, perhaps the only obvious indication that my immune system is compromised.

I have never smoked. As a chemist, I was fully aware of the potential for nitrosamine production with chronic inhalation of butyl- or amyl nitrite, so, quite apart from the fact that I hate the smell, I never used poppers. My only drug of choice is alcohol.

I refuse to take such drugs as AZT since it seems absurd, at best, to kill healthy cells in an already compromised situation. My appetite is good, although I have lost some weight in the last year. My energy level is that of an otherwise healthy 59 year old. On the advice of my current doctor, I have begun to take some vitamin supplements and prophylaxis with septra against PCP.

About 10 years ago, a very itchy rash developed on a large part of my body. The dermatologist could not explain it and after about 3 weeks, it subsided. Both before and after, I have had itchy skin, particularly on my legs. When I scratch to relieve the itch, the skin tends to bleed here and there and then scab over. Since this was little more than an irritant, I have tried to ignore it. Recently, the rash reappeared. Whether due to septra or not is difficult to say. After temporarily going off the vitamins and septra, the rash has gone, but my skin retains its sometimes uncomfortable itchiness. I have resumed the vitamins and septra at a lower dosage.

Syphilis and HIV/AIDS

Back when HIV (then known as HTLV III or LAV) was proclaimed to be the cause of AIDS, I remained skeptical. Although I have no more than general knowledge about the behaviour of viruses, it seemed to me that an organism as relatively simple as a virus could not be responsible for the complexity of AIDS. Ten years later and I remain even more skeptical of and perhaps hostile to the hypothesis that

HIV causes AIDS. I suspect you will now be tempted to dismiss me as being stuck in Kübler-Ross's denial stage of death and dying. I can assure you that I have long gone through the entire process and base my doubts on the fact that, after 10 years, HIV has not been *scientifically* proven to be the sole or even partial cause of AIDS. Epidemiology does not prove causality. There *must* be at least a co-factor and syphilis is a prime candidate, at least within the gay male risk group.

You have been in contact with John B. Scythes and are probably aware that he has a formidable knowledge of syphilis. Although not a doctor, he is scientifically trained and after watching too many friends die with what appeared to him as signs and symptoms of late untreated syphilis, he decided to make himself an expert syphilologist by exhaustive reading in the literature. He also reads widely in the HIV/AIDS literature, since he is convinced of a connection between syphilis and AIDS that is not being taken seriously enough. Over the years, he has developed a hypothesis for the etiology of AIDS in the gay male risk group that makes far more sense to me than the HIV hypothesis. He allows for the possibility that HIV may play some part, but considers syphilis to be the main factor.

Late stage syphilis and AIDS

At the risk of oversimplifying his thesis, I will try to extract what I think is most important for my request to you.

One of his conclusions is that the VDRL is useful for a screen *only* for those persons with an immune system competent enough to mount a response. Since untreated or late syphilis is known to cause problems with the immune system, it is probable that the VDRL would fail in persons who have been super-infected or were not biologically cured.

During the 70's, many of us gay men celebrated our newly found liberation with a great deal of multi-partner, unprotected sex. Many of us knew that syphilis was potentially dangerous but assumed that the VDRL would detect any problems and we could then be treated with antibiotics. Even in the improbable event that all of us had been regularly tested, there *must* have been a number of incidents of falsely negative VDRL results. The estimate of thousands of untreated syphilis cases in the US would lend credence. Given the timing, coupled with the change in treatment protocol, little more than late stage syphilis is needed to explain the AIDS epidemic of the 80's, at least in North America. Differences in the gay experience and medical practice could explain the much lower incidence of AIDS in Europe.

Myself and syphilis

As noted previously, I encountered *T. pallidum* in 1962. I find it very difficult to believe I somehow avoided it altogether during my more sexually active period. At the time I tested positive for HIV, I tested negative or unreactive in the VDRL, FTA-ABS and TPI. Recent results with the VDRL and FTA-ABS are the same. As my doctor put it: "It's as though you never had syphilis!" The likely explanation is that a subsequent undetected reinfection has caused the loss of antibodies and quite probably my present condition.

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