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THE
Prevention and Arrest of Venereal Disease
in the Army

THE POLICY OF THE OSTRICH

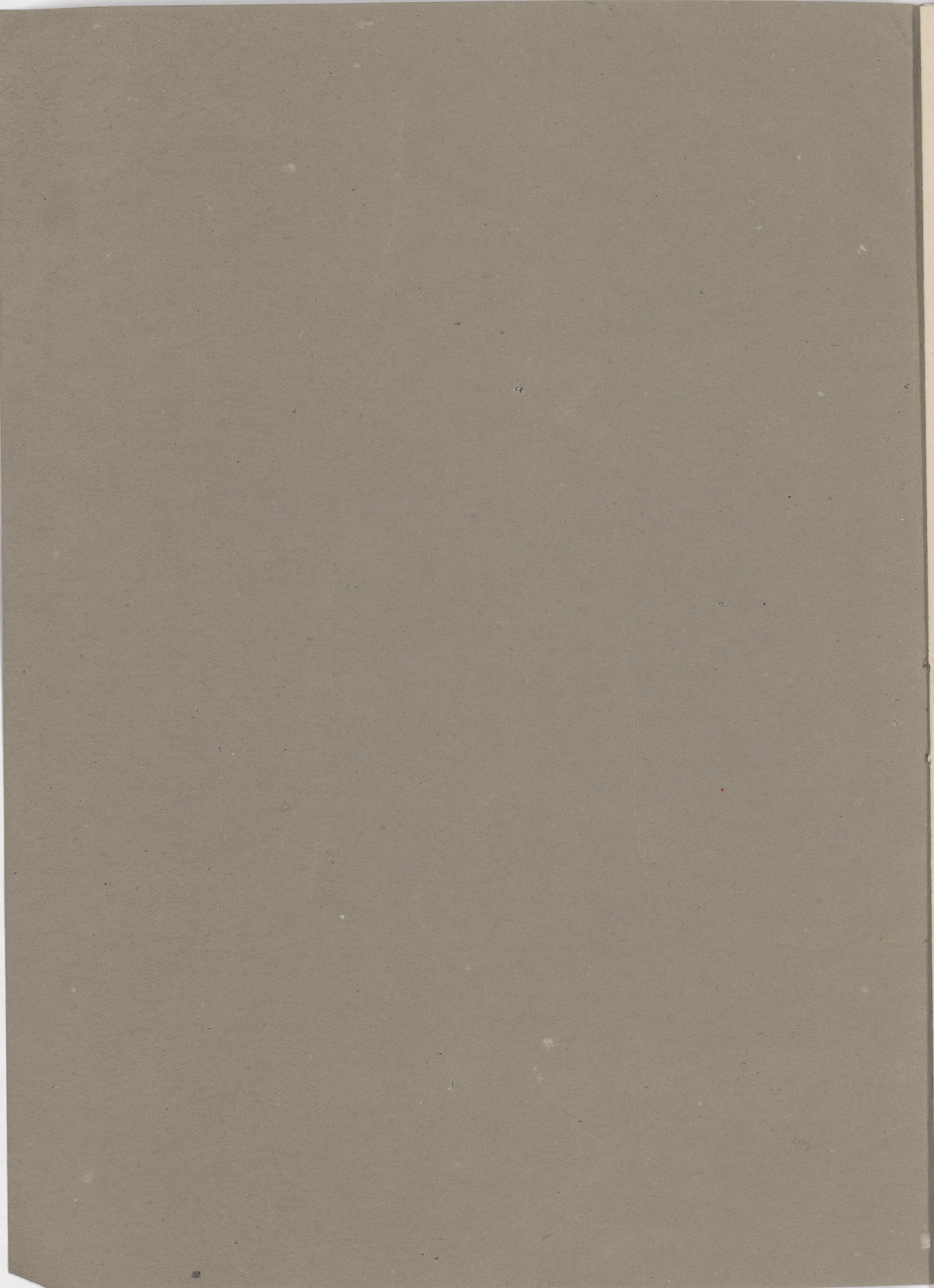
BY
COLONEL J. G. ADAMI, M.D., F.R.S. C.A.M.C.

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THE PREVENTION AND ARREST OF VENEREAL DISEASE IN THE ARMY.

BY

COLONEL J. G. ADAMI, M.D., F.R.S., C.A.M.C.

A Lecture delivered at The Royal Institute of Public Health.

January 8, 1919.

On New Year's Day, talking with an old friend of mine, engaged in a Government department recently demobilized, I asked him what he proposed to do next. "I am thinking," he said, "of retiring to some quiet spot and putting together a collection of essays upon the 'dead hand.' Returning to the old country after all these years, more and more each day there is being borne upon me the extent to which the dead hand of tradition and customary point of view presses upon society and represses logical and needed advance in every direction." And forthwith he launched upon a succession of modern instances.

I could not wholly follow him when he touched upon sexual relationships; with him I had to admit that physiologically the human male is intended to be polygamous, whereas the social code demands that he be monogamous. But his deduction that therefore the social code was wrong, and that we should acknowledge and admit polygamy, failed, as I pointed out to him, to take into consideration the fact that the family constitutes the unit of society, our whole social and moral code being erected upon that foundation. Polygamy, I continued, has in the past been tried and found wanting, and to-day the Mahommedan nations which give a legal sanction to polygamy are nevertheless in general reverting to monogamy; the social environment of man to-day appears to demand that he be the husband of one wife. The real difficulty lay, not in society, but in the fact that man has not yet become physiologically adapted to his social state; the good of the family indicates one course of conduct, man's constitution impels to another. It is an evidence of progress that, as a community, we place the benefit of the family before the desires and comfort of

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the individual; but doing this we find ourselves in the dilemma that the performance of physiological function, save under the ægis of monogamic marriage, becomes regarded as anti-social, and an act which the individual in his heart of hearts knows to be in itself natural and desirable, has to be regarded and taught as contrary to good morals. We find ourselves indeed torn asunder between Peter and Paul, the Peter that is within us teaching us that what God has given us is clean and to be enjoyed; the Paul that woman is a snare, and that even a bishop should have but one wife—and scarcely that. And as youth is largely irresponsible, and the sense of social duty is a plant of slow growth, which in some is throughout life choked by the weeds of personal predilection, it has followed that the whole matter of sexual conduct has for generations been surrounded with an atmosphere of insincerity, not to say hypocrisy. We give lip service to public duty, the majority of us strive to uphold the social law; but I imagine that even the best of us, be it in thought, word or deed, cannot as men wholly throughout our lives escape from the dominance of our natural passions—that is, if we are real men, healthy and virile.

It is the instinct of this insincerity, which in the past has permeated the whole treatment of the matter, that makes it so difficult for most of us to take up the public discussion. In its incapacity to reconcile the physiological and the moral aspects of the subject, the British public and its leaders have sought the solution of silence, of proceeding as though the problem did not exist; they have written themselves down—ostriches. Here it is that the dead hand comes in, the dead hand of a training begun in early childhood whereby we have been taught to regard the open discussion of sexual matters as “taboo”; the dead hand of school-boy “form,” according to which public acknowledgment of one’s standing in relationship to moral matters, save on the part of those who have donned the cloth and become professional moralists, brands one as either a prig or a humbug. Happily we are passing out of this phase; the Royal Commission in the first place and the forcible and courageous pronouncement regarding syphilis on the part of the *Times* in its leading article of January 4, herald the ending of the old regime of silence, concealment and taboo.

What this policy, this submission to the dead hand of custom has cost the Army and the country during the last four years is awful to contemplate. For our salvation as a nation and

an Empire we have needed the services of every available man; have needed them at the height of their physical capacity. Time and again during the last four years, owing to our want of man power, it has seemed that the greater concentration of the enemy forces must result in a break through our lines, and bring ruin to us. Even without such a break our losses in man power have been huge, and to-day it is the A1 men who have survived whom we most need still as A1 men to be the fathers of sound and fertile families if the country is to maintain its ascendancy in industry and influence.

But what has actually happened? Year by year before the War the annual report of the Director-General warned the Government as to the prevalence of venereal disease in the Army; a quarter of all admissions to hospital was due to this; no other condition in peace time competed with the venereal diseases in lowering the efficiency of our soldiers, and it was a commonplace of military knowledge that in war time the prevalence and the loss of efficiency from this cause had in the past undergone a rapid increase. Lord Kitchener, it is true, in a notable communication addressed to the soldiers of the little old Army, asked them to respect the womankind of our Allies overseas. But not a step was taken to protect our men at home. With camps being created all over the country no steps were taken to render the regulations against harlotry more rigid. Our men have throughout the war been in venereal hospitals not by companies but by battalions. Each case has meant two months or so on the sick list, and weeks and months before the individual has been restored to full vigour at the Front, if, indeed, there has not been left a legacy of rheumatism, eye disease, and enfeebled general health. The policy of the ostrich was maintained. Before the war the Government had appointed a Royal Commission upon Venereal Disease, and having done this appeared to think that it had more than done its duty. Do not misunderstand me; the National Council for Combating Venereal Diseases accomplished a notable work in strengthening the hands of the Royal Commission; the Commission itself performed a service of the first order; and the Government did well in acting immediately upon its Report. But the Report and the Act did not contemplate war conditions and the soldier. This I know, that when in the autumn of 1914 the first Canadian contingent arrived upon Salisbury Plain it very rapidly found that the common law of England and the military law were

equally impotent to cope with the condition of affairs revealed. Here, again, do not misunderstand me. I do not mean to suggest that whatever the good women at home may have thought regarding the virtue of their sons and the vice of the British harlot, the Canadian soldier was either better or worse than the British or the Australian, or the New Zealand soldier. Let me be perfectly frank. We have as a matter of fact discovered that of the cases of venereal disease among Canadian soldiers admitted to hospital in England at the time when periodically new drafts were being received from across the Atlantic, as high a proportion as 25 per cent. of all admissions were of active infections acquired in Canada —were admissions from the new drafts. But what I mean is that the heads of the Canadian Service here in England were responsible to the Canadian people for preserving the health of their men. They were responsible to the mothers of Canada. To their surprise they found that harlotry in England is a protected profession, but not a controlled one.

Here again, do not misunderstand me; to a large extent the same is true of Canada; there also the policy of the ostrich has prevailed, and the police have tacitly sanctioned the traffic. But things are altering. Only recently the Commission upon Conservation has published a report upon venereal disease in Toronto, and the Committee of Sixteen another upon vice in Montreal, and these have profoundly stirred the people. In England in war time I confess that the Canadian authorities expected immediate and willing help from the local and London authorities in protecting the soldier, and help there was none. Each week-end there poured into Salisbury from London from eighty to one hundred loose women; the railway company was impotent to prevent their journeying; the police at Salisbury could not turn them out of the town; the Wiltshire magistrates could or would do nothing; at most the military police could declare houses of ill-fame within the camp area out of bounds, and turn women out of the camps proper. It took the better part of two years before the Government utilized the powers granted by the Defence of the Realm Act, and in 1916 for one special military area where there had been a large outbreak of venereal disease, empowered the competent naval or military authority to transport out of the area those directly or indirectly concerned in the profession of prostitution. In the meantime all that that most admirable Association, the National Council for Combating Venereal

Disease could suggest as an antidote was talk—the provision of lectures and the instruction of the soldier: this along with the provision of opportunities for recreation. I believe that I am correct in saying that it took them the better part of three years before they openly recommended their lecturers to advise early preventive treatment after the act, so heavily did the dead hand of Mrs. Grundy press upon them.

I shall never forget my attendance along with my chief at a meeting of that Society in 1916. Perhaps some of you have heard the story of how in the early part of last century grave accounts reached Edinburgh regarding the drunkenness of the further Highlands, and of how the General Assembly determined that it was their duty to send north a missionary to preach temperance; and the missionary went and in due time returned and appeared before the Assembly. Said he, "I have had gran' success." Said the Moderator, "What mean you by gran' success?" "Weel," replied the missionary, "ye must know that I found the seetuation simply awfu', but I wrestled with the puir misguidit folk and as a result of ma meenistrations they have sworn to ameliorate their habits, and no' to tak' mair than one dram of whisky before breakfast the morn." The worthy chairman at this meeting, now no longer with us, told in all seriousness the anxiety and trouble that one of the great Canadian camps of 40,000 soldiers and more in the south of England had given the Council; how they had wrestled with the difficulty, how they had wanted to put the Defence of the Realm Act into force, but feared that action against their frailer sisters would rouse the suffragettes into militancy; how for months they had appealed to the Mayor and Town Council of the near-by town to take action, but without success, until now, when he had the glad news to impart that finally they had prevailed upon the borough magnates and a new era was opening; the Mayor and Council had consented to appoint two women policemen! Two women policemen to protect the morals of an army of 50,000 men, by influencing for good the harpies that preyed upon them! Nor shall I forget the just impatience of my chief on that occasion, and how he fluttered the serenity of that meeting; how he put it to the Council that here in the greatest of world wars, dealing with the greatest of army plagues, for the last two years they had been nibbling at the fringe of the subject, talking and talking but accomplishing nothing fundamental; how London is the great centre of

Taylor, President
R.C.P. - as
a matter of
fact it was
Sir J. Barlow,
Mr Taylor
who made the
statement.
General J.G.A.
Jones, D.M.S.
C.A.M.C.

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prostitution, the hotbed of venereal infection for both officers and men of other ranks on leave, but the Council proceeded as though London conditions did not exist; how at that moment, but a few yards away from the meeting, enter one of the music halls and they would find the promenade packed with prostitutes, openly soliciting. Whether his words had the effect I cannot say, but within a week the public-spirited manager of the Empire announced that his promenade henceforth would be closed to women, and the other music halls followed suit.

Now I am convinced that this policy of frank dealing and open speaking is the only one that will improve conditions. Thus had the medical profession and the National Council, and the Government spoken out at the beginning of the war, the well-being and happiness of the country and the condition of our troops would to-day have been very different from what it is. Even at this late date I would beg the National Council to influence the Government to publish a statement regarding the venereal situation in the Army in successive years of the war, in the different regions—at home, in France, Mesopotamia, and the like, so that the country may know the extent of the trouble as it affects the Army, and simultaneously to obtain powers to make an investigation in selected areas or classes of the population into the frequency of either syphilis or venereal diseases in general in those areas or classes. Let the situation be known and faced. I am convinced that the upholders of the policy of bated breath, the ostrich policy, once they begin to think over the matter must recognize the unreasonableness of their attitude, and that their opposition is not to be feared, even by the politician anxious for votes. Of this I am convinced from experience. For notice—Mrs. Grundy and the pruders are far more in evidence in the United States than in this country. We, for example, have never condescended to speak of “roosters,” or thought it improper to mention the lower extremities by their Anglo-Saxon name, or to drape the anterior continuations of the piano. But this notwithstanding, the Surgeon-General at Washington did not hesitate in 1912—before the war began—to publish in his Routine Orders outspoken regulations directing all soldiers returning to camp to state whether they had exposed themselves to the possibility of venereal infection, and detailing the early preventive treatment to be given to those who had been exposed. I may say that I studied the American treatment at

Washington in the spring of 1915, and reported upon it to the War Office, but the dead hand prevented its adoption for close upon two years. Yet if this could be accomplished in the States in times of peace, we in this country need not have feared to adopt it in time of war. When in 1917 the States actually came into the war, the whole country took up the matter. The Secretary of the Navy, for example, did not hesitate to announce, "To-day as never before American manhood must be clean and fit. America stands in need of every ounce of her strength. We must cut out the cancer of disease if we would live." The Secretary of the Army was equally direct. General Pershing, as Commander-in-Chief, has made it one of his army regulations that the venereal status of a unit shall be filed with the other papers of the officer commanding each unit, and shall be taken into account in determining the promotion of the officer. To quote Major Haggard, President of the Southern Surgical Association, "The inevitable pestilence is being fought with every imaginable agency—education, recreation, diversion, protection, isolation, prophylaxis, penalties and court martial. Many thousands of young men will for the first time be taught the whole truth by all sorts of real men. . . . After the war the idea will permeate all strata of society, and be a real understandable and livable benefaction. It will disseminate through America the practice of personal hygiene by uncounted numbers of young men. The beneficial results to accrue to us and to posterity will almost make the war worth while." But Colonel Hugh Young of the United States Army is with us, the well-known head of the genito-urinary department at Johns Hopkins Hospital, America's foremost authority on venereal disease, and with him Lieutenant-Colonel W. F. Snow, who is largely responsible for the administration of anti-venereal measures overseas. They will put before us what has been accomplished and how. Thanks to Colonel Whaley, U.S. liaison officer at the War Office, and with the permission of the Commander-in-Chief, they have come from France to attend this Conference.

With their important communications in view, I will be brief regarding the methods in vogue of the Overseas Military Forces of Canada. I have already indicated the difficulties in our way due to want of active co-operation on the part of the civil authorities in Great Britain. In practice we have found that *there is no one procedure which is effective in arresting venereal disease in the*

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General Foster
D.G.M.S.
C.A.M.C.
Army; it is necessary to employ a combination; the Director-General has put into force all the methods save one (court martial) mentioned by Major Haggard: education, warning, recreation, diversion, protection, isolation, prophylaxis and penalties.

Let me indicate the main points of our activities. One of our leading Canadian hygienists, Colonel Amyot, Professor of Hygiene in the University of Toronto, has been attached by the Director-General to his office and given special charge of the venereal situation, with a keen worker under him, Captain Gibbs, C.A.M.C., whose time is devoted to investigation and propaganda work.

(1) *Inspection*.—Emergency inspections are held once every week. By emergency is meant that they are held without previous notice. (2) *Education*.—On joining up, on arrival in England, and periodically throughout his service, the soldier is instructed regarding personal hygiene, the need to the nation of personal efficiency, the value of continence, the dangers to himself, to his future family, to those around him, of venereal infection; the mode of infection; the nature of gonorrhœa, syphilis and chancroid, and their results. That the instruction may be given in proper form, and nothing essential be overlooked, a syllabus of five lectures on the prevention of communicable disease has been issued from the office of the D.G.M.S. to every medical officer of units in England, the course to be delivered to officers, N.C.O.s and men in definite groups each week until the course is finished. The men are instructed straightly that intercourse with the other sex is not essential to health, that for a man to expose himself to the danger of venereal infection and become infected is knowingly to acquire a self-inflicted wound which, as much as any other self-inflicted wound, should render him liable to court martial. If despite these warnings the temptation to intercourse is too great, then for the good of the Service it is his duty to protect himself so far as this is possible. He is instructed how this may be done, nay more, is told that, in their own interests and his, the Army authorities provide him gratis with calomel ointment for *prophylactic use*, and lastly, he is instructed to report for treatment as soon as possible after the act. (3) *Early Treatment*.—Every Canadian orderly medical room in England is an early treatment centre open night and day; there is present a trained N.C.O. to supervise and see that the soldier carries out fully the instructions given. Those instructions, in

clear language and clear type, are set forth on the walls. When one of the trained N.C.O.s seeks, or is given, transfer to other duties his successor is appointed a week in advance, so that before taking over the duties he may be thoroughly informed. For those on leave in London there are open day and night two early treatment centres, at Southampton Street and at Victoria. For those exposed, another treatment is given on their return to their units. Men are further instructed that if not in the neighbourhood of a Canadian centre they are to go to an Australian or New Zealand centre. As a matter of fact the Dominions are working together and are appointing centres in the large cities of the United Kingdom open to men from all the Dominions. In Paris also is a Canadian centre open to soldiers from all parts of the Empire on leave in that city.

Here it deserves note that, contrary to the optimistic and I hold dangerous statement contained in the leading article of the *Times* of January 4, the Canadian authorities in their talks to the men on parade make a point of emphasizing that *neither prophylactic nor early treatment assures absolute immunity to venereal infection*. The men are warned that this is not the case, the experience has shown that even under expert supervision neither the one nor the other procedure is free from occasional failure. In this connection the Canadian authorities are at one with Mr. E. B. Turner in his letter to the *British Medical Journal* of January 4. They firmly believe that if the Army—and the populace in general—be advised that absolute deterrents exist when this is not the case, there is a possible danger of their employment leading not to diminution, but positive increase in the spread of venereal diseases. This, I understand, has actually happened in Germany. We have, it is true, no official statistics to bring forward in the matter, because for the good of the Service and to encourage the men to apply for treatment at the Orderly Room no names are taken. (4) *Penalties*.—By an Order in Council issued in 1916, the Governor-General directed that half the pay of soldiers found suffering from acute venereal disease should be docked, so long as they remained on the sick list, and this is strictly observed; during convalescence the men are given fatigue duties. Add to this the venereal record is inserted on the Medical History Sheet, and accompanies the man throughout his Army career and is brought before the Pension Commissioners.

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(5) *Treatment.*—This is not a medical lecture, so I shall not enter into the details of the treatment given at our two Canadian special venereal hospitals, full of interest as they are for the expert. I would only point out that at both of these hospitals from the first possible moment the men, instead of being treated as being in Coventry and as depraved characters, are treated as human beings. I have it from one of our chaplains that as a body he found them the best and brightest and most attractive lot of fellows he had come across in the Army, and that he treated them as such. As part of their treatment they are kept diverted; football, baseball, and other teams, are a feature of the camps and there is keen rivalry between the teams from the different wards. Contrary to the generally accepted view that acute gonorrhœa is best treated by avoidance of exercise, the experience of the special hospital at Witley Camp has shown that physical training, by keeping the men busy and diverted, very materially shortens the period of hospitalization. The effects obtained were so good that in the report of his inspection Major-General F. Howard, Inspector of Infantry, recommended to the Commander-in-Chief that the Witley methods be employed at all Military Venereal Hospitals, as tending so greatly towards military efficiency and saving so much time in training.

Results.—Lastly as to the results. I will only trouble you with one set of statistics, but that, I think, shows eloquently the effect of the campaign undertaken by the Director-General through Lieutenant-Colonel Amyot and his staff:—

During the month of September, 1916, from nearly 42,000 Canadian troops in Great Britain there were admitted to hospital suffering from venereal disease 960 cases, practically a battalion; during the month of September, 1918, from among 110,000 Canadians in Great Britain, there were 750 similar admissions. In two years the venereal incidence has been reduced more than 66 per cent.; it stands now at less than the third of what it did two years ago. Had they continued at the same rate the admissions during the month in September, 1918, would have been not 750 but over 2,500; not seven and a half companies, but two battalions and a half out of action.

Inevitably during this period of armistice with beginning demobilization we are dreading a more serious and sinister increase in venereal disease throughout the country, as the result of the

return of the soldier; dreading its effect upon the family. I know that the agitation has already begun in Canada; that there it has been urged that no soldier suffering from gonorrhœa or from syphilis shall be permitted to return to the Dominion, but that such shall be kept here in England in hospital until wholly cured—an impossible recommendation, seeing that cases of chronic gleet and some cases of tertiary syphilis so far fail to react to any known form of treatment. What is suggested, therefore, is that a certain percentage of Canadian soldiers be kept in hospital in England for the rest of their natural lives.

It is not the civil population that has to fear the soldier, but the soldier the civil population. Throughout the war the soldier has been well cared for, all means have been employed to diagnose venereal disease at its very onset, and to give hospital treatment immediately. It is then that disease is most easily controlled.

Every soldier has been warned time and again of the dangers he runs, has been instructed as to personal hygiene, and has been afforded early treatment under supervision. As a result there is no section of the community which at the present time is in a cleaner and healthier state; no section of the community which has less venereal disease; I speak here for the whole body of the Imperial Forces. As for our Canadian experience I may say that this autumn the instruction was given that all soldiers returning to Canada whose medical history sheets bore the record of venereal disease, should be given the Wassermann test. I have the August figures, showing that 2 per cent. of the total number returning reacted, and all these were tertiary, non-infective cases, for no active primary or secondary cases are permitted to return. The average number of reactions in the civil population is estimated at from 8 to 12 per cent. There is four to six times as much syphilis in the civil population as in the Army. But in the meantime nothing of any moment has been accomplished for the civil population. Lord Sydenham in his letter to the *Times* of January 7 speaks of the provision of early treatment centres. "We are endeavouring," he says, "to secure the organization of clinics continuously available where early treatment by competent persons can be obtained." But they are not available to-day; they will not at the present rate be available until demobilization has become a matter of history. To meet the situation they should be scattered thickly all over the country; a man must

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not have to take a two hours' journey after the act—he certainly will not take it; the dearth of expert syphilologists and of bacteriologists qualified to carry out the delicate Wassermann and other complement fixation tests demands that the centres for ordinary venereal diagnosis and treatment under the Act be few and far between, situated in the great centres of population. It is thus the civil population that to-day constitutes the grave danger. And as all these four years nothing has been done to meet the emergency, when our soldiers return and are feasted and made drunk and are solicited and fall, there will be no medical orderly room to proceed to, no provision of early treatment, no N.C.O. to see that the elaborate toilet is duly performed. Provision for early treatment will be non-existent. The preventive treatment provided by Lord Sydenham would, at very best be applicable to a fraction of the population.

Let me repeat, the soldier will receive and not give, and speaking as a soldier and for the soldier with full recognition of the strength and the seriousness of the argument put forward by Mr. Turner and Lord Sydenham, and admitting that the provision of prophylactic treatment to an uninstructed public may well result in the spread rather than in the reduction of venereal disease, I am strongly of opinion that the soldier before demobilization should be provided with the means of prophylactic treatment, should be advised where and how to obtain "tubes" without difficulty, and moreover, be given precise detailed instructions as to the method of employment. For the good of the country I see no other possible course.

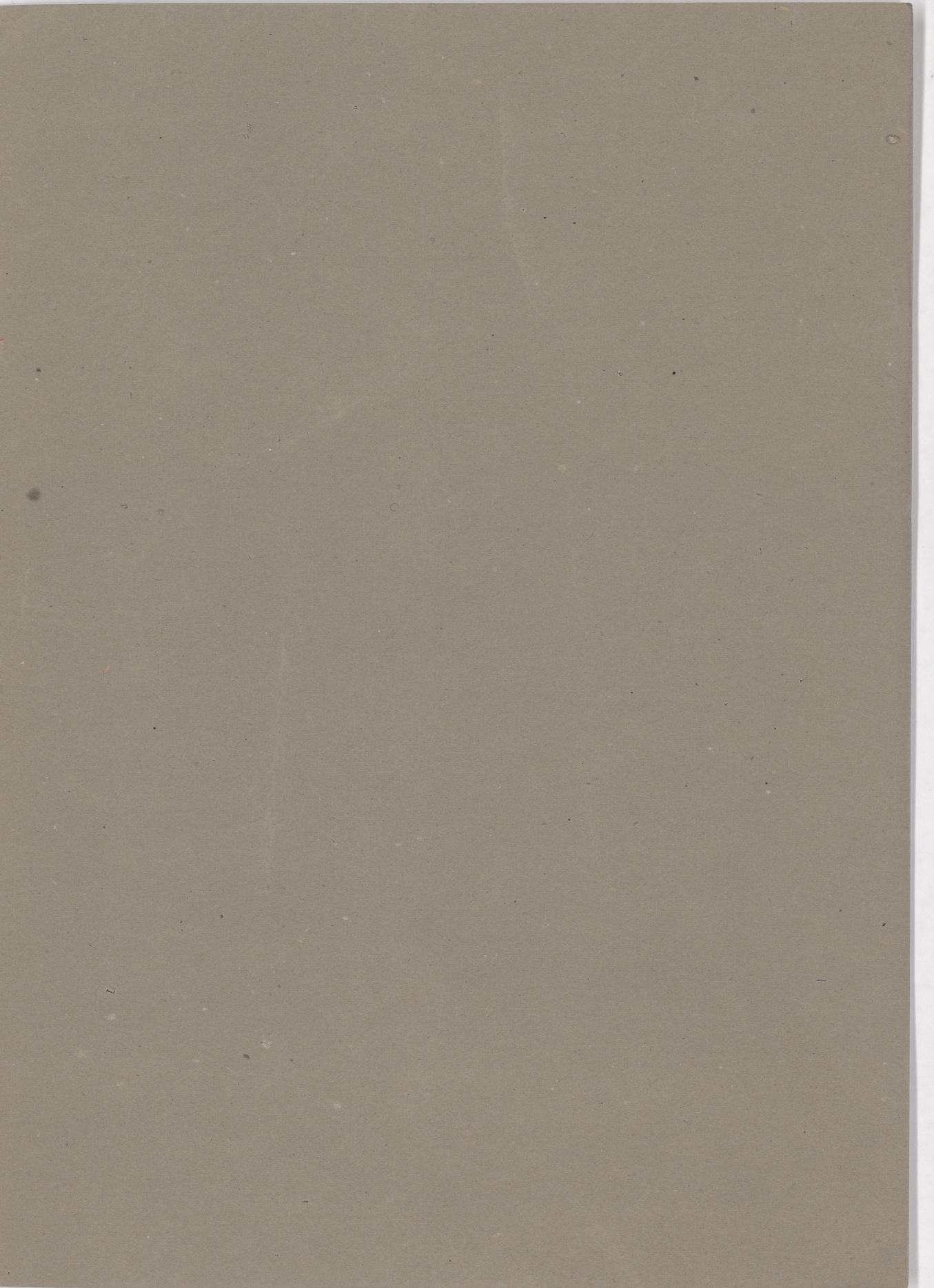
I have spoken frankly. I have here taken a position that on first consideration may not receive the unqualified support of those others who, like myself, realize the vast harm done to the manhood and womanhood of our people, the hideous heritage of disease to this and coming generations—where indeed there does not result sterility or the dead or diseased untimely fruit of the womb: the appalling loss of man power that result from the present state of affairs. But to those who, in the supposed interest of morality, would still maintain the policy of silence and would accuse me of propounding an unmoral, if not immoral, policy, I would only repeat what I said in Westminster in July to the National Conference upon Maternal and Infant Welfare: "Which is the more immoral act, to advise a man how to prevent infection if he has transgressed

the moral code, or calmly and coldly to look on without moving a finger while, through ignorance on his part, the innocent wife and children are made diseased, and they and the community suffer through generations?"

And as to this vital problem of the provision of prophylactic or early treatment respectively, which to-day is so stirring us: I cannot recognize any logical intermediary position between regarding as a leper outside the pale of society, the man or the woman who has become infected, and approving of treatment before the act. We cannot take the first position and decide that as the man makes his bed so he must lie upon it, and that because his wife also occupies the bed: she must be protected. But if we, therefore, are compelled to treat the disease, the earlier we treat it the surer we are of controlling it; infection is present from the moment the infecting agents begin their action upon the tissues; it is ridiculous to wait until they have set up lesions recognizable to the naked eye. If it is justifiable to treat the developed disease, it is yet more so to afford early treatment; and if that, then, for security, to make it the rule that after every illicit intercourse the man seeks protection. To direct, as did certain memorable dead hand instructions, that preventive treatment must be given in the presence of a bacteriologist after the gonococcus or the spirochæte have been found actually present upon the organs of generation and recognized under the microscope, is what across the Atlantic is termed "eye wash." And if, as the writer to the *Times* on January 2 put it, the critical hour is 11 p.m., and treatment may justifiably be given at 11.15, what objections can be raised to giving it at 10.45? The doctrine that, "the sinner must not prepare for immorality, but he may use the best means known to science to escape the consequences"—such a doctrine surely, if not hypercritical, is hypocritical. But we are not a logical people, and the probabilities are that we will end in some illogical compromise. Yet, unless something be done, and that immediately, the next few months will see such a spread of venereal disease in this country that for generations the Empire will suffer. Now, if ever, it is well to repeat His Majesty's famous exhortation, "Wake up, England!"

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^{July 5}
Vienna Condellum 1919 Wm. Lubach (W.) Apr 8 1908 (July 5 '19) (June 13 '19)

X Virchow (May 1884) (Oct 13 1891) (Oct 16 73)

Van Antwerp Sale (May 23 1907)

Venerable Conzai (Oct. 27 1919) (Jan 6 1919) (May 30 1914)

Vicks (acc. Redcliffe Nov. 5 1905)

X Voice the transatlantic Cedars (O. W. W. W. W.)

Volunteer Unit (cf. Apr. 3, 1915)

Vesalius, W.O.'s notes on.