

ROYAL COMMISSION ON VENEREAL DISEASES.

At the forty-fourth meeting of the Royal Commission evidence was given by Mr. J. E. R. Macdonagh, one of the surgeons at the Lock Hospital, and by Dr. Parker, representing the State Medical Service Association.

Mr. Macdonagh said that at the present time the education of medical students in regard to venereal disease was quite inadequate, and it was very important in his opinion that compulsory clinical education of students in venereal disease should be adopted. He considered that widespread clinical experience would render public laboratories for the carrying out of bacteriological and other methods of diagnosing syphilis superfluous.

The important thing in dealing with syphilis was to treat cases at the earliest possible moment, and these early cases could be diagnosed with greater certainty by clinical than by pathological methods. A negative Wassermann reaction in early syphilis did not exclude the disease, and if treatment were deferred until the reaction became positive, the golden opportunity of cure was lost, however energetic the treatment might be. Syphilitic sores, moreover, frequently existed in which spirochæte could not be found.

Mr. Macdonagh was of opinion that syphilitic nervous lesions were steadily on the increase, and he considered that the spasmodic administration of Salvarsan commonly practised in this country was likely to lead to a further increase. This spasmodic administration of the drug, moreover, gave a false sense of security and therefore rendered patients a greater danger to the community.

He advocated that the Lock Hospital should be enlarged. The number of patients attending the hospital was steadily increasing.

Mr. Macdonagh thought that medical research had been very insufficiently supported by the Government and that much more might be done in this direction; he suggested that it might be an advantage if payment were only made for results. Mr. Parker maintained that by the establishment of a State Medical Service many difficulties now connected with the treatment of venereal diseases could be overcome. It was essential that treatment should be efficient and confidential, and in the last resort compulsory, and that the Medical Officers of Health should be in touch with all cases of venereal disease. Efficient treatment would be procurable for the whole State Service and would be open to all sufferers. The treatment would be confidential; there would be no special service of medical practitioners set aside for dealing exclusively with venereal diseases, by consulting whom patients would at once declare to the world at large the nature of their complaint. The size of the State Medical Service, its large and manifold functions, its large and specialised staffs would render it impossible for the public to suspect the reasons which led the patient to ask advice. The

treatment of venereal disease would be but a part of the preventive and curative treatment offered to all sufferers alike under a State Medical Service. No action whatever would be taken on the part of any public authority as long as a patient attended regularly and carried out the instructions of his doctor; but in the event of his failing to do so he would be proceeded against as a public danger in the same way as is done in the case of ordinary infectious diseases.

Mr. Parker considered the difficult question of notification would be solved under a State Medical Service. Notification, in the sense of a notice sent by a private practitioner to the Medical Officer of Health, would become unnecessary, for all patients attending a State doctor would be registered with the history and nature of their complaint, and to those persons the Medical Officer of Health, who would represent but another part of the same Service, would have daily access. In the event of there being a body of private practitioners outside the Service there should be notification of venereal disease either by name or number, and the Medical Officer of Health would then satisfy himself that the necessary treatment was being carried out by the patient. If this were not so the name of the patient would be declared and he would be transferred to the charge of the State Medical Service.

In order to obtain reliable statistics as to the fatal results of venereal diseases and their sequelæ it might be advisable to have a dual system of Death Certification, one for the purposes of the State Medical Department, giving the fullest details as to the primary and secondary causes of death, and the other, avoiding all facts which might cast a slur on the memory of the dead, to be handed to the relatives of the deceased.

At the forty-fifth meeting the Headmasters of Eton and Rugby appeared before the Commission.

They considered that the ideal was that boys should be instructed in matters relating to sex by their parents, but their experience shewed that that method was not likely at the present moment to be successful to the extent that it was desirable. Instruction at school should be given with much caution and it should be the responsibility of the headmaster to give it or to see that it was given.

A propaganda based solely on hygienic principles would not bring in the chivalrous appeal which was necessary and was not likely to succeed. At the same time hard exercise, hard work, wholesome society and moderation in diet and drinking were safeguards against indulgence.

At the same meeting Dr. Santoliquido, formerly Director General of the Public Health Department in Italy, gave an account of the administrative methods adopted with regard to venereal diseases in that country.

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