

THE ERADICATION OF VENEREAL DISEASE.

THE ONE SURE WAY.

Sir James Crichton Browne in his valedictory address at Bath, as President of the Sanitary Inspectors' Association, chose as his subject the question of venereal disease. It was, he said, one that one would rather not refer to at such a gathering, but he would be guilty of dereliction of duty and culpable prudery if he refrained from indicating what he believed was the one sure way—and that was not a clinic—of coping with this growing evil, which he described as a hidden assassin.

He stated that last year 2,023 deaths in England and Wales were due to syphilis and 2,103 to other venereal diseases. These figures, however, afforded not the slightest conception of the havoc wrought by these maladies. Not less than 10 per cent. of the population of our large towns were infected with syphilis, and a much larger proportion with gonorrhoea. Gonorrhoea was prolific of sterility, blindness, and of rheumatic and joint affections; and syphilis was the direct cause of a vast number of cases of abortion, miscarriage, still-birth, and infant mortality, and, as a hidden assassin, was undoubtedly responsible for a large number of deaths attributed to other causes, such as aneurism, angina pectoris, Bright's disease, and cerebral hæmorrhage. Syphilis was the sole cause of general paralysis of the insane, which killed 2,000 people in this country annually, and it was the inexorable bane of those wretched men they saw staggering about with locomotor ataxy. It was a secret poison that had until recently been allowed to circulate freely, slaying our people, undermining their manhood, and producing widespread invalidism and industrial incapacity.

SELF-DISINFECTION.

There is, he said, the clearest and most definite medical evidence that the spread of venereal disease can be prevented by the adoption of methods of immediate self-disinfection. The first suggestion of this was met with shouts of protest. It was pronounced a premium on vice and an encouragement to promiscuous sexual intercourse by removing the risks attending it. But the very persons who thus condemned immediate personal disinfection were at the same time advocating the provision throughout the country of what they called early treatment centres, to which persons who had been exposed to infection might resort as soon as possible after exposure and be subjected to skilled cleansing.

FALSE COLOURS.

These early treatment centres were launched under false colours. In the case of persons resorting to them soon after exposure, there could be no treatment, for no disease could then have

developed—and in a large number of them not disease would develop if nothing were done. It was simply preventive treatment under a misleading label that was offered, and preventive treatment not as likely to be effectual as immediate personal disinfection, because delayed until the organism had had time to ensconce itself where it is difficult to follow it. But if immediate personal disinfection is objectionable because it might lead to an increase of vice, this so-called early treatment is in precisely the same category, for it too would confer a sense of security and so encourage promiscuous sexual intercourse.

DETERRENT EFFECT OF DISEASE EXAGGERATED.

The deterrent effect of venereal disease is hugely exaggerated. If it is an effectual deterrent, why is the disease so disastrously prevalent?

MANY MEASURES NECESSARY.

In our campaign against venereal disease many measures are necessary. We must have the suppression of unqualified quacks and herbalists, who have done so much mischief, and the prohibition of their alluring advertisements. We must have the improved and special teaching of the pathology and treatment of venereal disease to medical students and practitioners in our medical schools. We must have a network of clinics and hospitals throughout the country in which treatment by the most modern and approved methods can be carried on, and hostels for the prolonged treatment of women and girls. We must have laboratories in which pathological investigation and diagnostic work can be carried out.

THE SUPERVISION OF CONTACTS.

We must have the supervision of contacts and the effective following up of all disclosed cases. But, above all, we must have the education of the public as to the incidence and dangers of venereal disease and as to preventive measures, amongst which immediate personal disinfection must take the first place. That is, I am convinced at the present hour, our best weapon in combating venereal disease. What we have got to do is to spread a knowledge of the means of disinfection, and to afford ready access to them, simple and harmless as they are, so that those who perversely and blindly insist on satisfying their appetites in a depraved way, may protect themselves against loathsome disease, which, if contracted, will in all probability be communicated later to unoffending women and children, and the cure of which cannot be guaranteed.

The statement of the Ministry of Health that self-disinfection is likely to be ineffective owing to the inherent difficulties of ensuring that the disinfectant is properly applied is not according to knowledge. There is no more inherent difficulty in the process than in brushing the teeth, and effective application of these disinfectants is ensured by its very nature.

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