diseases, a menace to progress and civilization, if its consequences are not stopped.

The state feels the weakness of its position and tacitly tolerates the inevitable evil, the punishment of which does not strictly lie in its province. The law should step in when vice exhibits itself in a provocative and indecent manner in person, print or lascivious illustrations. The state looks on the keeper of a house of ill-fame as a provoker of vice, consequently it punishes him as a purveyor of unlawful deeds. It does so with the hotel proprietor for an occasional rental of room for the same purpose. Even the private premises of the prostitute constitute a house of ill-fame in the eyes of the law. The tolerated, unpunished vice is made punishable at the very time it is practiced within four walls. What an inconsequence!

Where shall vice be consummated in order not to offend public decency? True, the state is not obliged to promote its practice, but, on the other hand, by persecuting it and hunting for it in its privacy, the state is driving prostitution to the street, from which it intended to make it disappear.

I advise, therefore, absolute non-interference unless public decency is interfered with. Through this wide moderation and limitation of its powers, the state need not fear the reproach of the moralist that it countenances the evil. This is a syllogism. The state deals with other transgressors, thieves, robbers, etc., why should it be accused of conspiracy with vice when it does not deal with its exponents, when it ignores them? When the state promises immunity to the state witness, it certainly bargains with vice. Why should its inactivity in this respect be thrown up to it?

Let the moralist and the sanitarian make peace with each other. Let the moralist not approach this question from an untenable and too transcendental ethical point of view, and let the sanitarian remember that sanitation and ethics are paramount and compatible with each other.

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ETIOLOGY OF THE SOCIAL EVIL.*

CHARLES CHASSAIGNAC, M.D.

NEW ORLEANS.

When I speak of prostitution I do not limit the term simply to the avowed prostitute, but I include equally the clandestine prostitute. If we want to go back to the actual cause—the prime cause, as I understand it—of prostitution we need not go into the details, as these have already been touched on both directly and indirectly in the other papers, but can say, broadly, it is civilization.

Prostitution is just as old as civilization, and will continue to exist as long as there exists what we to-day claim and boast of as civilization. I apply that fact in three ways:

1. *Men, guided by the prevalent usages of civilization, either can not or will not marry when the natural sexual impulse has attained its proper force and calls for mating.*

While I agree entirely with the spirit of the resolution which has been passed here, that continence is not incompatible with health, still I do believe most firmly that the individual is not absolutely in his normal state

when unable to copulate in a natural way, to a reasonable extent, nor can we expect him to submit ordinarily to what I consider an unnatural condition: that is, that of constant repression of his natural impulses and desires, those which have been given him, after all, just as all his other functions have been bestowed on him. So, while I repeat, and I do not desire to be misunderstood, that continence is perfectly compatible with health, yet the individual is not at his best and is not living a perfectly natural, normal life if, after those instincts and functions have developed, he is unable or unwilling to indulge therein.

As long, consequently, as a man either can not or will not marry, owing to the demands that are made on him through the usages of civilization, so long will a certain proportion of individuals infringe on the normal laws; and, unfortunately, just as long as the demand remains sufficiently pronounced the supply will be forthcoming for the violation.

2. *On account of the usages and necessities of civilization, when men marry, or women, too, taking "man" in the generic sense, they either can not or will not follow the laws of natural selection.*

They can not or will not be guided simply by their natural desires and inclinations, but marriages are made on one side or the other, or both, for other reasons. That is, the individual selects a partner whom he or she thinks useful or an aid in other ways than simply the higher relationship which should exist between man and wife. I do not mean simply the sexual relation, but true companionship, the higher point, of course, and sexual union for the procreation of children, which is, after all, what marriage should be.

But so many other things come into play that either the man alone, not having the companion that he should, strays off, or (unfortunately) frequently the woman, too, who for various reasons has married a man (let us put it perfectly plainly, as we have to in speaking of these things), say, who is too old for her, will, sooner or later (a certain proportion of them), find a younger and a more fitting companion; of course, after the first fall future ones are progressively easier.

3. *The unnatural sexual lives that are often lived, due to the usages of civilization.*

Either on one side or the other, if not on both, there is a desire to prevent or interfere with the natural result of married life: that is, conception, the procreation of children, and as long as it becomes necessary for either one or the other, or both, to take steps to prevent this natural result I think we are leaving the door wide open to the stimulation of prostitution, because, especially with the male, those of us who have a large experience in the treatment of genitourinary diseases can say, I have no doubt, without any hesitation, that if the male is unable for any length of time continuously to indulge in normal sexual intercourse, but has to fall back on a more or less unnatural process at home, the time will come when he will manage to indulge in the normal way somewhere else. This may be very sad, it may be all wrong (I am not discussing that point), but it is a fact; it comes sooner or later.

Consequently we always come back to civilization as the true cause of prostitution. Any others, in my estimation, would be details and exceptions and should not count. The civilization of to-day leads us to live abnormal and unnatural lives, especially in regard to sexual matters. That is the cause of prostitution away down at the bottom.

* Read in the Section on Hygiene and Sanitary Science of the American Medical Association, at the Fifty-seventh Annual Session, 1906. Other articles appeared on this subject Oct. 20 and Dec. 8.

It is not for me to go into the question of the remedy. Others have already presented it; others will again consider this question. The subject assigned to me was simply to state the cause of the evil. It is a question, then, if all this be true, whether, through science, through education, through the efforts of the medical profession, we can (more or less imperfectly, I am afraid, always, at best) get people back to leading natural lives. If we do that, though the task is, I fear, next to impossible, it is, in my opinion, the only way that we can do anything to put a stop to or at least greatly diminish prostitution.

A PRACTICAL LESSON IN REGLEMENTATION.*

W. E. HARWOOD, M.D.

EVELETH, MINN.

The matter of restriction of venereal diseases was called to my attention six years ago, by the manager of the Minnesota Iron Company, which is now a part of the United States Steel corporation.

The company owned mines and employed men on the Mesaba and Vermilion Iron Ranges in Northern Minnesota. Hospitals were built and physicians were appointed to look after the sick and injured. The business policy of the management was to keep the mines constantly in operation.

All sanitary and hygienic matters received marked attention; epidemics were stamped out or controlled as soon as possible. The company owned a majority of the houses in which its employes lived, which fact gave it autocratic power.

Complaints reached the management that the efficiency of their working force was badly crippled by many of their men being "laid up on account of some woman disease."

As physician in charge of one of their hospitals, I was requested to make investigation and to devise means to assuage the difficulty. The inhabitants of the district were largely foreigners, with foreign habits and a meager knowledge of the English language. These facts, coupled with the use of different names and check numbers made the task of controlling the male disseminators extremely impracticable.

The houses of prostitution were located on company property, and if desired, could be removed; but this was not considered advisable. There being no law to regulate houses of prostitution, it was thought best to interview the keepers of these institutions. We found them very willing to co-operate with us in an effort to minimize the dangers of what was considered a necessary evil. Accordingly a system of inspection of the inmates was agreed on.

HOUSE AND INDIVIDUAL INSPECTION.

Previous to July, 1899, no attempt was made to detect venereal diseases in these houses, nor in any manner to control their inmates, other than to keep order by police regulations. Since the above date the women have been regularly and systematically examined. A brief history relative to their physical condition was taken; mouth, teeth, superficial glands, skin and scalp were inspected; a thorough examination of the vagina, vulvovaginal glands, tubes and ovaries was made; one or more glass

slide specimens of urethral and uterine and vaginal secretions were also secured. These secretions were dried and placed in a marked envelope and taken to the hospital laboratory, where they were stained for gonococci by the use of eosin methylen blue and Gram's method. The results of the examination were filed on a history sheet for future reference. All women found diseased were prevented from soliciting patrons, and placed under treatment; those who could not be treated at the office were admitted into the hospital and kept there until all evidence of active disease had disappeared.

The male disseminators when found by the women, were advised to consult a physician and expelled from the house; the women were taught to recognize the diseases, and many displayed considerable skill in diagnosing both acute and chronic venereal affections.

When the male patients consulted the physicians, they were asked in which house they contracted their disease and to give the name of the woman.

Complaint was made against the house (if an inspected one), the woman was sent to the office for an examination; the man's name was taken for identification.

All indebtedness incurred by the women was borne by the keepers of the houses, and in a few instances, when it could be proved that the woman deliberately infected a patron, the man's medical bill, and occasionally his board while he was incapacitated, were settled for by the guilty woman. Every effort was made to keep the woman under observation; formerly the infected continued to solicit, or if so ill that their usefulness was impaired, they were disposed of in various ways. Many were sent to their homes, or to other similar boarding houses.

Many of the women, when forced from the houses, secured rooms in the town, to continue their vocations until deserted by their friends. In two instances the desertion was followed by attempted suicide, one of which was successful.

Unfortunately, the record of the first inspection was not attainable. The following records of inspection were taken March 31, 1904, and Dec. 27, 1905.

As this particular house had been under medical control for three years, the inmates were found in a much better condition than those examined at the time of the first inspection, July, 1899. Two-thirds of the inmates were found diseased at that time. The class of prostitutes found on the Iron Ranges could not be worse, many of them having been expelled from the larger cities physical wrecks. On arrival, when informed that they must submit to an examination, a few (who were probably infected) would refuse and depart. The women who were found diseased, were treated and cared for in the same manner as the old inmates. It was seldom that a woman was forced out on account of being diseased.

RECORDS OF INSPECTION.

The women examined on March 31, 1904:

CASE 1.—A recent arrival. There were found papular syphilides, erosion of the cervix and mucous patches in the mouth. She was restricted from soliciting and placed under treatment.

CASE 2.—Endocervicitis was found; no venereal disease was discovered.

CASE 3.—No venereal disease was discovered.

CASE 4.—No venereal disease was discovered by inspection; smear showed gonococci. The woman was prevented from soliciting and placed under treatment.

CASE 5.—Active syphilis was found. The woman was then under treatment. She had had gonorrhea one year previously.

CASE 6.—No venereal disease was discovered.

* Read in the Section on Hygiene and Sanitary Science of the American Medical Association, at the Fifty-seventh Annual Session, 1906. Other articles appeared on this subject Oct. 20 and Dec. 8.