

be misunderstood. I have the deepest sympathy for them; they are mostly young girls, often not out of their teens, and one must remember that they have usually been infected in the first instance by men who should have known better, and I say at once that responsibility for the existence of this section must be laid at the door of men, and we cannot, as a sex, evade our responsibility by attributing the evil to the lack of parental training.

Coming back to the main argument, there is even less chance of the innocently infected wife going to a clinic, and in consequence she damages the community still further by producing syphilitic children.

Then there is another point. The clinics have been instituted for the most part at the large hospitals—that was in accordance with the recommendation of the Royal Commission—and the consequence is that patients often have to lose a day's work and travel perhaps twenty miles to reach the clinic at all. Imagine the effect of this, for instance, in a small country town! Why, the mere fact that a girl, apparently in good health, is attending a hospital regularly, labels her at once, and she becomes subjected to that most damnable of social iniquities, the malevolent gossip of an ignorant small community. Again, can any sensible person blame her for not going to the clinic?

It is obvious, therefore, that by instituting venereal centres, we have not solved the problem of treatment. What, then, does she do? She either does nothing, and goes on infecting others—certainly indirectly, possibly also directly—or takes quack remedies or medicines supplied by that most harmful personage, the prescribing chemist. Perhaps, however, she does the right thing, and consults her own family or panel doctor. If so, what is the result? The doctor cannot get Salvarsan for his patient free of charge, unless he has himself attended a course of instruction at a venereal centre, or demonstrates in some other way to the authorities that he has had some special experience in the administration of Salvarsan *intravenously*. So very often he cannot treat the patient at all, unless he purchases the very expensive remedy himself. That is also expensive to the patient, and the principle of free treatment goes at once.

But this is wrong. In the first place, it is not necessary for any doctor of average intelligence to go to a clinic in order to learn how to give a drug by injection into a vein. There is nothing mysterious or very complicated about the process. Nor is it, in fact, essential that

these drugs should be thus administered. It was shown by Colonel Harrison—one of our best authorities on the subject—that Salvarsan or a substitute could be given with equal efficacy by injection into a muscle, the quantity required being contained easily in an ordinary hypodermic syringe, and I now pass round some convenient forms in which these drugs are put up for the purpose by Messrs. Allen & Hanburys. You will see that each dose is contained in a glass syringe which is ready sterilised, and can be thrown away after use.

What is wanted is a modification of the existing regulations enabling a doctor to obtain a supply of these remedies at the cost of the State, for any patient in whom *spirochaetes* have been found by the laboratory, or whose blood gives a positive Wassermann reaction. Laboratory facilities already exist, but I think that they should be used more frequently than they are by the practitioner, especially in the case of the larger panels. Whether the family doctor is skilful or not, he is the only authority that a large number of infected women are likely to consult, and he can, at all events, give a drug with a hypodermic syringe—that requires no skill whatsoever, and very little time.

But this is not all. If you want to eradicate a disease from the community, it does not suffice merely to treat the cases you come across. You must educate too, and that is why I am addressing you to-night, for I can imagine no class more capable of inculcating the necessary knowledge of the signs of syphilis and the manner in which it is contracted and can be avoided, than women public health workers. *To know, and to be sympathetic, is to be able to teach.* The work is needed badly, and I entreat you not only to use whatever influence you possess in this direction, but to extend that influence as far as possible. It is done, of course, by sympathetic personal conversation. Alarmist notices and leaflets are useless, and even sometimes harmful. Some of these leaflets that I have seen are dreadful things.

I do not say that the work is easy. On the contrary, there are many difficulties, and you will find that one of these is the mistaken notion that in combating syphilis, and helping its victims to get cured, you are infringing the canons of morality. Some of you may think this is really so ridiculous as to be not worth discussing. I agree; but, after all, it is a difficulty we have to face. We are often told that syphilis is a punishment for "sin," and that, in removing its consequences we are to that extent encouraging immorality.

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