DISCUSSION

Dr. T. E. Osmond said that he knew from personal experience at Horton how greatly these two authors had contributed to light on this subject. He believed that Dr. Nicol was the first in Great Britain to employ on any great scale the combined treatment of malaria plus penicillin in neurosyphilis, and also malaria treatment alone. If he might make an analogy with respect to the combined and the single treatment, it seemed to him that if one had two barrels to one's gun one was more likely to shoot a rabbit than if one had only a single barrel. He did not think that the combined treatment, in any event, could produce worse results than the single, and therefore, if there was no contraindication, it was better to use the combined method.

As to the Herxheimer reaction, he thought that the risk of this reaction was very much less than they had been led to suppose. As to the outcome of treatment, it was all very well to carry out various tests, but what mattered was the clinical improvement of the patient. The patient was not interested in the state of his spinal fluid, but only in what he himself felt. Therefore, in assessing the value of a given form of treatment, he personally would pay far more attention to the clinical improvement than to the state of the cerebrospinal fluid.

Dr. G. L. M. McElligott said that he had been impressed by the concept that the persistence of signs and symptoms in treated general paralysis, notwithstanding improved fluid findings, might in some cases be due to the results of psychological trauma rather than to a continuing infective process. He wondered whether Dr. Nicol had any experience of the treatment of these sequelae by means other than further anti-syphilitic therapy. He referred particularly to electrical convulsive treatment and psychotherapy.

Dr. R. Lees said that most of them nowadays saw relatively little G.P.I. He himself saw comparatively few cases, and he had formed the impression, perhaps falsely, that it was a rapidly diminishing form of neurosyphilis. The great value of the series of cases which the authors had presented lay in the prolonged observation and follow-up period which had been possible in many of them.

There were one or two points on which he would like some enlightenment. First of all, it struck him that the doses which the authors had administered were, by modern standards, very low, so low that he was surprised that any effect had been achieved. Had they any observations to support the view that very much higher doses of penicillin produced better effects? He had seen cases in which there was no response to small doses, but in which a good therapeutic result was obtained by increasing the dose.

It was his impression that in many of the cases where death occurred within 6 or 12 months after treatment by penicillin, the death was due to cardiovascular syphilis. He had had one or two unfortunate experiences in this respect, and had formed the impression that sometimes the cardiovascular system was not adequately investigated before proceeding with a method of treatment which might produce further and irreparable damage to that system. Juvenile G.P.I., in his own limited experience, had a bad prognosis. He wondered whether Dr. Nicol had observed any lasting and appreciable benefit in the tabetic group, and whether optic atrophy appeared to be arrested in many of the tabetic cases.

Dr. R. R. Willcox said that Dr. Nicol had certainly earned the title of the leading authority on neurosyphilis in Great Britain, as he had published his results at regular intervals for everybody to see. Yet his series of cases were relatively small and there were accounts from two or three American sources of neurosyphilis treated with penicillin running into over 600 cases. He wished to enquire
whether Dr. Nicol had treated any cases with the oral antibiotics and, if so, with what effect.

Another point which arose from the paper was that, although syphilis as a whole was perhaps now no longer the killing disease that it was, neurosyphilis, once established, was certainly a killing complication.

Despite Dr. Osmond's suggestion that combined treatment must necessarily be better, he himself was conscious that the rifle easily in course of time superseded the blunderbuss.

MR. A. J. KING said that it was good to hear that Drs. Nicol and Whelen were still working on this subject. He had, however, expected to hear that they had abandoned malarial treatment and were treating their patients with penicillin alone. It seemed to him that there was overwhelming evidence that the majority of these patients did well with penicillin, fever therapy being required only in occasional cases. He suggested that the time had come to stop treating these patients with malaria, and to treat them with penicillin in the first instance, re-treating with penicillin if necessary, and using malaria only as a final resort.

DR. NICOL, in reply, said that Dr. McElligott had raised a point about the persistence of clinical signs and symptoms, in spite of a negative fluid. Whether or not there was a direct correspondence between the clinical and serological results depended upon the degree of damage to the central nervous system prior to the institution of treatment. If the damage was slight or absent, there would be relatively good and even complete recovery; if, on the other hand, it was severe, there would be little or no clinical improvement, even in the presence of a negative fluid.

With regard to the question of giving electric convulsive therapy to patients exhibiting a depressive reaction, there was no doubt that in some cases it worked extremely well, but this was not so in all. He wondered whether the former were true endogenous depressives with neurosyphilis, and the letter depressive types of general paralysis of the insane?

Opinion was still divided as to the optimum dosage of penicillin and now a further complication had appeared. The question had been raised whether intermittent but high blood penicillin levels were not more efficient than sustained but relatively low levels.