

An Important Social Question

**An Address to the N.Z.T.N.A. (Wellington Branch), May 26th, 1915,
by Dr. Wm. Young.**

Dr. Collins, who is unfortunately unable to be present to-night, having answered his country's call, considered it his duty to bring before you the question of the treatment of venereal diseases, from a public health point of view.

Dr. Collins has been for some time past studying the matter with a view to legislation, especially as regards notification and treatment. He was Chairman of the Special Committee set up by the Australasian Medical Congress to report on Syphilis, and which presented its report at Auckland, in February last year.

As I have undertaken the lecture at short notice, I beg your forbearance for any shortcomings.

The Australasian Congress, of 1908 had, in appointing the Special Committee, resolved: "That Syphilis is responsible for an enormous amount of damage to mankind, and that preventive or remedial measures directed against it are worthy of the utmost consideration." The same also may be said of gonorrhoea.

It seems to me that nurses do not get enough instruction in venereal diseases, a subject often kept too much in the background, although it is one of the most terrible scourges we have to deal with.

There is no doubt that gonorrhoea is much more common than syphilis. Amongst recruits for the Army it has been found that syphilis has diminished; but gonorrhoea increased. Gonorrhoea often sets up severe inflammatory infections of the generative organs, and is apt to sterilise both male and female. Most of you must have seen the tubal abscesses and other severe inflammatory pelvic conditions which follow on gonorrhoea in the female. Unfortunately one attack does not confer immunity. Some physicians consider this even a more serious complaint, in the case of women, than syphilis.

There is good reason to think that, bad as it is, syphilis is not such a malignant disease as it used to be. It is, however,

generally recognised to be by far the most important cause of disease of the nervous system. Mott says: "If the virus attacks the nervous system it is rarely that a complete and permanent cure results even with efficient treatment. Some degree of paralysis, feeble-mindedness, or functional defect will be left in consequence of syphilitic disease of the nervous system, in the great majority of cases, even if they are treated; in many instances in spite of treatment, the patient is left with an invalid brain rendering him more or less helpless."

Locomotor ataxia and general paralysis, both incurable diseases, are now known to be due to syphilis either congenital or acquired, more often the latter. Probably, however, only 3 or 4 per cent. of cases develop these diseases (Mott).

Marriage of syphilitics is apt to result in miscarriages, stillbirths, children dying in infancy of convulsions, meningitis, and hydrocephalus, followed later by children who lived, but suffered in various ways physically and mentally. Many children who are born apparently healthy develop later interstitial keratitis, nerve-deafness, bone, skin and visceral lesions. Many of you know well the appearance of congenital syphilides with their "peg" teeth, saddle-shaped nose and linear scarring around the angles of the mouth. At puberty the genital organs may remain infantile, and the individual show signs of idiocy or imbecility. Children of syphilitic parents, whether born apparently healthy or showing obvious signs of syphilis may subsequently develop various nervous affections:—tabes, general paralysis, primary optic atrophy, epilepsy, chorea, hysteria, or meningitis.

The following is one example of many of the results of one parent being syphilitic: Twelve children—

- 1st Died, 5 months foetus.
- 2nd Died, 5 or 6 months foetus
- 3rd Died, 6 or 7 months foetus
- 4th Died, 7 months foetus, lived 8 hours,