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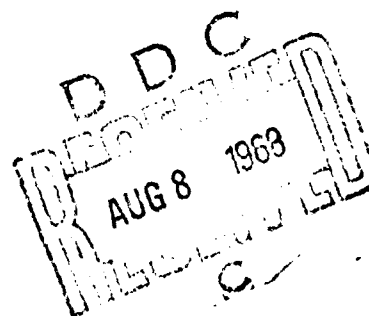
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Discussion
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DISCUSSION
Fortschritte der biologischen
Aerosol-Forschung-Jahren 1957-1961, pp 418-419

Nueckel, Bad Lippspringe:

Dr. Meyerhoff has prepared a table on the bacterial sputum examination conducted in our institute as well as the cytological findings of Dr. Wachter. I would like to confirm his report and I would like to supplement it by saying that we have so far used aerosol therapy with liver extract on 70 patients. I have been looking mainly for putrid infections of the respiratory tract, chronically-purulent, superinfected, hypersecretory bronchitis cases, bronchiectases, cyst and honeycomb lungs with putrid expectoration, central lobe syndromes and so on, for our therapy. It turned out that:

the quantity of the sputum decreased;
the putrid character disappeared in many cases;
the viscosity of the sputum changed (the coughing was somewhat lighter) and
the bacterial flora decreased considerably.

In many patients we were able to achieve good clinical success after 3 weeks as a result of inhalation sessions once or twice a day, in combination with the other therapeutic measures.

We intend to complete our preliminary examinations through further, more accurate observations of the lung function, the sputum, the clinical picture, and so on.

Gsell, Basel:

I want to ask Professor Dumon whether blood level determinations of neomycin or Kanamycin, after aerosol, administration with or without thiomucase, are made in order to have a reliable basis for the problem of the promotion of resorption as a result of thiomucase.

Dumon, Marseille:

Such blood titer determinations were not made because the method involved here is extraordinarily difficult. This applies particularly for the determination of neomycin.

Husmann, Mainz:

1. The point of departure of your therapy experiments with inhaled phage preparations was the increase in the antibiotic resistance of some pathogenic germs. But it seems to me that, in view of the great host specificity of the phages, the germ resistance in this connection

is at least as important as in antibiotic treatment. For aimed therapy with antibiotics, prior time resistance determination is absolutely indispensable. How do you visualize such a test prior to the use of phage therapy if it is to be conducted on a routine basis?

2. There also was some talk about the superiority of the phages with respect to the antibiotics therapy in infections caused by streptococci. This ought to be clarified first. Antibiotic resistance in case of streptococci plays practically no role at all here.

Hoeflmayr, Munich:

1. In contrast to the antibiotics, the phages do not have an acquired resistance. The host specificity must of course be taken into consideration in that we administer a large number of phage strains in advance. Routine testing, which is certainly very desirable, is very difficult for the individual doctor on account of the time and the equipment involved. Antibiotic therapy which does not lead to complete cure brings with it the danger of resistance formation, which is not the case with the phages.

2. It is entirely correct to say that the resistance of the streptococci against antibiotics is insignificant. In the cases we treated, most of whom were referred to us from other sources, it was very difficult to determine whether the preceding antibiotic treatment was directed and adequate. But our results have shown that phage treatment was meaningful here.

13 May 1963

LIST OF PARTICIPANTS AND THEIR ADDRESSES

4th Aerosol Congress, 1961
 Bad Lippspringe, 20-22 April 1961
 Fortschritte der biologischen Aerosol-Forschung-Jahren 1957-1961, p 468

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