

**Debate in the House of Lords December 1919 on Venereal Disease which was more prevalent in Portsmouth than in anywhere else in the UK. Many of the Members taking part are eminent consultants [surgeons and physicians, scientists and venereologists].**

*HL Deb 10 December 1919 vol 37 cc840-81*

LORD WILLOUGHBY DE BROKE had the following Notice on the Paper—

To call attention to the prevention of venereal disease by the method of immediate self-disinfection, particularly in view of the Note on Prophylaxis against Venereal Disease by the Chairman of the Inter-departmental Committee on Infectious Diseases in connection with demobilisation. To ask the Ministry of Health what steps they are taking to instruct the public in the proper application of immediate self-disinfection at the time of exposure to infection; what steps they are taking to provide for delayed disinfection at early treatment centres; and to move for Papers giving information as to the yearly incidence of venereal disease in the Portsmouth area as compared to the rest of England; and for Colonel Keble's reports and for the Hulsea Hospital records giving information as to the relative frequency in Hospital of men who have used immediate and delayed disinfection respectively.

The noble Lord said: My Lords, I do not make any excuse to your Lordships for calling attention again to this extremely important subject. It is one which, as your Lordships are aware, vitally affects the health and the life of the race, and we cannot study it too closely or avail ourselves too persistently of every possible means of trying to stamp it out. It stands very high on the list of what Dr. Saleeby describes as racial poisons. Sir William Osler, for instance, said, I think before the Royal Commission, that it stood third or fourth in the great killing diseases of the world, and was responsible for blindness, sterility, locomotor ataxy, and general paralysis of the insane, and had all sorts of hideous effects, not only upon those who ran the risk of infection but also upon the innocent and unborn. The worst of it is that venereal disease has increased and is increasing, and your Lordships will agree with me that it ought to be diminished. In support of this we read in The Times of December 8 that there is a 60 per cent. increase of venereal disease in the London hospitals.

I am bringing forward this Motion for Papers this afternoon, and I feel sure that the Government will help those for whom I am speaking by granting this Motion; but if they do not I shall ask your Lordships to divide upon it, because I consider it to be of the very greatest importance. I am bringing forward the Motion with the object of ensuring that the general public may know the truth with regard to immediate self-disinfection at the time of exposure to the risk of venereal disease. Last April your Lordships were kind enough to listen to what I

had to say on this extremely important subject, and I ventured to prophesy on that occasion that we had not heard the last of this matter of self-disinfection. We have had no official answer to that debate except the publication of the Departmental Committee's Report which I refer to in my Question, and which Committee was presided over by Lord Astor. But as a matter of fact it seems to me that apart from the lectures given by the National Council, which are admirable in their way as far as they go, no real progress has been made in trying to stamp out this disease.

Lord Astor's Report is a very interesting document, but the whole trend of it is dead against the policy which I have come here to recommend to you this afternoon. It is dead against the whole idea of immediate self-disinfection, although rather curiously it admits that drugs and medical preparations may be relied upon to remove or destroy the germs of venereal disease. That is a very valuable admission, but in spite of this the Report appears so incomplete and so unsatisfactory from the point of view of some of the most prominent and learned venereologists in the United Kingdom, that they have formed themselves into a new body called the Society for the Prevention of Venereal Disease, the object of which is at once evident to your Lordships. Our objects are to protect the health of the race, especially women and children, by instructing the public in the first instance in immediate self-disinfection as a means of prevention, without any prejudice whatever to all the other means that are available, some of which we consider to be of the greatest importance. The Society for the Prevention of Venereal Disease, with which I have the great honour to be connected, is charged with recommending nothing but what is called the issue of prophylactic packets. That is a loose statement, and I should like to examine it for a moment

If your Lordships will read the correspondence that took place in *The Times* when the Society was first formed, you will see that it declined to be tied down in its policy to recommending the issue of prophylactic packets in the sense that they were issued to His Majesty's Forces. What we intend to recommend is that the general public shall be informed as to the proper application of disinfectants, and that if they wish to expose themselves to risk and provide themselves with disinfectants, they shall know what to ask for and how to use them. Of course if what they ask for—as they can ask for it at any chemist's shop—is done up in a parcel, and I suppose it must be, and if that goes under the name of a packet, then it is indeed a packet. What I particularly wish to disclaim is that I am here on behalf of those for whom I am speaking to recommend the free issue of what are called prophylactic packets, because I am strongly of opinion, if any individual wishes to expose himself (or herself) to risk and at the same time chooses to take a disinfectant with him, that he ought to do so at his own expense and not at the expense of the general public.

I think that your Lordships will agree with me that in this regard prevention is very much better than cure. The cure of venereal disease, as we agreed the last time that we had a debate on this subject, presents an exceedingly difficult problem. It is quite true that since the discovery of Salvarsan the cure of syphilis has become more absolute than ever, but at the same time the cure of gonorrhoea in the sense of the complete sterilisation of the patient and rendering him or her innocuous to others still remains a desperate public problem. Either sex may be carriers of the micro-organisms of this disease. Even when the symptoms have disappeared and they think they are perfectly clear from it, they may still be in a condition to communicate it to other people. I do not say for a moment that for this reason the scientific discoveries with regard to the cure of the disease should not be proceeded with. It is a self-evident proposition that they should be, and it is to be hoped that they will be more efficacious than they are at the present moment.

In the meantime it does seem to me that we should address ourselves to prevention. You can only prevent the spread of venereal infection by two main methods. One is by universal continence, and the other is by disinfection. These are the two main channels into which the prevention of the disease naturally falls. We do not wish to speak of those who are advocating universal marital continence with anything except profound respect, but even the most sanguine of them must admit that continence of that kind is not yet, and that it will take a good many generations before it operates to eradicate venereal disease. But disinfection is here and remains. Disinfection is available, and it is, I submit, the scientific way of dealing with the matter. Disinfection is the acknowledged practice with all contagious diseases, and venereal disease is a contagious disease just as are other diseases such as surgical fevers and skin diseases. Disinfection is the guiding principle of the whole of modern surgery. It has enabled us to proceed to so satisfactory a result with regard to the treatment of other diseases that we naturally can hope for success in the case of venereal disease, particularly as that is a disease in which disinfection is so easy, because the microorganisms of the disease at the time they are communicated are so deposited that—and I have this on the highest medical authority—they will yield very readily to the application of a disinfectant. They are not particularly strong microorganisms in themselves, and it is not a matter of very great difficulty to apply a disinfectant to them in such a manner that they disappear. This is particularly true with regard to the male.

The last time that we, had this debate I was asked why we did not say anything about the self-disinfection of women. That, my Lords, is a difficult subject. The disinfection of women in the sense of using disinfectants in the way we recommend that men shall use them is a difficult matter, because woman is not structurally suited to receive the disinfectant with the same ease as man, and there are perhaps other reasons, which I will not go into, why the disinfection of

women presents greater difficulties. But there is this to be said for it, that so far as we know the results of the disinfection of women have been efficacious in preventing venereal disease, because it is acknowledged by everyone who knows anything about it that most of the cases of venereal disease—something like 70 per cent.—have been communicated to men by the amateur and not the professional prostitute, and the reason why the professional prostitute on the whole has been safer than the amateur is because it is a well-known fact that these women have taught themselves how to disinfect, and for that reason the disinfection of women if properly carried out is probably a success.

We will, however, with your Lordships' permission, address ourselves to the disinfection of men. In doing so I am only following Colonel Harrison, whom I shall quote in a moment. There are two known methods of disinfection. No. 1 is slow or delay disinfection; No. 2 is quick or immediate disinfection. The National Council for Combating Venereal Disease has apparently accepted the principle of disinfection, and the Ministry of Health have gone so far on the road to disinfection, after a considerable amount of hesitation, that they are prepared to advise the construction of a number of what are called early treatment centres, which means the provision of ablution rooms at the public expense where those who have exposed themselves to risk may repair, if they will do so and if they know where they are, as soon after having connection as possible in order that they may be scientifically treated by a skilled attendant.

I should like to direct the attention of the noble Lord who is the head of the National Council for Combating Venereal Disease to this. He knows how to frame his own phraseology much better than I can teach him, but I should not call them treatment centres. It is not treatment, it is disinfection before the symptoms declare themselves, and if you call them treatment centres I suggest, with great respect, to the noble Lord that it does encourage the public to think, when they go there, that the disinfectants they find there are really efficacious for treatment and not only for prevention, and that they may try to treat themselves with these same disinfectants in an amateur way, supposing the symptoms arise.

But in regard to the early treatment centres there is a good deal more to be said than that. I should be very anxious to hear what progress is being made with their provision. The whole case against the early treatment centres is so well put by the Medical Officer of Health for Portsmouth that I shall ask your Lordships to listen to him for a moment—and I shall read no quotations that are not authoritative. He was writing to the Borough of Portsmouth with regard to putting up auxiliary centres, which is the same thing as what are known as early treatment centres, and he says— Medical men generally are unanimous in the opinion that the greatest safeguard against the contraction of venereal disease after exposure to disinfection is the destruction of the germs of the disease by

the immediate application of a disinfectant. But to endeavour to secure the adoption of this practice by the provision of auxiliary centres in various parts of the town appears to me to be clumsy, extravagant, and futile. To mention one fatal objection only. It is said such places should be inconspicuous. In the first place, it is practically certain that the character of the place will become known, consequently persons would not care about being seen to enter them; in the second, if it were possible to render them so inconspicuous as to escape public notice they would also be so inconspicuous that persons who wanted to resort there would not know where to find them. Speaking as your Medical Officer of Health, whose principal duty is the prevention of disease, I am bound to state that in my opinion the most effective weapon for the prevention of venereal disease is the instruction of the public in a knowledge of those simple measures, the adoption of which is recognised as an almost certain protection against venereal disease. And I am informed that the London County Council has stated its inability to provide these early treatment centres. But supposing the London County Council did provide them. Who is going to use them? How is everybody to know where these places are? Will they repair there quickly enough after having connection to do any good? Because it is a proved scientific fact that the micro-organisms of the disease begin to get a much greater hold upon the organs every minute after they are deposited, and that any delay after one hour very often is prejudicial to success. I should like to ask His Majesty's Government how many of these early treatment centres are wanted and how many you have got already.

There is another thing about these early treatment centres. For the first time in the whole history of venereal disease there is a danger, if it has not already reached beyond the point of danger, when men coming back from the war will bring these diseases into rural districts, and it is quite impossible to have an early treatment centre in a village in the country. The thing would be watched, everybody would know who went there, and it only needs a moment's consideration to see that the project would be futile. In addition to that, I could well imagine that in urban districts people might easily be subject to espionage, and private detectives might be employed to watch people who were going in there, and it might very easily open the door to an elaborate system of blackmail. I think that this question of what is called early treatment centres requires a great deal of careful examination before it is adopted. And, after all is said and done with regard to disinfection, it is time that is the whole essence of the matter.

I should like to say a word or two about quick or immediate self-disinfection, and by that I mean the state of things by which those who expose themselves to risk carry with them the necessary disinfectants and apply them themselves a few seconds after the exposure to risk. I think that the authorities at the War Office and the Admiralty know something about quick disinfectants, but

everybody agrees—even those who do not agree with me in advocating it publicly—as to its efficacy if it is properly carried out. I should like to quote from the speech that Lord Sydenham made in your Lordships' House in answer to some remarks of mine on a former occasion. He said— It is perfectly well known that any effective disinfectant, if used deliberately and skilfully and properly, can prevent infection. He goes on to say that unless more information is given than appears in the *Lancet* it is impossible to accept the figures which the writer put forward. Later in his speech he said— Self-disinfection before or after exposure to risk, and after exposure to risk if there is not too long a delay, which might be one or two hours— Rather dangerous— and it is applied with care and deliberation and promptness, will probably in most cases be perfectly effective. The noble Lord then goes on to say that in some cases (which is perfectly obvious, and perfectly true) it will first fail because those conditions cannot always be fulfilled, but, with regard to the efficacy of it, if the proper conditions of its application are fulfilled surely, there cannot be more than one opinion.

This whole system of disinfection is based upon the exceedingly valuable discoveries of Metchnikoff with regard to some experiments which were conducted by him conjointly with M. Roux, who was the Director of the Pasteur Institute in 1905. First of all monkeys of different kinds were taken by Metchnikoff to be experimented upon, and they were experimented upon with admirable results; and these results appeared to be so certain and positive that an experiment was made upon a human being with very great success. All the possible safeguards against failure from the thing not being properly undertaken were used. I have it all written down here from an authoritative source, but I will not trouble your Lordships with it because it might take rather too long to read. The reason I bring this forward is that, as far as I can recollect, in the evidence given before the Royal Commission on Venereal Disease the point was not brought out that the experiments of Professor Metchnikoff—who is the father of disinfection as a prevention of this disease—on a human being were not stated at all, I think, and that the Society confined itself to stating his experiments upon the monkeys.

I am sorry that I have had to read so many quotations to your Lordships, but it is absolutely necessary to establish what I have to say. I should like to quote one or two sentences from Colonel Harrison because he is a particularly valuable witness. I understand that Colonel Harrison is one of the guiding spirits of the National Council for Combating Venereal Diseases, who are not prepared to go nearly as far as we are in advocating self-disinfection. Colonel Harrison has also had a great deal of experience in the Army, and he was a member of the Department Committee which had issued the Report I have ventured to criticise. I am rather disappointed that Colonel Harrison is not a member of the Society for the Prevention of Venereal Disease, because if he were it would accord

exactly with a certain lecture he gave not very long ago at the Royal Institute of Public Health. Colonel Harrison says that he looks to the breaking of the chain of infection before it has become well established; that the reason was not far to seek because the microorganisms of the disease were the most delicate organisms in existence, they were planted on an exposed situation and easily liable to removal by urination or ordinary ablution. When natural agencies were assisted by prompt application of antiseptics it can easily be proved that the chances of infection were reduced to an infinitesimal amount.

He then gives some powerful statistics in support of this view with which I will not trouble your Lordships; but later in this very interesting lecture—which is a perfect justification of everything that this new Society is advocating—he says— The ideal method is undoubtedly that in which the man submits himself to treatment by a skilled attendant within an hour of exposure; but promptitude is vitally necessary to success, and if the man is situated where he cannot obtain skilled assistance he should have the means of self-disinfection with him. I have quoted this passage before, but I have taken the liberty of reading it again. I do not think anything could be clearer than that. I quote Colonel Harrison at some length as he is now claimed as the principal opponent of the view I wish to put before your Lordships.

No one has contributed more to the cause of self-disinfection with greater success than Sir Archdall Reid, and it will be necessary, for those of your Lordships who have not read his letters in the *New Statesman* and elsewhere, to trouble you to listen to what he says, because this is absolutely first-class testimony by one who has deliberately tried it and has seen the results. He says— In a large area— I think this refers to the Portsmouth area, about which I am asking for Papers— served by a single venereal diseases hospital both quick and slow disinfection has been extensively practised. For quick disinfection nothing more was found necessary than to tell the men to swab themselves with permanganate of potash (or any other active antiseptic) immediately after exposure. No 'packets' were necessary, but the men were given the antiseptic if they asked for it. At the time of my last inquiry, of all the hundreds who had passed through the hospital nearly every man had practical slow disinfection and not one had practised quick disinfection. At a later period the method of quick disinfection was more extensively applied in this area; thereafter almost the only case of disease that occurred within it arrived with men joining station from outside and bringing their infections with them. In the remarks I was allowed to address to your Lordships last April I gave you the results—which were fairlywell published and studied, and which were well known to all who took an interest in this subject—with regard to Sir Archdall Reid's and Surgeon-Commander Boyden's great and marked success with regard to teaching their men in the Army and in the Navy to use immediate self-disinfection. As these statements of what Sir Archdall Reid and Surgeon-Commander Boyden actually

achieved have become so much a part of the public controversy on this subject, I need not weary your Lordships with repeating them; but they are telling in the extreme.

I will now give an extract from them as quickly as possible. Sir Archdall Reid was in charge of a rapidly changing body of men in a large sea-port—I am quoting from the British Medical Journal of February 1919—where the average number of men was about 2,000, and he estimates that 40,000 must have passed through his hands during the war. Venereal disease was common amongst them in spite of moral lectures and early treatment. In 1917 he instructed immediate personal prophylaxis. Each man who applied was given an ounce of potassium permanganate solution (1 in 1,000), a swab of wool, and careful directions. During 1917 and 1918 about 20,000 men passed through the station, and only seven cases of venereal disease occurred. The man who acquired syphilis carried no disinfectant with him, and used it only two hours afterwards. Of the six cases of gonorrhoea, two were contracted from the men's wives, two others were drunk, one took no precautions, and the sixth only after an hour's interval. Surgeon Commander Boyden tells practically the same story.

I am aware that in producing this testimony, powerful as it is, I shall be told that statistics equally powerful can be produced in support of a contrary view. The point which I wish to put to your Lordships is that although statistics may be produced to prove that self-disinfection has not always had the same success as when it was recommended by Sir Archdall Reid, the reason it has been unsuccessful is that it has not been systematically, regularly, and properly applied; and however many statistics you produce on the opposite side with regard to the failure—or the alleged failure—of self-disinfection, you will never be able to produce statistics to prove that disinfectants do not disinfect if they are properly applied.

In support of this view I should like to quote a word or two from the very remarkable testimony of Miss Ettie Rout, who is an authority on this subject whom it is permissible to quote. She is the honorary secretary of the New Zealand Volunteer Sisters, and has made a special study of this subject ever since the war began; she has been to practically every area occupied by our troops. The whole of her testimony goes to prove what they all have experienced. She says it has been proved time and time again that whenever disinfectants are supplied adequately in proper form to soldiers, and confidently recommended, venereal infection practically ceases. In this regard it is a rather pet phrase in Lord Astor's White Paper. He alludes to a carefully organised packet system in the Army. It is exceedingly doubtful whether, except in certain areas presided over by certain commanding officers and by those who took the same point of view as Sir Archdall Reid, there was ever any carefully organised packet system. Just listen to this report from a lady, who says— In June and

July this year—that is 1919—I visited most of the Australian and New Zealand camps in England and lectured to some 25,000 or 30,000 soldiers who voluntarily attended at my personal invitation. I put the test question to several audiences as to whether they had ever gone on leave without instructions and packets being given to them. On the average not more than 10 per cent. of the men had received packets. The vast majority of the audience held up their hands as having gone on leave without packets during the previous few weeks. When I asked how many men had ever gone on leave without packets, practically the whole audience held up their hands. I have here one or two very interesting and important figures taken from Paris, and then I shall have very nearly done with these quotations. From June to November, 1918, in a period of five months, when abundant disinfectants were given individually to the Anzacs for the purpose of immediate self-disinfection, the number of infections recorded at the Paris Medical Report Centre was only twenty, whereas in November and December, 1918, during a period of five weeks, when the supply of disinfectants was temporarily cut off, the number of Anzac infections recorded at the Paris Medical Report Centre was twenty-four. That is very remarkable, and these figures can be fortified over and over again by other quotations of the same character, with which I will not now trouble your Lordships, though I can assure you they are very telling.

The fact that self-disinfection, if properly applied, is effective has not been impugned. Nobody in authority has attempted to contradict, or can contradict, the fact that, scientifically, the case for immediate self-disinfection is proved up to the hilt. It is perfectly easy to urge that the improper use of it is unsuccessful. That applies to all remedies. If anybody brushes his teeth, for instance, in a perfunctory manner and so suffers as the result of not brushing them properly, that is not an argument in favour of abandoning the brushing of teeth altogether; and I say that, having got a scientific fact upon which everybody agrees, it is the duty of the Government to give this fact every chance and to try to make it a success. I believe that so far those who do not care perhaps, to go so far as I should like to go in the instruction of the public, will have agreed in the main with what I have said up to the present moment.

What is the issue between the National Council for Combating Venereal Disease and those who support them and the Society for the Prevention of Venereal Disease? I do not believe there is really any very important medical issue at all, because the medical men on the National Council must know what are the properties of calomel ointment and permanganate of potash. At the same time there is a rather important difference between us, and I think that difference may best be described as being a difference in frame of mind. Different frames of mind will give a different answer to this question—How far is it ethically or morally justifiable to withhold or to promulgate the teachings of science? That is where I believe we may part company. The most rev. Primate,

in the courteous reply which he gave to the remarks I offered to your Lordships last April, said that I skated rather lightly over the moral issue.

I will put two questions to the school of thought which perhaps the most rev. Primate represents. I should like to ask whether they admit that exposure to risk of catching venereal disease is likely, before universal continence prevails, to control the sexual instinct in such a way that there is no promiscuous intercourse between the sexes, or that, while all this is going on, the consequences of venereal disease are still likely to proceed? The second is this—If you answer this question in the affirmative, are you prepared to let your fellow-countrymen share in the latest teachings of science so as to protect them and their innocent and unborn descendants from these results?

Some people would seem to go only part of the way, and some would seem to say that there is nothing really very immoral in going round to what is called an early treatment centre an hour or two after the connection has taken place; but that there is a difference between the morality of doing that and using certain disinfectants at the time of exposure to risk. I myself cannot see any great difference between these two processes. If immediate self-disinfection is really a success, is it that people are afraid of the consequences of making the intercourse between the sexes too frequent? I submit to your Lordships, with great respect, that real true morality ought to be free from, and independent of, the fear of catching venereal disease. At best those who say that the fear of catching the disease prevents promiscuous intercourse are really using an argument which could be used the other way.

If you say to people that you are going to run the very grave risk of catching this disease unless you disinfect yourself properly, then I can imagine a state of things where, if there is indeed a fear of catching it, those who are afraid of so doing would refrain from intercourse supposing they had not got the necessary disinfectants with them. If it comes to a question of morality I submit to your Lordships that it is a very doubtful remedy to try to suppress the truth. Not only that, you cannot suppress it. The truth with regard to immediate self-disinfection at the time of exposure to risk is out. It is here. Disinfectants and instructions how to disinfect have been supplied to thousands of men on demobilisation, and at this moment, in spite of the law, packets are being sold. They may or may not be of the right strength. If they are not of the right strength it is because they are not properly supervised by the Government and not made up in the proper way, and nothing in the world can be more dangerous than the sale of unauthorised packets by ignorant people to ignorant people. The Society of which I am a member intends to publish the fullest and latest scientific information by every means in its power. The Society for the Prevention of Venereal Disease contains on its list medical men, scientists, and venereologists whose authority and

opinion cannot possibly be ignored. Those gentlemen intend to press forward with the campaign for enlightening their fellow-countrymen.

I appeal to your Lordships, and to the National Council for Combating Venereal Disease, that as this knowledge is getting out it would be much better, instead of trying to suppress it, to direct it scientifically in such a way as to be valuable to the public. I call for this information because I believe we shall get some valuable facts which the public is not in possession of in regard to the Portsmouth area. I ask the other questions because I believe the health of the race is the very best guarantee for its moral tone. I intend to press the Motion to a Division. I have sufficient confidence in my fellow-countrymen to believe that we shall do no harm by telling them the truth. Let us place them in the possession of the latest teachings of science, and leave it to them to choose for themselves.

Moved for Papers giving information as to the yearly incidence of venereal disease in the Portsmouth area as compared to the rest of England; and for Colonel Keble's reports and for the Hilsea Hospital records giving information as to the relative frequency in hospital of men who have used immediate and delayed disinfection respectively.—(Lord Willoughby de Broke.)

#### LORD SYDENHAM

My Lords, every one who has listened to the speech of the noble Lord must be well aware of the earnest care he has devoted to this subject, and his sincere anxiety to combat venereal disease in every way possible. If I differ from him in his methods I am sure he will credit me with the same sincerity and earnestness. I regret that his Committee would not accept the invitation to a roundtable conference which I offered, because I believe it would have cleared away a good many misunderstandings and have led to the avoidance of this very distasteful debate. It is very natural that he should criticise the Report which has been made public because it really is very damaging to his case. It is not, I think, quite as clear as it might have been, and it is a great pity that the names of the ten experienced medical officers who formed the Committee were not given. I am not myself at liberty to give their names, but although they do not hail from Harley-street I think the public would respect them and feel that they speak with great authority.

I do not think the Note is quite as clear as it should be. It does not make sufficient distinction between the prophylactic packet to be used before risk and the disinfecting packet to be used afterwards. As regards the first, I pointed out in the debate of April last that it had been tried and given up in the American Army, and now Sir Archdall Reid says that the prophylactic packet is useless. We have this then that this method, which was widely advertised and advocated, is now practically dead. Now I come to post-risk disinfection, The

Inter-Departmental Committee, very unfortunately as I think, did not make this one of the main subjects of their consideration, but they have provided us with a large amount of valuable evidence which in my opinion goes very far to destroy the theories of the noble Lord. Post-risk disinfection may be of two kinds. It may be carried out by skilled attendants or under skilled supervision, or it may be left to the care of the individual. It is in the latter case that the packet containing permanganate and the tube of calomel ointment is recommended to be used. According to Sir A. Reid the materials for disinfection should be "ready in the man's pocket, not on the shelf of the Early Prevention Treatment Hut."

I believe medical opinion is quite unanimous that disinfection skilfully and vigorously applied within one or two hours will in all probability remove the risk of the disease. Medical opinion is also agreed that such disinfection may be carried out successfully when applied by exceptional people in exceptional circumstances. But the question really is whether an ordinary individual in special circumstances would be likely or not to disinfect himself effectively. That is not a medical question; it is a question which any layman is competent to judge on such evidence as is available. Happily we have some evidence in the White Paper which was not available when our debate took place last year. We are told that the American authorities tried self-disinfection on a large scale and abandoned it entirely in favour of disinfection by skilled attendants. They were so convinced that self-disinfection amongst their soldiers was a failure that in some units they declined to give all-night passes and issued disinfectants only to men who were going on leave to a distance. They have abandoned permanganate of potash, which we have been told is a specific disinfectant. The American evidence is very valuable, and I commend it strongly to the study of the noble Lord. The American Army figures of incidence among men at home before the war were considerably higher than our own. When America entered the war energetic measures were taken by the authorities to enforce supervised disinfection, and those measures brought down the figures of infection in their troops in this country close to our own; but the rate among troops in the United States was still distinctly high in the last half of 1918.

The Australian evidence seems to be even more destructive of the views of the noble Lord. My information is that no man left camp or barracks without having a packet offered to him, and the result was a distinct increase of disease among the Australian troops. This deplorable failure is attributed to the lack of sufficient stations where disinfection could be applied under skilled supervision. In other words, it was a complete breakdown of purely self-disinfection. In the last three months ended December 31, 1918, the rate among the Australian troops at home was 147 per thousand per annum; and if cases where abortive treatment for gonorrhoea was given are added we get an incidence more than five times greater than among our own troops in this country during the same period.

The point that I wish to make is this, that it is quite impossible to carry out self-disinfection among the civil population as vigorously as it was carried out among the Australian troops, and that among them it was an undoubted failure. The reason is given by Colonel Raffan, who says— Unfortunately for various reasons due to carelessness, excitement, and mainly excess of alcohol there are a large number of men who fail to use the outfit correctly, if at all. Therefore we have practical experience showing that the sovereign remedy proposed by the noble Lord failed in circumstances in which one would most expect to find it successful.

On the other hand, there was a marked success amongst the Canadian troops at Havre, where of 5,153 treatments not one infection occurred, due entirely to the work of skilled attendants. In the British Army since the middle of last year extensive measures were undertaken for disinfection purposes, careful instructions were given, inspectors were appointed, and as much as possible was done to make self-disinfection a success. In some cases there was success, no doubt for exceptional reasons. That will always occur. But all the efforts made failed to bring down the incidence of disease in our Army to any marked degree. The rate per 1,000 per annum in the United Kingdom was forty-three in the first half of 1918, thirty-eight for the last half of 1918, and it rose to thirty-nine for the first half of 1919, when the system was in full operation. It is impossible to claim success on such figures, though of course there may be reasons why the arrangements were not so effective as was wished. Sir Archdall Reid has asserted that our military authorities failed because they told men to apply for disinfectants after exposure, implying that they were to wait until they got back to barracks. That is not quite accurate. The War Office, most rightly in my opinion, declined to press packets upon our soldiers, but every man knew perfectly well that he could get a packet, and as a matter of fact large numbers were taken, and in some cases I believe were sold. One man was found with thirty-five tubes of calomel in his pocket.

Sir Archdall Reid gave to the Committee the figures which have been quoted, and very striking figures they were, but when questioned he said he did not know the percentage of men who used permanganate and were infected or not infected, and he did not know the percentage of men who did not use permanganate, nor did he know the numbers of men who were diseased on arrival in Camp or on leaving. Without these important details it is impossible to form a satisfactory and scientific opinion as to the results claimed. We all know how easily statistics may mislead. I do repeat that self-disinfection may succeed if all necessary conditions are complied with—we none of us deny that—or if all the circumstances are satisfactory and all the instructions are carried out in detail; but all the experience which we have is derived from Forces under discipline, and it is certainly not encouraging. An immense advantage is possessed by the military and naval authorities in dealing with this disease.

Among the civil population none of these advantages exist. You cannot enforce attendance on lectures and you cannot possibly have the very severe disciplinary arrangements which were applied to the American Army.

Therefore does it follow that even if the evidence derived from the military and naval experience were hopeful, which it certainly is not, we could expect nearly so good results to apply to the civil population. I was at one time uncertain of the policy of the noble Lord's Society, but it has been made quite clear. On the 22nd of last month the Society published its programme, and the public was informed that "immediate self-disinfection, requiring no special skill or training" is "the only way which offers any real hope of efficiently combating this terrible scourge." Accordingly the Society asked everyone to send a stamped envelope, and then promised that the necessary instructions" will be sent free of charge. I think I have proved that this statement is not quite in accordance with the facts, and that as it stands it may do very great harm. Supervised disinfection has proved to be a success, but self-disinfection has not proved to be trustworthy, even when conditions are favourable, and the effect of such an announcement as I have read out must be to create a false sense of security and possibly to increase infection.

The Society of the noble Lord is nothing if not belligerent. Sir Archdall Reid has permitted himself to attack the National Council in very strong language. He declared in the *New Statesman* of September last that we were a "fake" society. He went on to say that our "object is not to prevent venereal disease, but by pretending to prevent it to prevent other people from preventing it." I decline to characterise a statement of that kind, which must do harm, and I leave it to the judgment of your Lordships' House. This "fake society" was started by the members of the Royal Commission who wrestled with this most unpleasant subject for two years, and took a great mass of expert evidence. Surely I have the right to defend the Council. We were the first to publish widely some striking figures obtained from the American Naval Station at Norfolk, Virginia, where disinfection under skilled supervision was employed. We have used these figures to drive home the lesson of the necessity of treatment at the earliest moment, and we are now accused of keeping back a wonderful discovery of the disinfectant power of permanganate and calomel.

What are the facts? The National Council took up the question of disinfection in the autumn of 1916, as a result of the experience gained in France. We were then greatly concerned with the large number of troops on leave in London, and in a pamphlet which we published the uses of calomel, protargol, and permanganate were explained. With the approval of the Director-General of Medical Services and with the co-operation of the National Guard Sir Thomas Barlow took great pains to secure the establishment of irrigation statistics in camps and barracks. The result of this was a most striking success in many

cases, especially in Chelsea Barracks. We also issued many thousands of cards to soldiers on leave, urging them to take early preventive treatment and telling them where it could be obtained. That system could not be applied throughout the country for the use of the whole civil population. It was gradually superseded by the military authorities in favour of self-disinfection packets.

As regards the civil population, the National Council has strongly urged the immediate use of soap and water, which even Sir Archdall Reid admits may be effective. Soap has been shown to be a germicide, and if vigorously used is probably quite as effective as permanganate. We do not deny, and we do not suppress the fact, that disinfectants recommended by a medical man if skilfully and quickly applied will reduce the risk of disease, but they do not afford and cannot afford certain security, and if any symptoms supervene medical advice must be taken at once. But we decline to make soap and water or anything of that kind the only or even main plank of our platform, and for the reasons I have given, we are deeply impressed with the danger of making any announcement which may be misunderstood by the public.

Now we have evidence that already in the case of women harm has been done by the letters which the noble Lord's society have sent to the Press. Some women thought, not unnaturally, that disinfection was a cure for the disease, and used the disinfectant with the result of delaying proper treatment and jeopardising their ultimate cure. Colonel Harrison, whom I agree in thinking is one of our greatest authorities, and who may perhaps have changed his opinion slightly in consequence of larger information obtained of late, has said publicly that "he has seen numbers of cases where soldiers have treated themselves with these prophylactics, allowing the disease to get a deeper and deeper hold on them. Sometimes the result was truly disastrous, as when a man who suffered from syphilis treated the sore with ointment, and his next, event was hopeless paraplegia." I do beg my noble friend and his colleagues to consider the grave warning conveyed in those lines. Self-disinfection is practically useless for women, and further it is a well-known fact that syphilis can be conveyed by other means, which the measures advocated by the noble Lord's society do not meet.

I will not dwell on the moral aspects of this matter which are very difficult, and on which my Council feels strongly, but I regret the tone of some of the letters of the secretary of the noble Lord's Society. He has accused us of being influenced by ecclesiastical opinion because we say that the only complete safeguard against disease is to lead a moral life. That does not prevent us in the least from recognising the many imperfections of human nature, or from combating disease by all the means which medical science has placed at our disposal, but we do consider that it is not only contrary to moral law but positively dangerous to hold out a promise of certain immunity for men only by

the use of these disinfecting packets. I hope that I have succeeded in showing that this promise is illusory, even when self-disinfection is practised under most favourable circumstances. The more sexual irregularity exists the more, most certainly, must venereal disease increase, and the false idea that men only can be made safe by these means must lead to an increase of sexual immorality from which in the long run women may suffer most, morally and physically.

There was a time, not very long ago, when many people thought that the Contagious Diseases Act was an absolute specific against the spread of diseases. Where are those people now? Between 1883, when the Contagious Diseases Acts were suspended, and 1913 the incidence of disease of our troops in the United Kingdom fell from 260 per thousand to 50.9. That reduction to less than one-fifth of the former incidence was brought about by many causes, of which probably healthy recreation, temperance, and good counsel were amongst the most important. Now medical science has given us more weapons in our hands, and we must use them with wise judgment. I hope that we shall never ignore the moral aspect of this matter, or be induced to place complete reliance on methods which experience shows may be failures, and it is for that reason that I regret the far too confident announcements, as I think them, in the publications of the noble Lord's Society. But I do cordially agree with him in asking for any statistics which can be given that are relevant to this matter, provided that those statistics are very carefully examined, because otherwise they would certainly lead to misunderstandings.

I will only say one word in conclusion. Some legislation is very much needed, and I think that it is a great pity that the Joint Select Committee over which my noble and learned friend Lord Muir Mackenzie presided was stopped when the last Parliament ended, and I hope that the noble Viscount may say that the Government will consider whether that Committee might not be set up again, because there are certain questions involving legislation which are very important and very urgent. I believe that it was a thoroughly competent body, and that it would have been able to pronounce a decided opinion upon this matter.

*THE LORD ARCHBISHOP OF CANTERBURY*

My Lords, I am very grateful to Lord Willoughby for having called attention to-night to the Report in the White Paper, on the existence of which his speech was to some extent based. The noble Lord has now, as on former occasions when he raised this subject, handled what is admittedly a most unpleasant matter in its details, and one which is controversial in more ways than one, with lucidity, with knowledge, and with force. He has necessarily gone over the ground which he covered some eight months ago, and he will not be surprised if I propose for the same reason to repeat somewhat what passed on that occasion. The arguments which were then used do not seem to have changed in their character,

or to have had much force added to them by what has passed since then. Undoubtedly, however, fresh light has been thrown upon the subject by what is known as Lord Astor's Report.

I note that the noble Lord did not say to-night—and I do not think on a former occasion that he said anything himself to that effect—that this subject is a purely physical one, a purely medical or surgical one, and that it has nothing practically, as regards policy, to do with morals or ethics. But the noble Lord has rested his arguments in no small degree upon the statements of people who have said that. One of them has said that it is time the moralists and ethical people were treated with scorn, and put on one side. He went on to say that they should be allowed a free hand, and that it should be recognised that the two things are entirely different. I will quote these words— You will remember that the principles which underlie the whole question of the suppression of venereal disease are, first, the complete and absolute separation of the moral from the medical problem. I need not multiply quotations to that effect from the lady upon whom the noble Lord relied considerably, or from some of the medical authorities whom he quoted and who hold that opinion. But he himself has not said that. Allegations of that kind, however, continue to be made, and I have tried more than once here, and constantly elsewhere, to meet them. It seems to me that we are in the same position on that matter as were those who were discussing political economy questions in the days of our boyhood. We were then constantly told that whatever we did we must keep out of political economy all questions except those relating purely to the statistical side, and that political economy had nothing to do with morals or ethics. In short, you had to discuss it as something entirely apart from its practical application to human conduct. I do not say for a moment that the great masters of political economy, like Adam Smith, said that the science had no practical application to human conduct, but it was said by political economists in that day. I do not think there is any political economist who will take up that standpoint to-day. Even those who dwell most upon its scientific and statistical aspect acknowledge now that the human nature side does come into and affect the whole question.

That is equally true—indeed much more true—with regard to this particular question. The purpose which we all have in view is the prevention or the eradication of a horrid evil which is flagrant in the midst of us, and it is when the methods come to be discussed that the moral side has to come in. I ventured to say on the former occasion, and I apologise for repeating it, that the moral side cannot be kept out because you are dealing with human beings. You have to behave in a totally different way from the way in which you would behave if you were dealing with animals. If you were dealing with the cattle plague or with the dog plague of rabies you might do so by killing the animal, but in this you are dealing with human beings and you cannot deal with it in that way. It is not a purely physical or medical matter.

Lord Willoughby has to-night, as on former occasions, urged, and with my complete concurrence, that it is desirable that people should know and realise the gravity of the evil and the necessity and, if so be, the possibility, of combating it effectively. His eloquence on that point is not needed now. I think that I am entirely in agreement with him on that point. The cry has been raised that we want concealment. I do not want concealment. I want people to know everything that is to be known provided it is told in a proper way and told without panic. I believe it is desirable that the fullest possible knowledge should be extended on the whole subject. Whatever may have been said or thought a few years ago it is quite certain that since the publication of the Report of the Royal Commission over which the noble Lord who has just spoken presided, the policy which to some extent perhaps existed before of complete silence on the subject or of suppression, not exactly of the facts but suppression of discussion respecting them, is dead. Everybody must know that this subject is before the world. We have to discuss it, whether we like it or not, and we cannot from the daily Press or anywhere else fail to find that it is constantly forward.

But what I am anxious to make clear is that those on whose behalf I speak—if I am allowed to speak on behalf of any group—are quite as anxious as those whom the noble Lord represents that the whole facts should be known, and that no kind of concealment of the deliberate sort, or of any other kind that we can avoid, shall take place in the matter. The noble Lord went so far as to say that it was doubtful morality to suppress the truth. I quite agree with him. I do not want to suppress the truth, and I do not know who does. Nowadays—I do not say it was ever so—nobody does, and I agree with him that it would be unwise, possibly doubtful morality, to suppress it. More than that, we are all in agreement in our desire to prevent and combat this disease. They are really unworthy taunts which are brought against those who are represented by the noble Lord, Lord Sydenham, by some of those upon whom the noble Lord (Lord Willoughby de Broke) relied. Two of them I can quote. An article by Sir Archdall Reid said—Doctors as well as the general public are divided in opinion both as to whether it is right to prevent venereal diseases, and also as to the best means of doing so. Are doctors divided as to whether it is wise to prevent venereal diseases? Can we find a member of the public that would take that view? I do protest against that kind of statement being made by such high authorities. And it is made in even blunter forms by some others to whom the noble Lord refers. The lady whose name he gave and who was written voluminously on the subject said— A section of the so-called 'religious' public is so benighted ethically that they actually desire to maintain venereal disease as a material hell into which to drop all offenders against their moral code. This kind of argument might be treated with absolute contempt if its author had not been quoted to-night by the noble Lord as one upon whom he desires to rely as a guide in what we are to do in a subject of this kind. Nothing of the kind is said

now by anybody who is worthy of being listened to, and I hope we shall not hear any more said as to its being necessary to meet an argument like that as if it existed now—the argument that it is desirable to maintain diseases in order that punishment should follow from an offence. There, I think, we are all in agreement.

The difficulty arises when the question comes as to the reliance or non-reliance on the self-disinfection about which the noble Lord has spoken so well and so clearly tonight. One school of thought in this matter relies—not infallibly but mainly—on personal disinfection, and desires to make universal provision for it. The other distrusts self-disinfection, and urges that the proper course is to advocate everywhere—in addition to advocating morality—cleanliness on the part of anyone, man or woman, who has subjected himself or herself to the possibility of infection, and then to obtain as early as possible treatment by those who can really give that treatment effectively. That is the difference which divides people. And in the distinction thus drawn you can find on either side of the line medical men of high authority. There is no doubt whatever that there are medical men of high authority who give support to the whole contention which the noble Lord has brought forward. We have testimony to that effect not by Sir Archdall Reid only but by many others as well.

What I want to point out, and to put your Lordships on your guard against in studying this subject, is that those who are giving you statistics about what happened in regimental or barrack treatment in this matter skate lightly over this as if it were true with regard to the general public, and by a kind of sleight of hand—I do not think it was intentional on the part of the noble Lord, but, if it was intentional, it was exceedingly adroit—suddenly slip, as he did, from arguments and statistics which he was bringing out as regards barrack treatment under the careful supervision of Sir Archdall Reid to the application of that to the general public, of whom he speaks in the Notice which he has given, and to the steps given to instruct the general public in the matter. That is fraught with the greatest possible danger. Things which may be true with regard to men under discipline in barracks and elsewhere—though I distrust them there—may be absolutely untrue when you apply the same rule, or anything like the same rule, with regard to the general public. I distrust this system which is advocated. I distrust it for the disciplined forces, for the men in barracks or under military or naval discipline, but as regards the general public I not only distrust it but detest and abhor it. I believe it to be something prejudicial in the highest possible degree to public welfare and the public good.

The noble Lord and those who act with him use, as you would expect, careful, well chosen, and guarded language, and the blunt and brutal form in which the matter can express itself is not there, or is covered up by statements which are not susceptible of attack, because of the careful way in which they are

formulated. But while the noble Lord and those who act with him avoid the blunter statement they do not, as far as I can see, avoid what it ultimately comes to in fact. We have the statements perfectly clearly, in plain facts. The lady whom the noble Lord referred to to-night says quite plainly (and this is a lady whom he has relied upon to-night for evidence) that every boy and girl in our parishes must be provided free with the outfit which will make them secure, and when you have done that all will be right "Go with clean people and you will be clean." That is the kind of treatment of this subject, and I did not expect to hear the author quoted to us to-night. But if she is to be quoted let us understand what it means when it comes down to the plain English in which it will be used and understood up and down the country. The words which the noble Lord quoted—the kind of general words about early disinfection and self-disinfection—couched in that kind of language may not mean very much to very many of the public, but when you have it all in the form in which I have put it, quoted from this lady, we see what it means that we are being led to support, if we follow the line along which the noble Lord desires us to go.

The noble Lord has quoted the authority of the medical officer of health for one of our great boroughs as showing what is to be said in favour of the self-disinfecting process which he described. There are others not less entitled to weight, one or two of whom, after what he has said, I think I may be entitled to quote. The Medical Officer of Health for Birmingham says— In the first place, I am convinced that the only true prevention for civilians is sexual morality. The alternative which is suggested, of teaching the use of and supplying prophylactic outfits, will more surely destroy the family life of this nation than any other method you could advocate. To destroy the family is to destroy the nation. It was to similar methods that the glory of ancient Rome owed its eclipse. I do not like repeating what was said on a former occasion, but the noble Lord rather tempts me that way as he has gone over again ground that he traversed before; therefore I do not think it is inappropriate to read what was said, which has never been withdrawn, by the high medical and military and naval authorities who dealt with this whole question with regard to the American troops when they were in this country. Colonel Snow, of the United States Army, said— In considering this matter in relation to the civil population, it seems to me, both from my experience in the Army and as a public health officer, that any measure which produces self-diagnosis and self-treatment, such as the 'prophylactic packet,' will militate against the early discovery and treatment of infected persons. In so far as the 'packet' has a bearing on the moral question, its official promulgation seems to me to favour increased sexual promiscuity. I bring that forward because the noble Lord has, fairly and rightly, brought forward at any rate medical evidence of a weighty kind. There is a well-known passage, that I almost shrink from quoting again, which the American Navy Secretary continued to circulate during the war as regards his views of

the suggestions which have been put forward to-night. He said— The use of the packet I believe to be immoral; it savours of the panderer; and it is wicked to seem to encourage and approve placing in the hands of the men an appliance which will lead them to think they may indulge in practices which are not sanctioned by morality, military or civil law, with impunity, and the use of which would tend to subvert and destroy the very foundations of our moral and Christian beliefs and teachings with regard to these sexual matters. These are strong words and I do not want necessarily to adopt them in their entirety, because I can imagine that something might be brought forward to qualify some of the evidence.

It would be sheer impertinence on my part to try and express a personal opinion on the medical and surgical aspect of this question, but at the same time I do not profess to be entirely ignorant about it. I have not only read about it, but I have spent trying hours in the hospitals seeing the actual processes so that I might be thoroughly conversant with what is happening. I am glad that such emphasis was laid by my noble friend on the weight attaching to what is said and done in this matter by the man to whom I believe we owe more in this respect than to anyone else—Colonel Harrison. He has been to the fore in the whole of this matter; he has worked at it, he has written and spoken about it, he has taught people on the subject, and to him, and to the careful and painstaking effort he has made to grapple with this subject, we owe more than words can say. Colonel Harrison is a prominent member of the Executive Committee of the Society for Combating Venereal Disease, the society which the noble Lord is opposing to-night. Colonel Harrison, with increasing certainty I think, is expressing himself in regard to this matter.

I do not know the date of the quotations used by the noble Lord, but a few months ago Colonel Harrison was a prominent member of the great Congress held at Newcastle where this, among other subjects, was discussed. There he said that he was opposed to the methods of prophylaxis by means of disinfectants for the use of the individual so far as they applied to the civil community. His reason was that the results would not justify the price to be paid. As for the results, it would be conceded by every one that such methods would have a better chance of success in the Army, where men would be taught almost individually, and supervision generally must be closer than amongst civilians. Yet so far no general diminution of venereal incidence had occurred in the Army. The admission rate for all troops in the United Kingdom during the war had been approximately 38 per thousand per annum. It was the same to-day as it was before the introduction of prophylactic packets. The rate for English, Scottish and Irish troops was considerably lower than for Colonial troops, in spite of the fact that the prophylactic methods under discussion had been far less energetically pursued in the Imperial troops than among the Colonial. Probably the most energetic in this respect had been the Australians but their infection

rate for troops in the United Kingdom was considerably higher at the end than at the beginning, when it had been 130 per 1,000 per annum. Those are the words of the Medical and Military authority to whom the noble Lord has specially referred and on whose authority he lays such stress. I think they are of first-rate importance when we are discussing the question of the difference between the two schools.

In that same speech Colonel Harrison points out the peril which would arise, from the use of the procedure which has been recommended to-night, as to the evasion of the Venereal Diseases Acts. Those Acts are intended to prevent the provision by quacks, or unskilled, or otherwise inappropriate people, of rough and ready remedies for venereal disease. Infinite mischief has come from that which these Acts try to prevent. Colonel Harrison points out in the next place that it is undoubtedly true that the public will use for curative purposes in that case what were not meant for curative purposes but what were issued for preventive purposes. It would be impossible to get people to distinguish between the two. He further says—The greatest factor in the reduction of venereal disease in the Army had been improvements in social conditions and encouragement of games; and the reduction was effected without recourse to any direct means of prophylaxis. The best hope of salvation now lies in the promptest possible treatment of venereal disease after its commencement. I have troubled your Lordships with those quotations because Colonel Harrison is the gentleman on whom the noble Lord to a large extent relies, and it is most important that the words of one who is such an expert, and to whom we all look for guidance, should be brought forward and dwelt upon on such an occasion as this.

The whole of that is summed up in Lord Astor's Report, which is given as the basis of the noble Lord's discussion and Motion to-night. I entirely agree with the desire that found expression that we should be furnished with the names of those who were Lord Astor's colleagues, and I hope that the noble Viscount when he speaks will be able to furnish us with the names of the medical authorities who, with Lord Astor, agreed in putting forward that Report. What the Report says is of the greatest possible importance, and I do not apologise for quoting a few sentences from it because the whole point of to-nights debate is involved. The Report says—The Committee desire me to point out that in their view many of those who wish the Government to utilise in peace time for the civil population methods which have been tried among the Forces in war have not sufficiently appreciated the fundamental differences between the two groups, or between the conditions of war and peace; nor have they been aware of the comparative failure of packets even in a disciplined force. That is after taking all this evidence. Again—The civil authorities cannot command or control the general population, men and women, as officers can properly and legitimately control enlisted men. Then a little later—That the issue of

prophylactic packets tends to give rise to a false sense of security, and thus to encourage the taking of risks which would not be otherwise incurred, and the neglect of facilities for early treatment when available; and, in certain circumstances, might even increase the spread of disease. Then— That the most carefully organised packet system, such as exists now in the Army (a system which would be unattainable in the civil community) has not produced such a general reduction in the incidence of venereal disease as to counteract the disadvantages mentioned in these conclusions....The Committee set out to examine the evidence placed before them from the scientific and the medical point of view, and it is strictly in this spirit that they desire to record it as their opinion that the irreplaceable effect of the moral factor has been too frequently neglected or forgotten. That is the result of the Committee's deliberations on the evidence taken before them. The Committee was appointed by His Majesty's Government to look into this matter, and these quotations really conclude what I have to say. But the general issue is one of very great importance. I am quite sure that we under-rate the danger of arming men with supposed securities—of course, no one says absolute —against venereal disease, and arming them beforehand; and, still greater is the danger, if you make the same applicable, as has been suggested by the noble Lord, to young women. It is a quasi-encouragement of the gravest kind.

I do not want to rest that assertion upon opinions which come perhaps from a source which would be distrusted as coming from those whose special business it is to deal with ethical and moral questions. I much prefer to rest it on those whose primary duty is medical and surgical. Therefore I should like to quote from one of the foremost doctors dealing with this matter, Sir Malcolm Morris— If you provide a man with an outfit and assure him that it is a reliable safeguard against infection, do you not so far encourage him to the indulgence in which the outfit will come into play? You may accompany the outfit with an exhortation to practise continence. That is well. But which is the more likely to influence him, your words or your act? Do you not, by providing him with this safeguard, release him from the prudential restraint which might otherwise be effective?...It is a question of ethics. But it is much besides. It is a question of the effect that will be produced upon the mind of the man whom you prevail upon to accept the outfit and carry it about in his pocket ready for use at any moment. I submit that the mere possession of that outfit will tend to lessen his powers of resistance. He will not have had it in his pocket long before he will come to feel that he is a fool unless he indulges himself and brings it into use. No difference between prophylaxis and early preventive treatment! There is the difference between making it easy and not making it easy for a man to yield to temptation. These are the words of a great medical authority who has given peculiar attention to the subject. He is an authority not only on the technical side, but also upon its bearings with regard to the general conduct and character

of a man's life. I think the more closely this is looked into, and the more it is studied in the writings of those who have dealt with the matter in the largest way, the more will the conviction come to those who study it that we are liable to under-rate the moral effect of action which is supposed to make less the risk which at present exists. I do not admit that you do make it much less, but if you have to consider against that the greater number of persons whom you will induce to run the risk—it is obvious that while a limited number of people are led to imagine that they are protected against the evil, at the same time a larger number of people are encouraged to subject themselves to the danger—you are defeating the very object you have in view.

If any one will refer to what has been said in the admirable work of Abraham Flexner in his "History of Prostitution," and look at the statistics from Copenhagen, Vienna, and Berlin, and see how he works them out and shows by actual charts and diagrams the way in which the extent of the moral wrongdoing varied with the increase of supposed facilities for the protection of the wrong-doer, he will be struck by finding how the man who produced this book with no other object than that of science, is led to the conclusion which I believe to be the right and true conclusion.

We have before us two different groups, to which the noble Lord has referred several times—the Society for Preventing Venereal Disease and the National Council for Combating Venereal Disease. Quotations have been made as if the medical authorities were chiefly on one side, but remember that the society which argues against the personal disinfection process and against the issue of packets, and in favour of the other process—I am speaking of the civil population and not of the technically military question, on which I have expressed my opinion before, but which concerns me less than that with regard to the general population—remember that the medical men on that side include the President of the Royal College of Physicians and the President of the Royal College of Surgeons, and such leading medical men as Sir Thomas Barlow, a former President, Col. Harrison, Sir Arthur Pearce Gould and many more who could be named.

It is trifling to say that medical opinion is on one side. It is not for me to try to balance the long list on one side against the list on the other, but I have given the names of great medical authorities to show that we do not speak lightly when we say that we quote medical authority on the side I recommend. I very earnestly hope that no countenance will be given by any action on the part of this House to the recommendations to which I have referred, given in guarded terms by the noble Lord and in less guarded and perhaps therefore a more useful form by those who advocate them in a blunt and full way—that free access should be given to everybody to obtain for nothing that which is supposed to protect them from the evil which is there. There is a right and a

wrong way of dealing with the matter. The National Council seeks for the support of His Majesty's Government and hopes to hear to-night that that support is being more strongly given. I hope that we are going to adopt the right and not the wrong way.

*THE EARL OF CLAN WILLIAM*

My Lords, my only excuse for intervening in this debate is the fact that during the war I had a certain amount of practical experience in preventing the spread of this disease. Before I say more, I would say to the noble Lord, Lord Willoughby de Broke, that I should like to support him in his request for Papers. I believe that anything that can be either said or done to prevent the spread of this appalling disease is worthy of the very serious consideration of the Government, and anything that can be done to secure that end should be done.

During the war I was attached to a Division, and it was one of my duties to collect evidence of cases of this disease and take what steps I could to prevent the disease spreading. As soon as a man was infected he was sent to me for interrogation and afterwards, accompanied by my French and English representatives, was sent to identify the woman. He then returned to me, was handed over to the medical authorities, and went to hospital to be treated and cured. The same thing happened to the woman. She was taken in charge by the French authorities and sent to hospital. In a very short time this reduced the number of cases of disease in that Division. As I was there for a considerable period I was able to take stock of the measures taken to prevent a spread of the disease, and I found there was no question but what this method was extremely effective. We found considerable difficulty in the cases of houses licensed by the Government, and there, although the women were supposed to be medically examined at frequent intervals, owing to certain reasons identification was not practicable. For that reason I would never advocate the existence of such houses in this country.

One other matter is worthy of note in this debate. The greatest difficulty I, or any one in my position, had to contend with was the case of a man who had been at home on leave. The man went home and some of them, not all of them, came back infected, and it was absolutely impossible to carry out any identification. They returned to France or Belgium on leave, and it was some time before the medical authorities knew they were infected. During all that time they were going about spreading the disease. I do not wish to say anything more about that. Your Lordships will see the moral of it. It was our greatest difficulty and one we could not contend against. I have seen such a lot of this appalling disease that anything which can be done to prevent it will receive my hearty support. I shall support the Motion of the noble Lord.

*EARL RUSSELL*

My Lords, the noble Lord who introduced this discussion deserves the thanks of the House for the manner in which he dealt with it. We all recognise his most earnest desire to deal with this subject and to do what is possible to combat it. I am in great sympathy with him, and perhaps he will therefore forgive me if I criticise just a little some of the things he said. The noble Lord advocated as the measure beyond all measures, superior to all, the one which should be made known to the public generally as the thing for dealing with venereal disease—early self-disinfection. In his Question on the Paper he asks the Ministry of Health what steps they are taking to instruct the public in the proper application of immediate self-disinfection at the time of exposure to infection. It seemed to me his enthusiasm was a little like that of people who think they have suddenly discovered a specific which has never been heard of before and which can be relied upon to remove all the evils if it is adopted.

In a matter of this kind considerable caution is required before you can be sure you really have a specific and certain remedy. I gathered from the criticisms of Lord Sydenham that, although medical opinion admits apparently that immediate self-disinfection, properly applied, is almost practically a certain preventive, there is still a very great difference of opinion as to whether in the case of the ordinary public there is a reasonable chance that it will be properly applied so as to be effective. It is obvious these are medical questions which must be settled by experience, statistics, and doctors, and upon which your Lordships cannot express an opinion.

If these questions are still in dispute as is perfectly obvious they are, and if there is a great deal of doubt about it, is it wise and safe to recommend to the public this method as being perfectly certain and perfectly safe? Are you not really running very considerable risk? Lord Sydenham uttered a word of caution which I should like to endorse. The noble Lord read one of the advertisements and notices to the public which said, "This is the only way to safety." That does seem to me to be rather a dangerous statement to put forward to the ordinary ignorant layman and one which is likely to lead him into a sense of false security. It is probable that that which is merely a disinfectant may also be used as a curative treatment. I think caution is perhaps a little required in a matter of this sort, and a more considerable measure of medical agreement than we have at the moment before you give official advice to the whole community.

The most rev. Primate dealt with a question which is of obvious importance; the effect of this sort of thing on the morals of the community, and he read a sentence, which rather surprised me, from the report of a lady doctor which in terms said that these things were to be taught to every boy and girl. You would in effect have a licence for prostitution, almost an invitation to promiscuous intercourse. That of course from the moral point of view is not in the least desirable, and you are faced there, and the most rev. Primate himself is I am

sure prepared to face the position fairly, with the difficulty which is always apt to arise in matters of this sort. You have a widespread scourge which you know is enormously widespread; you know that the populace as a whole is not continent, and that this disease is rampant, and you always have the difficulty of drawing the line as between telling as many people as is necessary and telling too many. If you are really to be effective you must tell the innocent. If you tell those who are already infected, you are rather too late.

On the whole I think we have come to the conclusion, and the most rev. Primate seems to support the view, that perfect frankness and openness and instruction in these matters is better than concealment, but that instruction ought to be under some safeguard and certainly ought not to be given unless you are sure it is the right instruction, and that you are making no mistake in giving it. Less indeed than the most rev. Primate himself can I profess to know of the medical questions involved, but it seems to me a matter which is for experts to decide. It has undoubtedly two branches. One, purely scientific and medical, and the other a question of morals. The question of what is the proper or best treatment does not enter into the question of morals. You must first ascertain what is the proper treatment and the application of that knowledge is not involved in questions of morals, on which we can all have different opinions. I am entirely inclined to support the noble Lord's campaign, but I think it wants caution in its administration.

LORD MUIR MACKENZIE

My Lords, I rise only because, as has been already mentioned, I was Chairman of the Joint Committee of both Houses which dealt, now a year ago, with the Sexual Offences Bill and the Criminal Law Amendment Bill introduced into this House. I do not desire to give any opinion upon the merits or otherwise of the prophylaxis which is recommended by the noble Lord who opened this debate. I am not competent to give any opinion upon the subject and it did not come before the Joint Committee in any way, and therefore I have had no opportunity of dealing with that side of the subject. I only wish to say this. I cannot at present get over my own feeling of repugnance towards the sort of presumption that fornication is to take place, which seems to be involved in presenting people with these packets; nor can I get over the repugnance which I feel towards the idea that everybody, even the youngest, is to have instruction and suggestion in this direction. It was not to deal with that subject that I got up. It was that I think this is a fair opportunity for asking the Government, or the representative of the Ministry of Health in this House, whether all the labours of that Joint Committee, which worked for a long time and with great assiduity, at the end of last session, are to be thrown away or whether the Ministry of Health propose to take any action upon this subject.

VISCOUNT SANDHURST

My Lords, with regard to the last sentence which fell from my noble and learned friend, of course he will readily understand that I am not in a position to give information one way or the other as to the future course in regard to that Committee, which was set up in reference to two particular Bills. I will, however, mention the matter to the Minister of Health, and probably take an opportunity of informing my noble and learned friend privately.

I should like to join with others who have once again remarked in what a fitting manner my noble friend Lord Willoughby de Broke introduced this subject. We all recognise my noble friend's singleness of purpose and his enthusiasm in pressing the cause which he thinks may be so useful to his fellow countrymen. It makes me regret all the more that I do not see eye to eye with him. I was also very glad to hear the experience of the noble and gallant Lord who has served his country so well in France. This debate, of course, bears a very close family resemblance to the debate which we had in April, and I shall, you will be glad to hear, not have to detain you very long at this hour, because really the speech of the most rev. Primate was of such a character that I think I might almost have left the question in his hands although, of course, my noble friend will expect me to say something on behalf of the Government.

It was suggested by my noble friend on the cross benches, and also by the most rev. Primate that it might be for the convenience of the House and of the public if they knew the names of the Committee who sat under the Chairmanship of Lord Astor. Noble Lords will understand that there is no mystery about it. I shall be very glad to give the names, and to give them at once, to the most rev. Primate and to the House. I may remind your Lordships that this Committee, as I think has already been stated in this House and in the Commons, was a Departmental Committee appointed by the Minister of Health to inquire at the time of demobilisation into a number of parasitical and infectious diseases, such as malaria and venereal disease, and to take evidence from expert and other witnesses and to report. The case of both sides in this controversy was fully represented before the Committee, and perhaps noble Lords would like to hear the reference to the Committee. It was "To consider the possible risks of introduction of infectious and parasitical conditions into the country in the course of demobilisation from the various fronts, and to make recommendations for the purpose of securing close and effective co-operation in administrative measures for dealing with these conditions on the naval and military (including the Air Service) and the civil side."

The members of the Committee were Viscount Astor, Chairman; Major W. C. Smales, D.S.O., M.R.C.S. (War Office); Colonel L. W. Harrison, D.S.O., K.H.P., M.B. (War Office); Surgeon-Captain D. J. McNabb, C.B., R.N., M.R.C.S. (Admiralty); Lieut.-Colonel H. F. Horne, R.A.F., M.D., (Air Force); Dr. G. S. Buchanan, C.B., M.D. (Ministry of Health); Dr. F. J. H.

Coutts, M.D. (Ministry of Health); Colonel A. L. A. Webb, C.B., C.M.G., M.R.C.S. (Ministry of Pensions); Mr. J. Smith Whitaker, M.R.C.S. (Insurance); and Sir Leslie Mackenzie, M.D., LL.D. (Local Government Board for Scotland).

I should like to mention once more the name of Colonel Harrison, who has been referred to in the course of this debate. The noble Lord quoted from a lecture which was given by him, and which was also referred to by the most rev. Primate. Colonel Harrison advised in favour of the self-disinfection system in October, 1918, judging from the figures which he had then been given of the results of skilled disinfection in the American Navy, and from some Australian statements, but at a later date he had an opportunity of seeing and watching the figures of our Army, showing the rates of the disease after the disinfection policy had been for some time disseminated and to an increasing degree in operation. It was his discovery that such large numbers of soldiers still caught the disease, in spite of the prevalence of the new system, which caused Colonel Harrison to realise that the efficacy of self-disinfection was much lower than he had expected in October, 1918, it would be, and made him realise that for the civil population it would be still less efficacious, and that such good as might be gained would involve other things whose disadvantage would far outweigh the good.

In dealing with this subject so soon after it was dealt with in April, it seems almost impossible to avoid appearing to repeat one or two of the things which I said on that occasion, but I shall do so as little as possible. I would, however, point out that this cleansing is, of course, only one item in a propaganda which has been put forward by a society which has been subsidised for that purpose. The other items in the propaganda have already been referred to, and I do not think that I need refer to them again. In regard to some of the figures to which my noble friend refers—and I hope to be able to meet him by giving the Papers and figures he requires—it has been frankly asserted by such gentlemen as Sir Archdall Reid that if only the civil population were instructed to use proper disinfecting drugs such as permanganate of potassium immediately after exposure to infection, and if outfits for this purpose were made generally available, the risk of venereal disease would be avoided, and that if this policy were made general by the Government the disease would before long disappear. But careful investigation has conclusively shown that even amongst the military, where disciplinary arrangements can be resorted to and instruction can definitely be given, there are found amongst soldiers in venereal disease hospitals substantial numbers of men who state categorically that they used permanganate of potassium within a few minutes after exposure. It is thus clear that even in circumstances specially favourable to instruction and to the method proposed, the risk of venereal disease is by no means certainly avoided; for even in those conditions a certain number of cases occur. How much more then

would this be the case, and how far removed should we still be from secured immunity with the civil population, in respect of whom the arrangements as to instruction and discipline adopted for the military would obviously be quite impossible?

As to the Portsmouth position, which was, I think, specially mentioned by my noble friend, the information received as to the number of soldiers admitted to hospital for venereal disease per thousand of the total military strength in the United Kingdom and in the Portsmouth military area, respectively, shows that the incidence of venereal disease amongst the military in the Portsmouth area from 1912 to 1914 was approximately one and a-half times greater than that amongst the military throughout the United Kingdom. In the years from 1916 to 1918, the rates for the Portsmouth area were approximately twice those of the United Kingdom; and in the current year, 1919, the rate in the Portsmouth area has been two and a-half times that of the United Kingdom. I believe that I am right in saying that in the years 1918 and 1919 the policy advocated by Sir Archdall Reid was at its height in that area.

In regard to the statements by Colonel Harrison, it is admitted that skilled disinfection very shortly after intercourse will usually prevent venereal disease, but inquiries at military hospitals show that this is by no means the case when the disinfectant is applied by the man himself, and this even when he has been in a military unit under military discipline, and has been furnished with the usual lectures and posters together with personal instruction. Thus in the venereal hospitals where this matter had been carefully investigated 7.3 per cent. of the patients stated that they had swabbed themselves with permanganate of potassium solution within ten minutes after exposure. A further 36 per cent. had similarly, that is within ten minutes, used calomel ointment, and a further 1.5 per cent. had used both calomel and permanganate. Thus, in these two hospitals there were 12.4 per cent. of the venereal patients who stated that they had disinfected themselves with the drugs advised, within ten minutes after exposure. In another military hospital, 11.2 per cent. of the patients stated that they had themselves used permanganate, or calomel, or both, within five minutes after exposure.

It may be noted that these inquiries show a further and different point—namely, that the clear instructions of the medical officers on early treatment had in a large proportion of the cases either not been observed at all or had been followed in the most diverse ways. From this it is seen that, to be effective, instruction must be given much more clearly and insistently than has yet been accomplished in the Army, even by the lectures, posters and personal instructions given freely in many units.

It has been suggested that instruction in that degree of detail and thoroughness should be given to the civil population. I venture to say that instruction in that degree of detail in regard to the civil population is a practical impossibility. As to what can be recommended by the Minister of Health I may say this. Bearing in mind that if the Ministry recommended any specific disinfectant it would be necessary to issue formal advice as to its use, and that this advice, and also a regular supply of the particular drug, would have to be made available through the usual channels—with all the risk of misuse and of creating a false sense of security—the Minister is not prepared in the present position of the evidence to authorise a recommendation of any drug for these purposes. He would, however, be prepared to sanction the issue of advice in some such form as the following: "Those who have exposed themselves to infection are hereby advised that they have incurred grave risk of venereal disease. Persons who have incurred such risk of infection will certainly diminish that risk, to some extent at least, by effectively cleansing themselves immediately. They are further advised to watch carefully for several weeks for the first signs of disease, and to seek medical advice at a clinic or elsewhere immediately such signs appear."

I believe that what I am about to say has been referred to already, but perhaps your Lordships will pardon me if I repeat what has been well said. It has been said that there is this danger, that the preventive might be used in place of a curative, and that if a preventive is used it might tend, as I think was pointed out from the Cross Benches, to drive the disease deeper and deeper into the system. The use of these things by self-application might tend to prevent men from seeking proper treatment, and by the use of them the impression would prevail, as the right reverend Primate pointed out, that risks might be taken with impunity, thereby increasing promiscuity. On these grounds the Minister, seeing the doubtful results in the case of men under discipline, did not think it right to go further than I stated a moment ago, and I am bound to say that, having read a great deal about this matter officially and otherwise, especially in regard to the use and misuse of disinfectants owing to carelessness and want of knowledge on the part of individuals, the Minister has put himself in an impregnable position in not going further than he has.

My noble friend Moved for certain Papers. The Papers he moves for are those giving information as to the early incidence of venereal disease in the Portsmouth area as compared with the rest of England, Colonel Keble's Report, and the Hilsea, Hospital records. I understand that the War Office has no official reports from Colonel Keble, but in regard to the figures, and the Hospital records that my noble friend desires, I shall be able to place on the Table the Memorandum with those figures, and they will also have side by side with them the necessary statistical explanations, without which in either direction such figures might be misleading. I hope I have been able to give the

information desired, though the debate developed in such a way that speeches were made which really-answered the questions on my behalf.

LORD RANKSBOROUGH

My Lords, I am much disappointed that there has been nothing in this important debate on the subject of notification. It has all been prophylactics and things of that sort, and it seems to me that we are at the wrong end of the problem. I was three years at Cambridge, and I have spent my life among soldiers, and my experience is that the chief agent for keeping a man clean has been the fear of consequences. Of course, there are many men who rise above that level, but it has been the athlete's and the sportsman's fear of the consequences that has been the chief motive. We should not diminish that fear. I think we should endeavour to increase it and if possible to make it into a terror. The only way to do that is by publicity, that is, the notification to some public body, in the same way as is done with other contagious diseases.

I am aware of the arguments against it—the stigma, and the difficulty with doctors, and the danger of driving it underground. But it has been underground ever since I can remember, and the question is—Do we intend to kill this invisible demon? If we do we shall not succeed by stroking its back in the dark. By all means have the best advice as to precautions for those who may require it, but let them be under no delusion as to what will happen if these gruesome safeguards fail. I am convinced that if we are going to tackle this scourge and destroy it we can only do it by the daylight of notification.

LORD WILLOUGHBY DE BROKE

My Lords, my friends and I have thought a great deal about this question of notification, and I have given some attention to it myself. It is too late to go into the whole subject of notification to-night. There are very serious pitfalls about notification, and I should say that you are much more likely to be able to insist on notification of venereal disease after you have provided the means of preventing it. When you have found out whether somebody has or has not used the means of prevention, then I should think that the State would be in a much stronger position with regard to notification. But in the present state of public opinion my view is that anything like public notification would not stand a chance of being carried in this country, and the most we could hope for at present would be some form of anonymous notification. But it is, nevertheless, a very important aspect of the prevention of venereal disease, and we are not losing sight of it. I shall take what the noble Viscount said as equivalent to accepting my Motion for Papers.

VISCOUNT SANDHURST

I said I would give my noble friend the Papers and figures, except Colonel Keble's Report, which we have not got.

Lord WILLOUGHBY DE BROKE

Therefore I shall not put the House to the trouble of a Division. But I think it is unfortunate that we have not proceeded further in combating venereal disease than a promise from the Minister of Health of a certain amount of soap and water. We do not seem to have made very great strides in any direction, and the noble Viscount in his courteous and well-considered reply did not say much about these early treatment centres. Has that been abandoned as part of the policy of disinfection, or what has happened to it? Some stress during this debate has been laid on ablution rooms where it is properly carried out by a skilful attendant. Are we to understand that the policy of the Government now with regard to disinfection of any kind before the symptoms have declared themselves is merely soap and water? I do not quite follow the Government policy about this. The most rev. Primate, who was extremely kind to me in his reply, as he always is, was rather annoyed at me for quoting Miss Ettie Rout, and he gave me to understand that she was not the kind of witness that I ought to bring forward on my side. In answer to that I should like to remind him that I have only quoted facts, and did not quote anybody's opinion except Colonel Harrison's. I regret that since April last when we brought forward this matter the Government have taken no further steps to deal with this question. Still, this is going to occupy a considerable portion of public controversy, and I dare say we shall hear a good deal more about it.

Motion, by leave, withdrawn.