

large numbers of cases of beginning as well as advanced disease and provides in its dispensary an opportunity to study the earliest types of pathological processes. The fact that in the majority of cases the patient can be summoned by telephone for any examination desired at five minutes' notice, and that cases can be followed for years offers an exceptional opportunity for study.

Unfortunately, the industrial physician finds so much of his time taken up by the routine of his work that little has as yet been published; however, work along these lines is going on slowly and we hope eventually many new things may come from this very interesting field.

THE CONTROL OF VENEREAL DISEASES.

BY GEORGE GILBERT SMITH, M.D., F.A.C.S., BOSTON.

MANAGEMENT of the venereal disease problem, complicated though it is by many factors, is nevertheless simple enough in one respect. Contagion is, for all practical purposes, by personal contact. Tuberculosis may be spread through the agency of dust; scarlet fever is often milk-borne; typhoid bacilli may pollute the water supply of a city. The venereal diseases are spread from one individual to another, in the vast majority of cases by the sexual act.

In considering this problem it would seem permissible to ignore the less frequent methods of infection; if infection through sexual contact could be done away with, there would be no fear of contagion by other methods.

Viewing the question as a whole, it would appear that there are two points of attack. One is the prevention of infection of the individual; the other is the cure of the carrier of infection. Either end alone, if it could be consummated, would eradicate venereal disease. Since neither is likely to be achieved, we must, so far as is possible, try for both.

Prevention of Infection. The greatest safeguard against infection is chastity. There is today, so far as I know, no real opposition by medical men to the statement that in the great majority of instances, continence is perfectly compatible with health of body and vigor of mind. This doctrine should be taught widely, especially to boys between the ages of 12 and 21. Early instruction bites deep, and helps to

form convictions which will stand against the assaults of later life.

It is futile, however, to act upon the assumption that even a large minority of boys will reach the age of 25 without having had sexual experiences. Only comparatively few will do that. To increase the number of these and to exercise at least a slight check upon the sexual activities of others, constitutes one definite aim. It is an act of justice, no less than one of self-preservation, that society should allow no boy or young man—indeed, no girl—to enter into promiscuous sexual relations without having a clear knowledge of the danger to which he or she is exposed.

Education is, therefore, the foundation of all progress against venereal disease. Its object is to acquaint every young person with the fact that continence is not harmful; that the sexual phase of life should be reserved for one man or one woman; that promiscuous intercourse may be the means of ruining one's health, of unfitting one for marriage, and of infecting those who are dearest to our hearts. Education should begin at least as early as puberty; it should be scientifically, not emotionally, presented, and above all should not contain exaggerations. There is not time to go into the various modes of education in any detail. Sufficient to say that whenever education along these lines is offered, it is always eagerly received. The field for dissemination of knowledge is vast,—boys' clubs, Y. M. C. A.'s, factories, and schools. Often more can be done by teachers and gymnasium instructors, for instance, through personal example and a few well-directed words. The time to strike is in youth; later, when a man's habits are formed, conversion is difficult. If a man who has reached years of discretion chooses to jeopardize his health, his family life and his career by sexual indulgence, it is more or less his own lookout. For immature youth to be allowed to embark upon such perilous adventures while not yet awake to their dangers is a crime.

Prevention at the source, so to speak, is furthered by lessening the opportunities for sexual irregularity. Young people should have every facility for wholesome recreation. It is from this point of view, to my mind, that prohibition really is a good thing. There is no doubt but that drinking, and places where drink was sold, were most potent factors in increasing the number of sexual exposures, and in

making careless those who otherwise might have been too fastidious or too cautious to indulge. You have all known such instances. The father of a family, drinking with business associates, carried off his feet while intoxicated; the student, dining and wining "like a man," infected by some cafe habitué; most pitiful of all, the girl who trustfully lowers her inhibitory faculties by drinking with a man whom she does not really know.

Liquor, prostitution, and venereal disease are great allies. The removal of the first two from the path of youth will be of great help in getting him past the third.

Personal Prophylaxis. Opinion is divided as to the place of personal prophylaxis in the fight against venereal disease. Not that anyone doubts the efficacy of venereal prophylaxis when properly administered. The tremendous decrease in venereal disease in the United States Army—the number of non-effectives from this cause decreasing from 23.23 per 1,000 in 1909, when prophylaxis was instituted, to 4.44 per 1,000 in 1916, proves its value. Riggs has shown that if prophylaxis is employed within one hour after exposure, the failures are less than 0.1%; if used during the first four hours, they are less than 1%. Among 100,000 prophylactic treatments administered at Bordeaux, the failures were 1.7%.

Basing their position upon the proved efficacy of personal prophylaxis, the Society for the Prevention of Venereal Disease, which was established in England about one year ago, advocates the wide dissemination of knowledge as to the use of the prophylactic packet, and believes that, inasmuch as man will be sexually promiscuous anyway, the best weapon against disease is prophylaxis. The State of Pennsylvania, according to their Assistant Commissioner of Health, also advocates this measure.

The adaptation of the army prophylaxis station to civil communities does not seem to be feasible. The difficulty of securing competent attendants and the cost of keeping such stations open day and night are two very real objections. In addition to the practical obstacles in the way of establishing prophylactic stations, there are also the more theoretical objections against advocating either of the methods of prophylaxis. The Federal Division of Venereal Diseases and the Massachusetts Board of Health do not mention them in their program; the American Social Hygiene Associa-

tion has no personal prophylaxis plank in its platform. The Interdepartmental Commission appointed in England to consider the danger of dissemination of disease following demobilization expressed their belief that "The official application of a packet system to the Civil Community is neither desirable nor practical." The Public Health Commission of the London County Council holds that the value of prevention will be offset by the increased number of exposures brought about by the feeling of safety which prophylaxis would engender.

After all, is there not a certain incongruity between advising continence in one paragraph and in the next describing a method of prophylaxis? Prophylaxis, from the individual's point of view, is all right. If he is going to expose himself, let him by all means do what he can to prevent evil consequences. From the point of view of the campaigner against venereal disease, it is all wrong. The open advocacy of prophylaxis takes a good deal of weight from the advice against sexual promiscuity, and suggests to the listener that these teachings are insincere.

The Cure of Carriers. There can be no division of opinion as to the desirability of cleaning up the carriers of venereal disease. Here again the process must ultimately go back to the individual and to his state of mind as regards his infection. If he is satisfied merely with a cessation of the more pronounced symptoms of his malady, no amount of legislation and congressional grants will force him to continue treatment after that point is reached. Education is, therefore, also a requisite here. The youth of the country must be taught the absolute necessity of the thorough treatment of venereal disease, and the danger of its remaining latent, but potentially dangerous. It might not be amiss to include among those who need education along this line, the doctors themselves. I am inclined to think that syphilis, if recognized, is more thoroughly treated than is gonorrhea. A man either treats syphilis or he doesn't treat it; if the former, he cannot have failed to have imbibed, along with the newer methods of treatment, some idea of the proper amount of treatment to give. On the other hand, any practitioner can give a prescription for use in urethritis; if the discharge ceases, well and good, no matter how many gonococci the prostate and vesicles may harbor. There seems to be, with cer-

tain doctors, a sort of unwritten law against rectal examination and prostatic massage.

A realization of the seriousness of venereal infection is one thing; the means to cure it is another. There must be facilities for treatment,—not small facilities, grudgingly provided, but facilities so good that their very excellence proves the importance of the end which they serve. One may ask why the sufferers from venereal disease should be treated so well, when other and worthier sick have to get along with less. I say, because Society is seeking a larger end than that of the health or the happiness of the individual. We endeavor to cure the sufferer from venereal disease, not for his own sake alone, but for the sake of all with whom he comes in contact. It does no good to point to excellent clinics run in the morning when nine-tenths of the sick cannot afford to leave their work to attend them. I should like to see the establishment of a free Board of Health Clinic, open in the evening or the late afternoon, with a salaried medical staff. The State would save money in the long run.

I have tried to show that the question of control of venereal disease rests upon, first, the prevention of infection in the individual; second, the cure of those who, in spite of the first provision, do become infected. Let us see what is really being done.

In July, 1918, spurred into action by the needs of the war, Congress created a Division of Venereal Diseases within the Department of Public Health. The same Act created the Interdepartmental Social Hygiene Board, composed of the Surgeons General of the Army, Navy, and Public Health Service. Four million dollars was appropriated for the next two years. Of this, one million dollars was allotted on a per capita basis to those state boards of health which fulfilled the regulations of the Secretary of the Treasury. These regulations included the following points:

1. Syphilis and gonorrhea must be reported.
2. An officer of the Public Health Service shall be assigned to each state receiving the allotment, to coöperate with the state health officer in supervising venereal disease work in the state.
3. The allotment itself shall be expended on standard lines: 10% being assigned to administration, 50% to treatment, and 20% each to repressive and educational measures.

To receive an appropriation for 1919-20, each state had to appropriate a sum equal to that received from the Federal Government.

Thus the campaign is directed from a central bureau in Washington, which coöperates with each state board of health. The State Board of Health is assisted by an officer assigned from the Federal Division of Venereal Disease who serves to keep the two bodies in contact with each other. The State Board of Health works with the medical profession of the state and endeavors to build up their co-operation.

The State Board of Health provides medical centers—there are 16 in Massachusetts—where diagnoses may be made, venereal disease treated, and the local members of the medical profession trained in the management of venereal disease. The doctors are required to report to the Board of Health by number only each case of venereal disease, and to give the State Board the patient's name and address in case he or she fails to follow up the treatment. Information as to the existence of "carriers," such as clandestine prostitutes who are spreading disease, is requested by the State Board.

These are the salient measures. In addition, there are the more diffuse but no less important educational measures. Lectures, exhibits, pamphlets, placards, and films are slowly undermining the fabric of ignorance and false modesty, the erection of which began before the venereal diseases were differentiated. Through education the laity is being taught the practical value of chastity and the seriousness of venereal infections; through education is being taught the need for thorough treatment if infection has occurred.

C. C. Pierce, Assistant Surgeon General of the Public Health Service, in speaking of the obstacles to the campaign against venereal disease, considers the greatest obstacle to be the reluctance of a certain percentage of practicing physicians to participate whole-heartedly in the program for venereal disease control. It seems inconceivable that the very men who see most clearly the ravages of venereal disease should oppose the measures taken to control this plague. "Conservatism" is the answer, no doubt, yet it furnishes no excuse.

A movement, nation-wide, backed by Congress with its power of appropriation, initiated by the Division of Venereal Disease with a de-

terminated, yet rational policy, is under way. Results may not appear at once, but, in my belief, some of us may live long enough to see established a practically complete control of venereal disease.

MENTAL HYGIENE.

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MENTAL health is as important to the individual and to society as is physical health, and it is fitting that mental hygiene should have a place in a symposium on general hygiene and on other phases of special hygiene.

The aim and purpose of mental hygiene, as defined by the Massachusetts Society for Mental Hygiene, is to work for the conservation of mental health; to help in raising the standards of care for those suffering from or in danger of developing mental disease; to promote the study of mental disease in its various forms and varieties; and to disseminate knowledge concerning its causes, treatment and prevention.

In other words, mental hygiene means the correlation and application of all available knowledge concerning the causes, prevention, treatment and care of all forms of mental disease and defect.

The vastness of the field for mental hygiene is partially indicated by the existence of the twelve great state hospitals for the insane in Massachusetts, with 15,000 patients under treatment, the majority of these patients representing those whose insanity began when they were young. Over 3,000 new patients are admitted annually. One person in 259 of the inhabitants of the State are patients in these hospitals. The cost of these hospitals for 1919 was over \$6,000,000, representing one-half of the State tax, and more than one-fourth of the State expenditures.

Massachusetts also has two schools for the feeble-minded, with 2,500 patients, and hundreds applying for admission. There are over 12,000 persons in the state known to be feeble-minded, with the probability that the actual number is at least twice that number.

There is one hospital for epileptics with 1145 patients. The State is also called upon to support hundreds of inebriates and mentally defective delinquents in its penal and pauper institutions.

The patients in the hospitals named do not

include the many cases of mild insanity cared for at home, perhaps masquerading under the friendly diagnosis of nervous prostration or neurasthenia, or coming under the head of the minor psychoses or of the psychoneuroses.

Massachusetts has always been generous in its treatment of the mentally sick, and the writer believes that the present standards of hospital care in this state compare favorably with the best in the world.

It is a striking fact that the average patient who is committed to a state hospital or a school for the feeble-minded has not consulted a physician for his mental malady until the physician is called upon to sign the commitment papers. In other words, the physician is seldom called upon to treat incipient stages of mental diseases, although such diseases are often amenable to treatment before they are fully developed. In fact, the prognosis as to cure is usually in inverse ratio to the duration of the disease.

The reasons for this delay are many and complex. Personal and family pride is largely responsible. Mental disease to many people still connotes personal and family inferiority, perhaps a persistence of the medieval idea of demoniac possession.

A mistaken interpretation of the ideas of heredity as applied to mental disease develops a sort of fatalism and of horror at the appearance of mental trouble, whereas an intelligent understanding of the exact family liability is often sufficient to prevent the dreaded event.

Some forms of mental trouble may be hereditary and other forms are never hereditary. Even with hereditary tendencies as a predisposing cause, a definite exciting cause or causes must usually be added. The vast majority of the ancestors of every individual were normal and sane. Heredity tends more strongly towards health than towards disease. A person with mental trouble in the family may usually escape mental disease by proper surroundings, healthful and temperate activities, and proper mental and physical habits. Indeed, most forms of insanity do not appear suddenly, but develop gradually and might have been seen earlier by close observation.

Certain forms of insanity are probably incurable from the beginning, but nearly one-fourth of the patients admitted to the hospitals are sent home recovered. Many forms of mental disease are due to known and preventa-