OBSERVATIONS ON THE RECENT
REPORT OF THE ROYAL COMMISSION
ON VENEREAL DISEASES,
AND SOME OF THE DIFFICULTIES ANTICIPATED
IN CARRYING OUT SCHEMES OF TREATMENT*

BY

JOHN ROBERTSON, M.D.

*Medical Officer of Health for Birmingham.
President of the Society of Medical Officers of
Health.*

THE first observation which I think will be made by anyone reading the Report of the Royal Commission is one of admiration for the resourcefulness evidenced by the Commissioners, and for the reasonableness and moderation of the Report, bearing in mind the very great difficulty which existed in getting accurate statistical information on many of the points which had to be considered. How easy it would have been for this Commission to have made recommendations which, while good in themselves, would have been unacceptable or impracticable.

It is indeed remarkable that we should have these diseases occurring in adults all over the world from perfectly definite causes, and yet no statistical evidence should exist anywhere, giving reliable information as to the incidence of the disease on males and females and as to the age incidence. You will remember that the Royal Commission stated that the number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 10 per cent. of the whole population in the large cities, and that the percentage affected with gonorrhœa must greatly exceed this proportion. I have no doubt that when figures are available, this estimate will prove in many cases to be approximately near the mark, but the evidence upon which it is based is extraordinarily slight. I anticipate that it was quite necessary to limit this statement to large cities, and that it will be found in the rural areas that the proportion is much less than 10 per cent. Possibly, also, in a city like Birmingham, where we are not in contact with sailing vessels going to foreign parts, the proportion of syphilitic disease will be much less than in the port towns. The medical profession in Birmingham are almost unanimous in the opinion that there is much less syphilis here than in other towns in which they have had practical experience. It is really important

to know the number of new cases occurring every year. We could then work out the proportion attacked per 1,000 of males and females at age groups, that is to say, notification is on medical grounds desirable.

No evidence was forthcoming in the Report of the Commission as to the relative prevalence of venereal disease now as compared with former years. In Hirsch's Geographical Distribution of Disease there is a very good account of the early history of syphilis. From this, one gathers that it was introduced into this country about the year 1496, and that it spread in a most alarming way, indicating pretty clearly that morality was at that period at a very low ebb. Since then there have undoubtedly been periods of ebb and flow, so far as this country is concerned, and we know from statistical evidence elsewhere that the total volume of venereal disease in this country, compared with many continental countries is small.

The figures quoted in the Report of statistics of the prevalence of syphilis by the Registrar-General and others are not very useful.

All published statistics merely indicate how very unsatisfactory our statistical information is at the present time.

Even notification and confidential reports on the cause of death would not indicate clearly the extent of the evil. In the past it has been the common custom for a man to treat himself for gonorrhœa, and I expect a very large number will continue to do this successfully in the future. With women I imagine that the majority who suffer from gonorrhœa never have medical assistance. In the case of a good many women the discharge is thought to be a leucorrhœal discharge. It is likely that this group of women will continue in the future, as in the past, to slip by unrecognized as cases of gonorrhœa, and therefore, there will be cases not reached by any form of notification.

In making provision for treatment, it seems from the statistics of the Royal Commission, that it would be well to arrange for accommodation for at least two men suffering from syphilis to every one woman, and for six men suffering from gonorrhœa to every one woman.

What are the periods of infectivity in venereal disease? In the case of syphilis, there can be no doubt about the primary stage, so far as the chancre is concerned. No evidence is forthcoming as to infection by the saliva or otherwise. In the secondary stage,

* Paper read at the Midland Branch, January 18th, 1917.

there appears to be little doubt as to infectivity from various discharges, but there appears to have been very little work done and recorded as to the means of spreading infection in this period.

Again, in tertiary syphilis there is no doubt as to the infectiousness of open lesions. Before and after this stage there are usually long intervals of latency, during which the patient appears to be non-infectious or only infectious at infrequent intervals.

Physicians and surgeons appear to differ very greatly in the advice they give their syphilitic patients as to when it is safe to marry. The point is important to us as medical officers of health, as we have to see that adequate instructions are issued at the clinics.

A man who is definitely known to have had syphilis, and who has had adequate treatment for a year, and gives repeated negative Wassermann reactions, may, of course, be considered free from infection, and may marry. This is a simple enough proposition, but it is not a very common one.

The usual case is the one in which it is impossible to say whether the treatment was adequate, and, further, as to whether the negative Wassermann reaction is of any use. I will point out in a few minutes that during the period of latency a large number of cases of syphilis give a negative Wassermann reaction. It is, therefore, impossible for a medical man, even with the aid of a Wassermann reaction, to say that any particular man is incapable of conveying infection. It is almost unnecessary to remind you that soldiers treated by the most skilled syphilologists, and by the best modern methods, are said to show about 3 per cent. of relapses by the end of their first year. This may be compared with over 80 per cent. of relapses among the same class of men when treated by older methods. The practical point is that there is no absolute cure, although the new methods go very far towards this in the case of patients taken early, treated by good methods, and kept under observation.

Among the civil population the condition of affairs must be widely different. If we assume that treatment by chemists and quack doctors can be successfully prevented in the very near future, we shall still for many years have a large number of cases of syphilis pass insufficiently treated—first, because a good many medical men have not had an opportunity of

acquiring the requisite knowledge. In passing, I would here draw attention to the desirability of our taking a personal interest in seeing that proper teaching at convenient times is given at the clinics, and that we should impress on the general practitioners in our area the desirability of their attending. Second: We have no power to require a patient to come up for any treatment, and doubtless some will continue to treat themselves by remedies purchased from chemists, and I do not see how this is to be prevented under existing conditions.

Third: Our weakest spot, so far as relieving a syphilitic patient from his ability to infect others, is the absence of any power to require him to continue the treatment until at the end of a year or so he can be definitely pronounced free. As you know, the only person who can ever communicate with such a patient is the medical officer of the clinic. If he takes a personal responsibility for his work, he will doubtless succeed in getting many to attend until cured. The medical officers of clinics, being for the most part hospital physicians, have not in the past been accustomed to concern themselves with the continued attendance of patients. Here again I feel it is most important for us as medical officers of health to keep the most jealous eye on the case-sheets to see that attendance is continued until infection is gone.

Fourth: There is still another troublesome group of cases. I refer to relapses which come on after the patient thinks he is cured.

For one or other of these reasons it is unlikely that syphilis will be stamped out by any clinics without aid in other ways.

The value of the Wassermann reaction is by no means absolute. The authorities appear to differ in their views.

In 10 to 15 days after the first appearance of the chancre, it is said to be positive in all cases;

In the secondary stage in 95 per cent. of cases.

In the tertiary stage in 75 per cent. of cases.

In the latent periods in 50 per cent. of cases.

A case which will frequently arise in our work among pregnant mothers who have had abortions is as to whether syphilis has caused the abortions. Yet in this case we get only about 50 per cent. of positive results during the latent intervals.

So far as the aborted foetus is concerned, there seem to be aberrant results given by the Wassermann reaction. Such foetuses should be examined for spirochetes as well. In

Birmingham we have already found this a very difficult part of our pre-natal work. If Wassermann reaction could be relied on, then these cases of repeated abortions are not nearly so frequently due to syphilis as is commonly thought to be the case.

With gonorrhœa, too, the Report of the Commission, while pointing out the difficulties to be met with, do not and could not give us the way to deal with the practical difficulties, which are to arise.

Firstly, we have to combat the common belief that this is a trivial disease.

Secondly, we have to ensure that every case is completely cured—a very difficult problem. I know it would be improper to ask the surgeon at the venereal disease clinic to give a certificate of freedom from infection for any man, however good the treatment has been. As in the case of syphilis, there is always going to be a proportion of cases discharged in an infective condition, while others will not have attended long enough to secure adequate treatment. The modern treatment of gonorrhœa in the male is almost as specialised as is that of syphilis, and it is equally important that facilities should be freely offered to medical men to gain the necessary experience.

The practical point which I want to emphasise is that venereal diseases clinics will not be the success which the Royal Commission desire them to be, unless someone is definitely told off to push them and watch over them in all their activities, and to see that they are working for the prevention of disease. The push will come from popularising a knowledge of the dangers of these diseases, and of what is required for their cure and in securing efficiency at the clinic. I cannot help thinking that it is unwise not to have given more responsibility to local authorities. Very largely the control is to be with the Central Authority, because they are paying three-fourths of the cost. There is just a danger of this Department of work degenerating to the level of the Poor Law because of the dual control.

The Royal Commission commented on the need of dealing with chemists, herbalists, and quacks. In many towns a very large percentage of patients suffering from venereal diseases never go near a doctor or hospital. I am glad to say that the National Council for Combating Venereal Diseases has recently approached the British Medical Association on the subject of quacks who treat venereal diseases, and as a

result a Deputation, representing the Municipal Corporations Association, the British Medical Association, and others, are going to represent to the President of the Local Government Board that the money spent on clinics will not bear as much fruit as it should if unqualified persons are allowed to treat.

This question is one fraught with difficulties. Coming as it does so soon after a similar discussion in Parliament on the same subject in connection with the National Insurance Act, it may raise a similar storm unless carefully handled.

Another difficulty is that of preventing a chemist from selling certain drugs which may be used for other diseases than venereal. There can be no difficulty so far as quacks or herbalists are concerned, but I imagine that chemists now treat a much larger numbers of patients than do quacks. It is a mere mockery to say that the sale to a patient of a bottle of medicine or of ointment is to be considered adequate treatment for the cure of venereal diseases. To this extent chemists are as bad as quacks. I hope, therefore, that legislation will soon be brought in to stop both chemists and quacks from treating these diseases.

During the sittings of the Royal Commission a good deal of evidence was taken as to the inadequacy of the instructions given to medical men in the modern treatment of these diseases. One of the Commissioners seemed to think that a large number of our profession were no better than quacks, because they treated these diseases without recent instruction.

So soon as the clinics have been put in working order, and quack treatment stopped, we shall have to deal with the subject of confidential notification and probably of compulsory treatment somewhat on the lines of the Danish law or of that recently introduced in Australia, but these are subjects worthy of a paper later on.

The Royal Commission was appointed to suggest methods for the prevention of venereal diseases other than the reintroduction of the Contagious Diseases Act. The first and chief method recommended is the treatment of people after they have acquired it. This is surely an expensive way of prevention. There are two well-known methods which I think have not received sufficient attention at the hands of the Commissioners. One is the prevention of immorality, while the other is Metchnikoff's method.

As regards immorality, it is probably true to say that directly or indirectly venereal diseases are largely kept going by prostitution. Whether the prostitute is professional or amateur, she and the man who cohabits with her should be dealt with much more effectively than at present. There is practically no law to prevent these infected women from spreading disease. Similarly, there is no law dealing with the infected man. I look forward to action in this direction emerging from the knowledge we shall get from our clinics. While at Sheffield I saw eight men who had been infected by one prostitute. Such cases make one desire for legislation to prevent an infected person conveying disease to another. I know, of course, that proof of the source of the infection would be difficult, but the existence of such a power would have a restraining effect.

No investigation seems to have been made by the Royal Commission of the worth of Metchnikoff's discovery, made when he was carrying out experiments on monkeys in the prevention of syphilis as a part of his larger work on the prolongation of life. If you remember, in his studies on the methods of prolonging life, he was impressed with the powerful influence of syphilis in shortening life, and he experimented on monkeys with a view to ascertaining a method whereby any infection could be killed. As far as I can gather, the method is successful in practice. It has been provided in some regiments in our own Army during the past ten or fifteen years, and is adopted in many continental armies as a general routine. Such a method permits of immorality without the consequent venereal disease, and is, therefore, objected to by many well-meaning people. For my own part, I believe it to be better to have the immorality and no disease than disease and immorality.

In Birmingham we have formed a new Society, whose function is to educate the public as to the dangers of venereal disease, to create a healthy knowledge of sex problems, and, generally, to take any other steps to prevent these diseases such as an investigation into prostitution, etc. Up to the present we have been training a band of men and women as lecturers. If it were possible to give them, we have already over 500 requests for lectures during the present year.

The Royal Commissioners were not quite happy in their directions as to what should be done in schools. I agree at once that there

should not be any definite class teaching, but our experience in Birmingham has been that a great deal of good has been done by headmasters who have cautioned boys on leaving, and by head-mistresses, who have given some caution to girls on leaving. In the case of girls, their mother's consent is always asked, and usually the mother is present. I am confident that most young people do not get any warning, and that such warning is most helpful. The work in Birmingham is done by the teachers without any permission from the Education Authority.

DR. ASSINDER then gave a demonstration on the diagnosis of syphilis by the Wassermann Reaction.

DISCUSSION.

DR. BARWISE expressed himself as in agreement with most of Dr. Robertson's paper. He thought that the supervision of the scheme should be placed more in the hands of the local authorities, and that details such as the number of specimens sent for examination should be left with them. He asked concerning the experience of Birmingham as to whether medical practitioners were availing themselves of the facilities for sending in specimens of blood, and concerning the outfit used in Birmingham.

DR. SNELL congratulated Dr. Robertson and Dr. Assinder on their very interesting paper and demonstration. He agreed with Dr. Robertson as to the difficulties which might arise in practice, and mentioned the one arising from the desirability—expressed forcibly by the Royal Commission—of not labelling their clinics as venereal. Yet this would undoubtedly occur if ill-considered steps were taken in the way of advertising them incautiously by public meetings or otherwise. No evidence brought before the Royal Commission showed that any increase in these diseases had been occurring.

DR. ORTON spoke in favour of spreading a knowledge of venereal diseases, and thought the plan of training lecturers for this purpose a good one. It was a matter of training public opinion that something should be done. In regard to compulsory notification, public opinion was not satisfied as to its necessity, although it was aware that these diseases caused great evil.

DR. TIBBITTS doubted whether there had not been an increase in venereal diseases. His own experience in a large general practice led him to think that there was an increase. This might be due to the fact that people were now more alive to the necessity for consulting a doctor. General practitioners were certainly more likely to arrive at their conclusions in such a matter from their own individual experience than from statistics.

DR. DRYBURGH GOLD emphasised the importance of the point raised by Dr. Robertson as to the very great importance of suppressing the unqualified treatment of these diseases. He spoke of a town he knew, where an old chemist, known locally as the "Doctor," probably because he was regarded as an authority on venereal diseases, treats more cases of gonorrhœa and syphilis than all the doctors in the town together. Until some stop is put to this kind of thing, he thought that great difficulties would continue to exist in the matter of getting cases treated properly. Legislation was called for. If the National Council for combating Venereal Diseases were to be useful, there must be complete co-operation with the local authority.

DR. ROBERTSON, replying, described the arrangements already made in Birmingham for taking samples of blood for the Wassermann Reaction. Medical men could either take them themselves, or they could send them to the specialist appointed, who would take them free of charge. No advertisement by poster or newspaper was being adopted, as there were objections to advertising in this way the particular general hospital which was starting this clinic. In fact, the hospital itself objected to run the risk of being regarded as a lock hospital. He agreed that available statistics failed to show that any increase had occurred among these diseases.

PROCEEDINGS OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

FOUNDED 1856.

RECONSTRUCTED 1888.

INCORPORATED 1892.

AN Ordinary Meeting of the Society of Medical Officers of Health was held in the Rooms of the Society, at 1, Upper Montague Street, Russell Square, London, W.C., on Friday, 19th January, 1917, at 5 p.m. *Present*:—Dr. John Robertson, President (in the chair); Drs. T. Ridley Bailey, E. H. Snell, T. W. N. Barlow, G. W. N. Joseph, J. Tubb Thomas, G. H. Dupont, R. L. Wilcox, G. F. Buchan, B. C. Stevens, W. Benton, Armlly Ashkeny, Sidney Davies, C. Sanders, R. Veitch Clark, C. Killick Millard, F. M. Turner, W. A. Bond, R. J. Ewart, F. B. Skerrett, W. M. Willoughby, A. Estcourt-Oswald, and G. F. McCleary.

The Minutes of the previous Meeting held on 17th November, 1916, and published in PUBLIC HEALTH, were taken as read and were approved.

Election of a Fellow.—The following candidate, who had been duly nominated, was balloted for, and declared by the President to be duly elected:—

FORBES, THOMAS JOHN LAWSON, M.B.,
C.M. Glasgow, of Whitworth House, Whitworth, Lancs.

Nominations.—A list of nominations for election to the Fellowship of the Society was read by the Hon. Secretary.

DR. C. K. MILLARD then read a paper on the *"Passing of Small-pox in Britain: To what is it due?" A short discussion took place, and the meeting adjourned, after passing a vote of thanks to Dr. Killick Millard.

* Printed in the present issue.

Home Counties Branch. A meeting was held at the rooms of the Society on Friday, January 5th, at 3.15 p.m., the following being present:—Drs. D. J. Thomas (President), Buchan, Lawrence, Collins, Kirkhope, Cox, Clarke, Gruggen, Laird, Benton, Ashby, Clark, Sanders, and Dupont (Hon. Secretary.).

The minutes of the last meeting were read and confirmed.

A letter regretting inability to be present was read from Capt. Linton.

It was resolved to send a letter to Dr. Orr, expressing regret at his illness and hopes of a speedy recovery.

The Hon. Treasurer of the Branch, Dr. Ashby, submitted his statement of the accounts of the Branch for the session 1915-1916. This was audited by Drs. Veitch Clarke and Kirkhope, and found correct.

DR. LAIRD then introduced a discussion on "School Planning," and showed plans of two schools recently erected at Cambridge. Among other points, he referred to the need for adequate accommodation for medical inspection in school buildings, and the provision of proper cloak rooms. He advocated the provision of separate closets and cloak rooms for each class, and favoured the placing of closets nearer to the school buildings, and considered undesirable the use of oily preparations on the floors of class-rooms for the purposes of dust laying. Subsequent discussion, which indicated some divergence of opinion, was taken part in by the President, and by Drs. Buchan, Sanders, Lawrence, Veitch Clarke, Kirkhope, and J. J. Clark. Dr. Laird replied to the points raised.

In response to a letter received by the Joint Hon. Secretary of the Society, it was decided to contribute the sum of £35 towards the expenses of the Society. The meeting then terminated.

Metropolitan Branch. The Metropolitan Branch held a meeting on Friday, 12th January, 1917, at 4 p.m., at No. 1, Upper Montague Street, Russell Square, W.C. Dr. D. L. Thomas (Stepney), in the absence of Dr. King-Warry, President of the Branch, occupied the chair. There were 16 members present. A letter from the Secretary of the Parent Society with regard to the financial state of the Society, was