DISCUSSION ON THE PRECEDING PAPER

Air-Cdre. G. L. M. McElligott (the President) said that Maj. Salaman’s paper threw new light on the problem of non-specific urethritis. He would be interested to know whether or not the organisms described by Maj. Salaman were insensitive to sulphonamides in vitro.

Maj. Salaman said, with regard to independently grown organisms, that they were as insensitive to sulphonamides as to penicillin. With regard to those which he saw in the gonococcal colonies, he could give no answer.

Mr. A. J. King said that he had had the good fortune to be present when Maj. Salaman first began this experimental work, and that he had been interested in the early results. He was even more interested in what he had heard that afternoon, much of which was new to him. From an apologetic note which he had sent to Maj. Salaman, he had been able to grow the L organisms from many female subjects, but he had been less successful with specimens from the male. This might be due to some minor error of technique, which prevailed more against his results in the male than in the female. It was an interesting point that the trichomonas parasite which seemed to be associated commonly with the L organisms was also easy to find in the female and difficult in the male. Maj. Salaman had previously found these L organisms in mixed culture with gonococci, but now it seemed that they were present in what appeared to be pure cultures of all the strains of gonococci which he had tested. Although not having, with regard to the pathogenicity of these organisms, this work did open up fascinating possibilities. The results were particularly interesting to clinicians, especially those who had long held the view that it was very difficult to draw a hard-and-fast line between gonococcal infections and so-called non-specific genital infections. Such a hard-and-fast barrier did not fit in with the common clinical findings in the non-specific cases. If Maj. Salaman’s theory received further support in the future, it would help to explain some of the puzzling facts which the clinician customarily encountered.

Dr. J. N. O. Price had been interested in this subject whilst working at the Whitechapel Clinic but, unfortunately, owing to staff difficulties, he could not follow it up as he would have liked to have done. He could not help being fascinated by the idea that the gonococcus was not what they had thought it was and that it had a life cycle. If this theory were correct, it would explain many things which happened in the routine bacteriological work of a venereal diseases clinic. For instance, the workers in his laboratory had noticed that when gonococcal antigen was being prepared for the gonococcal fixation test, every now and again a batch would be produced which was inactive, and the only thing to do then was to throw it away. The reason for this unsatisfactory result was never apparent. Every process was carried out in the same way as usual and yet the finished product was of no use.

Another point made by Dr. Price was that in the routine examination of vesicular cultures he and his colleagues had found that it was always more satisfactory to incubate the plates for at least 4-5 days. If this were done, a larger number of positive results were obtained. If the plates were incubated for a shorter time, there was a corresponding diminution in the number of cultures in which gonococci were seen. Whether or not that was due to the L form of organism reverting back to the gonococcus during the incubation, he did not know. Furthermore, whilst working on subcultures of the gonococcus, incubated for 48 or 72 hours, every now and then he found that, even when he had taken a particularly good culture of the gonococcus and subcultured it, it did not grow. There appeared to be no reason for this, as the conditions of incubation were the same in all the cases. The subculture failed to grow for no apparent reason. When this happened one saw a pale, transparent streak, which looked as if it had no structure whatsoever. On transferring this specimen to a slide and staining it, there was nothing to be seen.

With these experiences in mind, Dr. Price could not help wondering whether there was not more in the idea, that the gonococcus had a life cycle of which the L organism was a part, than had previously been supposed.

Col. L. W. Harrison, after saying that he had seldom listened to a more fascinating paper, asked a question about the possibility of making an antigen of the independently growing L organism.

Maj. Salaman replied that he thought that this would be practicable, but at the moment he could not even subculture the L component of the gonococcus.
VENEREAL DISEASE IN INDIA

Dr. S. M. Laird said that he understood that all Maj. Salaman’s remarks referred to material from the genital tract of one or other sex, and he wished to ask whether the speaker had any experience of material from the extragenital lesions associated with gonorrhoea: for example, in a case of ophthalmia in which the gonococcus could not be found.

Maj. Salaman said that he was glad that this question had been asked, because he hoped to obtain some non-genital organisms. If any member would let him know when such strains had been isolated, he would be very grateful. He was not very hopeful that an ophthalmic strain would be fundamentally different from the others, but strains obtained on aspiration of the joints would be exactly suitable for purposes of comparison.

The President asked whether or not an attempt had been made to isolate the L organism in material from any of the metastatic manifestations of so-called non-gonococcal urethritis, or even from non-gonococcal ophthalmia in newborn babies.

Maj. Salaman said that he did not know of any attempt to grow such organisms.

VENEREAL DISEASE IN INDIA

By E. E. PREBBLE, M.D.
Assistant Venereal Diseases Medical Officer, Liverpool Royal Infirmary; Senior Assistant Venereal Diseases Medical Officer, Seamen’s Dispensary, Liverpool; late Brigadier, A.M.S., Consultant Venereologist, India Command

Within a very short time of arrival in India the observant medical practitioner cannot fail to be dismayed by the deplorable lack of adequate public health facilities in a territory populated by approximately one-fifth of the total number of inhabitants of the world. It would be invidious to attempt to apportion the blame for this state of affairs. In fairness, one must say that the various medical authorities are by no means the sole offenders; other and much deeper causes have to be taken into consideration. In a land visited by such infestations as malaria, cholera, typhoid fever and dysentery—and the number of cases of these diseases staggers the imagination—it is not to be wondered at that the subject of venereal diseases has been grossly neglected. That this is singularly unfortunate can hardly be doubted when one realizes the misery which such diseases can produce and the profound effect which they have on human life from conception to the grave.

The following observations are based on information gained during a residence of almost three years in India, during which time I visited on more than one occasion every important town in the entire subcontinent. This involved almost 100,000 miles of travel. My work was entirely concerned with the military side, but facilities were readily granted for me to visit all civil clinics in which the treatment of persons suffering from venereal disease was undertaken. For this opportunity I am indebted to the Director-General of the Indian Medical Service and to the Surgeons General and Civil Surgeons in the Provinces.

For convenience, the subject of the article is divided into two sections—venereal diseases in the Army and venereal diseases in the civil population—but there is a certain amount of inevitable overlapping and the second section deals almost entirely with the treatment of civilians.

VENEREAL DISEASES IN THE ARMY:
AN ANALYSIS OF OVER 70,000 CASES

In an eastern country in which amenities—particularly so far as British troops were concerned—were totally inadequate, it was to be expected that the incidence of venereal diseases would be great. In the case of Indian troops, other factors came into play. The incidence of these diseases in Indian troops in peacetime is exceptionally low, owing to the fact that the troops are specially selected recruits, that they enjoy regular leave and that they are frequently stationed near to their