

## ROYAL COMMISSION ON VENEREAL DISEASES.

Giving evidence before the Royal Commission on Venereal Diseases, Mr. Edward Smallwood, J.P., L.C.C., Chairman of the Directors of the Alliance of Honour, said that this organisation was an association of men who pledged themselves to the object of purity. The Alliance had been in existence about eleven years, and had now some 500 branches in different parts of the country and a membership of 42,000 which was steadily growing. He believed that by inculcating principles of purity and chivalry and by the work of moral education the Alliance was attacking a great social evil with its attendant diseases at the source. Mr. Smallwood said that his experience showed that ignorance was one great cause of persons contracting venereal diseases.

The Alliance was endeavouring to combat this ignorance by means of lectures and public meetings and by the dissemination of literature; the two branches of instruction, moral education and instruction in the actual physical dangers were kept side by side. Official action was, however, extremely desirable on the subject of education. Instruction should be given to the young in schools and colleges on a properly graduated plan, and it would be necessary that carefully-selected teachers should receive special training which would enable them to impart this particular kind of instruction.

Mr. Macleod Yearsley, senior surgeon to the Royal Ear Hospital, stated that in his opinion syphilis and its concomitants was as severe amongst children of the poor as it was when he started practice as an aural surgeon twenty-one years ago.

He had found that amongst children there were far more cases of manifesting congenital syphilis among the poor than among the better class. This he attributed to the fact that in the latter the disease was recognised earlier and therefore treated earlier. Among the poor, syphilis very often went untreated and this was specially the case with children.

As showing the number of children with congenital syphilitic deafness appearing after birth with sufficient severity to necessitate special education, he referred to records he had kept in connection with work at special deaf schools. Of the 845 children (427 boys and 418 girls), examined during a period of seven years, 61 or 7.21 per cent. were deaf from congenital syphilis; the females affected were greatly in excess of the males, the relative percentages being boys 4.94, girls 9.56.

Mr. Macleod Yearsley stated that the treatment of acquired syphilitic deafness nearly always failed. It had been pointed out that the children who became blind and deaf were those in whom syphilis went untreated in infancy. It was, therefore, important that treatment should be obtained as soon after birth as possible.

The widest possible routine application should be made of methods of diagnosis, and the Wassermann reaction should occupy a prominent place. Advantage should especially be taken of school inspection for the purpose of applying the reaction in all suspected cases, not only of the school children themselves but of the parents. All cases should be thoroughly treated as early as possible.

Mr. Macleod Yearsley stated that the National Bureau for Promoting the General Welfare of the Deaf, whose representative he was, in its provisions for promoting the prevention of deafness, had the notification of all cases of congenital syphilis and facilitation of treatment for mother and child.

Dr. James Galloway, Senior Physician at the Charing Cross Hospital, stated that recent experience gained in dealing with venereal diseases in the Army and Navy, greatly encouraged the expectation that these diseases might, if favourable conditions were obtained, be prevented, and their evil consequences diminished in the general population.

He did not think, however, that compulsory measures involving registration and treatment were likely to lead to satisfactory results. In dealing with the general community it was necessary that all efforts to cure and eradicate these diseases should be reinforced by the willing consent of the sufferers and by the sympathetic co-operation of the rest of the community. Social slur or stigma should so far as possible be removed from those under treatment. It should be strongly impressed upon the public that large numbers of persons suffered from venereal disease through no fault of their own.

Facilities for efficient treatment should be provided for all classes of the community and for both sexes. It was more important from the point of view of the public health that poor and ill-educated patients should be successfully dealt with than those in better circumstances and presumably greater intelligence. In the case of the poorer patients these diseases (even when recognised) were often looked upon as matters of comparatively little importance.

All hospitals willing to undertake the treatment of venereal diseases in their early or acute stages should be encouraged to do so. If this were done facilities would immediately be at hand for the greater number of patients. It was especially desirable that hospitals with medical schools should undertake the treatment of these diseases in any general scheme of dealing with those maladies throughout the community. Opportunity would thus be provided for the instruction of medical students in the recognition and treatment of venereal diseases in a way which had been impossible in the past.

Dr. Galloway thought that the cost involved in the treatment of these diseases on a large scale would be considerable, and as the proper treatment and eradication of the diseases was a matter affecting the general health of the whole com-

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