

DISCUSSION

THE PRESIDENT said that they had all been most interested to hear of the differences in the treatment of venereal disease in France. She wondered in what proportion of cases of gonorrhoea in the female it was found necessary to treat skenitis *afer* penicillin.

Dr. R. R. WILLCOX congratulated Dr. Durel on being the first to establish the Nelson test in Europe. Great Britain was separated by only 22 miles from France, yet we had not always fully understood the aims of the French and probably they had not always understood ours, so that Dr. Durel's visit had done much to remove some misconceptions. Both countries were "colonized" by the Americans during the war, and perhaps Great Britain had accepted some of the American methods more readily than France. Some years would elapse before the question was answered regarding the intensive treatment of syphilis with antibiotics, but he felt that in distant and less civilized lands one just had to accept the procaine-penicillin view when treating masses rather than individuals. French influence extended to many countries throughout the world, to Turkey, Syria, Lebanon, Egypt, Senegal, and French West Africa, to name but a few, and most of these countries accepted the view which Dr. Durel had presented (that syphilis should be treated for at least 2 years), and had also adopted a system of registration of prostitutes. Indeed he had noted in Turkey that it was an unofficial practice to give systemic penicillin prophylaxis to prostitutes. It was on these two points perhaps that venereologists in Great Britain disagreed with Dr. Durel. He would put forward an earnest plea for the French view concerning penicillin to be modified at least in those countries where the follow-up of patients for 2 to 4 years was impracticable, and where the present attitude to some extent retarded the development of a adequate syphilis control amongst the anonymous masses.

There were a few questions he would like to ask: Dr. Durel had spoken of prostitutes attending his clinic since the enactment of the new laws, and he wondered how prostitutes were recognized as such, were they just people who had been convicted for prostitution? Secondly, Dr. Durel had mentioned reporting to the health authorities cases of venereal disease which defaulted, and he wondered whether patients with pleuro-pneumonia-like organisms were reported. Thirdly, Dr. Durel had mentioned terramycin which cleared gonorrhoea within 24 hours. His own experience of terramycin was

limited, but whereas single doses of 1 g. or even 2 g. were not always successful, two separate doses, given 6 hours apart, were effective.

Dr. Willcox also congratulated Dr. Durel on the technical excellence of his film, which was one of the clearest colour films that the Society had ever had the fortune to see.

Mr. A. J. KING said that there were one or two points in the paper which he would ask Dr. Durel to explain more fully. First he asked about the figures given of results of long-term treatment recorded by Professor Degos. Bismuth used for 4 years was a very long-term treatment, and he thought that these results were not strictly comparable with those of short-term treatment described by the American workers. The prolonged treatment with bismuth would have a suppressive effect, and would be likely to prevent the development of signs if re-infection occurred. Dr. Durel had also given results described by Dr. Bolgert, who used 15 mega-units of penicillin preceded by intravenous injections of cyanamide of mercury. It was not clear why the preliminary injections of heavy metal were given or what it was hoped to achieve by them. Was it that Dr. Bolgert hoped to avoid Jarish-Herxheimer reactions by this method and, if so, was it worth while to do so in early syphilis?

He noted that Dr. Durel seemed to apply his tests of cure of gonorrhoea for a short period of 15 days. Relapses were known to occur after the 15-day period and he would like to ask whether Dr. Durel thought this period of observation long enough. Did he think that by his tests he could distinguish those patients who were likely to relapse at a later time?

It had given him, and he was sure all other members of the Society, great pleasure, that Dr. Durel should have come from France to give this clear exposition of what was being done over there.

Dr. W. N. MASCALL said that he had had a foretaste of the paper because Dr. Durel had sent him a copy in French, which he could read although he could not speak the language. He was rather taken aback at the length of treatment for syphilis, and would like to ask how many people defaulted in the treatment. In Great Britain there was difficulty in holding them for anything like so long, and the default rate rose steadily with the shortening of treatment.

With regard to skenitis, his personal experience had been that Skene's follicles gave very little trouble. Formerly there had been a certain trouble but with penicillin one rarely saw a persistent skenitis. He thought if one got rid of the primary infection, Skene's follicle would not present any difficulty.

Dr. DUREL said, in his reply, that skenitis was not often found after treatment with penicillin, but that it was sometimes met with and could account for relapses or infection of contacts. Mr. King had implied that a follow-up of 15 days in male gonorrhoea was too short: but Dr. Durel emphasized the difficulty in France of keeping patients in the Dispensary for more than two or three weeks in the absence of symptoms. In private practice it was possible to observe cases longer, and he was convinced that relapse after a fortnight was very rare in patients with acute urethritis who had received a good dose of an antibiotic, whose contacts had been treated, and who had taken beer or spirits. The risk was of no epidemiological importance, and the time of the clinic staff was perhaps more usefully employed in tracing female contacts that were the source of re-infections. Mr. King's question regarding the preventive action against re-infection of the long-term bismuth treatment was most apposite, but Dr. Durel held that this quarantine period was not to be neglected if patients could be persuaded to accept it.

Answering the question why Dr. Bolgert used cyanamide of mercury injections before penicillin, Dr. Durel said that this reduced the frequency and seriousness of Herxheimer reactions, and that Dr. Bolgert thought that mercury acted as a mordant for penicillin.

In reply to Dr. Willcox's questions, Dr. Durel said first that there had been no question of recognizing prostitutes at the Hôpital St. Lazare since the enactment of the new laws, since those who attended were the few who came voluntarily for medical attention. Secondly, that the position of non-gonococcal infection (PPLO and viruses) was not yet sufficiently clear for it to be subjected to any legal regulation. Thirdly, with regard to the dosage of terramycin in gonorrhoea, that he had obtained good results with both terramycin and aureomycin, giving one capsule at intervals of 5 hours up to a total dosage of 1 g. He preferred, however, to give 2 g. in the hope of influencing the bacterial discharge that sometimes followed the acute phase.

He agreed with Dr. Willcox's suggestion that attendance for prolonged treatment for syphilis was difficult in such countries as Egypt, Iraq, etc., but, as regards France, said that it was easy to keep the majority of patients in attendance for at least 2 years, and that attention had to be given to the cure of the individual apart altogether from the question of epidemiological control. In France clinicians preferred not to suggest to patients the possibility of successful treatment of syphilis lasting only a few days. Until the results of rapid treatment after a number of years were known, it was wiser to use it only in small experimental groups of cases. In patients with promiscuous sexual habits the administration of harmless bismuth for 4 years would tend to prevent re-infection. It would be time enough to abandon caution when they were sure that penicillin had reduced syphilis to a disease of no importance which could be contracted repeatedly like the common cold.