

## Medical Matters.

### VENEREAL DISEASES AND THE INSURANCE BILL.

We are glad to note the following remarks made in the House of Commons by Mr. Amery when discussing Clause 8 of the National Insurance Bill:—

Mr. Amery, as reported in the *Times*, said the Chancellor of the Exchequer, with the sympathy of the House, had undertaken a great campaign against tuberculosis, but, he submitted, there was another national scourge which, directly or indirectly, caused almost as great mortality, and more harm to the physique and health of the nation. He referred to the scourge of syphilis, which was the underlying cause of other diseases, and which was not being cured, especially in the less wealthy classes. Apart from the obvious reasons why sufferers did not always have recourse to proper treatment, there was the fact that treatment was both long and expensive, and that in a large number of cases the poorer classes, often having the first symptoms relieved, went away and carried the disease to others. Experience had shown that where the disease was regularly treated, as it had been in the Army, there had been most satisfactory results, the sickness and mortality having been reduced by 50 per cent. in the last decade. The essential thing was that the treatment should be cheap, accessible, and of such a character that the victims would have confidence in it. He did not ask the Chancellor to put aside a large sum of money to deal with this problem, but he hoped a certain amount of money would be devoted to experimental work to find out how the disease could best be treated. The only objection to systematic and national treatment was that it would be in some measure condoning a vice. He did not think the House could possibly sustain an objection of that kind.

Mr. McKenna said there was power to deal with such other diseases as the Local Government Board and the Treasury might think fit, and he had no doubt that they would give the views of the hon. member careful consideration.

Let us hope both these departments will take this matter—so vital to the national standard of health—up in earnest.

Dr. George P. Dale, referring in the *American Journal of Nursing* to syphilis and gonorrhœa, says, "While it is absolutely out of our province as physicians to consider for a moment the moral aspects of how a disease is contracted, yet here are diseases of the most disastrous consequences to the individual and

to society, which we must attempt to check by increased facilities for treatment. We do not count the cost to prevent the spread of other contagious diseases, why should these two diseases, which all admit are of prime importance, be absolutely neglected. I do not believe in erecting a special hospital for venereal diseases alone, but there should be special venereal wards as part of a general hospital."

The writer advocates notification. If these diseases are contracted innocently he contends that the reporting should bring no shame, and if viciously, the community has the right to protect itself.

### THE PREVENTION OF INSANITY.

The *British Medical Journal* quotes some interesting remarks of Dr. A. J. Rosanoff, who, in a foreign exchange, describes the modern viewpoint with reference to the etiology of insanity and its prevention. The essential causes are heredity, alcoholism, syphilis, and injuries to the head. The incidental or contributing causes are all sorts of strain upon the physical and mental systems. The author gives the probabilities for the production of insanity or its avoidance in various degrees of heredity in the parents and grandparents. Both parents being normal, and from normal ancestors, all children should be normal and not capable of transmitting any hereditary taint. Alcoholism is the cause of insanity in about 30 per cent. of all male admissions to insane hospitals. Syphilis causes insanity in from 10 to 35 per cent. of admissions. Head injuries cause neurasthenoid states or traumatic dementia. As to prevention, heredity may be controlled by education and by sterilisation of defectives and criminals. Alcoholism may be controlled by regulation of the traffic in this commodity. The Gothenburg system seems the best as yet found. It allows societies to obtain liquor licences with the view of discouraging the use of stimulants, and organises clubs and provides good saloons for the lower classes. Local option and no licence assists in lessening crime, but not insanity. The prevention of syphilis is allied with the prevention of prostitution. Measures for this have been found far from satisfactory. Compulsory reporting of syphilis with segregation when necessary would help to prevent the spread of the disease. By the use of salvarsan the infectious period will be reduced from three or more years to as many months or weeks. Syphilitics should be advised not to marry without at least three years of thorough treatment. Education of the neuropathic individual along preventive lines will be of value.

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