

The prophylaxis of venereal diseases : a paper read before the London Medical Graduates' College and Polyclinic, December 10, 1906 / by J. Ernest Lane.

Contributors

Lane, James Ernest, 1857-1926.
Royal College of Surgeons of England

Publication/Creation

London : John Bale, Sons & Danielsson, 1907.

Persistent URL

<https://wellcomecollection.org/works/sz9sb48e>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. The copyright of this item has not been evaluated. Please refer to the original publisher/creator of this item for more information. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use.
See rightsstatements.org for more information.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

P.C.O.

(13)

The Prophylaxis of Venereal Diseases

A PAPER READ BEFORE THE LONDON MEDICAL GRADUATES' COLLEGE
AND POLYCLINIC, DECEMBER 10, 1906

BY

J. ERNEST LANE, F.R.C.S.

*Surgeon and Lecturer on Surgery, St. Mary's Hospital;
Surgeon to the London Lock Hospital*

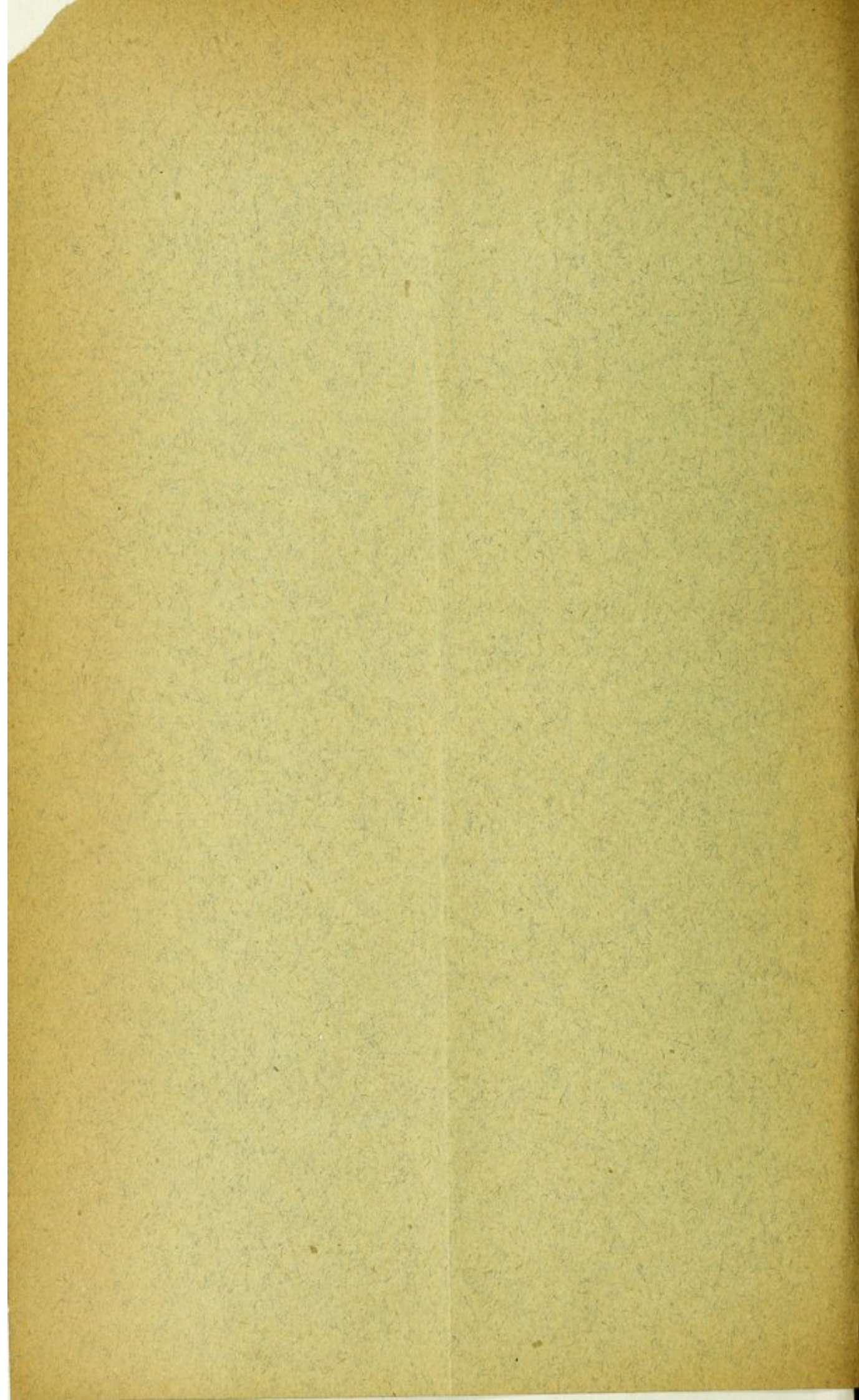


JOHN BALE, SONS & DANIELSSON, LTD.

OXFORD HOUSE

83-91, GREAT TITCHFIELD STREET, OXFORD STREET, W.

1907



The Prophylaxis of Venereal Diseases

A PAPER READ BEFORE THE LONDON MEDICAL GRADUATES' COLLEGE
AND POLYCLINIC, DECEMBER 10, 1906

BY

J. ERNEST LANE, F.R.C.S.

*Surgeon and Lecturer on Surgery, St. Mary's Hospital;
Surgeon to the London Lock Hospital*



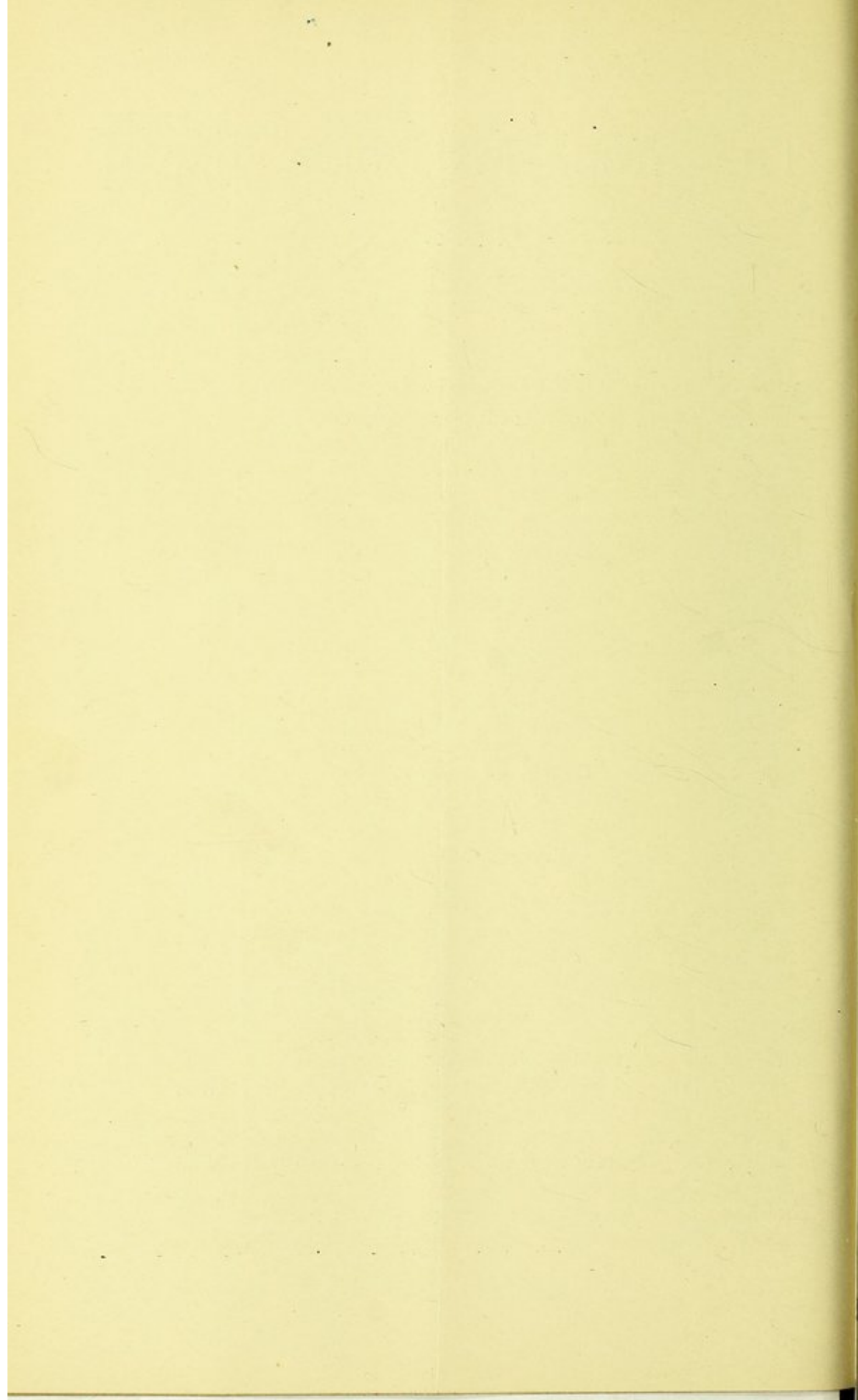
London

JOHN BALE, SONS & DANIELSSON, LTD.

OXFORD HOUSE

83-91, GREAT TITCHFIELD STREET, OXFORD STREET, W.

1907





THE PROPHYLAXIS OF VENEREAL DISEASES.

I feel it my duty to commence this communication by an apology to the audience here present for introducing to them a subject which is absolutely devoid of clinical interest, and one which will markedly contrast with those scientific discourses on abstruse medical problems to which they are accustomed in this building. I bring before you no novelties in treatment, nor do I claim any originality for the few suggestions I have to offer; they are simply the outcome of my attendance at a Congress held in Brussels three years ago, which had for its object the prophylaxis of venereal diseases. It is not my intention to pursue the much sought after *Spirochæte pallida* to its lair; nor do I propose to deal with the possibilities of attenuating the virus of syphilis through the medium of the inoculated monkey. The time may arrive when every infant introduced into this mortal sphere will be inoculated against syphilis, as it is against small-pox, soon after its arrival; but as a considerable period may elapse ere then, I am fain to offer a few humble suggestions as to how, in the meantime, we may, to some extent, mitigate the mischief of venereal diseases, the prevalence of which must be obvious to everyone in our profession. Allusion has often been made to that dread triumvirate of disease—tubercle, cancer and syphilis, and no one has done more to enlighten the profession on the ills due to that all-powerful triad than the founder and chief buttress of this institution, Mr. Jonathan Hutchinson. In the case of cancer and tubercle, many philanthropic individuals have contributed large sums of money with the object of endowing, and so stimulating research, and enabling our successors the better to cope with these maladies; for instance, in commissions alone on tuberculosis, the sum of £52,000 has already been spent, and

in addition large sums have been forthcoming for the establishment of sanatoria such as the one at Midhurst, and in the medical journals, week after week, we see in large type all the latest news about the campaign against tuberculosis. As regards cancer, the amount contributed to the Imperial Cancer Research Fund in donations, subscriptions and legacies amounts to over £82,000. But what a contrast do we find when we come to consider the subject of venereal diseases; we do not read in even the smallest type of any campaign against syphilis, and as for gonorrhœa it has never even provoked a skirmish. No public body or private individual has ever given any contribution for the cause of research in these diseases, and yet I venture to say they are attended by just as great a mortality as the other two, if not a greater, and they are certainly more preventible, seeing that their causation and methods of propagation are more familiar. The very name venereal implies a stigma and a reproach, and repels rather than stimulates charity; for it signifies that it is a disease engendered of lust and the offspring of immorality, although in a large number of cases the unfortunate victim is entirely innocent and free from offence. True, the majority of cases are venereal in the strictest sense of the word, but there is a large proportion of sufferers just as deserving of sympathy as if they were the subjects of cancer or tubercle, who have acquired disease of this nature through no moral fault of their own. Consider the number of wives who contract syphilis or gonorrhœa from their husbands; think of the number of children afflicted with hereditary syphilis, whose appearance is disfigured, whose health is undermined, and whose mental and corporeal faculties are deficient from this cause. Many have acquired it in connection with their industrial occupation; nurses from their sucklings, and sucklings from their nurses. In our profession we know of only too many sad cases where surgeons have been inoculated in the course of their professional duties; or take the reverse case, fortunately nowadays very rare, when the disease has been conveyed through neglect or inadvertence by one of our own body to a healthy individual, as by vaccination, tooth extraction, or even the passage of the Eustachian catheter. It is impossible to estimate the amount of damage inflicted on the community by this form of venereal disease, for in many

instances the hereditary disease escapes recognition, and no account can be taken of the number of cases of lunacy and idiocy due to this cause, or the number of mental and moral degenerates whose faculties have been thereby affected. Nor is syphilis the only venereal disease which is responsible for evil, and a potent source of racial degeneration; if you consider the effects of gonorrhœa, immediate and remote, you must acknowledge that there is very little to choose between them. Let me pass in review a few of the possible results of gonorrhœa; for instance, stricture of the urethra, with consequent vesical and renal complications; the various crippling forms of arthritis known as gonorrhœal rheumatism; peritonitis, pericarditis and endocarditis; in women, endometritis and painful derangements of the menstrual function, pyosalpinx and ovaritis; in both sexes sterility, it having been estimated that 50 per cent. of all cases of sterility are due to that cause; further, there is gonorrhœal ophthalmia and ophthalmia neonatorum, responsible for a large proportion of cases of blindness in children. This is by no means an exaggerated picture of the effects of these two kinds of so-called venereal disease upon its innocent victims.

Of course these evils are universally recognised by every member of the medical profession, and representations have from time to time been made that some steps should be taken to remedy them. Our legislators in the past did make an effort in that direction, and evolved Acts entitled the Contagious Diseases Acts, the life of which was brief, and their results not very convincing. These Acts were first enforced in this country in the year 1864, were amended in 1869, when they were applied to eighteen military and naval stations, were suspended in 1883 and repealed in 1886. The main feature of these Acts was the compulsory examination of any prostitute, or of anyone suspected of prostitution, and if found suffering from any venereal disease, her detention in a hospital until she was certified free from disease; subsequently, whether free from disease or not, she was bound to attend for inspection and surgical examination once a fortnight. But a strenuous opposition was offered to these Acts on many grounds; firstly, because of their inherent injustice and one-sidedness, punishing as they did the weak and letting the strong go free; further, they encouraged immorality amongst

men by endeavouring to render it safe ; though such safety was, according to our present lights, perfectly illusionary, seeing that it was impossible without lengthy bacteriological research to state that the victims were free from disease ; and, further, any certificate of health given afforded no guarantee of immunity, since it was impossible to state that the woman would remain free from contagion till the next date for examination ; finally, the Acts could be evaded without difficulty, so that a large number of women escaped registration and carried on their disreputable traffic without let or hindrance. I was rendered familiar with the working of these Acts, for I was a resident at the Female Lock Hospital in 1878, when they were in full force, and well do I remember the class of woman subjected to this unsavoury discipline. I have also seen something of the working of similar Acts in Paris, having visited the Hospital of St. Lazare, where the conditions now are much the same as those which obtained in our Lock Hospital in former years. Amongst the most earnest supporters of these Acts in the past were the surgeons of the London Lock Hospital, included amongst whom were two whose opinion I am bound to respect and hold in reverence, my father and my great uncle, so that by all the laws of heredity I ought to put my trust in that class of legislation ; I certainly did so for a time, but I ultimately arrived at the opinion that there were other and better methods of dealing with the evil than by such unequal and arbitrary measures. Notwithstanding their repeal the increase of disease which was confidently expected by the supporters of the Acts, did not take place ; on the contrary, notwithstanding their repeal the ratio of disease in the Army has steadily diminished, so that whereas the admissions to hospital for venereal disease was in the proportion of 271 per 1,000 men in 1884, it had fallen to 108 per 1,000 in the year 1904, and had been as low as 93 per 1,000 during 1900, when we were at war in South Africa.

The Advisory Board of the Army Medical Services, which has done so much in advancing the treatment of venereal diseases, has recently issued the following report, which may be taken as representing the most recent views on compulsory legislation in this country.

"It may be premised that the subject of prevention of venereal disease, although not entering definitely into the

terms of reference, is of so great importance that it has repeatedly claimed attention during the deliberations of the Committee.

"Venereal diseases are so clearly contagious that the argument in favour of prevention by isolation of infected individuals, even by the operation of statutes having a penal character, such as the Contagious Diseases Acts previously in force in this country, seems at once to carry overwhelming weight.

"The remarkable diminution of venereal disease among British troops in the stations where the Contagious Diseases Acts were in force, as shown on Charts I. and VII. (First Report), is an example of evidence which at first sight appears to bear the most cogent character. Closer consideration, however, of the figures and charts relating to periods subsequent to the abolition of the Contagious Diseases Acts demonstrates that other factors are concerned with variations in the prevalence of venereal disease in the Army. In any case, the isolation of a particular section of infected persons, namely, of diseased prostitutes, cannot be considered to be an ideal method of arresting the disease, while large numbers of infected persons of both sexes remain free to spread the contagion.

"It is noteworthy that in certain foreign countries where the police supervision of prostitutes has been carried out much more strictly than was ever attempted in the United Kingdom, serious doubts are now expressed as to the efficacy of legal restraint in arresting these contagious diseases.

"One of the most remarkable examples of diminution in prevalence of a contagious disease is afforded by the history of syphilis in Sweden during the past century. The main factor in bringing about this diminution is considered by Professor Welander, of Stockholm, to have been the effective and, if necessary, gratuitous treatment afforded in hospitals by the State to patients of both sexes without the stigma produced by police compulsion. The opinion of many competent continental authorities is to the effect that the voluntary submission to treatment by infected persons of both sexes is more likely to diminish the prevalence of venereal disease than the compulsory treatment by police regulation of a special class only.

"Taking into consideration the present state of expert opinion abroad, and the opposition certain to be raised in

this country should the re-enactment of a statute on the lines of the Contagious Diseases Acts be proposed, the Committee has come to the conclusion that in the United Kingdom, at any rate, an attempt to grapple with the problem of venereal disease by methods of compulsory isolation and treatment is neither practicable nor expedient.

"Better results are likely to be obtained by the diffusion of the knowledge of the serious consequences of these diseases, and the provision of effective treatment for both sexes under conditions to which no penal stigma is attached. If this conclusion is sound, the more necessary is it that trustworthy methods of treatment should be thoroughly understood by members of the medical profession, and rendered readily available both in military and civilian practice."

Other figures, such as those of the Registrar-General, show a steady decrease of disease since 1884, a diminution which can hardly be ascribed to the agency of the Contagious Diseases Acts, but rather to other efforts which were made coincidentally with their operation, and which have continued since their repeal. Amongst these may be mentioned the better and more hygienic housing of the working classes; the greater educational advantages afforded them; facilities for healthy recreation by the opening of public parks and gardens; the protection of minors by the Criminal Law Amendment Act, and the systematic prosecution of houses of ill-fame. These prosecutions are being carried on quietly but effectively; for instance, in the Borough of Marylebone since December 1, 1904, eighty-four convictions have been obtained in respect of the use of premises for immoral purposes. In these cases fines and costs amounting to £1,112 were imposed, and in many cases imprisonment was adopted as the alternative; forty-nine houses were concerned, or sixty-five if each floor or flat in which the offence was committed were regarded separately.

Notwithstanding the fact that the amount of disease in this country has greatly diminished of late years, presumably through some of the above-mentioned agencies, it cannot be concealed that the venereal evil is still only too prevalent and that an incalculable amount of mischief is thereby being inflicted upon the community. The question which presents itself to us as a professional body

is how this evil can be lessened, for as medical men our object is not only to cure disease, but also to demonstrate the means by which it can be prevented.

In the year 1899 memorials were presented to the then Government by the Royal Colleges of Surgeons of England and Ireland, and by the British Medical Association, expressing a hope that by the appointment of a Departmental Committee, or by any other means which might appear expedient, the Government should take steps with the object of acquiring evidence as to the extent of venereal disease in this country, and as to the best means of checking the spread of the disease, and of securing due provision for its efficient treatment. The answer given was that public opinion was not sufficiently informed and enlightened on this important matter for any action to be taken in the direction desired by the memorialists. It is the business of our profession and our bounden duty to enlighten the Government as to the gravity of the question, and to urge upon them to take some steps to mitigate the evil. Our present knowledge as to extent of venereal disease can only be derived from the reports of the Registrar-General as to the mortality from that cause, but any statistics from that source are utterly unreliable, seeing that in private practice, in deference to the feelings of sorrowing relatives, some other term is frequently employed; we do not want to know how many deaths are certified as due to venereal disease, but how many really occur. In deaths indirectly due to venereal disease, such as tabes and other forms of nerve syphilis, in vesical and renal diseases consequent upon stricture, in gonorrhœal infection of the female pelvic viscera, the *fons et origo mali* is usually discreetly omitted. Statistics are forthcoming of the amount of disease existing in the Army and the Navy, but these do not apply to the population in general. What is required is some general idea of the amount of disease prevailing throughout the community, and in my opinion the only possible way of arriving at an estimate is by the compulsory notification of these diseases. The general principles of prophylaxis such as are applied to infectious diseases, *e.g.*, smallpox, scarlet fever, diphtheria, &c., should be equally applied to venereal diseases. This would necessitate the notification by medical practitioners to the sanitary authorities of every case of venereal disease which presented itself for treatment, giving details of the

age, sex, and profession of the patient, but concealing his identity; stating the nature of the disease, whether primary syphilis, secondary, tertiary, or hereditary, gonorrhœa or chancroid; this system of compulsory notification of venereal diseases exists in Denmark, and is said to work satisfactorily. It might be urged that notification would lead to attempts at concealment of disease, and would drive patients from the medical practitioner to the prescribing chemist, but it appears to me unlikely that prescribing over the counter for venereal disease would be any more prevalent than it is at present, and it is an uncommon event for any case to proceed to a satisfactory conclusion without the intervention of the qualified practitioner at some period.

The question which next presents itself is as to what facilities exist in this country for the treatment of these cases; is the accommodation sufficient, and is the system satisfactory? Does it encourage the attendance of patients or does it tend to repel them? As regards in-patients, there is no general hospital which admits such cases in their early and contagious stages, though cases suffering from the later effects of these diseases are in some instances admitted. The only accommodation for in-patients in London is 120 beds at the Female Lock Hospital, and 27 at the Male Hospital. In the provincial hospitals there is practically no provision made for the admission of such cases, and if their disease is so serious as to necessitate indoor treatment, they have to resort to a workhouse infirmary. It is absurd to imagine that in the whole of this country the number of cases of venereal disease requiring treatment as in-patients is 120 women and 27 men. What is to happen to the residue? They can only be relegated to the workhouse infirmaries, very excellent institutions in their way, but hardly the place one would select for the treatment of a case of sloughing phagedæna or abscess of the prostate, for instance. And what about the effect of the infirmary on a youthful prostitute; would she encounter any influence for good there? Would she find any inducement to mend her ways? I should say that she would thereby be impelled to resume her former life as soon as her health admitted of her leaving the institution.

The majority of venereal cases are treated as out-patients at general hospitals, or at special institutions such as the

Male Lock Hospital. Special hospitals for venereal disease are considered by many to be undesirable, since by their attendance there the patients are compelled to disclose the nature of their disease, and to label themselves as being afflicted with the venereal taint. It is quite reasonable to suppose that no prostitute would resort to such an institution unless compelled to by stress of circumstances, since her presence there would rather proclaim that she was unfit to carry on her vicious profession.

But on the other hand, the general hospitals do not offer any great attractions to the venereal patient, for attendance there entails long and tedious hours of waiting, and possibly the loss of half a day's employment and wages.

And it is also to be feared that in general hospitals the attention paid to such cases is utterly disproportionate to their gravity; often the patient is not informed of the serious nature of his disease, of the risks of contagion, or of the necessity for prolonged treatment. There are no facilities for the microscopical or bacteriological examination of secretions or discharges, for intramuscular injections, urethral irrigations, and urethroscopic examination; very little clinical instruction is given on such cases, so that at the commencement of their career the majority of medical practitioners are only possessed of a very insufficient knowledge of the subject.

Every patient suffering from any form of venereal disease ought to be entitled to gratuitous treatment and medicine, and ought to be encouraged and urged to attend the hospital till the completion of his cure. It unfortunately happens that the Lock Hospital, the only special hospital for these cases, is so poorly supported by the public that gratuitous treatment is impossible, and a charge has to be made for medicine, and this naturally has a deterrent effect upon the poorer class of patient.

At this hospital there is an enormous amount of clinical material available, and a magnificent field for scientific research; the number of attendances of out-patients during the last seventeen years has averaged considerably above 20,000 per annum, the largest number being 26,150, and the smallest 19,991. These numbers entail a vast amount of work on the out-patient surgeons, work which could only be satisfactorily carried on with the aid of two or more clinical assistants, who are not, however, forthcoming; consequently, there is no time for clinical

instruction, and even if there were, the accommodation in the out-patient department is so miserably inadequate that any "clinique" held there would have to be distinguished for its quality and not for its quantity. I am not here to appeal for the better support of this charity, but would, in passing, merely draw attention to the fact that in the largest and most prosperous city in the world, the only special hospital for the treatment of venereal diseases is utterly inadequate for the purpose, and that, in consequence, all this valuable clinical material is wasted, and is debarred from being of any scientific value, and this unique field of research is compelled to lie fallow and fall out of cultivation. Next in importance to the efficient treatment of cases of venereal diseases comes the question of instruction on that subject to the medical student. To ensure a better education in this class of disease, there should be a special department of venereology at every general hospital, presided over by some one well versed in the subject, at which every student should be compelled to take out a short course, and at his final examination his knowledge in the subject should be put to the test. I am one of the last to desire to burden the medical student with any further subjects for examination, but think that the utility of a sound knowledge of these diseases would be of more advantage to him in the future than some of the subjects with which he is now compelled to overload his brain. Next, the better education of the patient is just as important as that of the medical student; verbal instructions given to patients are useless, and are certain to be forgotten, so it ought to be made compulsory to provide every patient with printed instructions, informing him as to the nature of his disease, as to its probable duration, and as to the necessity on his part for precautions, lest he should, through ignorance, impart the disease to others. In previous communications at this institution, I have shown copies of the printed form I used to distribute to hospital patients when I was in charge of the out-patient department, and which I made a rule of giving to every private patient who comes under my care. It should not be taken for granted that every hospital patient can read, and if he is found to be illiterate, the instructions should be imparted to him verbally, and sufficiently impressed upon him. If this be done, the patient cannot afterwards

plead that he was ignorant of the nature and possibilities of his disease. Distribution of printed forms such as these should be compulsory on every medical practitioner attending cases of this nature, and he should be able to obtain a gratuitous supply of them from the sanitary authorities. The widely prevalent idea that gonorrhœa is a trivial complaint cannot be too strenuously contradicted, and its grave and far-reaching effects, particularly in the female sex, should be specially emphasised. Permission to marry should not be granted to the syphilitic until three years have elapsed since the primary contagion, and in the case of gonorrhœa, not until the integrity of the urethral mucous membrane has been tested by the passage of a sound or the topical application of a solution of nitrate of silver, and the resulting discharge (if any) and the urinary shreds proved by bacteriological examination to be free from the gonococcus.

As regards women, and especially prostitutes, not only is it our duty to provide efficient treatment for their disease, but also to endeavour to reclaim the latter from their life of shame, and to give them a chance of earning an honest livelihood. A distinguished American surgeon has said that not one single prostitute has ever been reformed, but that in every alleged case the woman has returned to prostitution within a year after her supposed reformation. Such, I am glad to say, is not my opinion or experience. At the Female Lock Hospital to which I am attached, the women are perfectly free to leave the Institution whenever they please, but, as a matter of fact, the majority of them remain until all their symptoms have disappeared, and after that many of them continue the treatment as out-patients. In the hospital every endeavour is made by the sisters and nurses to exercise a kindly and sympathetic influence over their patients, so that in course of time they can be educated into habits of order and obedience; they fully appreciate the efforts that are being made to cure their bodily ills, and show their appreciation of what is being done for them by conforming to rules and discipline. To that Hospital a Rescue Home is attached, and efforts are made to induce the patients on the disappearance of their symptoms to enter that Institution, where they are taught some form of useful and domestic employment, such as needle-work,

laundry work and cooking ; in fact, every facility is given them to renounce their miserable career of prostitution, and to start life afresh. Last year 125 women were received into this Rescue Home, of which number 40 were placed in situations, 5 were restored to friends, 2 were sent to other homes, and 12 left or were sent back to the Hospital for further treatment ; at the end of the year there remained in the Home 66 who had not yet completed their term of probation and instruction.

I have alluded to the necessity for the better education of the medical student in these matters, as one of the means by which these diseases may be mitigated, but the education of the general public is a matter of equal importance. Were it not for the profound ignorance on this subject which prevails amongst the youth of the present day, the amount of venereal disease might be materially lessened. Thousands of young men and women are launched into different spheres of life utterly unaware of the physical and moral dangers which await them. Our youth for the most part leave their homes without any instruction in the laws of reproduction and of sexual physiology in general, and having no means of acquiring knowledge from legitimate sources, have recourse to others ; they know nothing of the possibly serious consequences which may result from a moral lapse, and in their ignorance they are liable to succumb on the first occasion that temptation presents itself.

I find that some of the worst cases of venereal disease occur amongst those who least deserve so condign a punishment, amongst youths just freed from the restrictions of home influence ; these are the ones who often suffer for their first offence, and many are the regrets I have heard from such as these that they had never been warned of the dangers that awaited them. A few words of instruction as to the necessity for self-restraint and as to the dangers of indulgence would probably have saved them from months or years of repentance and suffering. These are they too, who, having contracted disease, are perfectly ignorant of its magnitude and grave import ; impelled by motives of shame to keep the nature of their illness secret, they refrain from taking medical advice until the unrestrained progress of their disease compels them to, and in the meantime they are a danger to the community at large through their ignorance as to the contagious properties of their malady. It is true that in the Army a course of

lectures on matters of sexual hygiene is given by the officers of the R.A.M.C., and one of the recommendations at the last Brussels Congress was that all recruits joining a regiment should be given a short pamphlet describing the dangers of venereal diseases. But it is not only to the young soldier that such instruction is necessary; even more so is it called for in our educational institutions, and such instruction should certainly be imparted at schools to boys over a certain age, say 17 years, at the various universities, including our medical schools, at technical institutes, in fact, in every place where young men are congregated together in large numbers; such a course of instruction is now given to all students on their entrance into Harvard College, and in this respect we could not do better than follow the example of our American *confrères*. Not only should instruction be imparted by means of lectures, but also by the distribution of pamphlets bearing on the subject. In France several of such pamphlets have been published and distributed during the past five years, notably one by Fournier, entitled "A nos fils quand ils auront 18 ans"; this has a large circulation on the Continent and has been translated into many languages, though not, I believe, into English.

The subject of the prophylaxis of venereal diseases is such an extensive one, and possesses so many ramifications, that I have only been able to deal with it very imperfectly and cursorily, but the time at my disposal does not permit of my pursuing it any further. But before I close I venture to quote an extract from evidence given by Sir James Crichton Browne, before the Royal Commission, on the care of the feeble-minded, and would suggest that for the word insanity the words venereal disease should be substituted. "Insanity," he said, "was largely a preventable and curable disease, and it seemed of paramount importance that there should be a strong, well-organised department of the Central Government, to protect the sufferers, to protect the public, and to conduct scientific investigations." He looked forward to the Commissioners in Lunacy forming an integral part of a Board of Health presided over by a Cabinet Minister.

If such an appointment were made, not the least important of the duties devolving upon such a Minister would be to take measures to protect the public from what I venture to say are more preventible and curable diseases than insanity.

