

ROYAL COMMISSION ON VENEREAL DISEASES.

At the seventeenth meeting of the Royal Commission on Venereal Diseases, evidence was given by Dr. Coupland and Dr. Bond, Commissioners in Lunacy.

The witnesses stated that since 1876 the figures published by the Lunacy Commissioners showed that there had been a gradual rise in the recorded proportion of syphilitics admitted to asylums, but it could not be inferred that this increase denoted an increasing incidence in actual prevalence of syphilis, the increase shown in the figures might mean nothing beyond more thorough investigation and observation in respect to this particular.

Throughout the whole period there has been a preponderance in the proportion of male cases in the private over that in the pauper class, and generally a similar but less markedly higher incidence in females of the pauper than in those of the private class.

For the period 1908-12 the figures showed that of the male admissions 11.8 per cent. of the private cases and 8.7 per cent of the pauper cases were syphilitics; for females the corresponding figures were 0.7 per cent. among private and 1.4 per cent. among pauper patients.

Much variation in the degree of incidence appears in the inmates of different asylums, but speaking generally those institutions that receive inmates from industrial districts show higher ratios than those which deal mainly with an agricultural and rural community.

About 60 per cent. of the cases known to be syphilitic admitted in the period 1908-12 were general paralytics.

SIR THOMAS BARLOW.

At the eighteenth meeting evidence was given by Sir Thomas Barlow, Bart., K.C.V.O., President of the Royal College of Physicians.

Sir Thomas dealt first with the importance of congenital syphilis and its effect as a hindrance to the birthrate and to healthy development. He described how syphilis frequently manifests itself in the offspring of a woman affected by the disease, in producing first one or more miscarriages and afterwards children apparently healthy at birth, but sooner or later suffering from various affections. He stated that the life of these children at school, especially amongst the humbler classes, was most unpromising, and that many of them became perfectly useless members of society. He also drew attention to the fact that syphilitic infants are notably liable to convulsions and that in these children the convulsions may inaugurate very serious diseases of the brain.

Sir Thomas next gave illustrations of the latency of the disease and pointed out the importance of realising how very widespread the damage caused by congenital syphilis may be, and that causes,

for which no explanation can be given, may revive manifestations of congenital syphilis in many different situations.

He emphasised the importance in cases of this kind of maintaining continuous supervision of both parents and families. He considered that the ideal method of treatment and prophylaxis would be, given a syphilitic infant, that both parents should be under medical supervision and medical inspection at frequent intervals, and other children of the family born subsequently should be inspected also at frequent intervals, and that this surveillance should continue for several years.

Sir Thomas said it was very difficult to estimate whether venereal diseases were less prevalent at the present time than formerly. He thought, however, that there was a general improvement in the morality of the population, and that the higher standard obtaining ought in time to produce less prevalence of the diseases. He thought it very hopeful for any educational crusade that might arise out of the work of the Commission, as the public mind was in a state of most promising preparedness to receive admonition and to recognise the moral obligation of these things being dealt with.

He was of opinion that special education or instruction on these subjects was very desirable. It might be begun possibly in the public schools, but certainly in the university period. More generally he thought that instruction should be given directly young people were sent to work.

In any educational measure he would urge that medical practitioners, and if possible family doctors, should be the backbone of the organisation. Besides the family doctor, he thought that for young children the person to impart knowledge was the mother. He believed that something had been done in Western Canada in the way of special teaching to women, of sexual conditions, and this teaching had been of a wholesome character and had been given without any offence whatever.

Sir Thomas was not in favour of notification of venereal diseases, and it was his opinion that there was much more to hope from general enlightenment and education. Apart from education, he considered that what was required practically was the provision of facilities for effective and complete treatment in the early stages and the improvement of those facilities to the utmost. He also advocated strongly the subsidisation by the Government of pathological research.

DR. CARL BROWNING.

At the nineteenth meeting of the Royal Commission on Venereal Diseases evidence was given by Dr. Carl Browning, Director of Clinical Pathology and Lecturer in the Glasgow University.

Dr. Carl Browning's evidence was based on the account which recently appeared in the Medical Press of the work done at his laboratory. He advocated the widest possible routine application of methods of diagnosis for syphilis. It would be a wise thing, he thought, to examine

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