THE STATE AND SYPHILIS.

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THE State and syphilis is a study of so great importance and size that it is impossible for me to go fully into it this evening. My desire, therefore, is to furnish you with a *résumé* of the subject, purposely excluding any extensive description of the Contagious Diseases Acts of 1864-1886 and of the Report of the Special Committee appointed to enquire into their working and results. I refrain from doing so, because I believe that, like certain plays, they are only adequately studied in one's own room. Yet in a paper of this description it will, of course, be necessary to frequently refer to them.

This Section of the Academy is, no doubt, aware that one of the alleged causes of the ignorance of the people as to the necessity of avoiding syphilis and its sequelæ is due to the culpable indifference shown by the various hygienic and sanitary societies to the study of its prophylaxis.

As a discussion is to follow the reading of my paper I shall endeavour to "state a case" urging the necessity for some active measures being instituted by both the Government and people against the prevalence of venereal disease. Medical men have invariably agreed to the principle of doing so, but the methods adopted for the purpose have always been of a contentious nature.

Let us first consider venereal disease from the sordid view of finance. It is impossible for anything short of a Parliamentary Commission to discover the full pecuniary loss to the nation in consequence of syphilis. In addition to returns from

Government bodies, asylums, general hospitals, &c., it would also be necessary to discover the amount actually spent by philanthropical societies for the care of young families rendered destitute through the premature death or break up of their syphilitic parents.

Fortunately the army and navy estimates are available, together with their sick reports, and by considering these we will be able to form some idea of what syphilis and gonorrhoea cost the nation in the way of money only. The army estimates for the year are £33,023,561. Now, as there are, on an average, 10 per cent. of soldiers inefficient from venereal diseases, we are, I claim, entitled to subtract one-tenth of these thirty-three million odd pounds as being the cash equivalent of this proportion of men off duty—inefficient. That is to say, £3,023,561 is the annual loss to the nation for venereal disease in the army.

Now, turning our attention to the navy for a moment, we find there that the estimates for the year are £33,573,302, and also that the number of sailors returned as constantly sick from venereal disease is one per cent. By repeating the same process of calculation as we did in the sister service we attain the sum of £335,790 as the cost of venereal disease in the navy.

I am, of course, perfectly aware of the fact that these figures will be disputed, probably on the grounds that I have included the gross estimates for these two services, and have made no deductions for such other obvious sources of expenditure as the works, buildings, repairs, guns and ammunition, and chaplain and medical departments, pensions, superannuations, and so on, *ad infinitum*, down to the men's buttons and boots. But to me it appears that all these, though essential in their way, are in reality mere accessories in the armamentarium of the fighting man himself, who is the soul and vital force that gives them life, that without him they remain but useless objects, becoming merely white elephants,

and, so far from having any deduction made for them in our figures, they constitute an additional source of loss.

To render my meaning perfectly clear let me explain. If you expend so many millions on the building of men-of-war, and the necessary sailors to work these vessels are unavailable through illness, then, I think, it should be conceded that the capital expended on these ships as a first charge, together with the interest on the same and the extra cost of preserving them, is so much dead waste. If a man-of-war is too bulky an illustration, apply my argument to rifles, and the significance of my statement will perhaps be easier to comprehend. Furthermore, though the daily ratio of inefficient in the navy is apparently but one per cent., yet, so far as I can make out from the figures contained in the Medical Director-General's Report on the Health of the Navy, the actual number of men per thousand who acquire venereal disease is no less than that occurring in the army. I am therefore forced to conclude that the one per cent. of inefficients alluded to only designates sailors actually confined to hospital, or its equivalent, on board ship, and that the majority of venereal cases are allowed to go about the vessel, probably performing some light or preferential duty. Whereas in the army similar cases would be detained in hospital, lest they should disseminate their diseases amongst the civil population. If this be granted, then the estimated cost of venereal disease in the navy will multiply itself by ten (for, of course, the men, though able to move about and not obviously returned as inefficient, would not be in a condition to undertake active duty in the case of war).

So far as the pensions and what the Admiralty terms "compassionate allowances" are concerned, if an analysis of these be made it will be found by deducting the amount of money expended in such payments to those men whose retirement from the services was due to illnesses consequent

upon causes within their own control, it will be found, I say, that the figures are not lessened.

As evidence of this I quote the following from the official returns :—In 1905, 17 patients were admitted to the Royal Naval Lunatic Asylum, Great Yarmouth ; of these 4 were officers, and 7 of the number had general paralysis of the insane. Also on the 1st of January of that year there were 163 patients in this Institution, 39 of whom were admitted for general paralysis of the insane. Of these 153 patients, 39 were officers. These figures show a regrettable disproportion of officers as compared with the number of men. The individual allowances of these officers would be larger than those of the men, and would affect my figures accordingly.

The National expenditure for the supply services, including the Customs, Inland Revenue, Post Office, &c., amounts to £43,109,137, and if, contrary to my experience as to the prevalence of venereal disease generally, we only attribute the same percentage to these departments as we have done for the navy—that is to say, “the minimum amount”—we obtain £435,543, and, adding this amount to those of the army and navy, we make a total of £3,796,896, which John Bull is called upon to pay in hard cash annually for venereal diseases and the questionable moral tone of free trade in prostitution. But this figure is not all, for it takes no count of all those indispositions consequent upon the debilitating effects of these diseases, nor does it include the vastly greater proportion of cases for which men obtain private certificates for assumed ailments from unsuspecting practitioners. This latter remark does not apply to the fighting services.

Personally I am disposed to estimate the cost to the nation from venereal diseases occurring amongst the army, navy, and other Government departments at £7,000,000 a year.

I will now, gentlemen, with your permission, consider the

greater loss to the Empire, that of the physical degeneration of the race and loss of life *as a direct consequence of syphilis*.

The rise and fall of a nation may be considered in direct ratio to the physical health of the people and their birth-rate. I shall endeavour to trace the far-reaching effects of syphilis in this respect, and how much more it affects England than the other European powers.

St. Augustine is credited with the aphorism—"That all disease originally sprang from the sin of fornication." If, like some scientific theologians, we believe that the beginning of all things arose from one single creative act, and not innumerable repetitions, and if we follow Darwin's reasoning on the evolution of species, then, gentlemen, we must logically accept the dogma of the great divine and all that pertains thereto.

With this paragraph as a text, a moment's thought will show you the unlimited importance and possibilities that may be attached to its tenets. It is with regret that I cannot leave the subject here, but for the greater completeness of my paper I think it necessary to amplify the truth of the matter by some illustrations, and for brevity's sake I will select no more than two of the most terrible diseases to which the human race succumb—tuberculosis and cancer—and I will attempt to associate their origin with syphilis. I feel that my arguments are very deficient, but if they create a suggestion in the mind of others with more ability to enlarge upon them I shall be repaid for the temerity with which I now approach the subject.

Since Schaudinn's discovery of the *Spirochæta pallida* as the specific germ of syphilis, the possibility of Lustgarten's bacillus has been, of course, finally ignored, yet there are interesting features peculiar to that particular bacillus. It is found in sections of tissues involved in syphilomata and in the pus from hard chancres. Also it resembles the tubercle

bacillus not only in appearance but also in staining reaction, and, in addition, seems to be identical with the smegma bacillus so frequently present in the secretions of the prepuce or vulva. There is no actual evidence in these references, but the association of ideas that they give rise to are suggestive. Whether bacteriologists can trace any lineal descendency in the evolution of the tubercle bacillus from that of *Spirochæta pallida* or not, clinical observers are familiar with the marked resemblance many of their various manifestations bear to each other, and also of the powerful ally one organism is to the other in the destruction of any individual suffering with a mixed infection of the two. There is also no doubt that syphilitic subjects are markedly predisposed to scrofulous conditions leading up to tuberculosis. This is especially obvious in people with hereditary syphilis; in them the specific poison seems to produce such deleterious effects upon the general metabolism and nutrition, and also upon the natural resisting and germicidal powers of the tissues, that they assume the scrofulous diathesis and develop one or other of the ill-effects produced by the invasion into such a fertile soil of tubercular bacilli.

Vidal (an authority) once asked—"Is scrofula syphilis?" and Dr. Tobun, a late Surgeon to St. George's Hospital, stated that "nearly all the eye cases which came before him were due to scrofula, if not due to syphilis." Jonathan Hutchinson says that relapsed chancres are tubercular; and, finally, Douty, of Davos Platz, believes that 30 per cent. of tubercular men are syphilitic, and he quotes Dr. Klause, who, as "Chief" of the phthisical wards of the Charité, Berlin, and who has also been in charge of the venereal department, as stating that "fully 50 per cent. of tubercular men patients were syphilitic, and that he noticed that more than 50 per cent. of the venereal cases showed signs of lung disease." At present there is a remarkable and gradually increasing number of communica-

tions to the medical journals reporting syphilis of the lungs, which had been previously diagnosed as pulmonary tuberculosis.

Gentlemen, time forbids my continuing to present additional arguments and illustrations in support of this theory, nor do I think that amongst a professional audience it should be necessary to do more than furnish one or two concise examples. Under such circumstances mere repetitions, whilst affording no fresh proof, would be monotonous in the extreme.

If scrofula be the connecting link in the evolution of disease between a syphilitic ancestry and a tubercular progeny, then the death-rate and helpless invalids resulting from these diseases must be combined with those due to syphilis.

Let us, for the sake of argument at least, grant these premises, and we are at once in a position to tabulate in figures what the nation loses through death from these causes. The total death-rate per annum for the United Kingdom is 657,525 deaths; these figures include 45,647 deaths occurring from old age that are literally normal deaths. And, as we are considering the number of deaths special to a particular cause in order to contrast their sum with that resulting from all other diseases terminating fatally, it is necessary to deduct these 45,647 normal deaths from the gross number of 657,525, which leaves a total of 611,878 deaths due to disease. Of these abnormal deaths no less a sum than 81,812 are directly due to syphilis and tubercular disease, constituting about one-seventh of the total amount, and making no provision for deaths registered under headings which in many instances find their origin in syphilitic degeneration, such deaths are frequently tabulated under the diseases of the organs of circulation and nervous system. Of course it is understood that of these figures, taken from the three Registrars'-General Statistics, syphilis proper constitutes but a small proportion. Yet as time goes on and we have become more efficient in attributing

death to its primary cause, and also as we learn to appreciate the importance of compiling accurate statistics, and on this account think less of family susceptibilities, then this discrepancy between the number of deaths alleged to be due to other causes than syphilis and tuberculosis will diminish. It might tend to greater accuracy in statistics if some means could be devised by which certificates of death could be sent direct to the Registrar-General, without their contents becoming ultimately publicly known. This might be feasible if insurance companies would be satisfied, like the majority of coroners, with a certificate to the effect that death was due to natural causes, and a rider, if necessary, stating the disease from which the patient died was or was not on their schedule of bad lives, as considered from an insurance point of view.

By referring to the relation of cancer and syphilis I do so simply as a reminder of the possibilities of the far-reaching effects of the latter malady and also a smaller item in support of St. Augustine's pronouncement. If old syphilitic tissue in one part of the body can be proved to be an ætiological factor in the ultimate formation of cancer in its site, surely it is natural to assume that the same metamorphosis may occur in other organs of the body similarly effected. Is it not conceivable that such may be the case? If so, how can one show that it is not also possible or even probable? May I ask, what relation has gumma of the liver to cancer of that viscus? As an illustration of cancer following syphilis in an organ I need only refer you to leucoplakia and cancer of the tongue. Professor Poirier has said: "Everybody cannot have cancer of the tongue, two conditions are almost indispensable—you must be a smoker or syphilitic, especially the latter, and those who combine these two conditions have a much greater risk than others." Cancer of the tongue, he says, may be called the cancer of syphilitic smokers. Of 32 such cases he found that 27 were syphilitic, 3 of the remainder probably so

the other 2 cases, I think, he said were women. Again, Fournier found that of 184 cases of cancer of the mouth 155 had syphilis, and in the remaining 29 the antecedents were unknown. In these cases leucoplakia had the same relation to the cancer that scrofula had to tuberculosis.

It is not my intention to make any allusions to the possible benefits to the race forfeited through the loss of 81,812 lives annually, but I certainly think it is a matter for the consideration not only of the State but every man, woman and child who values the health, prosperity and happiness of his home and country. There is a dangerous tendency amongst people to console themselves with the fallacious belief that the venereal evil is diminishing not only in extent but in virulence. This error is based on the fact that the statistics of the Registrar-General for England show a progressive decrease in the number of deaths accruing annually from syphilis since the year 1865, when the ratio per 1,000,000 of the population was 90 deaths. At the present time the ratio of deaths from syphilis is only 53 per 1,000,000 of the population. It is difficult to account for this fall, and the hypothesis that it is owing to the more skilful treatment of the disease by medical men is untenable, or at least insufficient, for the reason that a similar diminution in the ratio of deaths does not extend to either Scotland or Ireland. In the former country a comparison of the average death-rate for the decennial ending in 1904 shows a slight increase in ratio for the latter period. Whereas in Ireland, comparing the decennial ending in 1874 with that of 1904, shows the insignificant diminution of 2 deaths per 1,000,000 of the population; but since the year 1895, when the ratio of deaths was 77 per 1,000,000, the number has materially increased, till in 1904 it reached no less a sum than 109 deaths per 1,000,000.

The returns of the Glasgow Lock Hospital also bear out the statement that syphilis is more prevalent now than formerly

(allowance being made in Glasgow for its increased population). And Dr. Bernard, the Surgeon to the Liverpool Lock Hospital, informs me that there is no lack of syphilis in that city. It is a curious anomaly that whereas venereal disease, as judged by our practice, appears to be on the increase in this country, according to information received from the Chief Commissioner of Police there are less common prostitutes than formerly. I do not know how it is, but it seems a strange coincidence, that from the time the police appear to have ceased to keep statistics of brothels and prostitutes in 1894 (at which time they had sunk to less than half of what they were when the stimulation of the Contagious Diseases Act commenced in 1866) the ratio of deaths has increased so enormously. It is also curious that since the same date, 1894, the admissions to the Lock Hospital have diminished from 647 to 431 in 1903. May we not infer from these figures and the death returns that syphilis, if not proved to be more extensive, is at least more virulent? Nor can the army statistics be taken as a criterion of the diminution in prevalence of syphilis amongst civilians; the improved social circumstances of the soldier do not extend to the rest of the community.

In 1892 England had 201 per 1,000 of her soldiers incapacitated from duty through venereal disease; Russia had 44.6 and France 44.0 per 1,000. This ratio has fortunately improved. In 1900 England had 93 per 1,000 incapacitated, whereas France had 37.2 and Germany 17.8. These figures are worthy of the State's attention. What a most excellent ally syphilis in our army must be to our Continental rivals—military and commercial. It is a significant fact that in India “virulent native women have been sent amongst our garrisons by secret societies with a view to disabling the men” (*vide* Surg. Major Niven, *British Medical Journal*, 1899).

Having now endeavoured to show the necessity for State and individual action against the prevalence of venereal

disease, I must beg your patience for a little longer in order to refer to the hygienic aspect of syphilis. This has already been defined by the single word "chastity," but, having regard to the fact that 10 per cent. of syphilitic cases occur in absolutely virtuous people and young children, such a definition can neither be regarded as accurate nor sufficient.

I would suggest that there is a great trihedron upon the basis of which we might construct a system capable of checking, if not completely extinguishing, the disease. This triune would consist of moral, social, and legislative action ; those powers which have been found by experience to be the most successful against the two other human scourges—intemperance and tuberculosis. Indeed these evils are complimentary to each other, and anything that affects one or other of them will ultimately affect the lot. Therefore, in the common name of humanity, let the various associations existing for the suppression of any one of these evils set aside their prejudices, and not forget that by neglecting the others they are retarding their own success. For example, there are many societies for the suppression of intemperance and tuberculosis, the members of which would not tolerate any attempt on the part of their society to interfere in a movement for the prevention of syphilis. Such prejudices should be overcome, and each society carry on the good work they are doing, but under a common executive—that is to say, the ideal arrangement would be an amalgamation of all existing societies under a single head, each society still retaining its complete independence of action for furthering its own cause, but receiving suggestions from the head office. With regard to the moral aspect of the subject in connection with the prophylaxis of syphilis, I shall say no more than to urge that we, as medical men, should confine ourselves as experts to the purely scientific means of combating it ; it is not given to us, any more than

to any other members of the community, to possess a plurality of facilities, and when this subject previously occupied men's minds an actual Babel was created by individuals giving evidence on matters wherein they had no training but mere fancy to guide them. Parsons, speaking as doctors and *vice versa*:--Let all labour in that particular class to which it pleased Providence to call them. It was moral interference and agitation to the amount of 10,315 petitions, bearing the signatures of 2,205,506 subjects of our late gracious and ever regretted Majesty Queen Victoria, that occasioned the repeal of the Contagious Diseases Acts, after which, as Fournier says, "prostitution, and with it syphilis, regained its liberty throughout the British Empire." This agitation practically consisted of Nonconformist ministers, together with numbers of women, and a type of individual who must have been analogous to the Blue Lights in Peter Pan, "those delightful little sillies who are not quite sure what they are." The members of this crusade were known as the "Shrieking Sisterhood." You can judge of the tactics of these people, several of whom sank to canvassing prostitutes in brothels for signatures for their petitions, another forged his groom's name to a letter in which he made libellous charges against the police on behalf of a woman who afterwards married the said groom; another bore such false evidence that on a sworn enquiry being made it was entirely disproved, and so on *ad nauseam*. The female members held some peculiar views—one, a parson's wife, stated that it was a mockery of God for chaplains to attend these women in hospitals with a view to their reclamation; others, who must have been, I believe, of the "Blue Lights" type, argued that syphilitic patients deserved all they suffered from, and that it was a "Divine vengeance" on their sins, also that to attempt to cure them was to encourage them in their wickedness—making, as they complained, "sin easy." It was impossible to make these people under-

stand that the innocent wife and baby, aye, even the very babe unborn, often suffered with the guilty.

All these sayings are recorded in the Blue Books containing the report on the Contagious Diseases Acts.

A remarkable feature of the agitation consists of the fact that the same political party were in power in 1864, when the first Act was passed, and again in 1886, when they were repealed; and also that in spite of every one of the Committees appointed by Parliament to enquire into these Acts, that all of them, without exception, recommended their continuance. And again, in spite of the fact that all the Continental powers deemed it incumbent on them to possess laws regulating prostitution, yet the Government by some subtle process of reasoning determined on the repeal of these Acts, and accordingly did so. The unworthy suspicion will arise in one's mind that their conclusions may have been to some extent effected by a nice appreciation of the voting power of the 2,205,506 petitioners, a sufficient force to secure all the Scottish seats had its members but the franchise. The repeal of the Acts was voted in March, 1886, and in the August of the same year righteous Nemesis constituted a new government—a further illustration of the value of the names attached to the petitions alluded to.

Socially we can do more to eradicate venereal disease than by any other means. The truth of this has been most happily recognised by a firm of billiard table manufacturers, whose advertising catch-word is “keep your boys at home.” This is the gist of the whole thing, only it is necessary to extend its principles beyond the domestic circle. Indeed, public and government bodies have already recognised this, and supply for their employees various forms of entertainment that are calculated to keep them out of harm's way, thus reducing sick absences. You all know of Lever Brothers and of their model village, Port Sunlight; also of Burroughs & Wellcome's

picturesque habitation, with its innumerable boating and other attractions for their employees. The army and navy are also alive to its importance, and supply comfortable reading and recreation rooms for their men. The pity of it is that the heads of families, in the majority of cases, fail to recognise the necessity. Some fond delusion seems to blind them to the fact that their children are, after all, but the same as those of their neighbours, whom they can readily enough perceive to be daily developing more questionable companions and habits. Many of them depend on paternal cuffings and maternal knaggings as sufficient to counterbalance the attractions held out by wily and professional caterers for the guileless lambs they hope to fleece. They are received literally with beaming smiles and open arms of welcome by heavily rouged paramours, and flattered into believing themselves thundering fine fellows, whilst at the same time they learn to smoke cheap cigarettes and quaff, with unflinching countenance, drinks they are unaccustomed to. In short, a kind of Bohemian club life develops. Is it any wonder that, led by such attractions, they enter by the broad and gilded portals the road to ruin.

No doubt a lot has to be said on behalf of the parents. The father with limited means and many cares cannot act the part of *bon camarade* to his son, and the mother, by the time her boy grows into young manhood, is already in the shadow of her menopause, with all its hysterical and irritable accompaniments.

There can be no doubt that if fathers retain throughout the entire confidence of their children they will be in a position to observe the bent of the boys' minds, and with tactful remarks create and cultivate by suggestion the necessary counter-acting influence.

In every instance they should point out the pitfalls common to each period in their sons' growth; and most assuredly they should encourage their sons not to fear confessing any trouble

that might befall them. I personally knew one young fellow of seventeen years who died of neglected gonorrhœa because he was in terror of acknowledging his condition to his father—a stern man—and because he had not the necessary money to visit a doctor. The parents of this unfortunate lad never ceased to feel the pain of his death.

The profit and loss account quickens the understanding of shrewd commercial men as to the necessity for improving the social environment of their employees ; whereas we can only rely upon the diffusion of knowledge to effect that of parents. Social prophylaxis against syphilis should not end here. For instance, in national and public boarding schools suitable instruction on these subjects should be given to the boys. A Congress in Paris has recently considered and passed a resolution to this effect. It should be remembered that school-boys and young girls frequently develop venereal disease. Out of 10,000 cases of syphilis in males 1,420 will be amongst men under twenty years of age, and out of a similar number of syphilitic women 3,130 will be below the same age. In public bodies, and where ambulance classes are held, a lecture should be included giving adequate information on the subject of venereal diseases.

Without desiring to appear pessimistic I should like to add that even in infancy and the nursery the subject should not be lost sight of. By this I do not mean to imply the obvious dangers arising through syphilis insontium. I desire rather to point out the necessity for constant supervision of the *morale* of the nurses. In Paris it is the custom, according to Fournier, for these people to attract the attention of crying children by tickling the genital organs of their charges.

The morbid curiosity of young nurses is also a factor in generating a precocious viciousness in young boys ; and it is an undeniable fact that many a young fellow first goes astray with the domestics in his parent's house

Phimosis is another factor having an irritative tendency, and the Jewish rite of circumcision is undoubtedly an important means of preventing venereal disease.

Intemperance is an ætiological factor in the cause and dissemination of syphilis only second to that of the congenial surroundings in the private life of the individual.

How far syphilis *d'emblée*—that is, syphilis without the initial development of a chancre—and syphilis insontium are responsible for the dissemination of syphilis it is difficult to state. We know entire families and schools have been diseased in this fashion. To us, medical men, the matter is of peculiar importance, inasmuch as we might easily contract the disease in the professional discharge of our duties and unknowingly be the innocent means of spreading it. This is especially likely to happen when one develops syphilis without the chancre and its accompanying warning. It is certainly difficult to believe that this latter can be of common occurrence, if it ever really occurs at all; at any rate there are many who believe that syphilis can develop without a chancre. I refer to the matter of syphilis *d'emblée*, as it is always well to be familiar with possible sources of danger, such as might possibly follow the cryptic inoculation of the specific virus.

I observe in the reports of the Advisory Board for the Army Medical Services a description of various means adopted by men for the prevention of the disease. The following is a cursory statement of the individual precautions which may be practised with this object in view:—Condoms may be worn, and the actual act of fornication should not be prolonged unduly, and after the emission of the semen separation should be at once effected. The parts might be annointed with calomel ointment previous to intercourse; this precaution, followed by immediate micturition, practically clears out the urethra of any infectious material that may have entered it. Later on free ablutions, followed by the applica-

tion of a 2 per cent. solution of silver nitrate, will prevent soft chancres; this should be applied as soon as possible after coitus, and certainly within 24 hours. Metschnikoff has proved that a chancre will not develop on the site of an inoculation with matter containing the *Spirochaeta pallida* if mercurial ointment is rubbed into the part within one hour of the contact being made. Without this precaution syphilis would inevitably occur.

It should be remembered that a condom may burst, and also that it is no protection whatever to the scrotum, which may come in contact with mucous patches and condylomata on the adjacent parts of a syphilitic woman.

It is essential when there is an abrasion on the surface of the penis that celibacy be rigorously maintained.

An ordinary intelligent man, with a little more control than a brute, ought to be able to form a fair idea as to whether a woman is dirty, sore and diseased, and restrain himself accordingly. Unfortunately it frequently happens that under these circumstances a man is beyond the power of reasoning, or even of caring—blinded by passion or drink, likely by both!

The question of the diagnosis of syphilis has often been alluded to when discussing its hygienic aspect. All I desire to say here is that adenitis, general or local, is of no diagnostic significance, except when obviously recent, enlarged and tender. In 100 adult individuals, provided they are not very obese, glands will be felt in exactly 100 per cent. In the Children's Hospital, Dr. Effie Gordon Stewart, the R. M. S., kindly investigated this matter for me, and found that glands were enlarged in 32 out of the 56 children, and only 11 of these had signs of tubercular disease. In the remaining 21 no pathological explanation could be discovered.

I now come to the final portion of my paper, that dealing with the legislation, which contains as many knotty points

as an Irish blackthorn. State regulations for the segregation of people smitten with contagious and infectious diseases has existed from the earliest times, nor were the Contagious Diseases Acts a new departure in the constitutions of our country for the control of prostitution and disease. So far back as the commencement of the 17th century, in the reign of James I., and when Dr. Harvey first practised man-midwifery, it was enacted that any man known to leave his house whilst suffering from a contagious sore, having been warned to the contrary, would be guilty of felony or forfeit his life without the benefit of the clergy. Too frequent fornication was at this time also a criminal offence. In Aberdeen, so far back as 1497, the Town Council ordered that "all women be charget and orderit to desist from their vices and syne of venerie," and close all their brothels and to work for their sustenance. In Edinburgh during the same year all people afflicted with the disease had to appear on the sands of Leith and be quarantined on the island of Inchkeith.

The Contagious Diseases Acts of 1864-86 had for their purpose the registration and periodical medical inspection of common prostitutes, with power to restrain them in hospital until they ceased to be contagious. They also provided chaplains for the reclamation of the women. These Acts were applied to 15 garrison stations, all but three of which were in England, the remainder were applicable to the Curragh, Cork and Queenstown, none of them applied to Scotland or the North of Ireland. Venereal disease had been decreasing at the time of their inauguration, but a comparison of the 15 subjected stations with all the rest of the population, including the unsubjected stations, shows that the improvement was greater in the former. During the time the Acts were in vogue the Public Health Acts for England, Scotland and Ireland were passed, but sanitary authorities have apparently taken little or no interest in the subject, which indifference

has, no doubt, prejudiced many people into the belief that any interference was unnecessary from a hygienic point of view. It is unnecessary to enlarge upon the fact that the detention in hospital of a body of people capable of spreading a disease in the plying of their trade is essential if we are to counteract the disease.

In addition to the irrefutable and convincing evidence contained in the Blue Books showing the necessity and benefit derived from State legislation, there are three facts I should like to mention. In the returns for 1905, *re* the health of the navy, the Medical Director-General states that during the visit of the fleet to the Baltic Sea very few men developed venereal disease, which he attributed to the fact that the ports they called at were under the Contagious Diseases Acts.

The Army Advisory Board tabulate the amount of venereal disease existing in the German, French, Austrian and Russian, Italian and British armies. Of these six Powers two—Italy and England—have no Contagious Diseases Acts, whereas the remaining four have, and by contrasting the ratio of disease of the two former with the combined total of the remainder we find that they exceed by one-fifth that of the latter, the actual figures being—

Italy and Great Britain	...	...	172
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France, Prussia, Austria and Germany	...	...	148
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And yet this report does not advise the re-enactment of the Acts.

Again, in India, Hong Kong, the Straits Settlements, Ceylon, Malta, Gibraltar, Egypt, South Africa, and St. Helena, and in Bermuda we have legislative measures for the regulation of prostitution, but at home it appears we dare not interfere.

I already pointed out that the results of the Committee inquiring into the working of the Contagious Diseases Acts were

on every count found favourable to their continuance, and the evidence brought forward proved conclusively that the Acts fulfilled the purposes for which they were designed. They lessened venereal disease in the stations to which they were applied. To be of real use, they or some equally far-reaching power, whether held purely by the police or not, should be enforced throughout the entire country, and not applied piecemeal and patchy.

All general hospitals should contain external venereal departments for male patients. Women should not be treated in this way, as they continue to spread the disease, "*il faut vivre*" they say. This was Rawdon Macnamara's evidence at the Commission of Enquiry on these Acts.

Dr. Ninian Falkiner, in a paper read at this Section, suggested the notification of venereal and tubercular disease, and this system is, I believe, carried out on the Continent. The consequence is that the origin of the disease is traced, and the individual prosecuted; they cannot plead ignorance, as the doctor who notifies each case is bound to warn his patients of the dangers of disseminating it.

In Munich a patient was imprisoned for having diseased a woman, on the plea that he had inflicted a grievous bodily injury.

(1) If responsible men would have the moral courage to report to the police every woman who solicits them, the result would deter women from their brazen and often forcible invitations to transgress. (2) Let the Government or municipal bodies provide gratuitous treatment in all dispensaries situated in each quarter of the city, and make notification compulsory. (3) Let the Medical Council insist that a special course of study in dermatology and syphilis be included in the curriculum of medical students, and venereal disease will degenerate into a sporadic type. At the present time it is practically of this nature in Sweden, where formerly it raged.

In conclusion,

To each man's Ego
Do I now appeal,
That he unheeding others
May himself reveal.

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COLONEL BUTT, R.A.M.C., said his experience of the disease had been limited to the army, but he had often thought that the medical profession did not look at the matter properly, and that they, in common with the general public, did not look facts in the face and recognise that, notwithstanding all sorts of moral and educational influences, things were much the same as they had been in the past. Legislation was required for a section of the community who would not submit themselves to self-control. The State would be guided in the matter largely by the opinion of the medical profession, and yet the whole subject bristled with controversy largely as the result of ignorance. He was convinced that no advance could be made towards stamping out the scourge until every member of the profession took a whole-hearted interest in it. His own experience of his last three years in India had led him to the conviction that the disease could be stamped out. During that period, in a garrison of one thousand men, he had not one case of syphilis, although there were many prostitutes living on the confines of the garrison, and none of these contracted syphilis, although the number of syphilitics in the garrison never fell below one hundred. He admitted that the accomplishment of this was made easy for him by the magistrates, commanding officers, and his brother medical officers working with the one desire of stamping out the disease. They induced the soldiers to believe that they could benefit them by submitting to treatment. There was no stigma attached to women who suffered from venereal diseases going into the cantonment general

hospitals, and the native women attendants were got to explain to the women the benefits of treatment. The result was, he thought, strong presumptive evidence in support of his contention, that so long as local manifestations of the disease had been removed and the treatment was continued the disease could not be communicated. It had occurred to him that in order to get to influence the prostitutes to submit to treatment use might be made of the Salvation Army. That society had done immense good in other directions, and if it were shown that the profession was anxious to combat the disease on humanitarian grounds he believed the society would assist them. He believed that by treating syphilis patients as sufferers rather than as offenders they could be got to submit to treatment, and that thus they would go a long way towards controlling what he considered a preventable disease.

DR. HENRY FITZGIBBON said the difficulty which had always existed in dealing with patients in the Lock Hospital had been the absence of controlling power to get the patients to remain under treatment. The tendency with the patients was to think that they were cured as soon as the disease was out of sight. Power was required to keep prostitutes in hospital as long as there was active syphilis present, and to keep them under observation and treatment as extern patients afterwards. There was also a difficulty in connection with young men who had not the means to pay for treatment, and who had no encouragement to go to general hospitals.

MAJOR BROWN, R.A.M.C., said that although he had never been able to connect syphilis and tuberculosis, as suggested by Dr. Stritch, he had always found that when syphilis was contracted by a patient with tuberculosis he went from bad to worse, no matter what the treatment was, unless he was got early. As regards prevention, keeping boys at home was an excellent method, if it could be done; but a better plan was to protect them when they went abroad by legislating for them, and legislation meant bringing back the Contagious Diseases Act. The majority of those who indulged in that particular vice were not open to moral persuasion. Syphilis, of course, could be contracted in many ways, and there should be some place where it could be cured. Women, however, who practised as prostitutes were not open to moral persuasion, and the only way was to compel them to remain in hospital or to report to a doctor until they could be

certified as free from the disease. Their efforts to stamp out the disease in the army did not seem to have had much effect. In Dublin, in 1906, the constantly sick from syphilis were 2.93 per 1,000, while in 1866 it was 1.72.

DR. PUGIN MELDON said that one of the first difficulties in curtailing syphilis was the difficulty of diagnosing it early. He thought, however, that that would be only a temporary difficulty, and that the bacteriologist would aid them in telling the patients definitely whether they were suffering from syphilis or not. A further difficulty was that of keeping prostitutes in the hospital. They went in readily enough as long as they were sore, but they went out in a short time, and became infectious. This was the case with the very large percentage of patients, who were also heavy drinkers. Soliciting in the streets should, he considered, be made illegal, and the punishment should depend on whether they were suffering from venereal disease or not. If suffering from disease, they should be confined in a Lock ward or hospital, or in special prison wards, until cured, or allowed out on a ticket-of-leave principle. He considered also that any man who held connection with another individual while suffering from syphilis ought to be severely punished. The great difficulty in the way of legislative measures was the opinion of the public that the more syphilis was stamped out the more prostitution there would be. Their business, however, as medical men was to check disease in every form. The presentation of the financial side of the question, as mentioned by Dr. Stritch, might smooth over the obstacle of public opinion. Seven million pounds lost to the nation meant two pence or three pence off the income tax. That was a fact which the general public would appreciate.

DR. KIRKPATRICK said the question of State interference was as old as history. So far back as A.D. 1162 Parliament interfered for the regulation of brothels. If the public knew more of the history of the disease and the efforts which had been made to stamp it out the work of the medical profession at present would be much lessened. There seemed to be a general idea among the public that there was no regulation for State interference with venereal disease in Dublin. That was a mistake. Under the Act of Parliament, 5 Vict., c. 24, the police dealt very severely with prostitutes and soliciting, and in the Act, 48 & 49 Vict., there were very stringent regulations for the suppression of brothels.

He had received from the Commissioner of Police a table showing the number of women proceeded against during the last five years, 601 being dealt with in 1906. During the same period twenty brothels had been suppressed in each year. This afforded them a starting-ground for an active crusade against the disease. It was not always, as was urged, a merited disease, and he had only recently seen the case of a woman who had been infected by her husband, as the result of his contracting the disease, during her pregnancy, and she had infected her child. The morbidity and mortality of the disease justified them in urging the State to interfere in the matter just as it was interfering in diseases that cost the State an insignificant number of lives compared with the loss of life due to syphilis. The sentiment of the country was against the official registration of prostitutes, and he would rather follow the suggestion that the laws at present in force should be used against solicitation, and a man who could be proved to have infected a woman with syphilis should be liable to similar punishment.

COLONEL BURTCHAELL said he had been in several American cities where prostitution was rampant, although the police arrangements absolutely prevented soliciting. If the prostitutes did not find the men, the men would find the prostitutes. The State legislated for zymotic diseases, but they were diseases of innocent people. Syphilis, however, was due to a voluntary act. If legislation was enacted it should be equally severe on the man and the woman, and he thought there should be some restriction on the marriage of syphilitics.

DR. WINTER said that the debate showed that the profession were not of one mind. Their policy should go along three main lines—(1) They should educate the people, and to do so they must first educate themselves; then (2) they could proceed to agitate for State interference; having agitated sufficiently they could then (3) proceed to try to get the State to act. In the prevention of the disease there was the difficulty that young men could not get away from their employment continuously to attend hospital, and it occurred to him that a possible aid would be for some of the hospitals to start an evening dispensary for men. He believed they would remain under treatment if allowed. He did not think the police could be very active against soliciting.

MR. STRITCH replied.

Admissions per 1000 of Strength.
Primary and Secondary Syphilis.
Black line Cape Town.
Dotted line Rohilkhand.

CAPE TOWN & ROHILKHAND DISTRICT, INDIA.

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Cape Town, without regulations 1884-88, Average 371.
Rohilkhand, " " 1889-96, " 370.

Cape Town, with regulations 1889-97, Average 168.
Rohilkhand, " " 1884-88, " 132.