

Note by the Chairman of the Committee (the Hon. Walford Astor, M.P.) to the Minister of Health on prophylaxis against venereal disease.

Contributors

Great Britain. Inter-Departmental Committee on Infectious Diseases in Connection with Demobilisation.

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PROPHYLAXIS AGAINST
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DISEASES IN CONNECTION WITH DEMOBILISATION.

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NOTE

BY THE CHAIRMAN OF THE COMMITTEE
(THE HON. WALDORF ASTOR, M.P.) TO
THE MINISTER OF HEALTH

ON

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NOTE ON PROPHYLAXIS AGAINST VENEREAL DISEASE.

TO THE RIGHT HON.
CHRISTOPHER ADDISON, M.D., M.P.,
MINISTER OF HEALTH.

SIR,

1. Towards the end of January you appointed an Inter-Departmental Committee to consider the question of what concerted measures should be taken by the Departments concerned to mitigate the dangers of the dissemination of tropical and other diseases among the civil population of this country from the process of demobilisation and the abnormal shifting of population in the country during the restoration of industry to peace conditions. The Committee comprised myself as Chairman, and representative Medical Officers from the Local Government Board,* the National Health Insurance Joint Committee,* the Navy, Army, and Air Forces, and such other representatives as might be specially suitable either in place of, or in addition to, the above, at particular meetings or for particular subjects.

2. *Terms of Reference.*—The terms of reference of the Committee were “to consider the possible risks of introduction of infectious and parasitical conditions into the country in the course of demobilisation from the various fronts, and to make recommendations for the purpose of securing close and effective co-operation in administrative measures for dealing with these conditions on the naval and military (including the Air Service) and the civil side.”

The Committee considered that the objects coming within their terms of reference were thus threefold:—

(i) To institute inquiry and to make recommendations with a view to preventing the spread of infection on demobilisation.

(ii) To consider and advise as to the co-ordination of the administrative activities of the Departments concerned and to render assistance by the interchange of information.

(iii) To consider whether any special methods of preventing and treating various infective conditions might be required in consequence of demobilisation, or of the occurrence from time to time of epidemics or other disturbing factors in the civil community.

3. The Committee decided to meet once a week at the outset, and less frequently later, for the consideration of periodical statements on the incidence of various infectious diseases at home and abroad and in all the various theatres of war. As a result of these meetings they arranged for the adoption of certain correlations of administrative action in regard to venereal diseases, tuberculosis, malaria, and certain epidemic diseases in foreign parts. They also appointed a Sub-Committee on malaria which agreed upon the issue of a pamphlet on the subject to Medical Practitioners. It was arranged that further leaflets on treatment should be put before this Sub-Committee as occasion arose.

4. The Committee are satisfied as to the substantial advantage of having regular meetings between representatives of Departments with common interests and responsibility, and they desire to suggest to you that this Committee should form a Standing Inter-Departmental Committee for the present, to consider and to advise from time to time as to the taking of appropriate and concerted measures in respect of public health. Such a Committee would facilitate the effective co-operation of the several Departments in various ways. Representatives of the Home Office and of other Departments concerned should, in that case, be included.

MEMORANDUM ON PROPHYLAXIS OF VENEREAL DISEASE.†

5. At the outset of their work the Committee considered a group of infective diseases most likely to be affected by demobilisation, including some acute infectious diseases, malaria, tuberculosis and venereal disease. In view of the public interest in

* Now the Ministry of Health.

† Including syphilis, gonorrhœa, soft chancre, balanitis, venereal warts, &c.

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the subject, the Committee consider it desirable to present to you forthwith a Note in relation to the Prophylaxis of Venereal Disease, reserving for subsequent statements, as may become necessary, any recommendations they have to make with regard to this or other diseases. The present memorandum is concerned, therefore, mainly with the advisability or otherwise of officially making available for the civil community certain methods of prophylaxis against venereal diseases (commonly spoken of as the "packet" system), which have been publicly commended as having been successful among combatants during the war.

6. In regard to this question of the prophylaxis* of venereal disease, the Committee have sought to ascertain whether the claims of the advocates of such methods have been substantiated:

First, on the ground of indisputable and substantial benefit in the Services where they have been adopted, and

Secondly, on the ground that, if proved efficacious in the Services, they may be adjudged applicable and appropriate to the civil community.

With a view to a determination of this matter the Committee have addressed themselves in the main to three questions:—

(a) The general value of the various drugs and medical or mechanical means which have been adopted for the prevention of venereal disease and which have been made available *before* exposure to infection.

(b) The extent to which the issue of drugs mentioned in the previous paragraph has proved effective in diminishing the incidence of these diseases in the Forces in which they were used.

(c) Whether any of these methods, and if so which, are applicable to the civil population.

It will be understood that this narrow engagement does not include any direct consideration of the other aspects of the problem of dealing with venereal disease either in the Services or in the civil population. For instance, the Committee have excluded from their consideration of prophylaxis, for the purposes of this Note, the whole subject of the incidence of venereal diseases generally, and the desirability or otherwise of introducing a system of compulsory notification of venereal diseases. Nor does this Note include an examination of the desirability, method or means of providing skilled treatment *after* exposure to risk of infection.

The issue which it is desired to lay before you in this Note is restricted to a consideration of the advisability or otherwise of special encouragement being given officially by the Government to the sale of "packets," *i.e.*, the provision, *before* exposure to infection, of means of prophylaxis for application or use by the individual, whether before or after such exposure.

Witnesses.

7. With a view to acquiring a full and adequate presentation of the case, the Committee invited medical representatives specially qualified from professional experience, as well as others who had taken an active interest in the question, to meet the Committee or to furnish them with memoranda of their views. Among those invited to give us the benefit of their experience or advice in this way were Colonel J. G. Adami, C.B.E., F.R.S., M.D., F.R.C.P., Sc.D., Colonel J. A. Amyot, C.M.G., M.B., Canadian Army Medical Corps; Lt.-Col. G. Raffan, M.D., F.R.C.S. (Ed.), Sir J. Barrett, K.B.E., C.B., C.M.G., M.D., M.S., F.R.C.S., Australian Medical Corps; Major J. Falconer Brown, M.D., New Zealand Medical Corps; Colonel A. M. Whaley, Colonel H. Young, Colonel W. F. Snow, United States Medical Corps; Major C. F. White, M.B., R.A.M.C., from the British Expeditionary Force; Sir H. Bryan Donkin, M.D., F.R.C.P.; Sir G. Archdall

* To avoid ambiguity it was agreed that, for the purpose of the Committee, the following terminology should be adopted:—

Prophylactic Treatment to connote the issue of drugs and appliances made available before exposure to infection, for use by the individual.

Early Preventive Treatment to connote treatment applied immediately after exposure to infection.

Abortive Treatment, to connote treatment applied immediately on the appearance of symptoms with a view to cutting short the duration of the disease.

Reid, M.B., F.R.S.(Ed.); Temp. Maj.-General Sir Bertrand Dawson, G.C.V.O., C.B., M.D., B.Sc., F.R.C.P., Sir William Osler, Bt., M.D., F.R.S.; Lady Barrett, C.B.E., M.D., M.S.; Dr. Agnes Savill; and Dr. Morna Rawlins. The appendix to this Report contains a brief abstract of the various data which have been laid before the Committee, of memoranda kindly furnished by some of these experts, and of extracts from the minutes of the Committee. In this note I put before you merely the main conclusions of the Committee on the particular point under consideration.

8. The Committee are satisfied that, while certain drugs and medical preparations may be relied upon to remove or destroy the infection of venereal disease, if applied by skilled attendants very shortly after exposure, such satisfactory results cannot be secured if those drugs and preparations are used unskilfully or too long a time after exposure.

As shown in this note, experience indicates that, however careful the instruction, and however scientifically effective the prophylactic in itself might be if used under proper conditions, it frequently fails to protect when applied by the individual, even when this self-application is supported later by additional skilled treatment. The consumption of alcoholic liquors, carelessness, natural excitement, forgetfulness, or ignorance, has been the cause of numerous failures, even amongst those troops where the use of such prophylactic measures has been most efficiently organised and taught.

9. For purposes of reference the figures showing the incidence of venereal disease* amongst Canadian, Australian, British and American troops, and also in the British Navy, are set out in separate tables. The Committee invite their careful consideration.

TABLE A.

*Canadian Forces.**Admission Rates for Venereal Disease per 1,000 for United Kingdom.*

| | | | | | | Per Month. | Per Annum. |
|------|---|---|---|---|---|------------|------------|
| 1915 | - | - | - | - | - | 18.5 | 222.0 |
| 1916 | - | - | - | - | - | 17.45 | 209.40 |
| 1917 | - | - | - | - | - | 9.5 | 114.0 |
| 1918 | - | - | - | - | - | 6.8 | 81.6 |

The diminution shown by these figures was attributed by Colonel Adami to a combination of factors, including early treatment,† issue of packets, skilled disinfection, organised recreation and diminution of alcohol. What part each had played he could not say.

TABLE B.

The following figures are quoted showing the experience among Canadian troops at Le Havre. A full account of the arrangements adopted at this base will be found in the Appendix on page 16.

Venereal Disease Rates, Canadian Base Dépôt, Havre.

| Date. | No. of Men passing through Can. Base and Permanent Staff. | No. of Treatments taken by Officers, N.C.O.s and Men. | No. of Men who developed V.D. ‡ after Treatment. |
|---------------|---|---|--|
| November 1916 | 13,959 | 155 | 0 |
| December 1916 | 13,113 | 476 | 0 |
| January 1917† | 5,113 | 542 | 0 |
| February 1917 | 6,304 | 853 | 0 |
| March 1917 | 7,204 | 1,492 | 0 |
| April 1917 | 11,573 | 1,635 | 0 |
| | 57,266 | 5,153 | 0 |

* See second footnote, page 2.

† See footnote, p. 3.

‡ This column relates to disinfection by skilled men, after exposure to risk of infection, and not to the results obtained by the issue of packets before such exposure, although both methods of prevention may have been adopted by the men concerned.

TABLE C.

Australian Forces.

The system organised by the Australian Forces was most thorough. Men were almost individually instructed, and packets were handed with full directions to men going on leave. Theoretically it should have reduced the venereal rate to negligible proportions.

(a) *United Kingdom.*—The admissions for venereal disease* in the Australian Imperial Forces in the United Kingdom since July 1917 as supplied by the Australian Headquarters were as follows:—

| Period, Three Months, ended— | Average Strength in A.I.F. Depôts in U.K. | Average Weekly Admissions for Venereal Disease. | Total Admissions for Three Months for Venereal Disease. | Ratio per 1,000 per Annum. |
|------------------------------|---|---|---|----------------------------|
| 30th September 1917 - - - | 62,106 | 200 | 2,600 | 167 |
| 31st December 1917 - - - | 58,288 | 190 | 2,470 | 150 |
| 31st March 1918 - - - | 55,574 | 189 | 2,457 | 176 |
| 30th June 1918 - - - | 49,087 | 126 | 1,638 | 133 |
| 30th September 1918 - - - | 51,471 | 131 | 1,703 | 132 |
| 31st December 1918 - - - | 53,666 | 152 | 1,976 | 147 |

(b) *France.*—The admissions for Venereal Disease in the Australian Imperial Force in France were:—

| Period, Three Months, ended— | Average Strength. | Average Weekly Admissions. | Total Admissions for Three Months. | Ratio per 1,000 per Annum. |
|------------------------------|-------------------|----------------------------|------------------------------------|----------------------------|
| 30th September 1917 - - | 118,742 | 231 | 3,003 | 101 |
| 31st December 1917 - - | 118,090 | 158 | 2,054 | 69 |
| 31st March 1918 - - - | 119,743 | 181 | 2,353 | 78 |
| 30th June 1918 - - - | 119,118 | 134 | 1,742 | 58 |
| 30th September 1918 - - | 109,240 | 116 | 1,508 | 55 |
| 31st December 1918 - - | 94,130 | 115 | 1,495 | 63 |

During the latter part of the war, however, the Australians developed a system under which men in the earlier stages of gonorrhœa reported at a station for abortive treatment, and in the event of this proving successful, patients were not admitted to hospital.

(c) Figures supplied by the Australian Headquarters show that the results of abortive treatment of gonorrhœa in the United Kingdom† were as follows:—

| Period, Three Months, ended | Abortive Treatment. | |
|-----------------------------|---|--|
| | Number with Signs of Gonorrhœa treated. | Number cured after Signs of Gonorrhœa. |
| 30th September 1917 - - - | 2,278 | 1,371 |
| 31st December 1917 - - - | 1,787 | 1,000 |
| 31st March 1918 - - - | 1,629 | 1,113 |
| 30th June 1918 - - - | 1,821 | 1,564 |
| 30th September 1918 - - - | 2,195 | 1,692 |
| 31st December 1918 - - - | 1,721 | 1,081 |

Those who were cured by this abortive method were not admitted to hospital, and are therefore not included in the figures under (a) and (b) above.

* See second footnote, page 2.

† Abortive treatment was not officially carried out in the A.I.F. in France, and no figures are available.

(d) If, therefore, to the number of admissions in (a) and (b), the number of cures by the abortive methods, shown in (c) be added, the total known venereal incidence for the periods in question is obtained. This total is as follows:—

| Period, Three Months, ended | Average Total Strength U.K. and France. | Incidence of V.D. | | | | Incidence of V.D. per 1,000 per Annum.* |
|--------------------------------|---|-------------------------|---------|---------------------------------|--------|---|
| | | Admissions to Hospital. | | Cures by Abortive Method. | Total. | |
| | | U.K. | France. | | | |
| 30th September 1917 - | 180,848 | 2,600 | 3,003 | 1,371 | 6,974 | 154 |
| 31st December 1917 - | 176,378 | 2,470 | 2,054 | 1,000 | 5,524 | 125 |
| 31st March 1918 - - | 175,317 | 2,457 | 2,353 | 1,113 | 5,923 | 135 |
| 30th June 1918 - - | 168,205 | 1,638 | 1,742 | 1,564 | 4,944 | 118 |
| 30th September 1918 - | 160,711 | 1,703 | 1,508 | 1,692 | 4,903 | 122 |
| 31st December 1918 - | 147,796 | 1,976 | 1,495 | 1,081 | 4,552 | 123 |

TABLE D.

British Army.

Returns for Venereal Disease† per 1000 per annum among troops in the United Kingdom from 1870 to 1913 are as follows:—

| | | | | | | | | | |
|-------------------------------------|------|---|---|-------|-------------------------------------|------|---|---|-------|
| Contagious Diseases Acts in force. | 1870 | - | - | 201.0 | Contagious Diseases Acts abolished. | 1892 | - | - | 201.2 |
| | 1871 | - | - | 201.5 | | 1893 | - | - | 194.6 |
| | 1872 | - | - | 202.2 | | 1894 | - | - | 182.4 |
| | 1873 | - | - | 167.6 | | 1895 | - | - | 173.8 |
| | 1874 | - | - | 145.7 | | 1896 | - | - | 158.3 |
| | 1875 | - | - | 139.4 | | 1897 | - | - | 139.7 |
| | 1876 | - | - | 146.5 | | 1898 | - | - | 132.7 |
| | 1877 | - | - | 153.2 | | 1899 | - | - | 122.4 |
| | 1878 | - | - | 175.5 | | 1900 | - | - | 93.2 |
| | 1879 | - | - | 179.5 | | 1901 | - | - | 105.4 |
| Contagious Diseases Acts suspended. | 1880 | - | - | 245.9 | | 1902 | - | - | 122.7 |
| | 1881 | - | - | 245.5 | | 1903 | - | - | 125.0 |
| | 1882 | - | - | 246.0 | | 1904 | - | - | 107.6 |
| | 1883 | - | - | 260.0 | | 1905 | - | - | 90.5 |
| | 1884 | - | - | 270.7 | | 1906 | - | - | 81.8 |
| Contagious Diseases Acts abolished. | 1885 | - | - | 275.4 | | 1907 | - | - | 72.0 |
| | 1886 | - | - | 267.1 | | 1908 | - | - | 68.0 |
| | 1887 | - | - | 252.9 | | 1909 | - | - | 66.0 |
| | 1888 | - | - | 224.5 | | 1910 | - | - | 65.0 |
| | 1889 | - | - | 212.1 | | 1911 | - | - | 60.5 |
| | 1890 | - | - | 212.4 | | 1912 | - | - | 56.4 |
| | 1891 | - | - | 197.4 | | 1913 | - | - | 50.9 |

TABLE E.

Rates of Venereal Disease† per 1,000 per Annum for certain Areas.

| Year. | United Kingdom. | Aldershot. | London. |
|-------|-----------------|------------|---------|
| 1885 | 275.4 | 321.7 | 339.4 |
| 1886 | 267.1 | 301.1 | 259.8 |
| | | | |
| 1897 | 139.7 | 130.0 | 165.2 |
| 1898 | 132.7 | 115.2 | 160.5 |
| 1899 | 122.4 | 96.2 | 150.2 |
| 1900 | 93.2 | 84.4 | 132.2 |
| 1901 | 105.4 | 69.8 | 121.1 |
| 1902 | 122.7 | 86.0 | 179.1 |
| 1903 | 125.0 | 119.7 | 165.4 |
| 1904 | 107.6 | 79.1 | 165.2 |
| 1905 | 90.5 | 79.9 | 176.5 |

* It will be noted that the Australian figures for troops in France (which are included in this column) show a V.D. rate lower than that obtaining in England. Figures showing the V.D. incidence among Canadian and Imperial troops in France are not available (and therefore cannot be included in Tables A. and F.), but it is understood that they show a considerably lower incidence than that among these troops in the United Kingdom.

† See second footnote, page 2.

‡ From October 1873 to November 1879 soldiers forfeited pay whilst under treatment for Venereal Disease. The low rates during this period are probably due to concealment of disease.

| Year. | United Kingdom. | Aldershot. | London. |
|-------|-----------------|------------|---------|
| 1906 | 81.8 | 69.0 | 186.0 |
| 1907 | 72.0 | 60.0 | 162.0 |
| 1908 | 68.0 | 52.0 | 99.0 |
| 1909 | 66.0 | 48.0 | 160.0 |
| 1910 | 65.0 | 50.0 | 137.0 |
| 1911 | 60.5 | 44.1 | 93.2 |
| 1912 | 56.4 | 37.1 | 107.1 |
| 1913 | 50.9 | 29.8 | 95.6 |

This table shows an almost continuous fall in the rate in all three sets of figures. The fall is, however, most marked in the Aldershot Command, where the rate in 1913 was less than one-tenth of the rate in 1885. At the earlier date there was little in Aldershot to attract the soldier except the canteen and the street; at the later date Aldershot was a model military station, where recreation offered in barracks compared advantageously with the attractions of the streets. On the other hand, in London, where there has always been, and there still exists more to attract the soldier out of barracks than within, the decrease in the venereal rate is least marked.

TABLE F.

Approximate Rates of Venereal Disease per 1,000 per annum for ALL troops stationed in the United Kingdom, 1916 to 1918:—*

| | 1916.† | 1917. | 1918. | 1919. |
|------------------|--------|-------|-------|-------|
| January to June | 38 | 36 | 43 | 39‡ |
| July to December | 34 | 36 | 38 | |

Comparison of Tables.

The figures in Table A. refer only to Canadian troops in the United Kingdom. Those in Table C.(a) refer to Australian troops in the United Kingdom. As the figures in Table F. are an average for *all* troops (including Australian and Canadian men) in the United Kingdom, it is fair to state that the incidence among British troops in the United Kingdom was very much lower than the incidence among Canadians and Australians.

TABLE G.

Table showing the Incidence of Venereal Disease in a Certain London Barrack.

| Station and Period. | Ratio of Admissions for Venereal Disease per 1,000 per annum. | Remarks. |
|---|---|--|
| Special London Barrack— January to June 1916 | 89 | Energetic early treatment campaign, with voluntary self-irrigation and the issue of packets with individual instruction commenced in May 1916. |
| July to December 1916 | 37 | — |
| January to June 1917 | 52 | — |
| July to December 1917 | 35 | — |
| January to June 1918 | 44 | Voluntary irrigation abandoned, and reliance placed only on packets with individual instruction from April 1918. |
| July to 30th September, 1918 | 42 | — |
| October to December 1918 | 32 | — |

* See second footnote, page 2.

† Prophylactic methods were introduced tentatively in 1916, but, until the middle of 1918, were largely neglected, as they were not under adequate supervision.

‡ This figure is for May only, other figures not yet available.

The above figures show a remarkable reduction in the venereal rate commencing immediately after the introduction of prophylactic methods. They indicate that careful *individual* instruction can effect reduction. It will be seen from Table F. that provision of packets throughout the Army did not reduce the incidence. The returns from individual units appear to show that a reduction is effected only when the medical officer takes a very special interest in the subject and neglects no opportunity of impressing the importance of prompt disinfection on the men under his charge. It is clear from Table E that this effort must be exceptionally energetic and personal, since the rate has not yet been reduced in spite of the careful instructions issued by the War Office, and the provision of District Inspectors to see that those instructions are carried out. It will be recognised that conditions in the Army are much more favourable to the imparting of individual instruction and to the pressure of personal influence than could ever obtain in the civil community.

TABLE H.

Results of Questioning 2,193 Venereal Patients at Rochester Row Military Hospital, from 1st September 1918 to 30th June 1919, as to the extent to which Self-applied Medicaments were used.

| Stated to have used | Within u/m Hours. | Admitted with | | | Total. | Per cent. Admissions. |
|--|-------------------------|---------------|------------|------------|--------|--------------------------|
| | | Syphilis. | Gonorrhœa. | Other V.D. | | |
| Early Treatment (complete calomel and pot. permanganate lotion.) | 1 | 6 | 23 | 2 | 31 | 1·4 |
| | 4 | 2 | 12 | 2 | 16 | 0·7 |
| | 10 | 1 | 6 | — | 7 | 0·3 |
| | Later | 1 | 5 | 1 | 7 | 0·3 |
| Calomel tube only - - | 1 | 2 | 14 | 4 | 20 | 0·9 |
| | 4 | 1 | 3 | — | 4 | 0·18 |
| | 10 | 1 | 3 | — | 4 | 0·18 |
| | Later | — | 3 | — | 3 | 0·13 |
| Pot. permanganate lotion only. | 1 | 19 | 74 | 17 | 110 | 5·0 |
| | 4 | 11 | 20 | 3 | 34 | 1·5 |
| | 10 | 3 | 6 | 2 | 11 | 0·5 |
| | Later | 2 | 21 | 6 | 29 | 1·3 |
| Antiseptic wash only, e.g. lysol. | 1 | 11 | 47 | 8 | 66 | 3·0 |
| | 4 | 2 | 8 | 4 | 14 | 0·6 |
| | 10 | — | 3 | — | 3 | 0·13 |
| | Later | — | 5 | — | 5 | 0·2 |
| Took no precautions, including 178 infections by wives. | — | 419 | 1,226 | 184 | 1,829 | 83·4 |

This table appears to show that many soldiers do not use properly the packets which are provided for them, and that a very large number of soldiers do not use packets at all, even when they are made readily available. This may partially explain the apparent failure to reduce the V.D. rates as shown in Table F. The Army returns show that the expenditure of packets is approximately ten per hundred men per month. It is known, however, that many men take away more than one packet.

TABLE I.
*Rates of Venereal Disease.**

| Year. | Ratio per 1,000 | | Year. | Ratio per 1,000 | |
|-------|-----------------|-------------|-------|-----------------|-------------|
| | Cases. | Daily Sick. | | Cases. | Daily Sick. |
| 1884 | 166.35 | 14.1 | 1900 | 120.4 | 8.71 |
| 1885 | 156.72 | 12.02 | 1901 | 113.73 | 8.56 |
| 1886 | 148.83 | 11.73 | 1902 | 115.45 | 8.26 |
| 1887 | 154.01 | 12.59 | 1903 | 121.75 | 8.92 |
| 1888 | 154.49 | 12.4 | 1904 | 110.85 | 8.22 |
| 1889 | 170.66 | 13.73 | 1905 | 121.49 | 8.21 |
| 1890 | 163.58 | 13.11 | 1906 | 121.93 | 7.99 |
| 1891 | 153.4 | 12.15 | 1907 | 124.33 | 8.29 |
| 1892 | 148.05 | 12.16 | 1908 | 122.49 | 8.13 |
| 1893 | 155.03 | 12.85 | 1909 | 119.53 | 7.90 |
| 1894 | 149.89 | 12.18 | †1910 | 118.03 | 7.73 |
| 1895 | 151.44 | 12.38 | 1911 | 114.92 | 7.21 |
| 1896 | 151.9 | 12.14 | 1912 | 105.95 | 6.14 |
| 1897 | 147.81 | 10.95 | 1913 | 93.17 | 5.19 |
| 1898 | 143.97 | 10.85 | 1914 | 73.11 | 3.77 |
| 1899 | 130.63 | 9.42 | | | |

This table shows a steady decrease, due probably to the same factors as affected the Army rates (Tables D and E).

TABLE K.
American Army. Annual Admission Rates‡ per 1,000 per Annum for Venereal Diseases.

| Year. | Venereal Disease. | Year. | Venereal Disease. |
|-------|-------------------|-------|-------------------|
| 1873 | 108 | 1896 | 78 |
| 1874 | 90 | 1897 | 85 |
| 1875 | 108 | 1898 | 81 |
| 1876 | 111 | 1899 | 138 |
| 1877 | 110 | 1900 | 155 |
| 1878 | 95 | 1901 | 150 |
| 1879 | 92 | 1902 | 161 |
| 1880 | 97 | 1903 | 136 |
| 1881 | 92 | 1904 | 136 |
| 1882 | 78 | 1905 | 156.95 |
| 1883 | 77 | 1906 | 143.62 |
| 1884 | 75 | 1907 | 149.21 |
| 1885 | 80 | 1908 | 155.17 |
| 1886 | 72 | 1909 | 151.35 |
| 1887 | 74 | 1910§ | 137.98 |
| 1888 | 80 | 1911 | 145.29 |
| 1889 | 85 | 1912 | 115.74 |
| 1890 | 75 | 1913 | 85.83 |
| 1891 | 72 | 1914 | 89.94 |
| 1892 | 77 | 1915 | 83.60 |
| 1893 | 73 | 1916 | 90.0 |
| 1894 | 80 | 1917 | 113.82 |
| 1895 | 74 | | |

Six months ended 27th December 1918:—

| | | | |
|-------------------------------|---|---|--------|
| All troops in United States | - | - | 150.62 |
| Departmental and other troops | - | - | 84.80 |
| Divisional camps | - | - | 182.11 |
| Cantonments | - | - | 189.89 |

In this country, for a strength of some 5,000, the U.S.A. rate has decreased steadily to about 40 per 1,000.

* See second footnote, page 2.

† Health lectures were made general in 1910.

‡ From reports of the Surgeon-General, U.S. Army, 1913, 1915, 1916 and 1918. In these Reports venereal diseases are classified as syphilis, chancroid and gonococcal infection.

§ Campaign against venereal disease started in 1910.

American evidence (*see* Appendix, page 20), showed that packets are distrusted in the American Army, and reliance is placed chiefly on skilled disinfection by a medical officer or a trained orderly. Colonel Whaley stated in his evidence that packets had been found a failure.

Sir Archdall Reid's Evidence.

The only other statistical evidence supplied to the Committee was that of Sir Archdall Reid, whose evidence included the following statements:—

At Whale Island, in a R.N. establishment of 2,000, potassium permanganate was used for a period of nine months. During that time there were no cases of gonorrhœa and only one of syphilis in men who used the lotion according to instructions. In the last-named case the man did not apply the lotion for six hours after exposure.

At Portsmouth, in a body of troops 2,000 strong, the men were supplied with a solution of potassium permanganate and swabs of cotton wool, and were directed to swab themselves *immediately* after exposure. Only 6 cases of gonorrhœa and 1 of syphilis occurred. Of these 7 cases—(a) 2 were infected by wives, no precautions being taken; (b) 2 were intoxicated, and so no precautions were taken; (c) 1 had just arrived in camp, and had not yet received instruction and took no precautions; and (d) 2 did not use any disinfectant for an hour or more (1 of these was syphilis).

In considering the above figures I am asked by the Committee to point out that Sir Archdall stated that he did not know—

- (1) The percentage of men who used the permanganate solution and were subsequently (a) infected; (b) not infected.
- (2) The percentage of men who did not use the solution.
- (3) The number of men who had venereal disease (a) on arrival at the camp; (b) on departure from the camp.

He further stated that no routine examinations of the men, who were constantly changing, were made.

The Committee have not any figures giving the incidence of venereal disease among the civilians in Portsmouth nor in other units in the garrison, and no record was made by Sir Archdall Reid* to show whether the incidence was higher among those categories who did not use the solution.

Summary of Examination of Figures.

10. There is much that the figures set out in all the foregoing tables and paragraphs cannot prove, and the Committee recognise the severe limitations which govern deductions to be drawn from them. These figures are few and open to certain statistical fallacies—fallacies due to differences of age, marriage, occupation, social factors, and so forth, which bear a much more intimate relation to the incidence of Venereal Disease than to that of other infectious diseases. Still, the fact remains that they are the only figures of their kind available. So far as they go, they show—

First, that there was an almost continuous fall in the venereal rate in the British Army and Navy during a long period before the war; throughout that period there was no organised system of any form of prophylaxis, but continuous improvement was taking place in social and other conditions affecting the incidence of these diseases; and

Secondly, that amongst those forces which during the war employed the prophylactic packet system most energetically, no proportionate reduction was brought about in the infection rate.

In examining these figures it must also be borne in mind that certain conditions of war, such as absence from home, boredom, and loneliness, irresponsibility, unnatural surroundings and unsuitable companionship, exert an effect on human desire and action which tends to create an artificially high rate of exposure to risk of venereal disease in the Services during the war.

Under any mechanical system which does not afford absolute protection, the venereal incidence must be proportionate to the risks taken, and it must be borne in mind that the introduction of such a mechanical system may easily, by its promise of protection, lead to an increase in the number of exposures.

* *See* Appendix, page 23.

11. The Committee desire me to point out that in their view, many of those who wish the Government to utilise in peace time for the civil population, methods which have been tried among the forces in war, have not sufficiently appreciated the fundamental differences between the two groups, or between the conditions of war and peace; nor have they been aware of the comparative failure of packets even in a disciplined force. The civil authorities cannot command or control the general population (men and women) as officers can properly and legitimately control enlisted men. In dealing with the latter, officers in different forces have had power—

- (1) To make medical examinations at regular intervals;
- (2) To provide facilities for continuous and direct propaganda;
- (3) To punish disobedience of official advice, concealment of disease, or disregard of treatment;
- (4) To exclude certain persons from camps, &c.;
- (5) To put certain places out of bounds;
- (6) To organise recreation, &c.
- (7) To enforce other service regulations;

It is also the direct interest of the officers in charge of men to keep the venereal rate amongst them as low as possible. There can be nothing in the civil population analogous to this pressure of responsibility and discipline. Unfortunately no civil peace figures are obtainable, but the military and naval pre-war figures are significant as showing a decline in the venereal rate following upon improvement in general conditions and surroundings and the development of recreation and social amusements. Table E is interesting in showing the more rapid reduction among troops in Aldershot, when recreation was organised, than in London, where social recreations, &c., within barracks had to contend with the counter attractions of the streets. I would also draw special attention to the Army figures from 1870,* which show the venereal rate in the British Army before, during and after the operation of the Contagious Diseases Acts, and which seem to suggest that methods no less vaunted in their time than is the use of prophylactic "packets" at the present time, were not effective in reducing the disease when put into operation.

Finally, it is the Committee's view that the assumption that the present incidence of venereal disease in the Army is greater than that among a similar number of men in civilian life is not established.

Conclusions based on Service Experience.

12. In regard to the general experience of prophylactics distributed *before exposure* to infection, as prevailing in the various services, the Committee have come to the following conclusions:—

- (1) That certain drugs, if properly applied, are efficacious in preventing venereal disease;
- (2) That if these drugs are not properly or skilfully applied their efficacy cannot be relied upon;
- (3) That the issue of prophylactic "packets" tends to give rise to a false sense of security, and thus to encourage the taking of risks which would not be otherwise incurred, and the neglect of facilities for early treatment when available; and, in certain circumstances, might even increase the spread of disease.
- (4) That in spite of the most careful instruction, the grant or issue of "packets" results in many an individual using them for self-treatment after he finds himself infected. They are not intended for this purpose, and are ineffective when so used. Drugs which are accredited with the power of preventing diseases are very frequently accepted by the public as useful in their treatment. Their use for the treatment of developed disease may be definitely harmful, since they delay diagnosis and the application of proper treatment at a time when promptitude is of the very first importance to its success.†

* See Table D.

† This and other points would suggest, too, that the general sale of such medicaments by chemists and unqualified persons might tend to nullify the beneficial results of the Venereal Diseases Act, 1917, as regards the prohibition of treatment, and advertisement of treatment, by unqualified persons.

(5) That, where preventive treatment is provided by a skilled attendant after exposure to infection, the results are better than when the same measures are taken by the individual affected, even after the most careful instruction;

(6) That the excessive consumption of alcoholic liquors not only diminishes the sense of responsibility, but also tends to prevent the proper use of prophylactics and to delay the individual's application for skilled treatment;

(7) That the most carefully organised packet system, such as exists now in the Army (a system which would be unattainable in the civil community), has not produced such a general reduction in the incidence of venereal disease as to counteract the disadvantages mentioned in these conclusions;

(8) That the organisation of recreation and social amenities has assisted in the reduction of the incidence of venereal diseases in the Services before the war, and has also assisted in preventing that increase in the incidence of these diseases which, from past experience, might have been anticipated during the war.

(9) That energy should not be dissipated on measures of doubtful value, but concentrated rather on wise propaganda and the provision of early, prompt, and skilled treatment, in order to diminish the prevalence of these diseases. It should be recognised that failure to cure these diseases is one of the main causes of their prevalence, and that failure to cure, in the most skilled hands, results largely from failure to treat them in their early stages.

I have also been asked on behalf of all the representatives of the different Departments who assisted at various times in our deliberations on this subject to record their unanimous view that the true safeguard against these diseases is individual continence and a high standard of moral life. This implies a sound public opinion and a healthy national tone. The Committee set out to examine the evidence placed before them from the scientific and the medical point of view, and it is strictly in this spirit that they desire to record it as their opinion that the irreplaceable effect of the moral factor has been too frequently neglected or forgotten.

General Conclusion.

13. In view of these findings the Committee are not satisfied that there has been sufficient evidence put before them of the beneficial results gained by the distribution of prophylactic packets in various Forces to prove the value of the system or to justify them in recommending its official encouragement among the civil population. Unquestionably there have been many individual cases which appear to afford positive evidence in favour of a system of distribution of such prophylactics before exposure to infection; but the volume of such evidence is too small and too exceptional, and the instances of its failure, even under favourable circumstances, are too numerous, to allow of any other conclusion than that, in view of the considerations mentioned above and of the administrative and social difficulties involved, the official application of a packet system to the civil community is neither desirable nor practicable.

I desire, on behalf of the Committee, to place on record their high appreciation of the manner in which Dr. Seymour, the Secretary to the Committee, has assisted in the preparation of this Note.

Signed on behalf of the Committee,
WALDORF ASTOR.

August 1919.

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APPENDIX 1.

THE PROPHYLACTIC AND EARLY TREATMENT OF SOLDIERS OF THE OVERSEAS MILITARY FORCES OF CANADA IN GREAT BRITAIN.

*Memorandum submitted by COL. J. G. ADAMI.**A.—Issue of Medicaments for Prophylactic Treatment* before Exposure to Risk of Infection.*

1.—Medicaments employed.

At first various combinations of drugs were tested; these have given place during the last 18 months to . . . calomel ointment, put up in collapsible tubes.

* To avoid ambiguity it was agreed that, for the purpose of the Committee, the following terminology should be adopted:—

Prophylactic treatment to connote the issue of drugs and appliances, made available before exposure to infection, for use by the individual.

Early Preventive Treatment, to connote treatment applied immediately after exposure to infection.

Abortive Treatment, to connote treatment applied immediately on the appearance of symptoms with a view to cutting short the duration of the disease.

In Appendix 10 (U.S.A. methods), Col. Whaley used the terms *prophylaxis* and *prophylactic treatment* to include early preventive treatment.

2.—Methods adopted for distributing—

(a) Information.—The Department provides no literature on the subject, the information given to each man is verbal, in part during the course of the regulation lectures to all units, in part by the N.C.O.s in the early treatment centres in each unit.

(b) Medicaments.—The collapsible tubes are issued gratis to men upon application; their issue is not compulsory, although it is made easily available.

3.—Statistics.

(a) With reference to the number of persons who have been supplied with medicaments, the distribution has been to all soldiers at all times upon application. As a matter of policy, no record has been kept of the individuals to whom the tubes are distributed, but since April 1917, when the issue was begun, 571,180 tubes have been distributed to the different units for use in England, the number of Canadian troops in Great Britain during this period varying between 180,000 and 275,000.

It may be noted that at the early treatment centre established by the Canadian Y.M.C.A. at La Pépinière Barracks, in Paris, Capt. H. L. Walker, C.A.M.C., reports that from November 1st, 1917, to the beginning of the March campaign 1918, some 22,000 men of the Imperial troops (British and Dominion) were granted leave to Paris, there being from 100 and 150 men in attendance daily, and here over 50,000 preventive tubes were given out.

(b) This Office possesses no figures bearing upon the incidence of syphilis and gonorrhoea in those who have adopted prophylactic treatment.

B.—Early Preventive Treatment.*

1.—Medicaments employed.

The procedure adopted in the Canadian early treatment centres is indicated in D.M.S. Letter, 25.1.4, of 1st May 1917.

* * * * *

2.—Methods adopted for distributing—

(a) Information.—This is given primarily to every man in the lectures given periodically to all units by the Medical Officers of those units. So soon as Canadian troops arrive in England and pass the segregation camp, they are given a lecture upon venereal disease and its dangers. Every six weeks in the lines, and once a week in Convalescent Hospitals, instructional talks are given to the men. At the Convalescent Hospitals they are given to those admitted during the week, and to those about to be discharged. (The same procedure of frequent lectures to the troops upon sexual hygiene and provision of early treatment centres, is adopted in France.)

(b) Distribution of medicaments for early treatment occurs only in the early treatment Centres situated in all hospitals and training areas among Canadian troops. In these early treatment centres the order of the procedure is given in clear language upon easily read wall charts.

3.—Statistics.

As a matter of policy, in order to encourage the largest number of men to undertake early treatment, and so reduce the spread of venereal infection—

(a) The treatment is given by non-commissioned officers acting as orderlies in the early treatment centres, under the supervision of the Medical Officers of the unit.

(b) The names of the men applying for treatment are not officially taken down.

This Office therefore possesses no official statistics regarding the efficacy of preventive treatment. (Unofficially it learns that a sergeant at the South Camp at Seaford, an old soldier greatly respected by all the men, did, as a matter of fact, keep a list of 5,000 men in that camp who applied for early treatment. At this camp all soldiers going sick are passed first to the Detention Hut before being transferred to hospital, which is at some distance, and the sergeant, comparing his list with that of admissions to the Detention Hut, found that out of the 5,000 only four cases of venereal disease presented themselves.)

4.—Information as to the value of the treatment.

Similarly, no clear information, beyond that of general impression, can be gained as to the value of the treatment according to the length of time that has elapsed between exposure and application of treatment, but the good results just noted as occurring at Seaford appear to be associated with the fact that this camp is relatively isolated, and that with local infection there has been relatively early treatment, as the men return to camp.

For this information I am indebted to Lieut.-Col. J. A. Amyot, Sanitary Expert attached to the Office of the D.G.M.S., O.M.F.C.

Medical Services, O.M.F.C.

(Signed) J. G. ADAMI,
Col. A.D.M.S., for Director-General.

APPENDIX 2.

Extract from the Minutes of the Committee containing the Evidence of COLONEL J. G. ADAMI and CAPTAIN J. GIBBS from the Office of the D.G.M.S., Overseas Military Forces of Canada.

The methods for distributing information and encouraging men to attend for preventive treatment, together with details of the treatment given, had already been set out in a letter from Colonel Adami, dated 12th February 1919. This letter is summarised in Appendix 1, pages 13 and 14.

* See footnote, page 12.

Colonel Adami stated that the following were the average admission rates for 1,000 men per month among the Canadian troops in England :—

| | | | | |
|------|---|---|---|-------|
| 1915 | - | - | - | 18.5 |
| 1916 | - | - | - | 17.45 |
| 1917 | - | - | - | 9.5 |
| 1918 | - | - | - | 6.8 |

He attributed this reduction not to preventive measures alone, but also to dissemination of information, to fines imposed on those contracting venereal disease, and to the activities of the Y.M.C.A.

The Canadian system involved both prophylactic and early preventive treatment. He considered that both had contributed to the results, but there were no data to show which had been the most effective.

No figures were available showing the V.D. rate in camps where no precautions were adopted as compared with camps where preventive measures were energetically carried out. In his opinion the amount of V.D. was in an inverse ratio to the keenness and energy of the M.O. This was exemplified at * * * * Camp, where the average number of admissions for V.D. in a certain battalion under the first Officer Commanding had been from five to seven per month for several months. When this officer was replaced, the numbers under the second O.C. were, for the first month, 23; for the second month, 27; and the third month, 35. Following upon this, the O.C. was replaced.

The average number of daily sick with V.D. could not be stated. If available, such figures might be misleading as the length of stay in hospital might vary at different periods.

In the early part of the war, V.D. accounted for 40 per cent. to 50 per cent. of all the sick in Canadian hospitals in England.

He was unable to supply any figures bearing on the efficacy of early preventive treatment according to the time after exposure at which it was applied, but stated that 75 per cent. to 80 per cent. of men admitted with venereal disease had acknowledged that they had been infected while under the influence of alcohol. Doubtless such men would not have carried out preventive measures, at least, for some six or eight hours. From this it might be inferred that disinfectants were of little use unless applied within a short time after exposure. The statistics published by the U.S.A. War Department showed conclusively that to be efficacious, disinfection should take place at most within six hours.

As to whether the methods practised among the Canadian troops would be practicable if applied to the civil population, Colonel Adami thought that while an elaborate sexual toilet would not be generally feasible, it would be possible to issue packets containing some simple antiseptic such as permanganate of potash, accompanied by very clear instructions for its use. Simple washing with soap and water should be urged.

The trend of opinion in Canada indicated that such an issue by the Dominion Government might be hoped for before long. There is a great demand there by educated opinion and by organised associations of women, for measures which will prevent these diseases, and there is no disposition to shirk such action on account of the disagreeableness of publicity. The Government might authorise chemists to give out the packets on demand. Ultimately public opinion might be sufficiently educated to demand notification of V.D.

In reply to questions by various members of the Committee, Colonel Adami gave the following additional information.

He was aware that detailed notes had been kept at the Canadian Instruction and Treatment Centre at La Pépinière Barracks, Paris. The data received by the D.G.M.S. are given in a monthly return, consisting of the following heads :—

- (1) Number of Imperial troops on leave in Paris per month.
- (2) Number of tubes issued (usually about double the number of men on leave).
- (3) Number of early treatments given.
- (4) Number of lectures given.
- (5) Number of actual cases of V.D. reporting (a) contracted in Paris; (b) contracted outside Paris.

Regarding this last item, it was to be noted that there is a considerable body of troops attached to various offices in Paris, so that in this return there are mixed up cases among those on duty in Paris and those on leave in the city. There is no means, apparently, of obtaining a record of the number of men who, having been on leave, have developed V.D. on return to their units. Thus these figures were not fitted to give information regarding the effectiveness of either "tubes" or early treatment.

Colonel Adami had no special reason for advocating potassium permanganate as a disinfectant; both the gonococcus and the treponema pallidum were delicate organisms highly susceptible to the action of disinfectants, and a powerful disinfectant was not demanded.

Great care would be necessary in the names adopted; thus it had been found in Portsmouth that owing to the dislike of the name, civilians would not attend at an early preventive treatment centre. Again, if the word "treatment" is used, the Medical Profession may object to the "treatment" being given by unqualified persons, e.g., ex-Army N.C.O.s.

He did not agree with the suggestion that the issue of prophylactic packets, by leading to self-medication, might do more harm than good. The advantages of disinfection, in his opinion, outweighed the possible or actual disadvantages.

He considered that the Government would be acting wisely in encouraging the issue, or even themselves issuing propaganda literature. He thought that the Government might use the machinery of the local authorities for the distribution of information and advice. Voluntary agencies with branches in all towns might be of great use in conveying information.

* i.e. packets.

APPENDIX 3.

Col. Adami sent the following further information:—

On the Result of Preventive Treatment at the Canadian Base Depot, Havre, in the year 1917.*

The accompanying statistics† have been received from Lieut.-Col. E. R. Brown, C.A.M.C., now A.I.D., Etaples area, at the time S.M.O. at the Canadian Base Depot, Havre.

Lieut.-Col. Brown gives the following description of the conditions under which the system of preventive treatment was put into effect. Throughout the summer of 1916 the amount of venereal disease in the Canadian Base Depot was excessive, so much so that in October the Specialist Sanitary Officer, R.A.M.C., brought the matter to the attention of the D.D.M.S. of the Area, pointing out that a large proportion of the cases had contracted the disease in Havre, or the neighbourhood, and suggesting that the condition was such that the time had come to institute preventive treatment at the Canadian Base Depot. By D.D.M.S. orders this treatment was put in practice at Base I, Havre, on November 1st, 1916. The conditions there were such as to favour the institution of this treatment. The Canadian camp was situated at Rouelles in the Harfleur valley, seven miles out of Havre. The evidence was that little disease was contracted in the immediate neighbourhood of the camp, which was sparsely populated, but the opportunities for infection were abundant in Havre itself. The men in the Base Depot were given leave to go into Havre for the afternoon and evening; those given leave left the camp in a body between 2.30 and 3 o'clock. In Havre itself there was little opportunity for infection before the evening, and this because the houses of ill-fame were each connected with some restaurant, and only at six o'clock were the restaurants and licensed houses thrown open, and could liquor be obtained. Thus it was only after 6 o'clock that opportunity was afforded for intercourse with habitual prostitutes. The leave men left Havre at 9.30, arriving back in camp about 10 o'clock.

Here the N.C.O.s, whose duty it was to "tick off" the returned men, were instructed to ask these as they filed in whether they had exposed themselves, and if they replied in the affirmative, they advised them to go to the medical hut to receive preventive treatment. Details of that treatment are given on the accompanying return. No names were taken, but a record was made of the number of treatments given daily. It deserves note that of 5,153 officers, N.C.O.s and men receiving treatment, not one case was reported of development of venereal disease after that treatment which, as a result of the conditions above-mentioned, was administered between three and five hours after exposure; further, that the majority of admissions into hospital for venereal treatment, namely, 70 per cent. of the cases, were among men forming new drafts from England.

The treatment was not compulsory, but its value was made evident to the men, and as a matter of fact, during the six months from November 1916 to April 1917 inclusive, only 49 cases of venereal disease, acquired in Havre by those who had not taken the treatment, were reported from among 57,266 troops.

Prevention of Venereal Disease—Canadian Base Depot, Havre.

| Date. | No. of Men passing through Canadian Base and Permanent Staff. | No. of Treatments taken by Officers N.C.O.s and Men. | No. of Men who developed V.D. after Treatment. | Total No. of Men admitted to Hospital with V.D. from Depot. | No. of known Cases of V.D. of Men failing to report for Treatment. |
|---------------|---|--|--|---|--|
| November 1916 | 13,959 | 155 | 0 | 119 | 9 |
| December 1916 | 13,113 | 476 | 0 | 101 | 5 |
| January 1917 | 5,113 | 542 | 0 | 83 | 8 |
| February 1917 | 6,304 | 853 | 0 | 83 | 6 |
| March 1917 | 7,204 | 1,492 | 0 | 69 | 12 |
| April 1917 | 11,573 | 1,635 | 0 | 72 | 9 |
| | 57,266 | 5,153 | 0 | 527 | 49 |

* * * * *

APPENDIX 4.

The following further information has been forwarded by Colonel Adami:—

Extract from Report covering the work done at Canadian Special Hospital, Etchinghill, during the year ending 1st November 1918, by Colonel W. M. Mackinnon, C.A.M.C., O.C. Hospital.

"Much valuable information has been obtained from the study of the Social Case Sheet, the use of which was originated at this hospital in 1917. A study of 2,880 such records shows that practically one-half of all men infected with venereal disease expose themselves to the risk of contracting the disease while under the influence of alcohol. . . .

"Careful records have been kept with a view of determining the efficiency of prophylaxis and early treatment. The conclusion reached has been that antiseptics used immediately before exposure are of little value. Of 2,728 men examined 2,132 used prophylaxis in this way, and in spite of this contracted venereal disease. Early treatment after exposure is of a much higher value. . . .

* This refers to treatment after possible infection, not to the issue of packets before risk of infection is incurred.

† See p. 15.

APPENDIX 5.

AUSTRALIAN IMPERIAL FORCES.

*Extracts from Minutes of the Committee.**Preventive Measures in Connection with Venereal Disease.*

Colonel Raffan gave the following information regarding precautionary measures adopted in the A.I.F. :—

The methods consist of—

- (1) General instructions to all men on the subject of venereal disease.
- (2) Establishment of "Blue Light" depôts for early preventive treatment and abortive treatment, &c.
- (3) The issue of "Blue Light" outfits.
- (4) The sale of rubber sheaths (condoms).
- (5) Early preventive treatment at the "Blue Light" depôts.
- (6) Abortive treatment (gonorrhœa).

Instruction, outfits, &c.—Men are very fully instructed in the subject of venereal disease, its dangers and prevention. Instruction is specially pushed when troops arrive in England: lectures at intervals are also given in France. All men going on leave are paraded before the M.O. for V.D. instruction. They are offered "Blue Light" outfits, and can at any time obtain further outfits on application at the "Blue Light" depôt. They are advised to use rubber sheaths as an additional precaution. These can be obtained at all "Blue Light" depôts and canteens at a cost of 3d. each.

The "Blue Light" outfit contains three tubes of calomel with camphor and carbolic acid added; a packet of potassium permanganate tablets; wads of cotton wool and a card of directions. A bottle for making the permanganate solution is also supplied.

The instructions contained in the outfit are to use the calomel ointment *before* exposure to infection and also immediately after, at the most within one hour; this protects chiefly against syphilis; the use of permanganate as a protection against gonorrhœa is also urged. The lotion is to be applied by swabs. Syringes are not issued, though he thought they might be advantageous.

* * * * *

The majority of men come for early preventive treatment from 12 to 18 hours after exposure. Less than 1 per cent. report after more than 24 hours.

Colonel Raffan said he would supply any available figures as soon as possible, but it had been considered necessary to the success of the system that no records should be made of the names, &c., of men attending, so that it was impossible to trace the after history of the individuals who had come for early preventive treatment.

In London, from August 1916 to February 1919, 222,882 attendances were recorded at the London early preventive treatment depôt. For a period of six months the average weekly attendances in the United Kingdom (18 early preventive treatment depôts) was 4,623.

* * * * *

Any man reporting more than 24 hours after exposure is given semi-abortive treatment—against gonorrhœa only. If there is any abrasion he is given a saline dressing and told to report to the M.O. Abortive treatment is given at all Blue Light depôts at all hours.

The results show :—

Men reporting within 8 hours of appearance of discharge = 96 per cent. cures.

| | | | | | | | | | |
|---|---|---|---------|---|---|---|------|---|---|
| " | " | " | 8-12 | " | " | " | = 86 | " | " |
| " | " | " | 12-24 | " | " | " | = 86 | " | " |
| " | " | " | over 24 | " | " | " | = 60 | " | " |

In reply to various questions, Colonel Raffan gave the following further information.

It is hardly practicable to judge of the effect of any single one of these combined measures. He believed that without these measures V.D. would be enormously greater. But how far they are kept down by prophylactic measures, by early preventive treatment, or by abortive treatment, it is impossible to say. The figures for hospital admissions have no doubt been greatly influenced by the growing adoption of abortive treatment.

Although the results of prophylaxis did not show a very marked diminution in the number of hospital cases in the past two years, or thereabouts, he thought the methods are of value because the number of men attending the Blue Light depôts had greatly increased, and the number exposed to infection is probably much larger. Men are now more reckless.

Where, by accident, a unit arrives in a town (in France) before the Blue Light depôt has been set up, there is an immediate increase in V.D. Also where a unit shows a V.D. rate markedly higher than the average, inquiry almost invariably shows that prophylactic methods are not well organised or carried out.

Rubber sheaths alone are not safe—they vary in quality and are sometimes very fragile—a (calomel) lubricant in addition is desirable.

Most infections are derived from professional prostitutes. This is the case at present, but previously "amateur" infections have been equal to the professional, or even greater.

Fifty per cent. of infections in the United Kingdom are acquired in London.

In Australia no civil scheme of prophylaxis is carried out by the Government, though there are treatment centres in the chief towns. He would inquire further as to recent developments in Australia.

APPENDIX 6.

Colonel Raffan has requested that the following addenda may be made to his evidence given before the Committee (vide Appendix 5) regarding the Australian Imperial Forces.

1. I am supplying statistics* showing the main towns in the United Kingdom where disease was acquired, and whether from amateur or professional. This evidence was gathered quite carefully and systematically, and represents as true a picture as can be gained by this means, extending over a period of twelve months. As will be seen, over 60 per cent. of all infections are ascribable to London, the majority being acquired from professional prostitutes or clandestine prostitutes, no distinctions having been made between these two classes.

2. The Australian system of voluntary prophylaxis is considered by critics to be a good one, and the fact that the incidence of disease has not been markedly decreased is quoted as proof of the comparative failure of the system.

The prophylactic outfit used exactly according to directions, both before and after connection, will undoubtedly prevent a large number of infections. But unfortunately for various reasons due to carelessness, excitement and mainly excess of alcohol, there are a large number of men who fail to use the outfit correctly, if at all. Hence the importance of early treatment centres (Blue Light depôts), where treatment can be given many hours after connection, when a man has regained command of his senses, and when timely treatment will, at any rate, prevent the development of gonorrhœa.

To me it is not astonishing that thousands of Australians acquired venereal disease in London, because although we had a good system, we did not provide adequate means for carrying it out. In this large city we had only one early treatment centre, viz., 103, Horseferry Road. I have persistently advocated the establishment of several additional centres, but this was not agreed to. In order to succeed, it must be rendered comparatively easy for a man to obtain treatment, and not difficult, as it has been for Australian soldiers on leave in London.

If we had established half a dozen centres in various parts of London district, I feel certain that the incidence of disease would have been markedly decreased.

On Salisbury Plain more soldiers attend "Blue Light" depôts for prophylactic treatment than in London per month, yet disease acquired in the camp area is negligible, and very great in London.

* * * * *

The experiment of including additional antiseptics to calomel, with a view to prevent gonorrhœa was tried. The ointment was rendered irritating without much, if any, increase in germicidal action. Many men objected to using them on account of the irritation produced.

(Signed) GEORGE RAFFAN,
Lieut.-Colonel.

APPENDIX 7.

Evidence by MAJOR J. FALCONER BROWN regarding the procedure among the New Zealand Forces.

Major Falconer Brown gave information as to the methods practised in the New Zealand Forces. The system is modelled on the lines of the Australian system, and does not materially differ, but the issue of permanganate has not been so constant as in the A.I.F.

His personal experience is specially that of a V.D. hospital unit. He had made inquiries of the men as to the precautions taken or neglected, and would be glad to forward figures, with explanatory notes.

In his opinion lack of imagination as to the results of V.D. on the part of the men causes precautions to be neglected. Perhaps only 25 per cent. of the V.D. hospital admissions have used precautions. Probably not one man in 20 will trouble to use a rubber sheath.

In his view many old cases of gleet might attend at early preventive treatment centres. The symptoms would temporarily disappear, and the result be erroneously claimed as a successful abortive treatment.

* These statistics have not been received.

APPENDIX 8.

MEMORANDUM FROM THE NAVY MEDICAL DEPARTMENT ON THE CAMPAIGN AGAINST V.D. IN THE ROYAL NAVY.

(A.)

Prevention of Venereal Disease.

1. *Lectures.*—Health lectures, delivered on board ships and other establishments, which include venereal diseases.

The subject matter discussed as a rule includes the prevention of venereal disease (referred to in section 2).

2. *Prophylaxis before Exposure.*—The method most generally advised is the use of the Service outfit (calomel ointment and nargol jelly—the latter is now no longer issued). The method of use is usually explained in the lectures, or, as in the case of H.M.S. "Highflyer," a printed slip was placed in each box, and on it were printed minute directions as to the use of the tubes, both before and after exposure to infection. The importance of the injurious effects of alcohol, which may render a man incapable of carrying out these instructions, was insisted upon.

Other methods of prophylaxis before exposure, are not, so far as I know, generally advised.

3. *Early Treatment after Exposure.*—

(a) The use of calomel cream.

(b) Washing with soap and water and the application of Condyl's fluid, perchloride of mercury lotion or mercury unguentum.

(c) Injection or irrigation with Condyl's fluid.

4. *Exercise, Games, &c.*—As far as I know games and exercises have been organised with a view to keeping the men generally fit, and have thus been an indirect deterrent from opportunities of risking infection. The importance of such means have been insisted upon in health lectures to ships' companies.

5. No figures are available showing the effect of any of the above methods of prevention.

APPENDIX 9.

Information received from Brigadier-General A. C. CRITCHLEY, C.M.G., D.S.O., Royal Air Force, regarding measures taken to prevent Venereal Disease among the Cadets of the Royal Air Force.

I was in charge of the preliminary training of all pilots of the R.A.F., and about 25,000 cadets and other ranks, from all parts of the British Empire, between the ages of 18-30, passed through my hands during the year 1918. The average age, I should think, would be about 19 years. Owing to the fact that when the Armistice was signed the Cadet Brigade, R.A.F., ceased functioning, any figures I give you must be regarded as only roughly approximate.

When I took over the training of cadets for the R.A.F., the venereal disease in the command was between 8 and 10 per cent.; at the end of the next nine months the disease was reduced to less than 0.4 per cent.

The methods adopted were as follows:—

1. The cadets arrived at the Cadet Brigade in drafts varying between 400 and 600 per week. When they had been there about a fortnight and had been pronounced fit to carry on with their more advanced training, as General Officer Commanding the Brigade I gave three-quarters of an hour's lecture to them before they passed on to their higher training. During this lecture I talked to them on the following headings—

- (1) Discipline.
- (2) Sportmanship and Cheerfulness.
- (3) Loyalty and Patriotism.
- (4) Clean Living.

I may here say that these cadets were the most receptive audiences I have ever talked to, this, I think, was due to their average youthful age and their real desire for knowledge.

The reason I mention the other subjects I spoke on is to show that one gradually worked them up to what I considered to be the most important part of their training, *i.e.*, clean living.

Under paragraph (4) I talked to them about venereal disease in the most open way possible, not as a parson, nor as a doctor, but as one of themselves. I told them everything I knew about the disease, its causes and effects, how it would probably affect them in after-life, and their wives and children as well. In a word, I told them the absolute truth regarding venereal disease and frightened them considerably.

This talk I considered to have more effect than anything else in reducing the percentage of the disease, because they were of that age when it affected them profoundly. But in any talk of this kind there must be no "camouflaging" or beating about the bush, a spade must be called a spade and the lecturer must talk to them as a man.

2. I issued no posters, and do not believe in them, as I consider they defeat their purpose, because there are always a few hardened sinners who ridicule them, and, as a result, that with the majority they do more harm than good.

3. I issued no leaflets. There I consider are not much better than posters, unless a lecturer will take one during his address and go through the points in it with his audience.

4. Games and outdoor amusements I consider essential to the control of V.D. In the curriculum of training I had about 15 hours of compulsory games and physical training per week, and I think they are big factors in the reduction of venereal disease.

5. The more social entertainments that can be arranged the better; they are a great help in assisting the fighting of the disease.

6. Clothing and feeding need careful consideration and are factors that must be brought in when going into a case of this kind.

7. I refused to issue prophylactic "packets," because I considered that the cadets as a whole were much too young, and that to issue the "packets" to lads of their age would be more inclined to encourage immorality than otherwise. I told them that if they did expose themselves to infection, to go to their regimental doctor at once, and the doctors were given instructions to do all in their power to help them.

If the Government propose to take this matter up seriously, I would make the following suggestion as one of the most important measures in the fighting of V.D., that a law be passed making circumcision essential within a year of birth, this would curtail a tremendous amount of venereal disease.

April 1919.

APPENDIX 10.

UNITED STATES FORCES.

Evidence on Venereal Disease Prevention.

Extract from the Minutes of the Committee containing the Evidence of Col. Whaley and Major R. Skelton, who handed in a Statement on the Methods and Results of V.D. Prophylaxis in the United States Army.

Relative to the issue of medicaments for prophylactic treatment before exposure to risk of infection: The American Army does not issue for use, nor encourage the use of any medicaments or any other protective method before intercourse. To men going on pass or leave to an area at a distance from a prophylactic station, individual prophylactic tubes have lately been issued. When prophylaxis was first instituted in the American Army, individual prophylactic tubes, put in a wooden cover to resemble a cigar, were issued to enlisted men going to nearby towns from their garrison or camp. Public sentiment, on the ground that such issue was morally wrong and tended to be suggestive, forced the army authorities to abandon the issue of individual prophylactic tubes. Prophylactic stations were then established, to which men report upon return to their garrison or camp. It was quite apparent, also, that in the case where men reported at a station for proper treatment and official registry, the authorities could be assured that such prophylactic was administered, whereas when individual tubes were issued to a man there was no assurance of such treatment other than soldier's statement.

* * * * *

Methods adopted for Distribution.—(a) Medical officers of all commands are required, usually once a week, oftener, depending on the venereal rate, to lecture to their command, explaining the danger of venereal disease, with a few simple facts as to how each of the three venereal diseases affects a man, how venereal disease may be prevented, and the value of the venereal prophylactic. General orders require that enlisted men report for prophylaxis within three hours after intercourse. This order must be read frequently to the command. The enlisted man soon learns that if he contracts a venereal disease he will be court-martialled for neglect of duty, whether he takes the prophylactic or not. If he fails to take the prophylactic, he is court-martialled on a separate charge for this offence.

(b) Men with venereal disease are treated on a duty status; i.e., they are not admitted to hospital until a complication arises which demands hospital treatment. While in hospital, for venereal disease all pay and allowances stop.

(c) Medicaments are not issued to men except when they go on leave to an area at a distance from a prophylactic station.

Figures showing accurately as possible.—(a) *Number of persons who have been supplied with medicaments.* This report not required by the Statistical Division for this base section. For the week ending Wednesday, 5th March, the strength of American troops in England was about 4,803. The entire number of prophylactics administered during this week was 172. This is considered entirely too low. The average number of prophylactics administered to any command per month varies between 10 and 30 per cent., depending upon the amount of leisure granted the command and the facilities at hand for intercourse. There is a marked difference in the number of prophylactics administered in different commands. Base Hospital No. 6, Bordeaux, gave prophylactics to 50 per cent. of its strength in one month. Base Section No. 1, St. Nazaire, averaging 100,000 strength, gave prophylactics to 11 per cent. of its strength in a month; Base Section No. 2, Bordeaux, 25 per cent., and Tours 33 per cent.

(b) *The number of instances in which syphilis and gonorrhoea have developed in men who have taken prophylactic treatment.*

A table showing the new cases of venereal disease contracted in England since 1st January 1919 shows that 61·5 per cent. failed to take the prophylactic. The Surgeon-General, A.E.F., states one-third of the cases of venereal disease which developed in the A.E.F. failed to take prophylaxis, (i.e. early prevention treatment see footnote p. 11).

4. *Information as to the value of the Treatment.*—Within the first hour the failures are only one-tenth of 1 per cent., or 1 in 1,000; the second hour one-half of 1 per cent., or 1 in 200; and after three hours from 1 and 1½ to 7 per cent., or 1 in 75 to 1 in 14. The average rate of failure for the A.E.F. is 2 per cent., which indicates that the men do not report within three hours.

Of 23,702 men taking prophylaxis over a period of 22 weeks only 1 per cent. developed venereal disease, although many of them did not apply within the three-hour limit of greatest value (statistics S.O.O., D.C.).

Inspections and prophylaxis caused reduction from 155 per 1,000 in 1910 (first introduced) to 83·6 per 1,000 in 1915.

In answer to questions by various members of the Committee the following additional information was given :—

The use of permanganate had been adopted, but subsequently given up, as protargol was considered more efficient.

As a working basis it might be taken that three hours was the maximum safe limit which might be allowed after exposure before early preventive treatment was applied. Under three hours the number of failures was well below 1 per cent. If three hours or more were allowed to elapse the failure rate varied from 1½ per cent. to 7 per cent. The average rate of failures among American troops being 2 per cent., indicates that the majority of men fail to report for treatment within three hours. This is in spite of the fact that men are punished for contracting V.D., and the punishment is doubled if they have not taken precautions.

Colonel Whaley thought that penal measures did not lead to concealment, as it would be difficult for men to escape detection owing to the weekly or fortnightly medical inspections that are made, in which the body is stripped for examination.

The average V.D. rate in the A.E.F. for the past six months has been between 30 and 40 per 1,000 per annum. In Colonel Whaley's opinion the rate among civilian men of comparable ages was, perhaps, as much as three times that in the army. Wassermann tests applied to men on joining from civil life showed that about 16 per cent. showed a positive reaction.

In answer to various questions as regards the desirability of issuing calomel tubes for use before exposure to infection, Colonel Whaley stated that the failure of this method of prevention which has been experienced in the American forces was, in his opinion, due to the fact that the women concerned would not allow the men to use the tube, as calculated to cast a slur upon their health.

In his opinion, prophylactics by means of calomel tubes would be badly administered by the man himself. Differences in results had been noted at various early preventive treatment centres where the treatment was given by trained attendants, and the variation in technique where the treatment was applied to himself by an unskilled man would be greater. Further, in his opinion, the habit of going to a centre, once established, the man would be more likely to return there and obtain proper treatment in the event of his developing disease. Therefore centres should be under the supervision of a qualified doctor, to whom cases of disease can be referred.

A higher V.D. rate had been noted when calomel tubes were used than when sole reliance was placed on centres.

Colonel Whaley was strongly of opinion that for the civil population good propaganda and centres would be of considerable value, but he was decidedly not in favour of the issue of packets for self-disinfection. He realised that to meet the needs of the civil population large numbers of centres would be necessary. He considered that the centres could be established in towns in places where exposures were likely to take place. In spite of the fact that two-thirds of the failures of prophylaxis were due to the length of time that had elapsed after exposure, he considered centres preferable to self-disinfection.

He was of opinion that every effort should be made to promote morality among men, and to do away with the arbitrary differences of moral standard which existed between girls and young men in the same class of life.

APPENDIX 11.

The United States' programme of attack on venereal diseases is summarised under the following headings in the Report of the Surgeon-General, U.S. Army, 1918 :—

A. Social measures to diminish sexual temptations :—

- (1) Especially repression of prostitution and the liquor traffic.
- (2) The provision of proper social surroundings and recreation, both within and without the military establishments.

B. Education of soldiers and civilians in regard to venereal diseases and the moral hazards related thereto :—

- (1) For soldiers through official lectures, pamphlets, exhibits, motion pictures, and correlated educational work of the chaplains and representatives of religious and social agencies under the supervision of the Commission on Training Camp Activities.
- (2) For civilians through encouragement and assistance to professional, business, commercial, religious, men's and women's organisations and social-welfare associations.

C. Early treatment (or prophylactic measures) against venereal diseases :—

- (1) Through treatment stations established in regimental infirmaries and in cities accessible to large numbers of troops.
- (2) Through follow-up measures adapted to individual cases to discourage subsequent exposures to infection.

D. Medical care of those infected :—

- (1) Through hospitalisation of all cases requiring such action for the best interests of the patient, for shortening of the non-effective period, and for the protection of other soldiers.
- (2) Dispensary treatment and follow-up supervision for those who do not require admission to or further detention in the hospital.

APPENDIX 12.

PRÉCIS OF A MEMORANDUM SUBMITTED BY SIR G. ARCHDALL REID, M.B.

Sir Archdall Reid said that as regards prophylaxis before exposure to infection, no medicaments were, in his opinion, of use in preventing syphilis or gonorrhœa. Calomel is probably inert on the surface of the body, but is apparently converted into perchloride within the tissues. Hence good results are obtained by rubbing calomel into the site of infection.

For use after risk of exposure to infection.—Probably an *active* antiseptic is an almost certain preventive if applied *very soon* after exposure. Sir A. Reid has only experience of perchloride and potassium permanganate. He has recently used only the latter (solution of 1 in 1,000). He contended that what is required is *not* that men should go to an Early Preventive Treatment centre on return to barracks, but that disinfectant should be applied *immediately* after exposure, because immediately after exposure infectious material will be on the surface. No surgeon would wait some hours before disinfecting his hands after handling infective material, and it is even more necessary that the glans, which is a highly tender and sensitive part of the body, should receive *immediate* disinfection.

In his opinion the War Office specimen lecture on the prevention of disease failed to be effective owing to the insertion of the words "after exposure" in the following sentence "All that a soldier has to do after exposure is to go to the medical orderly and ask for some early treatment antiseptic." Otherwise the specimen lecture was more or less identical with a lecture which Sir Archdall Reid was accustomed to give to troops in his charge.

Sir Archdall Reid strongly urged that the essential element is not any particular disinfectant, but *immediate* disinfection, the materials for which should be ready in the man's pocket, not on the shelves of the Early Preventive Treatment hut. He considered that it was unnecessary to deal with women. It is almost impossible to disinfect a woman. If men are kept free from disease, women will cease to suffer.

APPENDIX 13.

(Extract from the minutes of the Committee.)

Sir G. Archdall Reid gave the following information to the Committee :—

In his opinion prophylaxis before exposure to infection was of no value, but the use of any active disinfectant immediately after exposure was of great value in preventing V.D. Even soap and water might be effective if used at once. He advocated the use of permanganate of potash in a solution. Immediately after exposure gonococci would not have entered the urethral canal, and treponemata would be still on the surface. It was, however, dangerous to allow any time to elapse before disinfecting. No surgeon would wait some time before disinfecting his hands after handling infective material. Disinfection after exposure to V.D. infection should be within five minutes, earlier if possible, therefore a disinfectant that could be used at any time and in any place was required. Treatment centres would be of no use as treatment would be too late, and many persons would be ignorant of the address of the centre.

He considered that swabbing could be carried out by the men who had exposed himself, with almost as great likelihood of success as if it were carried out by a trained person.

He did not think permanganate was the only disinfectant that could be employed, but it recommended itself on account of its simplicity and the readiness with which it could be obtained. In his opinion, however, permanganate was a more powerful disinfectant than calomel ointment. Owing to its insolubility he did not think that calomel was a disinfectant at all. Whatever preventive action calomel ointment possessed was due, not to the calomel, but to the vehicle in which it was suspended. The ointment plugged the urethra, and clogged and cleansed the surface of the penis, much as soap and water would do. The large number of failures to prevent disease which have marked the use of calomel ointment clearly indicate a mechanical, not an antiseptic, action, and is in sharp contrast to the total, or almost total, lack of failures which follow the *immediate* use of an active antiseptic. In the records of the Army and Navy may be found the cases of thousands of men who have acquired disease after the use, immediate or delayed, of calomel, or after the delayed use of permanganate, but very few, if any, cases of men who have acquired disease after the immediate use of permanganate. At the same time he was prepared to admit that if any delay occurred in disinfecting after exposure to infection, it would be necessary to use calomel ointment as a preventive of syphilis—probably when applied to an abrasion, and, therefore, acting in the tissues, calomel was converted into perchloride. When delay occurred, an injection would also be necessary, but he did not think syringes necessary unless there was delay. A syringe might be used by an ignorant person with comparative safety, but the civilian would use the simplest possible method and would be more likely to obtain and use the permanganate lotion.

He considered that it was both desirable and practicable to convey to the public the necessary information on self-disinfection. This might be done by means of posters in public urinals, &c., and by suitably worded articles in the press. He would word the posters and articles so that men would

be able to follow the instructions, and that there would be no danger of the public falling into the error of supposing that prophylactic methods were of any use in the treatment of established disease. It was necessary to make clear to men that "as soon as possible" meant "*at once*," and not "*as soon as disease appears*." He referred to poster which he had had exhibited in the camp of which he was in charge.

In support of his views Sir Archdall Reid gave the following information:—

(a) Before the war, 1st Battn. Yorks Regiment was at a hill station in India, where there were no women and no V.D. On moving to Delhi ("a hotbed of disease") the M.O. issued potassium permanganate crystals, with instructions to make a solution and swab immediately. In the four years following, the battalion had only six cases of gonorrhœa, and none of syphilis.

(b) At Mhow, V.D. was "reduced to negligible proportions" by similar means.

(c) At Whale Island, in an R.N. establishment of 2,000, potassium permanganate has been used for the past nine months. There have been no cases of gonorrhœa and only one of syphilis among those using the solution. In the last-named case the man did not apply the lotion for six hours after exposure.

(d) At Portsmouth, in a body of troops 2,000 strong, the men were supplied with solution of potassium permanganate and swabs of cotton wool, and were directed to swab themselves immediately after exposure. Only six cases of gonorrhœa and one of syphilis occurred. Of these seven cases

Two were infected by wives—no precautions taken;

Two were intoxicated—no precautions taken;

One had just arrived in camp—had not yet received instructions, and took no precautions;

Two did not use any disinfectant for an hour or more (one of these was syphilis).

The personnel was undergoing constant change, some men only remained a few weeks, some a year, the majority several months.

He could not supply any information as to—*

(1) The percentage of men who used the permanganate solution and were (a) infected;

(b) not infected.†

(2) The percentage of men not using the solution.‡

(3) The number of men who had V.D.—(a) On arrival at the camp; (b) on departure from the camp.§

He believed, however, that all men who had V.D. would have reported to him as M.O. of the unit. He had no information as to the prevalence of V.D.—(a) In Portsmouth generally; (b) in other units in the garrison.||

In support of his claim for *early* disinfection, he drew attention to the following U.S.A. figures published by the N.C.C.V.D.:—

| Hours subsequent to Exposure. | Number of Treatments. | Number of Infections. | Percentage of Infections. |
|-------------------------------|-----------------------|-----------------------|---------------------------|
| 1 | 1,180 | 1 | 0.08 |
| 2 | 1,172 | 7 | 0.59 |
| 3 | 521 | 4 | 0.77 |
| 4 | 330 | 2 | 0.61 |
| 5 | 199 | 3 | 1.57 |
| 6 | 321 | 5 | 1.58 |
| 7 | 277 | 6 | 4.27 |
| 8 | 390 | 16 | 4.22 |
| 9 | 283 | 10 | 3.62 |
| 10 | 214 | 11 | 5.14 |
| More than 10 | 216 | 16 | 7.40 |
| Total | 5,103 | 81 | 1.58 |

* Sir Archdall Reid's subsequent comments are given in the four following footnotes.

† The foregoing questions and answers, unless they be supplemented, are apt to convey very misleading impressions. By the instructions issued by the Army authorities, the bottles containing the permanganate solution were placed in situations whence the men could help themselves by day and night. Control by the M.O. was ordered, but in the same memorandum instructions were given which entirely precluded all possibility of effective control. It was quite impossible to know what men took bottles, or what use they made of them. It is impossible, therefore, to ascertain what percentage of men used the bottles and thereafter were (a) infected, and (b) not infected. It can only be said that not one man who stated he used the solution immediately, or even an hour after exposure, reported sick. But two men who delayed its use for more than an hour were infected, and four others who took no precautions also reported sick.

‡ Any knowledge as to this is rendered impossible by the Army instructions.

§ A fair number of men suffering from V.D. in its later stages (some 30 or 40 probably) were sent to the camp, presumably because it was near an Army V.D. hospital, with orders for continuation of treatment. It was ascertained that these men were returned in reports asked for by the Director-General, R.A.M.C., as "cases from Clarence Barracks." One healthy man was ordered from Gosport to Clarence Barracks, but went on the spree for a week, and was then captured and brought to the barracks suffering from acute alcoholism and commencing gonorrhœa. No other men are known to have joined or left the station suffering from V.D. The circumstances are such that it is immensely improbable that an appreciable number so suffering did join or leave.

|| Information as to this was sought, but declined (on the ground that it was confidential) by the authorities responsible. It may be stated, however, that the permanganate method was explained in conversation to the medical officers of troops in Portsmouth (proper), Southsea and Portsea; and the fact that the essence of the method consisted not in the use of permanganate, but in the speedy use of any real antiseptic, was insisted on. At least one M.O. (Dr. Cashin) has stated that he got much improved results. As to the others, no information is at hand. Possibly a very useful return might be compiled, if the percentage of cases occurring within the areas above indicated were compared with districts in the neighbourhood, but further afield.

VENEREAL DISEASE.

Extract from Minutes of the Committee.

The following is an extract from a letter from Sir G. A. Reid to the Secretary of the Committee:—

I do not know if it would be in order for me to make an additional suggestion; but, if it be possible, I should be glad if it were brought to the notice of the Committee.

I am aware that many authorities do not share my view that calomel is inert on the surface of the body. Moreover, calomel, if not useful, is at any rate harmless on the surface, and is certainly very valuable in destroying the organisms of syphilis after they have penetrated the tissues. The suggestion I wish to make is this—that an active antiseptic (say, perchloride of mercury), shall be added to the calomel cream. If the perchloride were added . . . it would make no addition to the bulk of the ointment and would probably make it an almost ideal preventive agent.

APPENDIX 14.

Extract from Minutes of the Committee containing the evidence of Sir H. Bryan Donkin.

Sir H. Bryan Donkin said he had no personal clinical experience in the use of medical prophylactics against V.D., nor any statistics, owing to the obstacles which have been put in the way of administering the prophylactic method, but generally concurred in Sir Archdall Reid's views. In his opinion the desirability of prophylaxis should be impressed on the public. He agreed that it was difficult officially to advocate any particular disinfectant unless supported by figures. He thought any simple method of disinfection would be effective: a solution was preferable to an ointment. He did not think that the dissemination of knowledge of prophylaxis would lead to increased indulgence.

In his opinion, in default of large numbers, and in view of the present impossibility of getting comparative figures, so-called "isolated" sets of statistics, such as those of Reid and Boyden, are of considerable value.

APPENDIX 15.

Copy of Memorandum from Senior Medical Officer, H.M.S. "Excellent," Portsmouth, to Medical Director-General, Admiralty, dated 2nd April 1919.

* * * * *

In this establishment two methods of prevention of V.D. have been in vogue since 1st April 1918, and detailed instructions as to mode of application are given in my weekly hygiene lectures.

(a) Immediate prophylaxis, by means of a solution of permanganate of potash, a 1-oz. bottle of which is carried on the man's person.

(b) Calomel ointment, as supplied by the Service and recommended to be employed either immediately after the risk of infection has been incurred, or as soon as possible afterwards. In this latter event the application is usually carried out at the hygienic lavatory at Whale Island.

(1) Total number of preventive outfits issued between 1st April 1918 and 31st March 1919:—

| | | | | | | | |
|----------------------|---|---|---|---|---|---|-------|
| Sol. potas. permang. | - | - | - | - | - | - | 496 |
| Calomel ointment | - | - | - | - | - | - | 1,681 |

(2) Total number of cases between 1st April 1918 and 31st March 1919 of—

Gonorrhœa, 54, of which 8 stated they used preventive treatment, 44 did not, and in 2 it is unknown.

Syphilis, 36 cases, of which 4 used preventive treatment, 30 did not, and 2 it is unknown.

Chancroid, 2 cases, neither of which used any preventive treatment.

(3) It is not known with certainty in every case whether preventive treatment was used before or after exposure to infection, but men are always told to use it afterwards.

(4) The treatment is carried out by the men themselves, after detailed instructions are given them by petty officers in charge of the hygienic lavatory, or the sick berth staff.

(4) The treatment is carried out by the men themselves, after detailed instructions are given them by petty officers in charge of the hygienic lavatory, or the sick berth staff.

(5) Sol. potas. permang. has now been in use for a year.

Amongst 496 men employing this method one case of syphilis is recorded, but he used the treatment six hours after exposure. There have been no cases of gonorrhœa or chancroid.

It may be of interest to note that during the past three months there have been recorded only nine fresh cases of gonorrhœa and six of syphilis. With one exception none of these cases used preventive treatment.

(Signed) P. H. BOYDEN,
Surgeon Commander.

APPENDIX 16.

ABSTRACT OF MEMORANDUM SUBMITTED BY MR. FRANK KIDD.

1. The English do not ordinarily indulge in promiscuous intercourse otherwise than on exceptional occasions; perhaps once a year or less.
2. In peace time men who fall are generally drunken, intercourse is not premeditated, and therefore outfits* would not be provided, nor would the men be sober enough to use the outfits properly. Alcohol is an almost equally important factor in War time.
3. Englishmen are foolhardy and take sporting risks, but in the depressed state which supervenes after a drunken bout men are frightened and ashamed.
4. If, in this state, they see a suitable poster (*e.g.*, in a public urinal), telling them the address of the nearest Venereal Clinic, they would be likely to go there and receive "adequate early treatment."
5. Even if they did not go for some days, early treatment would quickly cure them. In Mr. Kidd's opinion, if a man with syphilis will come for treatment within two to three weeks of his fall, it is possible to cure him with four injections of 606, and nothing more. If men will come within five days of an infection with gonorrhoea, about 90 per cent. of them can be cured in about a week.
6. "Early treatment, organised at the Venereal Clinics and advertised in the public and other urinals all over the country," is the practical remedy to help the 90 per cent. of those who fall and who are casual unpremeditated sinners. "The hardened sinners" can use outfits if they wish.
7. That "any chemist can supply the simple chemicals to anyone to prevent the disease" is incorrect. The chemicals are not simple; they need to be carefully prepared and chosen and to be applied by a trained person. Those who advocate prophylactic packets probably do not appreciate this.
8. Women are more deliberate sinners than men. If prophylaxis is desired, an effort should be made to apply prophylactic treatment to women. Suitable preventive measures adopted by women immediately after exposure will probably prevent gonorrhoea or syphilis. Women, however, may dislike the trouble involved; a pessary might be designed which would prevent infection.
9. Mr. Kidd added that he put forward these views as a result of practical knowledge of the subject spread over a number of years.

APPENDIX 17.

PROPHYLAXIS AMONG WOMEN.

The following replies have been received in answer to an inquiry on the following points:—

- (1) Methods of prophylaxis scientifically proved to be of value—nature and method.
- (2) Methods of prophylaxis practicable for general use.
- (3) The desirability of and means of distributing information to the public—nature of information.

A.—From Lady Barrett, C.B.E., M.D., B.S.:

My views in relation to the questions asked by you are as follows:—

1. Methods of prophylaxis scientifically proved to be of value in the case of women.

I do not consider that we have at present sufficient evidence as to the value of methods of prophylaxis to say that they are scientifically proved to be effective.

* * * * Prophylaxis, if considered as treatment applied before the risk of infection, would of course be more likely to give satisfactory results from the point of view of venereal disease, but treatment which would certainly kill gonococci contained in semen would almost certainly prevent conception, and for this reason I consider that such prophylaxis in women is equivalent to race suicide.

With regard to information to be given to the public.

No scheme of prophylaxis can be successful unless the knowledge of it is universally spread. But it is extremely difficult to say how such knowledge can be spread without appearing to teach all young men and women that promiscuous intercourse is allowable and can be indulged in without risk if sufficient care is taken. This ignores the whole question of other physical disabilities arising from promiscuous intercourse. For this reason I am of opinion that any information as to the facilities for protection of disease should be accompanied by a carefully drawn-up warning as to the effects on the individual and on the race of promiscuous and excessive sexual intercourse.

B.—From Dr. Morna Rawlins, M.B., B.S.:

The following are my views with regard to prophylactic measures for the prevention of venereal disease in women:—

Prophylactic measures having proved of value in the prevention of venereal disease in men, it seems reasonable to think that they would be of value in checking the development of venereal disease in women. I therefore think it is desirable to let women have the same facilities as those offered to men with regard to early treatment.

The difficulties in the way appear to me to be—

- (a) The possibility of preventing conception. If the prophylactic measures are confined to early treatment after intercourse and not to measures employed before intercourse has taken place, the danger of preventing conception will be much minimised.

* *i.e.*, "packets."

(b) The majority of patients attending the clinics I know of personally are married women, and it is unlikely that married women, having lawful intercourse, will use prophylactic measures except such measures that are already employed to prevent conception. Hence a large body of potentially diseased women will be untouched.

To meet this I would urge that the facilities for using methods of prophylaxis against venereal disease for men should be extended, as soon as possible, to the civilian population.

In answer to the points brought forward—

(1) As far as I know, no methods of prophylaxis among women have been used extensively under medical supervision, and therefore none have been proved of value scientifically.

(2) That advocated by the National Council for Combating Venereal Disease.

(3) I consider it advisable to inform the public that the earlier the treatment the greater the chance of eradicating the disease, and at the same time state the places where such early treatment can be obtained.

The information can be distributed to the public in the same way as the information re special venereal clinics is now distributed.

C.—From Dr. Agnes Savill, M.D.:

As regards your questions 1 and 2 on methods of prophylaxis, I have not a sufficiently wide experience to make my opinion of any value.

As regards 3 (information to the public), I think the methods of the National Council for Combating Venereal Diseases should be encouraged by the Government. Lecturers should be appointed and sent regularly to clubs, factories, colleges, &c., lectures on the moral as well as the medical side of the subject. The lecturers should be selected carefully and properly paid, as it is of extreme importance to have the right people.

The hospital venereal clinics should one and all have a woman doctor as well as the man doctor attached to the department for women patients.



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