

Venereal disease : its present and future a paper read at the Annual Congress of the Royal Institute of Public Health, held in Dublin, August, 1911 / by Douglas White and C.H. Melville.

Contributors

White, Douglas.
Melville, C. H.

Publication/Creation

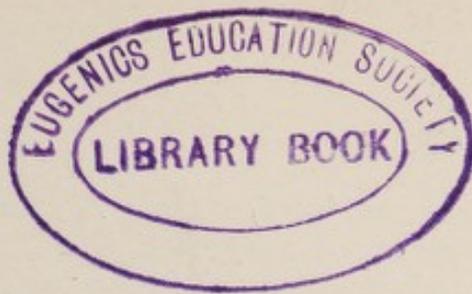
London : The Lancet, 1911?]

Persistent URL

<https://wellcomecollection.org/works/zq6nuv8v>

**wellcome
collection**

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



VENEREAL DISEASE: ITS PRESENT AND FUTURE.

A paper read at the Annual Congress of the Royal Institute of Public Health,
held in Dublin, August, 1911,

BY DOUGLAS WHITE, M.D. CANTAB. ;

AND

C. H. MELVILLE, M.B., C.M. EDIN., D.P.H.,
Lieutenant-Colonel, Royal Army Medical Corps.

THE problem of venereal disease, and that of feeble-mindedness, are the two most important medico-social problems of our time, and inasmuch as venereal disease augments the ranks of the feeble-minded, the two questions are closely allied. Of the ravages of venereal disease the public know nothing and consequently care nothing, while those who do know seldom care to break the professional silence, which accords with popular prejudice and apathy. In attempting to deal with this subject, while each of us is, strictly speaking, responsible for his own section, we are, nevertheless, at entire unity as regards the principles and methods by which this problem has to be grappled.

What is venereal disease? What is the present state of affairs? How are we to deal with it? These are the questions to which we invite your attention.

Soft chancre, syphilis, and gonorrhoea—these are the chief forms of disease. The chief importance of soft chancre is its possible confusion with syphilis. Though soft chancre is not a slight or negligible malady, yet both in respect of the gravity of their effects and of the numbers of persons affected, gonorrhoea and syphilis are by far the most important. Their importance is not only individual, but national, since the former affects the procreative powers of both women and men, whilst the latter may and, if neglected, always does result in the introduction into the world of children who are diseased from the very start.

Gonorrhoea is popularly regarded as a mild and not very shameful disease. Medical opinion, however, is doubtful whether, to the individual affected, it is not worse than syphilis. It may be fatal to the victim—more frequently to women than men; its complications and consequences are serious and very common; having no specific remedy of approved efficiency, it is apt, unless treated very early and very thoroughly, to become a chronic disease of indeterminate duration and perpetual inconvenience. Its infectiveness is equally indeterminate.

In adults it is only acquired by sexual intercourse. A young man contracting it, and believing himself cured, may then give it to his young wife. Apart from the danger to her person, about 50 per cent. of such infected women are sterile. The majority of all young men get this disease before the age of 30, and very many marry while still infectious. In addition to the sterility which they may inflict on their wives, they may be themselves sterile by reason of their own disease. The result is disastrous both to wives, husbands, and birth-rate.

Syphilis is only like gonorrhoea in that it is at first, as a rule, locally situate in the genitals of either sex. In the primary condition the local sore alone is infectious. But after a few weeks the blood stream becomes involved and the secondary stage begins. The skin and mucous membranes develop pocks and patches; mouth and throat are invaded, and the infectivity becomes general. Cups which the patient uses, pipes he smokes, cab-whistles, anything which he puts to his lips, may convey the infection to others; for this disease, unlike gonorrhoea, can be inoculated on any part of the body. If untreated he or she may remain a source of infection for about three years. After this the disease becomes latent, ceasing to be infectious to others; but for himself in this tertiary stage, no part or organ of his body is free from the chance of invasion or destruction; and at the last he is liable to those diseases which are called para-syphilitic, tabes and general paralysis. Mercury has, indeed, a specific therapeutic effect on the disease; but complete cure by mercury, except under very early and prolonged treatment, is rare. For years after infection it is transmissible to wife and unborn children, who in their turn are liable to the same ills and may even transmit them to the third generation.

The early manifestations of syphilis fill the out-patient departments of general hospitals; the later stages fill the infirmaries and asylums with senseless wrecks of humanity. It is the great-pox. Small-pox we fight tooth and nail, but the great-pox, which is far more disastrous to the nation's life, is left unheeded and unchecked. As for the children of syphilitic parents, it may be said that the first child always dies, either before birth or in the first year (95 per cent.); of all children more than 50 per cent. die before their second year, while most of the remainder are marked with the disease. So we may say gonorrhoea kills the tree before it sprouts, syphilis blights and stunts its growth.

Such is a very brief outline of venereal disease, a rough sketch without colour; every medical man will be able to fill in the colour from his own experience.

The task of estimating the present position, and of suggesting how to deal with it, falls naturally into two divisions, military and civil. As regards the military side, we are in possession of statistics, and the plan of campaign is definite. On the civil side, we have no statistics and no plan of action. First, then, we will take the matter in its more definite and restricted form, returning later to the more general and more difficult side of the question.

Military Section.

The only figures on which we can rely are those furnished by the army, which are to be found in the various volumes of the Army Medical Department Reports from the year 1860 to the present date. The most obvious fact to be gathered from these figures is that the amount of disease now present is about one-eighth of what it was 50 years ago, though in the "eighties" of last century these ailments were distinctly more prevalent than they had been in the years immediately preceding. Since the year 1894 there has been a continuous rapid fall, interrupted only once (1908) when the return of a large number of men from South Africa caused a slight increase in prevalence. The amount of syphilis is now one-seventh of what it was in 1894.

The same phenomena are apparent in the curves showing the incidence of venereal disease in the army of India. The period of absolute maximum prevalence was somewhat later in this case, but the continuous fall commenced much about the same time, and has continued up to the present day.

If we look now at foreign nations, here also our information is mainly confined to military sources. In the French and German armies there has also been a marked decrease in the last 30 or 40 years. Thus in the German army between 1880 and 1888 the admission-rate per 1000 for syphilis alone was 10.2, this being somewhat higher than the average for the "seventies" (This high rate was possibly due to industrial conditions common to both countries.) It has now (1907) fallen to 4.7. The decrease of late years has undoubtedly been due to the tighter screwing up of the military machinery.

The armies of Italy and Austria both show a distinct increase. Thus in Italy, whilst the admissions for syphilis were 8.3 per 1000 in 1884-85, they were 13.3 in 1904-05, and have been in the neighbourhood of that figure for the past 20 years. In the army of Austria there has been a little variation, but the figures have been continuously higher than in the other armies of Central Europe.

The American army, which approaches most closely to ours as regards conditions of service and nationality of its component parts, has shown a steady increase in the number of admissions ever since the commencement of the war with Spain. This is undoubtedly to be attributed to the fact that the annexation of Cuba and the Philippines brought the soldier into contact with races of a lower moral tone than his own countrymen.

If we compare all armies together we note at once a great disparity in the total prevalence of diseases of this class. In the Army Medical Department Report for 1910 a table is given showing the different rates of prevalence in the armies:—

		Per 1000.		Per 1000.
Germany	... 1905-6	... 19.8	Russia	... 1906 ... 62.7
France	... 1906	... 28.6	United States	... 1907 ... 167.8
Austria	... 1907	... 54.2	United Kingdom	... 1907 ... 68.4

It is interesting to inquire into the causes of the above disparity. The armies of Great Britain and the United States differ from those of

the continental nations in the fact that the service is voluntary, while the period over which it extends is comparatively long. Thus the German soldier serves two years with the colours, whereas the British infantry private serves for seven years. The term of enlistment in the American army is longer still, and the age at which men enlist considerably higher. Voluntary service necessitates a much higher rate of pay than universal service, and the granting of more leisure to the individual soldier. At the same time, the longer period available for instruction permits of some relaxation in the course of training demanded of the soldier. As a consequence, the British private, as well as the enlisted man of the United States army, has not got his nose held so firmly to the military grindstone as their congeners in the service of the German Emperor or the French Republic. The case was well put by a German officer when discussing the question with an English *compatriote*: "When we have finished with our young men in the evening," he said, "they are not in a condition to think of anything but their beds and a good night's rest."

There is one more social condition in which the British soldier differs markedly from those of France and Germany. The German soldier serves his time in or near the town or village in which he lived before enlistment. The British private, once he has left his regimental *dépôt*, probably never again serves in his own part of the country except by accident. The former has, therefore, a certain amount of female society ready to his hand. The latter is left to pick up what society of this nature he wants from that most readily available on the streets of a garrison town.

I cannot help feeling that the blame rests greatly on the shoulders of the civilian population. In England it is by no means an unknown thing for a soldier to be refused refreshment at a public bar because he happens to wear the King's uniform. Such an event in Germany is inconceivable, and there the consequences to any individual guilty of such an outrage would be extremely serious. In this country the insult to the national uniform does not appear to affect even the renewal of the licence. Matters have improved, doubtless, since the South African war, and the extended manoeuvres of late years have made the people of the country-side better acquainted with the soldier, the excellence of whose behaviour on these occasions has been repeatedly testified to by local magistrates. The more intimate acquaintance with military affairs which, it may be confidently hoped, will result from the present Territorial scheme should also have a good effect.

The soldier in the ranks is at a very impressionable age; his character is in 99 cases out of 100 what his associations make it, and his behaviour in an equal number that which he thinks people expect of him. When civilians, of social status somewhat superior to the private, learn to look on the wearing of His Majesty's uniform as the honour that it is, and pay the wearer the respect that he deserves for being ready to give his life in defence of their purses, then the soldier will respond by behaving in a manner befitting that respect. The enormous majority do it now, and have always done it, with very little encourage-

ment from the civil population. With regard to the minority who do not, one may say to the nation at large in the words of Mr. Kipling :—

“ On your own heads, in your own hands, the sin and the saving lies:”

There is yet another distinction in the conditions under which English and American soldiers on the one hand, and those of the Continent on the other, live, and that is concerned with the regulation of prostitution. As is well known, compulsory registration and periodical examination of prostitutes have been, until recently, nearly universal on the Continent. In these islands it was once tried and relinquished ; in America it has been attempted on a few occasions, but never persisted in.

It is quite open to advocates of repressive measures to argue that the great preponderance of venereal diseases in the two armies of Great Britain and the United States is due to the absence of such laws in those countries. There is only one point, however, which they must at the outset make good ; and that is to prove that the incidence of venereal diseases amongst the civilian population of London bears the same relation to that amongst the civilians of Berlin and Paris as the admissions for the same class of ailments in the British army bear to those in the German and French armies. If repressive measures are efficacious they must protect the civilian as well as the soldier. If they do not protect the former, then a low rate of incidence in the latter must be due to some other causes than regulation. The question as to the incidence of disease in the civil population will be dealt with in the later part of the paper.

The most definite fact of which we are in possession is that the admission rate for venereal disease in our army has fallen greatly in the past 25 years, that for syphilis having decreased by four-fifths. An investigation of the causes of this fall, which has affected the entire force both at home and abroad, may throw some light on the prospects of future reduction, and also perhaps indicate the lines on which we should work with a view to attaining that end.

In the first place, then, the reduction is in no way connected with repressive measures. These were in force under the name of the Contagious Diseases Acts in 14 selected stations, in greater or less severity, from 1864 to 1886, in which last year, in deference largely to popular agitation, they were repealed. During the earlier part of that period their enforcement synchronised with a decided fall in the admissions in the protected stations, whilst those from the unprotected stations remained practically stationary. The initial fall in the protected stations did not, however, continue, and for the ten years prior to repeal in 1886 there was a steady increase in all stations, protected and unprotected.

It is open to advocates of the system to urge that the opening fall was due to the rigid enforcement of the Contagious Diseases Acts, whilst the subsequent rise was the result of a lax enforcement of the regulations, due to their unpopularity with the general public. This does not explain the simultaneous rise in the unprotected stations,

though it might be suggested that during this period a general increase in these diseases occurred, which regulation was able to check in the case of the protected stations, but not entirely to prevent. This last argument of course weakens the position of those who hold that repressive measures can absolutely prevent disease. It is difficult on either line of argument to explain the steady fall throughout the army which began almost in the year of repeal, and has continued ever since. In India again the enforcement of regulation did not prevent a steady rise, whilst the discontinuance of this system has not interfered with the subsequent fall.

The evidence, then, points clearly in my mind to the fact that, whatever other effects regulation of prostitution may have, the stopping of venereal disease is not one of them, and whatever the results may be of repeal, it is not incompatible at least with a diminution of admissions from this cause. Continental military medical officers have come pretty generally to the same conclusion, more especially in France, where it is recognised that clandestine prostitution, which avoids regulation, practised by waitresses at low-class restaurants, servant girls, and others, is the predominant cause of disease.

The true explanation of the diminution of the amount of venereal disease in the army lies, I believe, in an improved moral tone amongst the men, accompanied by a decided increase in temperance. This last is, in my opinion, the most important factor; but I wish to emphasise the point that by temperance I do not mean total abstinence or the signing of a pledge. The temperance that needs to be fortified by some adventitious aid, such as the wearing of a badge, is often the sign of a nature so weak that if it is bolstered up in one direction it is apt to collapse in another. The temperance to which I refer is that which enables a man to take his beer in the quantities that are suitable to him, that enables him not only to know when to stop, but also actually to stop at that point. That there has been a great increase in this true temperance in the army is beyond all doubt., and I repeat that it is mainly to this cause that we must attribute the present improvement.

Other causes have co-operated to a certain extent, and amongst these one must include improved methods of treatment and administration. Every man in the army has a record kept of his ailments on what is termed his medical history sheet, and we are thus enabled to keep track of the men who have at any time suffered from any particular disease. In addition, any man who contracts syphilis has a separate record in the form of a syphilis sheet. On this very full particulars of all symptoms and treatment are entered, and the document accompanies the man wherever he goes, so that any medical officer under whose care he comes can tell precisely the stage at which the disease has arrived and the treatment previously adopted. In addition, a special register is kept (the syphilis record) in which the names of all men under treatment from the disease are entered, so that at any moment any medical officer can ascertain the number of men in the station actually under treatment, and their identity. The record

is not closed until a man has undergone a two years' course of treatment and been free of symptoms for a year. These periods can be extended by the medical officer if he thinks the course desirable.

Improved methods of treatment, which are at present on trial, may enable us to shorten the length of time under treatment ; but so far no modification has been made in this direction. The number of admissions to hospital is undoubtedly affected to a certain extent by the adoption of out-door treatment in cases where the symptoms are slight and not obvious to outer view. This applies, however, only to syphilis, and mainly to the secondary manifestations of the disease. The other forms are unaffected, and there the apparent improvement is an actual fact.

For the future we must look forward to strengthening the soldier's moral character by education, and affording his physical energies free outlet in some form of sport. A great deal has been done in the direction of providing rational evening amusements, more especially in India, in the Garrison Soldier's Homes which now exist in most large stations in that country.

It is sometimes suggested that disciplinary measures should be used to punish men who contract venereal disease, such as depriving them of a portion of their pay while in hospital, in addition to the habitual hospital stoppage. The measure has a plausible appearance at first sight, but, like many other similar administrative measures, it would merely defeat its own object by leading to concealment of disease. With the young man who has contracted disease, every effort should be made to encourage him to seek early treatment. There is nothing so dangerous as delay, and any prospect of punishment may tend to lead to this. With the hardened sinner the case is, perhaps, different, and it might be permissible to deal somewhat severely with the man who repeatedly incapacitates himself from duty by contracting fresh disease. Most culpable of all, of course, is the individual who, whilst under out-patient treatment for syphilis, contracts some other form of venereal disease. On the whole, however, it is better to err on the side of mercy than severity in this matter.

In some services it is the rule to provide men with facilities for personal ablution after connexion, and in the United States small "venereal prophylactic kits" are issued. These consist of small packages containing antiseptic solution and ointment and a little cotton wool. This system was practised largely in the Philippines with success. The issue was preceded by a lecture in which the dangers associated with irregular intercourse were pointed out, and continence was shown to be not only harmless but positively beneficial. Finally, the method of use of the prophylactic kit was described. The obvious line of argument that such a lecture gives rise to in the soldier's mind must be something of the following nature : " If intercourse is not a necessity and if, as my officer says, I shall be a better and healthier man without it, why does he go out of his way to show me how I may indulge in it with impunity ?" It is no duty of any authority to assist men to be vicious with impunity ; such measures are degrading to the officers

who have to advertise them and lowering to the men to whom they are addressed.

Civil Section.

When now one turns from the military aspect to the civil, there is a complete change. There are no statistics, and if there were we should be at a loss how to deal with the patients, since they do not, as in the army, come under direct control. Yet we must at least try to make some reasonable estimate of the incidence of venereal disease on the civil population, and to suggest the principles and methods by which to combat it.

Now, can we, from the figures which we do possess, draw any conclusion as to our present position? In the Army the figures stand at a quarter of what they were 25 years ago, and in the navy at about half. But the special conditions of the services as regards age and sex make it clearly impossible to argue from these returns to the civil population. The German army, for instance, shows a very low and still decreasing figure—far lower than ours; yet Dr. Blaschko tells us that the civil figures are high, higher than ours, and still on the increase. The army returns, therefore, do not help us.

Then there are the returns of the Registrar-General. Deaths from venereal disease in these returns show in 25 years a decrease of 33 per cent., as also do the deaths from the same cause in infants under one year. This would be gratifying; but death certificates, while true as far as they go, do not always give the whole truth; and sorrowing relatives are probably becoming more and not less sensitive to the contents of these papers, while the doctor is reasonably anxious not to hurt their feelings unnecessarily. So that we should do well to receive these figures with caution.

But there is another class of return which we may, I think, consider of good value—namely, the number of recruits annually rejected from the army for venereal disease. This is, indeed, an army return; but it may be considered a fair index of the state of affairs in the young adult civil population. Taking now these returns since 1863, the first thing which strikes one forcibly is the great and steady decrease in syphilis, from the appalling figure of 16 per 1000 to 1.5. The second thing is the steady persistency of other venereal diseases at the level of about 2 per 1000 for the last 40 years, rising in the last five years to 3.5, and still apparently increasing. By these figures, therefore, we should conclude a decrease of all venereal disease to a quarter of its former bulk, the whole decrease having occurred in syphilis.

Syphilis then, from being a deadly pestilence, has become of manageable dimensions, while the inroads of gonorrhoea are increasing. As Sir. J. Hutchinson says, this is not a time for panic; but, in our view, it is a time for vigorous and well-considered action. Even if we suppose that syphilis has decreased all round in this proportion, which is very doubtful, the conditions still are serious enough, as we shall see.

Let us go for a moment to Berlin, Paris and New York. Berlin is a city of 2.1 million persons. Of these about 670,000 are adult males

On a given date in 1900, 142 per 10,000 adult males were under treatment. About 4-5ths of the total were recent cases. Of these recent cases 1-6th were syphilis and 5-6ths were other venereal diseases. Their average treatment is given at about 45 days, a liberal estimate as it appears to me. The female incidence is between one-half and one-third of the male, according to the best authorities. This, when worked out, gives us a figure of 85,000 fresh cases of venereal disease annually in Berlin, or 1-25th of the whole population.

Paris is a city of $2\frac{3}{4}$ millions. There it would appear that about 17,000 persons are annually infected with syphilis, and if the same proportion to other venereal diseases obtains there as in Berlin, we get an annual total of over 100,000 for Parisian venereal disease, or 1-27th of the total population.

New York is a city of $4\frac{3}{4}$ million inhabitants. Dr. Morrow holds that there are "over 200,000 infected persons walking the streets of New York," and Bierhof believes this an under-estimate. If we consider this expression to represent the number annually infected, the proportion of the population attacked is about the same as in Berlin or Paris. Here also about 1-6th of the numbers are due to syphilis.

In all these cities about 1-12th of the adult male population are infected annually, and about 1-30th of the adult females. Roughly 1-25th of the whole inhabitants. The significance of such figures may be appreciated when Dr. Blaschko gives as his opinion that in Berlin every man who reaches the age of 30 has (on an average) had gonorrhoea twice, and every fourth or fifth man has had syphilis.

How can we compare London with Berlin? Here again, the recruiting figures come to our assistance. British recruits show—in regard to venereal diseases—a figure at present of 5 per 1,000, while those of Germany show about $7\frac{1}{3}$ per 1,000. (These are in each case the latest available figures.) Of course, the comparison must show in our favour, because of the far-reaching difference between voluntary and compulsory enlistment; but we shall take these figures at their face-value, since we wish our estimate to be conservative. Let us assume, then, that in Germany the proportion of venereal disease is half again as great as in Britain. London is $3\frac{1}{2}$ times the size of Berlin. Allowing the full deduction of one-third, we reach the figure of approximately 200,000 fresh cases of venereal disease annually in London.

A peculiar interest attaches to the fact that the proportion of disease, and also the proportional number of prostitutes, increase with the size of the town. In German towns, other than Berlin, of over 100,000 people, the proportion of disease is only 70 per cent. of that of Berlin; in towns of 30,000 and over, 40 per cent. of the Berlin proportion, and so on. Again, in New York there is said to be 1 prostitute to every 57 of the population, while for the smaller towns in the States, of say 30,000, the proportion falls to 1 in 400. It is a question of demand and supply; the demand by a given number of men is greater in the large towns than in the small. Thus there is a close correlation

between the number of such women and the amount of disease, the proportion of each rising with the size of the town.

The point of these remarks is this. The large towns of Great Britain, other than London, of over 60,000 inhabitants contain between them about 15 millions of people, or about twice the population of London. Allowing them half the London incidence we shall get another 200,000 per annum; 400,000 cases thus account for 22½ millions, or half the whole population of the United Kingdom. The smaller towns and country, the other half, may be expected to contribute about 100,000. Thus, we should reach a total annual toll to venereal disease in the United Kingdom of half a million.

These are not statistics; they are only reasoned computations, and, as such, are open to reasoned criticism. Rough as they are, they will give you some idea of the calamitous quantity of these diseases, of which I have already described the disastrous quality.

Here then is our problem. It has never been seriously faced. How are we to face it? Are we to follow the continental example and regulate the traffic in vice? Our answer must be an unhesitating negative. For a hundred years and more regulation in some form has been tried in most European countries. It was an old system, revived by Napoleon. It was not introduced to Russia till 1844, but from that date till 1888 it was universal on the continent. In Britain a similar system was partially introduced into military stations in 1864; it was twice amended, but public opinion became so hostile that by 1886 it was entirely done away. Opposition to it began in 1869, and the effects of this outburst of feeling in England have extended to the continent since that date. Italy followed suit in 1888; in most of the Swiss cantons regulation has been abolished, as it has also been in Denmark and Norway. All over the continent a great movement is on foot, which is bound soon to sweep away the system: in France, Germany, and Russia its days are numbered.

But since regulation—namely, restriction and compulsory examination of prostitutes—still finds favour here in some quarters, it is necessary that we should touch on this subject more fully. To begin with, we may state our opinion that regulation is wrong in principle and a failure in practice. Why is it wrong in principle? First, because regulation of any immoral traffic by the State is itself immoral. This is an objection of sound statesmanship, not of silly prudery. In regulation, certain duties are imposed on certain women, and the fulfilment of those duties implies the recognised right to carry on their traffic. The obverse of responsibility is privilege.

Secondly, the laws of regulation are unjust as between the sexes. The women are subject to pains and penalties while the men go scot-free. In justification it is alleged that the prostitutes are the source of all disease existing outside their ranks. For the most part this is true; but all these women have been infected by men. And the men must be regarded as primarily responsible, for it is the demand of men which creates the supply of women. But the system is as stupid as it is unjust. If you do not remove the infected men from circulation,

who form the large majority of infected individuals, it is of no use to remove the women, either in this or any other class of infection.

Thirdly, the system is unjust, not only between the sexes but between the classes ; the lower or poorer class of women are penalised, while the more well-to-do escape.

Lastly, apart from its unsoundness on the side of ethics and justice, the system of State regulation of vice is founded on a blunder. To combat disease it attacks prostitution. Now disease can be attacked as disease, but prostitution cannot be attacked as prostitution. Disease is due to one set of causes, prostitution to many. If all prostitutes were removed from London to-day, their places would all be filled in a wonderfully short space of time. If you want to get rid of dandelions in your garden you do not go round cutting off their heads ; you take them up by the roots. Prostitution is a noxious weed, which has for its roots moral, social, and economic conditions. Poverty is the cause which leads more than 50 per cent. of these women to sexual vice ; it gives them a living. To many indeed, seduction gives the start downhill ; to others vicious surroundings, antecedents, parents, and relatives. But poverty is, beyond doubt, the chief factor.

With both sexes, overcrowding, which follows in the wake of poverty, leads—I had almost said drives—into promiscuous immorality. But, overcrowding apart, the main causes which operate with men are selfish wilfulness, false shame, ignorance and alcohol. Wilfulness, because they go wilfully to satisfy their sexual appetite without thinking of the price that others must pay ; false shame, because young men are ashamed to confess to their comrades sexual inexperience ; ignorance, because there is a widespread view that chastity is prejudicial to health or induces sexual impotence—a most mischievous delusion ; alcohol, because 80 per cent. of venereal disease in man is contracted under the influence of alcohol, which numbs the higher faculties and leaves the blind physiological impulses unchecked.

Before you can suppress prostitution you must eliminate its causes ; in time, we may hope they will be eliminated ; but it is a long journey. In any case you cannot directly suppress prostitution ; much less can you extirpate venereal disease by an attempt to suppress prostitutes.

For these reasons, then, we believe the principle of regulation to be wrong. Now for the practice. Can it be regarded as in any respect a practical success ? No ; it is a total failure. On this point the reports of the Brussels Conferences of 1899 and 1902 are eloquent. Professor Gailleton says : "It is absolutely no good," Professor Fournier, the eminent authority, who with Neisser opposes the abolition of regulation, can only say that "it does a little good ;" while Pierson insists that whatever little good it does is far more than outweighed by its far-reaching evil effects. Moreover, the form of regulation which Fournier and Neisser desire is by no means the present system of "police des mœurs," but a form of scientific sanitary control. It is clear that at that conference no one could affirm the success of "regulation ;" further, the comparison already made between Eng-

land on the one hand, and France and Germany on the other, is not eloquent in favour of regulation, since in disease at least they have no advantage over us, who have no regulation.

Let us inquire into some of the causes that have made regulation a failure. When a girl first goes wrong, she does so, not as a regular prostitute, but clandestinely ; in the first year of her irregular life she contracts disease ; indeed, the age of maximum incidence in females is 18 ; so the mass of such girls, before the age of 20, are clandestinely spreading disease among their clients. In France it is believed that 66 per cent. of syphilis in females is contracted before the age of 22, and 7-8ths of all syphilis in prostitutes is the result of clandestine vice.

It might be thought that licensed houses would be at least relatively safe, and it is claimed that this is so in Paris ; but there is much evidence in other capitals pointing in the opposite direction. From syphilis at least we should expect most of the women to be free, having already had it, since under most circumstances it is impossible to take syphilis twice ; but unfortunately there seems no doubt that a woman, free herself from infection, may still act as a mediator of contagion harbouring within her own body the germs which, harmless to herself, will yet infect another ; so the disease may be carried by a woman who is herself without symptoms. Even apart from such considerations, no medical man can, on the ground of ordinary inspection, give a guarantee that any woman is free either from gonorrhoeal or syphilitic infection.

Hence the licensed houses engender in the individual a false sense of security, while from the national point of view they only deal at best with one-eighth of the disease. Add to this that the licensed house is not popular. As the stringency of regulation increases so do the numbers of houses and their inmates decrease. In Paris to-day the number of licensed houses is less than 50, while in 1860 there were 200 ; in the same period clandestine vice has more than doubled in volume. As for the character of these houses, we are told that they have two main uses : to supply the first debauch of the young man, and the latter bestialities of the *roué*.

Thus from every point of view, whether individual or national, whether moral or physical, whether of theory or practice, the weight of all evidence is against the State regulation of vice. It has been tried for a century and has failed. At the best it is an outworn system, dating from a time when the nature of venereal disease was unknown, its long persistence unsuspected, and its terrible consequences not even dreamed of ; while in the interval economic conditions also, specially in regard to women, have so altered that sexual vice at the present day furnishes a different and more complex problem. Thus it is undesirable, as in view of public opinion it is impossible, that State regulation should be established in this country.

Prostitution is an evil of which no Act of Parliament will ever rid us ; its roots lie deep in the moral, social, and economic conditions, which are only capable of very gradual improvement. But with venereal disease the case is widely different. Venereal disease is not

synonymous with prostitution ; syphilis, for instance, was not with us till Columbus discovered America in 1492. It is a contingent evil, not a necessary one ; as it came quite lately in the history of European prostitution, so it may disappear long before that history is closed. But if this result is to be obtained we must treat disease as disease, since it is disease that we wish to combat, and not, according to the older fashion, treat prostitution as a crime. We must strive to eliminate venereal disease on the same principle as we seek to destroy other infections, adopting such methods as are specially appropriate to its peculiar character.

There are, however, certain popular objections against launching a campaign of extirpation against venereal disease, and in dealing with these we shall define our moral attitude on the subject.

The first is that such diseases come as a divine retribution for self-indulgence. This will not bear examination. Divine retribution must be self-consistent. Now in the case of syphilis such retribution was not instituted, in Europe at least, till the end of the fifteenth century, and 400 years is but a page in the history of vice. Divine retribution must be just in its incidence. But these diseases fall on the innocent and guilty alike—innocent wives, innocent children, innocent doctors. Of all women who suffer from syphilis, according to Fournier, 20 per cent. have taken the disease innocently from their husbands ; Schrank considers the proportion higher in Vienna. In gonorrhoea the proportion is about the same. In the case of married women with syphilis, 95 per cent. contract it innocently from their husbands. (Blaschko). In such marriages the first child (Fournier) is always fated to death in the first year of life, if ever it comes to birth at all ; of all children of such parents 50 per cent. suffer from the same fate ; some of the later offspring may be free of disease ; if they are not so they may even hand it on to the third generation. Syphilis may also be innocently contracted by social, apart from sexual, contact, by a kiss, or by common use of many ordinary utensils. Doctors are often infected while discharging their proper duties. Infants infect wet-nurses, and nurses children. Such is the condition of syphilis of the innocent of to-day—less terrible than in former years, when the initial virulence was greater than to-day, and less terrible than in Russia at the present time.

In the case of gonorrhoea, which is so lamentably common in towns abroad as to be almost universal in men before 30 years of age, the young husband frequently transfers it to his wife, who in consequence, is liable to disablement, sterility, or even death. If there be a child, it is liable to infection of the eyes at birth, which unless promptly dealt with, may result in total blindness. In Prussia 30,000 such blind persons are to be found. Children also are not infrequently infected about the genitals by infected linen, and are liable to have their health and career ruined.

On the whole, we may say that about 8 per cent. of adult venereal disease is innocently contracted, as well as all venereal disease in children. How can these things be regarded as an exhibition of

retributive justice? From Abraham onwards good men have recoiled at the idea of God punishing the innocent with the guilty. The Book of Job, 2,500 years ago, forcibly rejected the idea of disease as the vengeful visitation of God; the later prophets rejected it; and the greatest of all Teachers refused to admit disease as representing divine retribution.

But, authority apart, no one can look on syphilis and gonorrhoea day by day and still adhere to the hypothesis of retributive justice. If it were true, we ought to refuse to cure the disease, except where the divine justice had plainly miscarried; but I think no such hardened mediaevalist exists. Even for those whom we call guilty, the vast majority being girls from 16 to 23 and boys from 18 to 25, is it common justice that their lives should be blasted for an early—often the first and only—act of ignorant, procacious folly? I defy any man who is conversant with such things to say that the punishment fits the crime. We need not condone the offence to stand aghast at its result. If, then, we admit the cure of venereal disease at all, it is our bounden duty, both in logic and morals, to press forward by all proper means, not only to the diminution of vice, but to the extirpation of disease.

But again the objection comes: If vice is made safe from disease, it will increase by leaps and bounds. This we believe to be pure fancy. Did vice decrease when the monstrosity of syphilis made its sudden and appalling invasion? Is there any reason to think that, if venereal diseases were destroyed to-day, there would be an increase of vice to-morrow? We believe not. Few, if any, people are restrained continuously from vice by fear of disease. Partly, no doubt, because they are ignorant of the facts; yet venereal affections are by no means unknown among advanced medical students. And if fear or knowledge could act as deterrents, both fear and knowledge are drowned in alcohol, the almost invariable companion of illicit sexuality. Fear of disease may act as a reinforcement of higher moral considerations, but can never become a substitute for them.

“Go and sin no more,” The words may serve to recall to our minds the true principle. First cure, then reformation. The healing of disease is among the most powerful weapons in our moral armoury; conversely, it is true that persistent venereal disease, is, specially for women, the most insidious enemy of moral reform. There are, we are told, in the United Kingdom 284 rescue homes for women. These do excellent work; but they do not deal with *diseased* women. Diseased women have little chance of reform, though it is only by bad luck that they are in a worse position than their more fortunate sisters. Disease and its stigma are too often the chain which binds women to the life of vice, while its cure will often restore the dormant self-respect. On these grounds we reject the view of disease as a wholesome moral corrective, not only as untrue, but as the exact reverse of truth. We have spoken at length on these two ideas—disease as retributive and fear as deterrent—because we believe them to be radical errors, plausible and popular, no doubt, yet errors; which unless removed will,

like suckers on the rose, sap away vitality from the tree of effort and prevent it blossoming into vigorous action.

Agreed, then, that we must attack these diseases directly, not to the exclusion of, but in addition to, other means of moral improvement. How are we to set about it?

First of all, we must have accommodation. As regards beds for such patients as need them, the general hospitals cannot and do not, as a rule, take them in. The Lock Hospital in London has 136 beds for females, and 27 for males; other lock hospitals elsewhere have about 70—possibly 250 in all. This cannot even touch the fringe of our needs. And the charitable public will not subscribe to the cure of venereal illness; it must be done by the State. Certainly a large proportion can be treated, and even efficiently treated, as out-patients; but the general hospitals, which are best suited to this purpose, have no special accommodation or special arrangements, such as are imperatively required for properly dealing with these diseases.

Each general hospital, then, should have special wards, and special arrangements in the out-patient department. Since we wish to attract patients to their own cure, all treatment should be free to all patients, the expense being borne by the State. Suitable hours should be arranged so as to attract patients without the loss of a day's work. For this purpose also dispensaries should be provided, with suitable apparatus. In all such places measures must be taken to ensure privacy, decency, and self-respect; in particular, privacy from other patients should be secured.

As regards the medical staff, there should be a special course in venereal diseases and their treatment, with a special certificate attached, which should be required for any such appointment. As in the army, so in the civil service, this would lead to the treatment of these ailments being both effectual for the patient and honourable for the doctor. Printed instructions, calculated not to disclose to others the nature of the disease, should be given and read aloud to each patient, so that he shall certainly understand them. Proper appliances should be at hand, so as to commence and teach the required treatment. The sanatoria which are now in contemplation should have their use extended to venereal disease. Many cases require such treatment. These ailments are certainly not less important to the nation than tuberculosis.

Before leaving the question of hospital reform and extension, we ought to mention the cure for syphilis known as salvarsan, or "606," recently introduced by the genius and labour of Ehrlich. This, so far as our best information goes, is destined to play a leading part in the arrest of syphilis. It offers a definitive cure by means of one, two, or three injections, but it has its limitations and its necessities. Limitations, in that cure becomes less certain, and less immediate, in proportion as the disease has by neglect got a stronger hold on its victim. In other words, the patient must come without delay for cure at the first sign of infection. (This holds equally true of gonorrhoea; though the methods are less specific, they are fairly certain to cure if under-

taken early and vigorously.) Our necessity lies in the direction of accommodation. The new treatment involves intravenous injection, after which the patient has to be under supervision for at least one night. If every hospital had a special ward, this need would be met.

But how shall we get the patients to come for early cure? The only way that I can see is to offer free treatment, respect of privacy, and efficient attendance. Some will ask, Why not place venereal diseases in the same category with other notifiable infections? This cannot be done to its full extent, inasmuch as these infections differ from others. No one is ashamed of having scarlet fever, small-pox, or typhoid, but here it is otherwise. Notification in the full sense—communication of name and address to the authorities, who in their turn see that the patient is treated—is not practicable. It would certainly lead to concealment by the patient, and would hardly even command the assent of the profession.

But notification without names we must have. It is the only way of finding out the strength of the enemy. We should then at once begin to know our position and be able to form an estimate of our progress. At present we are simply floundering. Notification of this sort would not frighten the patient away nor wound the doctor's conscience. It would give us no immediate hold over the patients; yet if it were found that a large proportion were not submitting to effectual treatment, some method might then be devised for enforcing it. But at the outset, until public opinion forms, we must set our faces against any scheme which would frighten away the very people whom we wish to attract. This idea of nameless notification is not a new one. It has been variously adopted in Denmark and Norway, in Vermont and California; a Bill to the same effect is introduced now in New Zealand. If these methods were adopted we should be on the way to fighting venereal disease effectually.

But this is not all. We have other enemies. Foremost is the quack, who has a vast *clientèle*. Treatment of venereal disease, actual or suspected, by any but a registered practitioner should be made a penal offence; all advertisements of cure should be rigorously suppressed. In venereal disease there is no place for fancy cures; they are every way to the public detriment.

That persons afflicted with venereal disease should come early for treatment, implies a certain knowledge and understanding on the part of the general public. Such understanding is, in this country, at a lamentably low level. Boys and girls grow to puberty in complete ignorance of the physical facts of life, of the functions which in their bodies are coming to maturity. During this stage, for both sexes, ignorance means misery; and while they do not care, from natural reserve, to consult their parents, the parents in turn are generally too ignorant, even when asked, to give the needed information. Later on, when forewarned would mean forearmed, as soon as blind sexual impulse drives to indiscretion, there follow, not only regret and remorse, leading back to virtue, but blighting disease which aggravates, not heals, the moral wound.

Boys and girls as they attain puberty must be taught the elements of reproductive activity in plants and animals, leading up to that of the human species. At every technical, secondary, and public school they should receive lectures from properly qualified persons. They must be taught that personal chastity has no disadvantage, either for the sexual organs or the body as a whole ; that this alone will fit them to be good husbands, good fathers, good citizens. Similarly public lectures should be given in all towns, teaching the populace generally the value of chastity and the dangers of disease, striving to raise, not only intellectual standard, but also moral tone, and inculcating the imperative call for early treatment on the first suspicion of disease.

By these means both the prevention and cure of venereal ailments could soon come within reach. Many other means are suggested which, for the time being, do not command our approval. The raising of the age of consent, in itself a desirable thing, would probably quickly prove a dead letter. Others demand universal certificates of health before marriage ; before this could be effected there would have to be a public demand for such legislation ; at present we must depend on voluntary action. The parents of every girl should obtain thorough assurances that their future son-in-law is free from venereal disease ; ignorance alone stands in the way of this most necessary precaution. Lastly, as regards compulsory detention in refractory cases, some means could be found at a later date of compassing this end ; but at the outset it would have the double danger of being inoperative on the one hand, and of frightening away the patients on the other.

A summary.—From its character venereal disease is a danger to every nation in which it is prevalent. Gonorrhoea lowers the birth-rate, as well as brings disaster on its victims. Syphilis is a terrible and insidious disease, causing huge infantile mortality and ruining the lives of many of the survivors. In the army and navy its incidence is known, and enlightened and successful methods for its diminution are being pursued. As to the civil population we have no information and no policy. No policy, however, is better than a bad or immoral policy. We must in no case adopt State regulation, which is both unjustifiable in theory and futile in practice.

As to the magnitude of the problem, an estimate has been given you of 200,000 fresh cases annually for London and half a million for the United Kingdom. The meaning of this latter figure will take shape in your minds when you consider that if this number of persons were put shoulder to shoulder, two feet for each person, this wretched army would cover a length of 190 miles, or more than the distance from London to York.

If we are to face this business we must treat the disease as disease ; we must abandon outworn philosophies of divine retribution and fantastic fears that decrease of disease will spell increase of vice. Banish these false thoughts which kill enthusiasm. We must set about to cure these plagues, not, as at present, grudgingly and of necessity, but heartily and of set purpose.

To this end it is suggested that there should be reform in hospital accommodation, both in- and out-patient ; that members of the special staff should have special training ; treatment should be free to all, and at convenient times, with adequate provision for up-to-date methods ; public ignorance in these matters should be remedied by all possible means ; the quack and all his works should be suppressed ; and, lastly, notification should be insisted on, without names indeed, but with a full account of age, sex, date of infection, duration of treatment, and result thereof. At first there would be an apparent increase in the number of patients, but this would soon give way to decrease, and with a decrease in disease there would be a decrease of vice.

The present time is favourable for the commencement of a campaign against venereal disorders. Gonorrhoea can be cured in its early stages, and its present incidence might be enormously diminished ; against syphilis we have in our hands a specific, by means of which, rightly used, this disease might in a short time be eliminated. If full advantage were taken of these facts, the economic and, as we think, the moral gain to the community, resulting from the diminution of disease, would quickly, amply, and repeatedly repay the cost of such an effort, for which the means are at hand and the time is ripe.

Reprinted from " The Lancet," December 9th and 16th, 1911.

