

The eye of a rabbit is inoculated—painlessly, under cocaine—with material from a patient suffering from syphilis. A sore results, and you next see the *spirochaetes* actually swimming about in a drop of the secretion therefrom. Then a measured dose of Salvarsan is prepared—the method being identical with that employed in the human subject—and injected into a vein in the rabbit's ear. This is followed, as you will notice, by rapid healing of the sore, and by disappearance of the *spirochaetes* from its secretion.

What Salvarsan does is to kill the *spirochaetes* that are circulating in the blood, and in parts to which the blood is readily accessible at the time the injection is given. As more of these organisms hatch out from their colonies, fresh injections are given, until the cure is complete. Mercurial injections are also given to assist in the process.

Under sufficiently energetic treatment, the great majority of cases of syphilis in the primary and secondary stages can be permanently cured in from three to six months, and—what is more important to the community—the patient is rendered innocuous to others much sooner even than this.

Now, you all know, I think, that the Royal Commission on Venereal Diseases, the members of which, incidentally, included eminent women and also representatives of religious bodies, recommended that local authorities should be empowered to establish centres for diagnosis and treatment of syphilis entirely free of cost to the patient, and these clinics have been in working order now for some time. The cost is defrayed as to 75 per cent. by taxes, and as to 25 per cent. only out of the local rates.

So much for the facts; they are known to most of you, no doubt, but they are certainly not known to the general public. They know, it is true, that syphilis is a "bad disorder," and I willingly admit that some people may be deterred from deliberately seeking opportunity for infection by fear of the consequences, but I do not believe, nor does any man or woman with knowledge of mankind, that this has very much action as a deterrent when the opportunity seeks them, and that is how syphilis is most frequently contracted.

Let me enlarge on this a little. There is a widespread idea amongst men that the disease is usually contracted by association with a professional prostitute, and that the risk otherwise is almost negligible. This, however, is erroneous. The professional generally knows when she has been infected, and takes steps to

get cured in her own interest, while the amateur does not know much, if anything, about the symptoms, and is usually ashamed to seek advice—certainly from public authorities—if she suspects infection. We must remember that, especially in women, the primary sore is not painful, and often goes entirely unnoticed, while the secondary signs, affecting as they do the whole body, simulate a number of ailments, which do not suggest the cause of the infection at all. Why should a girl suspect syphilis because she has a sore throat, a rash on the chest, or when her hair begins to fall off? She does not know, and until she is told she cannot know. Moreover, men who come in contact with a professional prostitute usually take precautions to prevent infection. It is now agreed that syphilis is spread more often and more insidiously by the amateur, and that she does not, as a rule, seek treatment at the venereal clinics. To this point I shall return.

As regards infected men, the position is different. From the public health point of view, it is an inestimable advantage that so many of these are in the Services, where the disease can be detected, and compulsion applied in ensuring that they are effectively treated and supervised until they are free from infection. Also, they are segregated during the infectious period, and so the women of the civilian population are to that extent protected. And I think we should realise the extent of the debt we owe to the extremely efficient way in which the scientific and administrative work of the Services is being carried on at the present time. Had we not possessed a knowledge of the *spirochaete*, and Salvarsan, and had we been compelled therefore to treat syphilis with the inadequate remedies previously at our disposal, I tremble to imagine what the effect of this great war would have been on the prevalence of the disease in the community. I understand that infected men of the civilian working class have also availed themselves, on the whole, of the facilities for treatment afforded by the venereal clinics.

With regard to women, however, the case is different; as I said before, the amateur who is spreading the disease does not know when she has been infected, and even if she does know, she does not come to the clinics. She is ashamed to come, and however much you try to make the clinics secret, by abolishing the use of names and so on, you cannot possibly ensure privacy in a public service. Whatever you do, they will not come.

On the question of responsibility of these women for the spread of syphilis, I would not

[previous page](#)

[next page](#)