THE PROBLEM OF STAMPING OUT VENEREAL DISEASES.¹

By LIEUTENANT-COLONEL P. H. HENDERSON, D.S.O.
Royal Army Medical Corps.

As this is a controversial subject I wish to make it quite clear that I am entirely responsible for the views I am about to express. I am not here to present the official views of the Army Medical Services, but propose giving you my own impressions formed from a study of this subject before joining the Service and after approximately twenty-two years’ experience in the Army.

It has often struck me as very strange, in view of the widespread tragedies and inefficiency attributable to so-called venereal diseases, that scientists and others in responsible positions have not achieved better results, and have not, except in comparatively recent years, devoted more time and energy to the subject.

Many names have become famous through discovering the causes and means of prevention of diseases which are much less important from a national point of view.

The causes of the two principal venereal diseases have been well-known for a number of years, but have we, since that knowledge was gained, advanced as far or as rapidly as we ought to have done in preventing and stamping out these diseases? I most emphatically say that we have not. Why? Largely because those responsible have been afraid to face public opinion and to instil the true facts into the minds of the general public. The general public do not like such truths. They are too delicate to listen to facts relating to this particular subject.

The expression, “give a dog a bad name and it sticks to it,” accounts for a great deal.

I submit that the name “venereal” is a bad name for these diseases because it is not a strictly honest definition and it attaches to them a stigma which at once brings a moral aspect into the picture, and it is chiefly owing to the introduction of this latter issue that the difficulties of medical officers of health arise.

You may ask why the name “venereal” is not an honest name. Venereal diseases are defined in Chambers’s Dictionary as “diseases pertaining to or arising from sexual intercourse.” Is the child who inherits syphilis or who contracts gonorrhoeal ophthalmia from the mother suffering from venereal disease? Or, is the woman who acquires syphilis from kissing a syphilitic brother or sweetheart suffering from venereal disease? Certainly not.

¹ Read before the Society of Medical Officers of Health (Navy, Army, and Royal Air Force Branch), on February 3, 1922.
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Now, what proportion of so-called venereal patients contract the disease in these and other innocent ways which have nothing to do with sexual intercourse? Twenty-five per cent of all cases of blindness is due to gonorrheal ophthalmia, most of which is acquired in infancy, and other statistics show that in a large number of cases these diseases are acquired innocently.

I admit that a large number of patients also contract these diseases through sexual intercourse, but are we, whose special duties are connected with the prevention of disease, to sit down with folded arms and do nothing to help those whom spiritual and other advisers have been unable to save? What is more important still, are we, because it entails helping the immoral, to do nothing to save the thousands of innocent children and adults who, through no fault of their own, are exposed to the dangers of these diseases?

Do those people who oppose venereal prophylaxis for so-called moral reasons ever take the trouble to inquire into the number of cases of, say, influenza or diphtheria contracted through illicit and therefore immoral kissing? Certainly not. Yet such kissing is immoral and may be the introductory phase to further immoral acts. Still no stigma attaches to influenza or diphtheria or other non-venereal diseases, such as tuberculosis and scabies, although perhaps acquired in an immoral way, and no bar is ever placed in the way of employing any prophylactic measures considered necessary for their prevention.

I strongly support the clergy who—as their profession demands—tackle this subject from the moral standpoint and who endeavour to do all in their power to persuade people to remain chaste, but I cannot too strongly condemn the fatal policy, adopted by certain people, of allowing such terrible diseases to be spread broadcast merely because this one method of prophylaxis fails to achieve a perfect result.

Moral prophylaxis is after all only one link in a fairly long chain which must encircle these diseases if we are to achieve success.

The argument is frequently put forward that if you endeavour to prevent venereal diseases by means of locally applied medicinal prophylactic measures you thereby encourage immorality and promiscuity because you remove the fear of contracting these diseases.

It is the fear of God and not physical fear which makes a man moral. I would be the last to accuse those responsible for our moral education of slackness, yet in spite of all their endeavours various authorities state that at the present time from eighty to ninety-five per cent of young men indulge in promiscuous illicit intercourse, and a certain vicar in his New Year's message said: "The immorality amongst the young men and women in the parish who do not receive divine grace is simply awful and may be likened to farm yard morality." I do not believe that medicinal prophylaxis properly taught will lower this, already very low, moral standard. On the contrary, I am of opinion that as the incidence of
venereal diseases decreases the moral standard will increase. Even if at first it did induce an extra ten per cent to become promiscuous, this loss would be more than counterbalanced by saving from disease numbers of those who are already promiscuous, and this would further limit the spread of infection.

If we are to deal satisfactorily with this subject we must discard all narrow-mindedness and hypocrisy, and face the cold facts in the full light of our present knowledge of these diseases, and of human nature and the idiosyncrasies to which it is now, always has been, and ever will be prone.

Until the present introduction of venereal clinics and other facilities for diagnosis and treatment under the Public Health (Venereal Diseases), Regulations, 1916, what legislation has been passed since the time of Moses dealing with this all important subject?

The C.D., Acts of 1864 and 1866! I ask you, how could measures of this sort by themselves ever be expected to achieve any marked results? They again should only have been regarded as very small links in the prophylactic chain.

At the present time we appear to have roughly two distinct schools of thought, one which preaches "prophylaxis by early disinfection," and one which advocates "early treatment." I hope no Medical Officer of Health would dream of limiting his endeavours to such narrow limits as those advocated by either school.

"Prevention is better than cure" is a particularly sound proverb to follow with regard to infectious diseases, and particularly with regard to venereal diseases, because of the great difficulty of saying definitely when any case is really cured, and also owing to the very great difficulty in civil life of getting patients to complete their courses of treatment. In civil clinics I understand some fifty-one per cent of patients disappear before the completion of their treatment.

I therefore consider that it is the duty of every Medical Officer of Health to tackle these diseases from the same standpoint as other infectious diseases, viz., prevent them if you can, and if you cannot you must separate the sick from the healthy, and bring the former under the most expert treatment at the earliest possible moment, and keep them under treatment until cured.

I will now give you a sketch of the measures I recommend for dealing with this problem, and will indicate those adopted in the Command in which I am serving, and although I feel that owing to present conditions these measures are not complete, we have reason to be fairly well satisfied with the results so far obtained with our imperfect machinery.

To stamp out so-called venereal diseases, I submit that it is essential to adopt both preventive and curative measures of a most thorough character. I divide my chain of measures into three main links:
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(i) Prevention.
(ii) Notification.
(iii) Treatment and its organization.

I subdivide my preventive link into:
(A) Educational prophylaxis.
(B) Recreational prophylaxis.
(C) Medicinal prophylaxis.

I further subdivide educational prophylaxis into:
(1) Moral.
(2) Medical.

(A) EDUCATIONAL PROPHYLAXIS:

(1) Moral Prophylaxis.—Parents, teachers, clergy, and others, must do their utmost to teach chastity and true morality to both sexes, and I sincerely hope that they will be able, in the future, to reap a richer harvest than the four to twenty per cent of young men indicated by the observers to whom I have referred earlier in my remarks. We cannot, of course, control this form of prophylaxis in the Army.

(2) Medical Prophylaxis.—This we can and do control, and it forms a most important part of educational propaganda. The medical profession and others working under their guidance should teach prevention from the health point of view by means of lectures, pamphlets, posters, lantern, cinema and other practical demonstrations.

These lectures are given in the Command by the officer in medical charge of effective troops when such officer is capable of lecturing. Where this officer is not capable, the Venereal Specialist, D.A.D.H., or other selected officer, delivers the lectures. The Sample Lecture on prevention of disease issued with War Office No. 24/Gen. No/6398 (A.M.D.2) is given to all lecturers as a guide, and this lecture is modified to suit the special methods adopted in the Command. Combatant officers and non-commissioned officers are also encouraged to have informal talks with their men on this subject.

At depots all recruits are given a short explanatory lecture on the second day after their arrival, when they appear for vaccination; and in other units lectures are at present given monthly.

I am now inclined to think that the troops will take more interest in the lectures if they are delivered once a quarter instead of monthly.

Some of the important points brought out in these lectures are as follows: (1) The only sure means of prevention is absolute chastity. (2) The causes and means by which the diseases are acquired and spread; their dangers, means of prevention, etc. (3) The men are taught not to be shy of reporting sick at once, and the consequences of delay are explained to them, both from the health point of view, and from that of paragraph 462, King's Regulations, where it is laid down that concealment of venereal diseases will be dealt with under Section II of the Army Act, i.e., for disobedience of orders. Every unit must publish an order to this
effect which is read to the unit on parade at intervals not exceeding three
months. (4) Men are encouraged to notify their comrades and the medical
officer of the name and address of the woman from whom they acquired
the infection, and all legitimate means are taken to prevent others con-
tracting the disease from the same source.

(B) RECREATIONAL PROPHYLAXIS.—To this I attach a great deal of
importance. Under this heading I include every means of healthy outdoor
and indoor recreation which works off excess energy and keeps the youths
and men away from all haunts where they are likely to be led into
temptation.

On the whole, outdoor games such as football, hockey and cricket are
fairly well organized in the Army, although in some stations and units the
facilities for enjoying these games are available only to the comparative
few who attain a certain standard of efficiency.

In such units and stations the less efficient must either develop into
spectators or be tempted away by the less healthy, but perhaps more
exciting allurements of the picture house. Cross-country running and
other forms of exercise in which all can join are particularly useful in
combating this difficulty.

In my opinion enough has not yet been done to make barrack life
sufficiently attractive to the troops. During the war many units got up
most excellent entertainments in the way of boxing competitions, concerts,
folly troupes, pantomimes and indoor games and plays, and the perform-
ances were so good that men never got tired of seeing or taking part in
them. Much more might be done in this way, and in organizing social
evenings in barracks where the men can meet and entertain nice women
in decent surroundings.

Another very important factor is the lighting and furnishing of barrac-
rooms and recreational establishments. In a great many barracks and
institutes the artificial lighting has until recently been supplied by gas
with plain burners, with a resulting dim religious light in which a man
could not read ordinary print in comfort. Until barrack rooms and
institutes are efficiently lighted by electric light and the institutes partic-
ularly are furnished with a greater degree of comfort, it is asking too
much of human nature to expect men to spend their evenings in
barracks.

(C) MEDICINAL PROPHYLAXIS.—We all know how easy it is to kill
the Gonococcus and Treponema pallidum by disinfectants.

Acting on this knowledge what are at present known as “Early
Treatment” outfits are made available to all men.

These outfits, a specimen of which I circulate for your inspection,
are drawn as required from the nearest military hospital and are kept
in all barracks on a shelf in what are erroneously termed “Early
Treatment” rooms.

Nature of the Outfits.—These consist of a bottle of potassium per-
manganate solution (ten grains to one pint), a collapsible tube of calomel ointment (twenty per cent) and some cotton wool. These are contained in an envelope on which are printed instructions as follows:

Early treatment and prevention of Venereal Diseases.

Directions for the use of capsule and lotion.

(1) Urinate in gushes, holding the urine back by pinching the foreskin or the mouth of the pipe (urethra) and letting it go with a rush.

(2) Wash thoroughly under the foreskin with the cotton wool, soaked in the solution (contents of the bottle). If the solution is not available use soap and water.

(3) Push a pin through the nozzle of the small tin tube and squeeze half its contents into the pipe (urethra), then squeeze the remaining contents over the knob of the penis, and rub it well in.

If you have delayed the early treatment for some hours ask the Medical Officer's advice about it.

Destroy this envelope.

Defects of present outfit.—(1) In my opinion the term "Early Treatment" is misleading and dangerous. It is misleading because the outfit is not used for treatment but for prophylaxis and the maximum benefit is derived by applying the calomel ointment before sexual connexion and again after washing with potassium permanganate solution immediately after connexion. Every moment's delay lessens the chances of prevention, and from observations I had carried out in Transcaucasia and elsewhere it would appear that a delay of four hours renders the application practically useless.

I have always taught the men to take the outfits with them and not to postpone the use of the outfit until they return to barracks, and I encourage men to take a supply with them when proceeding on furlough.

The term "Early Treatment" is dangerous because in spite of all lectures a certain proportion of men get the idea into their heads, from the name, that the outfits will cure them if they contract these diseases and consequently they try to treat themselves with the worst possible results.

This may seem strange to some of you, but you must not forget that in spite of the large sums we pay for public education quite a fair proportion of recruits at the present time are illiterate.

(2) The outfit is much too large and cumbersome due to the bulkiness of the one-ounce bottle of potassium permanganate solution. The inevitable result is that men do not like to bulge their pockets with the outfit and consequently a certain number neglect to take one away with them, particularly on furlough, with the results which I have already indicated.

(3) The instructions on the envelope are not satisfactory as they do
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not teach application of the ointment before and immediately after connexion.

(4) A pin is not always available for pricking the nozzle of the tube of calomel ointment.

Suggestions for improvement of Early Treatment Outfit.—(1) The outfit should be replaced by a less bulky one contained in a small box made of cardboard, or tin if not too expensive, which will fit comfortably into a waistcoat pocket.

(2) The outfit should consist of:—

(a) A collapsible tube of lubefax (1-1000 oxy-cyanide of Hg.), labelled (1).

(b) A small roll of compressed cotton wool, labelled (2).

(c) A collapsible tube of soft antiseptic soap of suitable strength, labelled (3).

(d) A collapsible tube of calomel ointment of same strength and consistence as the present one, labelled (4).

The collapsible tubes should be fitted with non-screw caps and long nozzles and should not contain a diaphragm which requires pricking with a pin.

I specially advocate the use of lubefax before connexion because it lessens the risk of abrasions of the penis which are so often the site of entry of the Treponema pallidum.

Lubefax for this purpose and for use as a disinfectant applied before connexion has the great advantage over an ointment in that it is non-greasy and is easily wiped or washed off. It is also non-irritating.

(3) The outfit box should contain directions for the use of the outfit, posted on the inside of the lid.

These directions, I suggest, should read as follows:—

Outfit for the prevention of syphilis, gonorrhea, and soft chancre.

Directions for use.

(i) 'Before indulging in sexual connexion squeeze a little of the contents of tube (1) into the pipe (urethra) and smear some over and under the knob of the penis and on the outer and inner surface of the foreskin.

(ii) Immediately after connexion pass your urine, then get some water and using cotton-wool from (2) and soap from tube (3), wash the whole penis, paying special attention to the foreskin, particularly its mouth and inner surface, and the whole of the knob of the penis and all the little crannies round about the bridlestring (bobstay).

(iii) Immediately after washing the penis, as described above, squeeze some of the contents of tube (4) into the pipe (urethra) and squeeze some of the remaining contents over the knob of the penis and foreskin and rub it well into every corner.
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(iv) Wash your hands carefully with water and a little soap from tube (3).

Venereal Poster.—On this as well as on the outfit envelope the expression “E.T.” is used. The poster should therefore be modified as follows: “For E.T. outfit” in line 6 substitute “A prophylactic outfit.”

Substitute for the instructions under i, ii, iii, iv, in the present poster the new directions suggested for the inside of the outfit box and add the following additional paragraph as para (v).

(v) If you have not a prophylactic outfit with you proceed at once to the prophylactic room in barracks and get an outfit and carry out the directions detailed in paragraphs 2, 3 and 4 on the outfit box.

If you have delayed more than two hours in carrying out these precautions report to the Medical Officer and ask his advice.

Delete the last three lines on the poster but leave the “note” altering the wording of the “note” to read: “This poster to be displayed only in prophylactic rooms.”

Early Treatment Rooms.—In barracks these should be situated in converted w.c. stalls. This position is specially chosen because it ensures privacy as no one suspects the errand on which the man is going.

Some medical officers advocate placing these rooms in medical inspection rooms and guard rooms because they think there is better supervision by a trained orderly in the former, and drunk men can be caught by the guard and led to the latter. The assumption being that a drunk man has probably been led astray sexually as well as alcoholically. I am personally strongly opposed to placing these rooms in either of the latter positions for the reasons I have already stated.

I would strongly recommend those who hold the belief that in most cases venereal diseases are acquired when under the influence of alcohol to study the American figures before and after the introduction of total prohibition.

Internal Arrangements of Early Treatment Rooms.—The seat is removed from the w.c. pan. A tap is arranged over the pan at a convenient height for a man to wash his penis and hands directly under the tap without splashing outside the pan.

Artificial light is provided in the room at night. One or more shelves are provided for outfits and a bucket for soiled cotton wool. A prominent notice is put up directing men not to throw cotton wool into the w.c. pan. The venereal poster is also hung up in the early treatment room.

In some Commands a hot water tank heated by a gas ring is provided and some officers believe in providing a basin, towel, soap and nailbrush for the hands.

I am opposed to all these latter arrangements; if hot water from a central supply could be laid on over the w.c. pan it would be an advantage for those men who are foolish enough to go with a woman without using
an outfit, or who for other reasons have had to delay efficient disinfection
till they return to barracks.

If a basin, towel, etc., are provided for the hands, some men are certain
to use them for washing their private parts, and this is both objectionable
and dangerous.

The position of the early treatment rooms is indicated by means of
suitable notice boards.

The term “early treatment room” should be changed to “prophylactic
room” as they are in no way intended for treatment.

Charge of Early Treatment Rooms and Arrangements for Supply of
Outfits.—These prophylactic rooms should be on charge to the unit and
are usually placed under the jurisdiction of the Quartermaster.

The N.C.O. in subcharge varies with local conditions. He is either
(a) the N.C.O. of the Regimental Sanitary Detachment; (b) a sanitary
orderly of the Command Royal Army Medical Corps Sanitary Detach­
ment; (c) the regimental or medical orderly attached to the officer in
medical charge of the unit.

Outfits in bulk are kept and partly made up at the nearest military
hospital, and are supplied to the early treatment rooms as required, on
indent.

The officer in medical charge of the unit supervises the arrangements
in the early treatment rooms.

Rendering of Returns.—The Officers Commanding military hospitals
render the venereal returns to their respective Assistant Directors of
Medical Services and the D.A.D.H. compiles the area returns.

Duties of a D.A.D.H. in Connexion with the Prevention of Venereal
Diseases.—He should not as a routine measure give the ordinary educa­
tional lectures referred to earlier, but if the incidence of venereal diseases
remains high in any station and in other exceptional circumstances, he does
give special lectures to the troops.

He, under the Assistant Directors of Medical Services of Areas,
exercises supervision over anti-venereal measures, particularly with regard
to the following points:—

(a) Investigation of the source of any unusual incidence and indicates
the measures necessary to deal with it.

(b) Position and number of so-called early treatment rooms in each
unit in his area.

(c) Artificial lighting of these rooms.

(d) Supply of outfits and fixtures for these rooms.

(e) Cleanliness.

(f) Frequent discussion with Officers and N.C.O.s, locally concerned,
the various points connected with the organization and execution of anti-
venereal measures.

(g) Compilation of the venereal returns for his area and keeps up area
graphs, charts and statistics.
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Duties of an A.D.H. in Connexion with Venereal Diseases.—(a) Generally works out and organizes the various arrangements for combating venereal diseases in the Command.

(b) Compiles the Command venereal returns and statistics and keeps up the Command venereal charts and graphs.

(c) Acts as the technical adviser of the Deputy Director of Medical Services.

II.—Notification.

In my opinion some form of private notification should be introduced, and I suggest something on the following lines:

Every person suffering from a venereal disease must report sick to a qualified medical man and submit to treatment. Such person must abstain from marriage or sexual connexion until the qualified medical man responsible for the treatment gives her or him a certificate to the effect that she or he is cured.

Should any person give venereal disease to another through sexual connexion or kissing, such person should be liable to severe punishment and, if necessary, be confined in hospital till cured. If it could be proved that the person who conveyed the infection was ignorant that he or she was suffering from the disease, the individual could get the benefit of the First Offenders Act.

In the Army at present we have what amounts to a very strict notification, as all men are examined weekly or monthly, not specially for venereal disease, but such diseases would be observed at these health inspections. Further, if a soldier contracts a venereal disease and does not report sick he is liable to punishment under Section II of the Army Act for disobedience of orders.

III.—Treatment of Venereal Diseases.

The final link in the chain is the treatment and its organization.

In certain general hospitals special venereal centres should be set apart for the treatment of venereal disease.

I do not advocate special venereal hospitals in which no other class of patients is treated, as anyone who has experienced the administration of these hospitals knows the great difficulty of maintaining discipline and of running these hospitals satisfactorily. This is again due to the horrible stigma attached to such places and the want of self-respect which such conditions engender amongst the patients.

Venereal cases should never be treated in hospitals which have not got special venereal wards with all the necessary facilities for up-to-date treatment. The ideal conditions are special wards or departments of a general hospital with, of course, special dining rooms, lavatories, etc. One such venereal centre should usually be provided in each administrative area, and the patients should only be treated by experts assisted by specially trained orderlies.

The Command Venereal Specialist should supervise and standardize the
venereal treatment in the various centres in the Command, and should satisfy himself that everything is satisfactory in the way of treatment and that no venereal patient is given a clean bill of health or escapes treatment until he is cured.

I mention these rules regarding treatment because I feel sure you will agree that in tackling this problem you cannot divorce prophylaxis from treatment. I would also like to emphasize the importance of bringing all patients under expert treatment at the earliest possible moment. The sooner a patient is brought under treatment the better his chances of a rapid and complete cure. If the educational propaganda are satisfactory you will get more cases in time for the abortive treatment of gonorrhoea and you will get syphilis cases in the very early primary stages.

Abortive treatment should not, in my opinion, be carried out in barracks or local hospitals but in the venereal centres.

This completes the measures which I recommend for dealing with the venereal disease problem.

Statistics.—I will now give you a few statistics bearing on the results obtained in the Command with our present methods, which include: (1) educational prophylaxis in the form of lectures and demonstrations by medical officers, etc.; (2) medicinal prophylaxis as already described; (3) recreational prophylaxis (incomplete); (4) notification as described above; and (5) early and complete treatment by experts. I think you will agree that the figures, for the accuracy for which I can vouch, give one cause for optimism, and it is my opinion that if the problem was tackled in the fuller and common sense lines I have indicated in this address, in the civil population, venereal diseases instead of being perhaps the greatest scourge to our race would soon become as rare as smallpox.

I would impress on you the fact that the results obtained have been arrived at in spite of conditions which were really adverse to us, viz., we were dealing with men who were younger than the average pre-war soldier. Many were badly educated and difficult to teach, and they had more money and were better fed. We have no control over the infected civilians from whom the troops acquire infection.

I regret that in former years the Army was looked upon as the great male spreading cause of venereal diseases. I submit that this stigma can no longer be cast up against it and that in fact, taken as a community, they are the only class, perhaps with the exception of the Royal Navy and Royal Air Force, from which it is practically impossible to contract venereal diseases.

<table>
<thead>
<tr>
<th>Year</th>
<th>U.K.</th>
<th>E.C.</th>
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<tbody>
<tr>
<td>1913</td>
<td>50.9</td>
<td>45.0</td>
</tr>
<tr>
<td>1914</td>
<td>51.8</td>
<td>55.5</td>
</tr>
<tr>
<td>1920</td>
<td>48.3</td>
<td>41.1 (contracted with unit in Command 92-6)</td>
</tr>
<tr>
<td>1921</td>
<td>40.9</td>
<td>28.4 (16.5)</td>
</tr>
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The figures 22.6 and 16.5 are the true figures, as in the other cases the diseases were contracted by recruits before joining or by troops abroad or in other Commands.
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Statistics as to Medicinal Prophylaxis.

<table>
<thead>
<tr>
<th></th>
<th>Outfit used under four hours</th>
<th>Over four hours</th>
<th>Not used</th>
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<tbody>
<tr>
<td>Gonorrhoea</td>
<td>75</td>
<td>39</td>
<td>141</td>
</tr>
<tr>
<td>Syphilis</td>
<td>13</td>
<td>4</td>
<td>36</td>
</tr>
<tr>
<td>Soft chancre</td>
<td>14</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>102</strong></td>
<td><strong>48</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

Annual ratio per 1,000 men of outfits used: 1,166.

Graph showing the incidence of Venereal Diseases among Troops in the United Kingdom, and in the Eastern Command.

Ratio per 1,000 of strength.
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Royal Commission on Venereal Diseases.—Ten per cent of population of large towns have syphilis, over ten per cent of population of large towns have gonorrhoea. This report does not give figures for soft chancre.

In Baku all patients were interrogated as to the time that had elapsed between connexion and the use of the outfit. The evidence thus obtained, although open to certain fallacies, clearly indicated that the proper use of the outfit within two hours after connexion undoubtedly reduced the incidence of venereal diseases. Where the use of the outfits had been delayed over two hours very little if any benefit appeared to be derived from them.

In Transcaucasia I converted one field ambulance into a venereal hospital. Prior to this the personnel of the unit suffered equally with other units from venereal diseases. The educational effect of acting as a venereal diseases hospital so impressed the Royal Army Medical Corps personnel that from within a few weeks of acting as a venereal diseases hospital no single case of venereal disease occurred amongst the personnel. I was able to obtain definite evidence from the N.C.O.s and men that there was no diminution in illicit connexion, but that the men took the greatest care in using the prophylactic outfits. They instanced cases where men who had gone out without outfits and indulged in illicit connexion, were known to run back to their unit in order to use the outfit in time.

If we take these last statistics in combination with those I have just given you on the results of medicinal prophylaxis, they throw considerable light on the benefits of early disinfection.

There are the obvious fallacies: (a) we have only the statements of the men to rely on as to the use of the outfit, and many men are apt to say what they think you want them to say; (b) we do not know how many of the women were diseased; (c) we do not know how many men escaped disease although taking no precautions.

However, if we assume that a very large number of men who go with diseased women and who do not take precautions must contract the disease, and if we take it for granted that the Royal Commission’s figures would be higher amongst women who, whether as amateurs or professionals, indulge this hobby, then we have in our statistics at least the large majority of soldiers who have had connexion with diseased women and who have not taken precautions.

These figures are therefore a fair indication of the benefits of prophylaxis by early disinfection.

I wish to thank Major-General A. P. Blenkinsop, C.B., C.M.G., D.D.M.S., Eastern Command, for permitting me to publish particulars of the methods adopted to meet this problem in the Eastern Command; and the Navy, Army and Royal Air Force Branch of the Society of Medical Officers of Health for permitting me to publish my paper.
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