V
THE VACCINE THERAPY OF GONOCOCCAL INFECTIONS

ACCOUNT OF A DISCUSSION HELD AT A MEETING OF THE M.S.S.V.D. ON JANUARY 23RD, 1925

The President said those present would agree that the papers just contributed presented something to think about, and it would be a pity if what had been said by the authors was confined to those present, therefore perhaps Dr. Panton and Dr. Renshaw might agree to enlarge on the subject a little in the Society's new Journal. The discussion would be continued at the next meeting, but as Dr. Renshaw might not be able to attend at that date, he invited members to address to him any questions that occurred to them.

In answer to the question addressed to himself, he believed that in India the soldiers had Haffkine's vaccine to clear up gleet.

Mr. T. P. Beddoes said it had been a great pleasure to him to listen to the President's address, and to the two careful papers. When one remembered the hostility which existed between the clinician and the pathologist, even until later than Lister's time, it was gratifying to reflect upon the much greater harmony now prevalent. In other countries, particularly in America and Germany, there was much more team work than here. There were many reasons urging the Englishman's individuality to object to team work; the co-operative spirit was more marked among pathologists than among clinicians; the former were, more or less, in one building, clinicians were all separate. The papers had shown that clinical work was capable of large advances. The subject for consideration on this occasion was a special one, and was worthy of every consideration; the Society was very fortunate to have had these views placed before it.

Major A. T. Frost said the President, in his address, had opened up some very important questions. The amount of ill-feeling which had existed between clinicians
and pathologists was now dying out. Some years ago he had the same difficulty in getting the clinician to look at the pathological results in order to help him to interpret his clinical findings. The pathologist would have to "take the bull by the horns" and give the clinician an idea of what he had to do to confirm a diagnosis if it was not absolutely "a strong positive" or "negative"; and, on his side, the clinician must know how to interpret.

In regard to the subject of Drs. Renshaw and Panton's papers, for any backwardness in this respect he thought the pathologist must be held to blame; he made a vaccine labelled "Gonococcal Vaccine," and left the clinician to find his own way in regard to dosage. He, the speaker, regarded the gonococcus as a very fickle and dangerous organism. Probably many of the stock vaccines prepared in large quantities were not of much value, yet they were used as bases for drawing conclusions. The value of gonococcal vaccines he had proved, to his own discomfort. Some of his cases were treated without vaccines without his knowledge, and he was perturbed at the extraordinary increase in severe prostatitis; but as soon as the vaccine was restarted, there was an improvement in this respect.

The question of local immunity should be followed up. The reaction following the injection of gonococci into the urethra was very definite and well marked. He thought this led up to the idea that certain diseases had their local immunity in certain parts of the body. The line of future research was certainly by way of the introduction of the gonococcus into the tissues. The way in which this was to be done must be worked out, but if the gonococcus could be got into the tissues so that a local reaction was induced, a very important step forward would at last have been taken.

Dr. Peyton said his experience had taught him to regard the spacing out of the doses of vaccine as of primary importance. In one of these papers, a space of four or five days was suggested. At St. Thomas's various intervals had been tried, but he thought that, on the whole, the intervals had been too short and should be lengthened. As an adjunct to vaccine therapy, he thought excellent help was available in the protein-shock method, and his aim had been to combine the two. He preferred the introduction of electragol by intravenous injection, and he had recently obtained very gratifying results in gonorrhoea
complicated by local troubles. He started by giving the vaccine with whatever shock-producing preparation it was desired to use, the two being given concurrently. Good results ensued, both in acute gonorrhoea and in joint trouble. Some cases, mainly those of acute gonorrhoea, however, seemed to relapse after a time; immunity appeared to be destroyed. He suggested that the protein-shock method might be tried, with injection of the substances at very short intervals, at the same time lengthening the interval between the vaccine injections. He regarded this as a method superior to the too-frequent repetition of the vaccine. It was his experience during the past few years that vaccines given at very frequent intervals were somewhat more liable to destroy than to confer immunity, and perhaps workers on this subject had been rather inclined not to educate the tissues to digest the gonococcus, but to educate the gonococcus to digest its own antibodies.

Dr. Wright raised the question of the detoxication of vaccines, but the President considered, owing to the lateness of the hour, that this would be best deferred until the next meeting.

The President said many new points had been raised, but one thing was quite clear: above everything else, team work was essential, and that pathologists must collaborate with clinicians, and vice versa.

He had been interested in Dr. Panton's intra-dermal method, and he thought there might be a good deal of inter-relation between the skin and the mucous membrane of the urethra.

Dr. Panton, replying on the question of the spacing of the doses of vaccine, said his experience was very limited, but in such vaccines as he had himself given to patients he had felt that one was in danger of breaking down the immunity rather than increasing it if the vaccines were given over too long a space of time.

Dr. Renshaw, in reply, quite agreed that vaccines could be given too often. It was rather a matter of oversensitisation, with the result that there was too vigorous a tissue response to a very weak dose of the infecting substance.