

Peer Review

Review of: "Syphilis: A Review of the Controversies on Its Origins and Research of Its Arrival in Quebec, Canada"

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SEE THE ATTACHMENT FOR CORRECT REVIEW. THE TEXT BELOW IS GARBLED AND HAS NO REFERENCES INSERTED.

1. The authors are probably medical practitioners concerned about the persistence and spread of one of the most common and dangerous sexually transmitted infections that is now affecting disadvantaged communities in developed countries such as Canada, Australia, and the USA. They concentrate on Canada for obvious reasons of their residence in Quebec. Syphilis today is easily treated with penicillin G and some new antibiotics, and its spread is easily preventable by good-quality sexual education and access to medical services. This aspect of their paper, which can be seen as a call to action, is valuable.

2. However, its value as a review of the disease's origins is very low. The review is misleading and presents incorrect conclusions. The authors state that they conducted a search of the literature in both French and English, but they missed major publications on the origin of syphilis, such as Dutour, O., 2022. L'origine de la syphilis: Colomb enSn innocenté?. Les nouvelles de l'archéologie, (169), pp.29-34, or a

fundamental collaborative 2020 publication in English [1]. They ignored
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published paleopathological evidence in peer-reviewed journals of the
pre-Columbian presence of syphilis in Europe, Africa, and
Western Asia. There is more evidence of pre-Columbian syphilis in
Europe in figurative art, and there are publications in languages
other than French and English describing pre-Columbian cases in
Europe and West Asia. Relying mostly on a single paper from
2005 (item [3] in their publication) to understand the complex history
of syphilis is unacceptable, especially since after 2005 there were many
findings and discussions that changed the picture of the history of the
disease.

3. The Columbian origin of syphilis in Europe is no longer the standard
theory. This theory may still be taught in some courses in medical
schools. Similarly, the authors naively state that the first effective
treatment of syphilis was the penicillin introduced in the late 1940s.
Since Classical Antiquity, mercury and its compounds have been used
to treat syphilis. The results of these treatments were varied, but many
children with congenital syphilis treated with mercury survived to
adulthood. In 1910, Paul Ehrlich introduced an arsenic-based
medication – Salvarsan – that was largely effective against syphilis,
though it required treatment longer and more complicated than one
dose of penicillin G. The introduction of penicillin made treatment of
syphilis much easier, but it could not prevent its spread, which is
dependent on the sociocultural situation of persons transmitting the

disease. Understanding the dynamics of the spread of sexually transmitted infections is a worthwhile subject that the authors may engage in in the future. Many human chronic infections have evolved in historic times and will continue evolving into the future, most likely towards reduced pathogenicity, and medical practice and public health may play an important role in reducing the threat posed by those diseases.

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Attachments: available at <https://doi.org/10.32388/ADZLAE>

Declarations

Potential competing interests: No potential competing interests to declare.