ART. XXIII.—A Note on the Limitations of Vaccine Treatment. a By ROBERT J. ROWLETT, M.D. (Dubl.); F.R.C.P.I.; Senior Physician to Jervis Street Hospital, Dublin.

It is my aim in this note to sketch very briefly the place that vaccines should take in therapeutics, and to consider what may fairly be expected of vaccine treatment, and what are its limits. I am aware that the observations I have to make are obvious and even commonplace, but I have often heard them overlooked, both in public discussion and in private conversation.

It is notorious that no judgment in medical practice is more difficult than the estimation of the value of a particular method of treatment. A new method is introduced, it wins a certain amount of favour, it may become the fashion, and unless it is accompanied by some obtrusive disadvantages or dangers, many of us are convinced that the treatment is, if not "the last word," at least "a distinct advance," and we go on with it until a new fashion takes the place of the old. Our reasoning on these matters is never logical, and rarely individual. We are governed by laws—if they be laws—of herd psychology. Our conclusions are instinctive, not conscious.

This is, in part, due to the difficulty of forming a judgment of cause and effect in a highly complex set of phenomena. It is difficult or impossible to arrange a therapeutic experiment in such a way that the conclusion is irresistible. The problem is not so complicated in surgical as it is in medical treatment, since the conditions more closely approach those of scientific experiment. Nevertheless, even surgeons are not free from the influence of fashion—that is to say, from the sway of inaccurate judgments. Gastro-enterostomy, appendicectomy, colectomy, Jackson's membrane, have all had their vogue, and

* Read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, March 30, 1917.
the muciform sac is not the exclusive specialty of an imaginary surgeon.

In every branch of Medicine we meet this difficulty of estimating therapeutic results, but in the case of vaccines the difficulty has been increased by certain more or less accidental circumstances. Vaccine treatment came to us as a gift from the laboratory. It came, therefore, with a certain scientific pedigree which had a claim on our consideration, but it was presented by men trained in laboratory methods, without clinical experience, and without the knowledge necessary for the comparison of therapeutic results. On their side, clinical workers, being unfamiliar with the technique of the preparation of vaccines, have been content to leave their administration to those who were. It has come about, therefore, that for years and, indeed, to a certain extent to the present day, vaccine treatment has remained in the hands of men of laboratory training. It is, however, clinical experience, and that only, that can seal its value.

The enthusiasm of the introducers of vaccine treatment—an enthusiasm often untempered by clinical experience—has put forward somewhat extravagant claims. These claims, misunderstood and misrepresented, led the optimistic to expect miracles. But miracles do not happen, and those who were disappointed on the one hand, and on the other those who had their prophesyings of evil accomplished, agreed to declare that they had been hoaxed. The number of successes, however, was sufficient to keep up some belief in the miracles, and between the faithful and the sceptic there seemed to be no common ground. Sharp trading firms saw their opportunity, and by making impossible claims for inferior products caused both disappointment and disgust. In short, an abnormal state of mind was produced which has prevented the profession exercising a normal judgment.

We have, however, passed through both elation and depression, and we are, I hope, now in a position to judge coolly of the rightful place of vaccines in treatment.