

Morality in Relation to Health.*

The subject with which I deal is no matter of decency or of indecency, and I treat it neither from the point of view of sentiment, nor from the side of ethics or religion. I desire to bring before you from a scientific point of view, a necessarily short and incomplete summary of facts which are strongly influencing the health of nations—facts of ordinary medical and nursing knowledge, concerning more especially three infectious—very highly infectious—diseases, with multiform manifestations. Of one of these diseases it has been said by one of its most painstaking students that it “constitutes in itself an epitome of pathology.”

The three—Soft Chancre, Gonorrhœa, and Syphilis—form a group in medicine, under the misnomer Venereal Diseases. Their causes are well-defined, their manifestations and sequelæ might well appal the most courageous. Ameliorative and, we trust, in some instances at least, curative treatment is an established possibility, but is commonly not carried out. They come under the head of preventable diseases, and, “if preventable, why not prevented?”

1. Soft chancre is a local disease, exceedingly infectious, acquired almost invariably during sexual intercourse. It shows itself as a sore, occurring on the genital organs a few days from the date of infection. As a rule, it is quickly cured by treatment, 4 to 6 weeks being its normal course. But the ulcer, owing to its intensely infectious nature, may infect the whole area of skin surrounding it, and last for some years. Or infection may occur in the lymphatic glands of the groin, causing inflammation, and a tumour known as a “bubo,” for which the remedies are caustic and the knife. This is the least member of the group.

2. Gonorrhœa is one of the genito-urinary diseases, attacking in its primary manifestations the mucous membranes—especially that of the urethra in the adult, both male and female, and in the infant that of the eye, causing the so-called *ophthalmia neonatorum*, or gonorrhœal ophthalmia. This disease was familiar to the ancient world, mention of it being found in the writings of Egypt, Arabia, Rome, Greece, and the Jews. But its cause was not known until 1879, when Professor Neisser, of Breslau, revolutionised our knowledge by establishing the existence of a definite micro-organism, the *Gonococcus*, as the cause of Gonorrhœa. The microbe occurs in this disease only. It appears as small round bodies, two and two together (*Diplococci*), can be stained by aniline dyes and thus be distinguished under the microscope, as Tubercle

and other bacilli can be known and differentiated. Gonorrhœa is almost invariably communicated through the genital organs, and may hence be looked upon as a true venereal disease. It is the chief cause of sterility both in male and female. Infection, in adult cases, occurs through sexual intercourse. In the course of two to six days there follows itching at the orifice of the urethra, with burning sensations on micturition, a thick discharge from the urethra ensues, which is first mucous, then purulent, and later of a greenish or yellow colour. There is inflammation, and pain increases on micturition for some weeks, with, in some cases, hæmorrhage. Then, should the course of the disease be favourable, in from four to six weeks the attack subsides and the patient may be considered cured.

Up to the date of Neisser's discovery, such an attack was looked upon as a harmless urethral catarrh; acquired, it is true, in illegitimate sexual intercourse, but of no consequence, and a natural, if not inevitable result of “sowing wild oats.” It was commonly considered a matter for jesting. A fuller knowledge has come to us. We know now that this disregarded catarrh is one of the most infectious diseases which we have to meet, and that its consequences, both in the male and female are far-reaching. We do not yet know when a case of gonorrhœa may be said to be so entirely cured as to have ceased to be infectious. Zweifel has noted a case in which a man infected a woman thirteen years from the date of his disease. Should the infection spread or become chronic, there occurs a morbid change in the mucous membrane attacked. The inflammation causes thickening and scar, with the result that the urethra contracts, and dangerous strictures follow. This, in the male, frequently occurs. And it may not stop there. The infection may ascend through the urethra to the bladder and kidneys, giving rise to long-continued troubles, with pain in urination. It may attack the prostate gland, and the testicles, causing painful tumours and impairing the power of procreation. There may be impotence and the definitely “sexual” neurasthenia may result. Gonorrhœal rheumatism, or arthritis, is also to be seen, with gonorrhœal iritis following, producing finally impairment or loss of vision. More rarely the heart is involved, as may be also the spinal cord. *Gonococci* have been found in the brain. At present it is probable that we have not fathomed the depths of gonorrhœal complications. This we know, that they are far-reaching and capable of destroying health.

And, if this be the case as regards Gonorrhœa in the male, the results in the female are ten-

* Read at the International Congress of Nurses, London, July, 1909.

[previous page](#)

[next page](#)