

tion of the spread of venereal diseases in the civil population could best be attacked by providing early diagnosis and treatment, by enlightening the public regarding the diseases by lectures, etc., and by promoting temperance. Early diagnosis and treatment were of the greatest importance, and to provide for them it was necessary that arrangements should be made whereby microscopic examinations and blood tests could be carried out free of charge to private practitioners and patients. He was of opinion that special hospitals were not to be recommended; every general hospital should provide a certain number of beds for the treatment of these diseases, and these beds should be in general wards. An out-patients' department should also be organised so as to give patients every facility for early diagnosis and treatment, and the department (which should **not** be called venereal) should be kept open at hours suitable to the working classes.

Colonel Gibbard thought that **compulsory notification was most undesirable as it would lead to concealment of the disease**. On the subject of education respecting venereal diseases he thought there would be advantage in lectures being given at all large factories by selected medical men (and women where the employees were women).

12th Sitting, January, 1914.

Dr J. Kerr Love, Aural Surgeon to the Royal Infirmary, Glasgow, gave statistics relating to deafness due to syphilis. He held that treatment should be placed within the reach of all. He was not in favour of compulsory and universal notification of venereal disease, but favoured notification of certain conditions which are often due to congenital syphilis.

15th Sitting, February, 1914.

Evidence was given by Dr Helen Wilson, Hon. Sec. of the British Branch of the International Federation for the Abolition of State Regulation of Vice.

Dr Wilson said it was now generally recognised that it was quite futile to attempt for venereal diseases such isolation as was practised in regard to acute infectious diseases, the main reason being that in a large proportion of cases venereal diseases did not prevent the sufferer from following the ordinary avocation, and they were easily concealed, and there were strong motives for concealment.

The object to be aimed at were, firstly, to bring every sufferer under efficient treatment at the earliest possible moment, thereby shortening the infective period, and second, to secure his own intelligent co-operation, both for his own cure and that of his associates. **She did not think compulsory notification would ever be a material help in diminishing these diseases;** but that any attempt to deal with them otherwise than on voluntary lines would create opposition. If voluntary methods were given a fair and intelligent trial, she was convinced that the residuum of cases would be comparatively small, and that probably means could be found for dealing with them.

Dr Wilson thought the hard and fast line which has been drawn between these diseases and all others should be abolished, and the nursing and all other arrangements should be as good in the wards for the treatment of these diseases as in any others. Names like "Lock" and "Magdelene" for special wards or hospitals had a deterrent effect and should be avoided. She laid stress on the importance of providing night clinics for out patients.

Dr Wilson was of opinion that further instruction was needed for medical students and nurses, and that education of the general public in matters of sex hygiene was of the highest importance. She doubted whether it would be wise to introduce systematic class instruction in elementary schools. In some schools in America the plan had been tried of inducing mothers to come and hear about the subject in the first place, and afterwards of beginning a course of lessons to the girls, the mothers being invited to be present the whole time. Dr. Wilson considered this arrangement an admirable one as helping to secure what was most wanted, that the girls should be in a position to speak frankly to their mothers in private about the subject.

18th Sitting.

Sir Thos. Barlow, Bart., R.C.V.O., President of the Royal College of Physicians, dealt first with the importance of syphilis and its effects as a hindrance to the birth-rate and to healthy development. He thought there was a general improvement in the morality of the population, and that the higher standard obtained ought in time to produce less preva-

lance of these diseases.—He was of opinion that special education or instruction on these subjects was very desirable. It might begin possibly in the University period. More generally he thought that instruction should be given directly young people were sent to work. In any educational measures he would urge that medical practitioners, and, if possible, family doctors, should be the backbone of the organisation. **He was not in favour of compulsory notification of venereal diseases,** and it was his opinion that there was much more to hope for from general enlightenment and education. Apart from education, he considered that what was required was the provision for facilities for effective and complete treatment in the early stages, and the improvement of those facilities to the utmost.

19th Sitting.

Dr. Carl Borning, Director of Clinical Pathology and Lecturer in the Glasgow University, advocated free treatment to secure the earliest diagnosis of these diseases. **He was opposed to notification of venereal disease, because he feared that it might deter people from coming for treatment.** He was inclined to agree with Dr. Kerr Lane that some of the manifestations of congenital syphilis might with advantage be made notifiable.

21st Sitting.

Dr. Brian O'Brien, Medical Inspector for the Local Government Board for Ireland, gave evidence regarding conditions in Ireland. **He was opposed to the notification of venereal disease.** He did not think the medical profession would be willing to notify, and if they did fewer people would go to them for treatment.

Mr D'Arcy Power, Surgeon and Lecturer on Surgery at St. Bartholomew's Hospital, and one of the representatives before the Commission of the Royal College of Surgeons and the Royal Society of Medicine, said that from the surgeon's point of view he looked upon gonorrhoea as the more serious disease for the individual, and syphilis for the race. He advocated better instruction for medical students, and the establishment of special departments at each general hospital for the treatment of these diseases, which should be free. Successful treatment of syphilis depended on early diagnosis, and prolonged