



C O N T E N T S.

1. Parliamentary Papers regarding Contagious Diseases prevailing in the British Army in India. 1909. pp. 22.
L:422.2(MV4).N1 D9
 - / 2. Report: Royal Commission on Venereal Diseases, U.K., 1916. (Chairman: Sydenham of Combe.) (Cd.8189) pp.191.
L:422.3.N1t E6
 - / 3. Report of the Joint Select Committee on the Criminal Law Amendment Bill and Sexual Offences Bill (H.L.), together with the Proceedings of the Committee, Minutes of Evidence and Appendices. 1918. (Chairman: Lord Muir Mackenzie.) pp.156.
Z3,7:85.N2t E8
 4. Report of the Select Committee on the Bill to amend sections 362 and 366 of the Indian Penal Code. (Govt. of India, Legislative Department.) 1923. pp. 4.
Z2,7:85.N2t F3
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L:422.2(MV4).NI

D9

16350

A. (CONTAGIOUS DISEASES).

RETURN to an Address of the Honourable The House of Commons.
dated 24 June 1908;—for,

RETURN "in respect of each cantonment or other place where soldiers are stationed in India, showing,—

- (1) Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years;
- (2) In the event of there being no hospital, whether women suspected of or found to be suffering from venereal disease are, or have been during recent years, turned out of the cantonment;
- (3) Whether, at any time during recent years, women have been periodically examined by the Army medical officers, or by Native hospital assistants, or by any other persons, acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease;
- (4) Whether such examinations are, or have been, in effect made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so;
- (5) How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases;
- (6) Whether any kind of passes or tickets are, or have been, granted to women (a) permitting them to reside in the cantonment, or (b) recording their attendance at medical examinations."

India Office,
23 February 1909. }

ARTHUR GODLEY,
Under Secretary of State for India.

(Mr. Stuart.)

Ordered, by The House of Commons, to be Printed,
23 February 1909.

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EAST INDIA (CONTAGIOUS DISEASES).

The following are the articles of the Cantonment Code referred to in the accompanying Return :—

Power to remove Brothels and Prostitutes.

174.—(1.) The cantonment authority may, by notice in writing, prohibit—

(a) the keeping of a brothel; or

(b) the residence of a public prostitute in the cantonment or in any specified part thereof.

(2) Whoever fails to comply with a notice issued under subsection (1) shall be punishable with imprisonment for a term which may extend to eight days or with fine which may extend to fifty rupees, and in the case of a continuing failure, with an additional fine not exceeding five rupees for every day after the first in regard to which he is convicted of having persisted in the failure.

Exclusion of public Prostitutes from Regimental Bazaars.

175. No public prostitute shall be permitted to reside within the limits of any regimental bazaar situate in the cantonment.

Power to call upon Person suffering from Infectious or Contagious Disorder to attend at, and remain in, Hospital or Dispensary.

203. If the medical officer in charge of a hospital or dispensary maintained or aided under section 196 has *primâ facie* grounds for believing that any person living in the cantonment is suffering from an infectious or contagious disorder, he may, by notice in writing in the form set forth in Schedule II., or in any similar form, call upon such person to attend at the hospital or dispensary at a time to be specified in the notice, and not to quit it without the permission of the medical officer in charge, unless and until such medical officer is satisfied, by examination (if necessary), that such person is not in fact suffering, or is no longer suffering, from such disorder.

Provided that, if, having regard to the nature of the disorder, or the condition of the person suffering therefrom, or the general environment and circumstances of such person, the medical officer considers the attendance of such person at the hospital or dispensary inexpedient, he may dispense with such attendance and take such measures or give such directions as he may think fit and proper.

Explanation.—In this section, the expression “infectious or contagious disorder” includes venereal disease.

Power to exclude from Cantonment Persons refusing to attend at, or remain in, Hospital or Dispensary.

204.—(1) If the medical officer in charge of a hospital or dispensary maintained or aided under section 196 reports in writing to the commanding officer of the cantonment that any person, having received a notice as provided by section 203, has refused or omitted to attend at the hospital or dispensary, or that such person having attended at the hospital or dispensary, has quitted it without the permission of such medical officer, the commanding officer of the cantonment may, if he thinks fit, by order in writing, direct such person to remove from the cantonment within twenty-four hours, and prohibit him from remaining longer in, or re-entering it without his permission in writing.

(2) Whoever, having been prohibited under subsection (1) from remaining in or re-entering the cantonment, fails to remove from or re-enters it without the permission in writing of the commanding officer of the cantonment, shall be punishable with imprisonment for a term which may extend to eight days or with fine which may extend to fifty rupees, and, in the case of a continuing failure, with an additional fine not exceeding five rupees for every day after the first in regard to which he is convicted of having persisted in the failure.

Removal and Exclusion from Cantonment of Disorderly Persons, &c.

210.—(1) The cantonment magistrate may, on receiving information that any person, whether resident in or frequenting the cantonment,—

- (a) Is a disorderly person, keeping or frequenting a common gaming-house, a disorderly drinking-shop, or a disorderly house of any other description, or
- (b) Has been convicted more than once, either within the cantonment or elsewhere, of an offence punishable under Chapter XVII. of the Indian Penal Code (*XLV. of 1860*), or
- (c) Has been convicted, either within the cantonment or elsewhere, of any offence punishable under section 156 of the Army Act (*44 & 45 Vict. c. 58*), or
- (d) Has been ordered, under Chapter VIII. of the Code of Criminal Procedure, 1898 (*V. of 1898*), either within the cantonment or elsewhere, to execute a bond for his good behaviour,

may make an order in writing, setting forth the substance of the information received, and issue a summons requiring the person to show cause why he should not be required to remove from the cantonment and be prohibited from re-entering it.

(2) Every summons issued under subsection (1) shall be accompanied by a copy of such order as aforesaid, and the copy shall be delivered by the officer serving the summons to the person served by the same.

(3) The cantonment magistrate shall, when the person so summoned appears before him, proceed to inquire into the truth of the information received, and take such further evidence as he thinks fit; and, if upon such inquiry it appears to him to be necessary for the maintenance of good order that the person should be required to remove from the cantonment, and be prohibited from re-entering it, the cantonment magistrate shall report the matter to the commanding officer of the cantonment, and, if the commanding officer of the cantonment so directs, shall issue a notice in writing requiring the person to remove from the cantonment within a time to be specified in the notice and prohibiting him from re-entering it without the permission in writing of the commanding officer of the cantonment.

General Power of Removal and Exclusion from Cantonment.

211.—(1) The commanding officer of the cantonment, if he thinks it expedient to exclude any person from the cantonment, whether with or without assigning any reason therefor, shall send to the cantonment magistrate an order in writing to that effect, and the cantonment magistrate shall cause a copy of the order to be served on the person, together with a notice in writing requiring him to remove from the cantonment within a time to be specified in the notice and prohibiting him from re-entering it without the permission in writing of the commanding officer of the cantonment.

Provided that no such order as aforesaid shall be made—

- (a) Where the only reason for making it is that the person—
 - (i) Is disorderly, or
 - (ii) Has been convicted of an offence punishable under Chapter XVII. of the Indian Penal Code (*XLV. of 1860*), or section 156 of the Army Act (*44 & 45 Vict. c. 58*), or
 - (iii) Has been ordered under Chapter VIII. of the Code of Criminal Procedure, 1898 (*V. of 1898*), to execute a bond for his good behaviour; or
- (b) Unless the commanding officer of the cantonment thinks that the presence of the person in the cantonment is dangerous to good order or military discipline.

(2) A copy of every order made under subsection (1) shall forthwith be sent by the commanding officer of the cantonment to the General Officer of the Command.

~~Confidential~~

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Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Peshawar	Yes	.....	<p align="center">1ST (PESHAWAR) DIVISION.</p> No. Ascertained from reports by— (a) infected soldiers, (b) infected civilians, (c) suspected women dealt with under Cantonment Code, section 203.	No	(a) Five (b) One. (c) Nil.	(a) No. (b) No.
Nowshera	Yes	.....	No. Ascertained from women who present themselves voluntarily for treatment and are examined and treated at times fixed by the medical officer to suit his other duties.	No	(a) Nil (b) Three. (c) Nil.	(a) No. (b) No.
Mardan	No	No	No. An examination was held once only and was purely voluntary.	No	None	(a) No. (b) No.
Malakand, Dargai, Chakdara.	No	No record	No. It is not ascertained	No	None	(a) No. (b) No.
Drosh and Chitral	No	No	No. It is not ascertained	No	None	(a) No. (b) No.
Cherat	Yes	.....	No. Ascertained by women voluntarily coming to hospital for treat-	No	None	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of their being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
			2ND (RAWAL PINDI) DIVISION.			
Marree ...	... Yes ...	.....	No. Ascertained if complaints preferred against women and action taken under section 203, Cantonment Code.	No ...	(a) — (b) One. (c) —	(a) No. (b) No.
Lower Topa ...	... No ...	No ...	No. Not ascertained...	No ...	None ...	(a) No. (b) No.
Gharial ...	... No ...	No ...	No. Not ascertained...	No ...	None ...	(a) No. (b) No.
Campbellpore ...	... Yes ...	.....	No. From women who voluntarily attend for examination and treatment by officer of Royal Army Medical Corps at times fixed to suit his other duties.	No ...	None ...	(a) No. (b) No.
Rawal Pind ...	... Yes ...	.....	Formerly women who voluntarily attended and requested examination were examined. This is not now done. Women are examined under section 203, Cantonment Code, when there is evidence to show that they are suffering from contagious disease. Women who now present themselves voluntarily are treated in the same way as any other patient suffering from	No ...	None ...	(a) No. (b) No.

Barian	No	No	No	No	No. Not ascertained	No	None	(a) No. (b) No.
Kuldana	No	No	No	No. Not ascertained	No	None	(a) No. (b) No.	
Upper Tapa	No	No	No. Not ascertained	No	None	(a) No. (b) No.		
Attock	No	No	No. Not ascertained	No	None	(a) No. (b) No.		
Jhelum	No	No	No. Not ascertained	No	None	(a) No. (b) No.		
Sialkot	Yes			No. Women who present themselves voluntarily for examination and treatment are seen by an officer of Royal Army Medical Corps at times fixed to suit his other duties.	No	Nine. Three under section 204, Cantonment Code.	(a) No. (b) No.	
Abbottabad	No	No	No. Not ascertained	No	None	(a) No. (b) No.		
Kalabagh	Yes		No. Not ascertained	No	None	(a) No. (b) No.		
Baragali	No	No	No. Not ascertained	No	None	(a) No. (b) No.		
Ghora Daka and Khanspur.	Yes		No. Not ascertained	No	None	(a) No. (b) No.		
Khyragali	No	No	No. Not ascertained	No	None	(a) No. (b) No.		

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Ambala ...	Yes ...	.....	3RD (LAHORE) DIVISION. No. Examinations of women who presented themselves voluntarily were made up to September 1907. Now are examined only if reported by infected person or on <i>prima facie</i> evidence under section 203, Cantonment Code.	No ...	Four under section 204, Cantonment Code.	(a) No. (b) No.
Amritsar ...	Yes ...	.....	No. Women who voluntarily present themselves can be examined and treated at times fixed to suit the work of the medical officers.	No ...	None ...	(a) No. (b) No.
Bakloh ...	No ...	No ...	No. Not ascertained.	No ...	None ...	(a) No. (b) No.
Dalhousie ...	Yes. From April to November annually.	.....	Examinations have been held weekly, but only of women who voluntarily present themselves for examination and treatment by the Medical Officer, Cantonment Hos-	No ...	None ...	(a) No. (b) No.

Dharmasala	Yes			.....	On voluntary application women are examined and treated and when reported under section 203, Cantonment Code.	No		None for disease	(a) No. (b) No.
Dagshai	Yes			.....	Women who voluntarily present themselves are examined and treated at times fixed to suit the work of medical officers.	No		None	(a) No. (b) No.
Ferozepore	Yes			.....	Women who voluntarily present themselves are treated at times fixed to suit the work of the medical officers in charge.	No		None	(a) No. (b) No.
Jullunder	Yes			.....	No. Ascertained if women voluntarily come to hospital for treatment as for any other contagious disease, or are suspected and dealt with under section 203, Cantonment Code.	No		None	(a) No. (b) No.
Jutogh	Yes. For seven months of the year.			.....	No. Women who voluntarily present themselves are examined and treated by medical officers at times fixed to suit other work.	No		One since 1905 (for venereal).	(a) No. (b) No.
Kasauli	Yes			.....	No. Women against whom <i>prima facie</i> evidence exists that they are infected are dealt with under section 203, Cantonment Code.	No		In the last year one	(a) No. (b) No.
Lahore	Yes			.....	Women who attend voluntarily are examined and treated at times fixed to suit work of medical officers.	No		In the last three years none.	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Multan ...	Yes ...	.....	3RD (LAHORE) DIVISION— <i>concl'd.</i> No. Women attend voluntarily for examination and treatment or in consequence of action under section 203, Cantonment Code.	No ...	During recent years—13 Two for venereal. Two under section 175, Cantonment Code, 1899. In remainder of cases disease not specified.	(a) No. (b) No.
Subathu ...	Yes ...	.....	Previous to 1907 periodical examinations were held if women voluntarily presented themselves. Since then women are only examined in consequence of report under section 203, Cantonment Code.	No ...	Last three years, total expelled ... 12 Under section 204, Cantonment Code ... 6 For other diseases ... None.	(a) No. (b) No.
Solon ...	Yes ...	.....	Women who attend voluntarily are examined and treated by medical officers weekly at times fixed to suit medical officers' work.	No ...	None ...	(a) No. (b) No.

1	2	3	4	5	6	
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Quetta ...	Yes ...	.....	4TH (QUETTA) DIVISION. Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers.	No ...	During 1907-08 six; all for venereal.	(a) No. (b) No.
Karachi ...	Yes ...	.....	Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers.	No ...	Since 1903, ten; all for venereal.	(a) No. (b) No.
Hyderabad (Sind) ...	Yes ...	.....	Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers.	No ...	None ...	(a) No. (b) No.
Jacobabad ...	No ...	No ...	No. Not ascertained...	No ...	None ...	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Chaman ...	... Yes, in Civil Hospital	.....	4TH (QUETTA) DIVISION—concl'd. Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers.	No	None	(a) No. (b) No.
Loralai ...	... Yes ... ..	.....	Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers	No	None	(a) No. (b) No.
Fort Sandeman ...	Yes, Civil Hospital	.....	Women who have attended quite voluntarily have been examined and treated by medical officers at times fixed to suit the work of these officers.	No	None	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
5TH (MHOW) DIVISION.						
Agra	No	No	No. Not ascertained	No	None	(a) No. (b) No.
Ahmedabad	No	No	No. Not ascertained	No	None	(a) No. (b) No.
Baroda	No	No	No. Not ascertained	No	In recent years two, under section 210 (3), Cantonment Code.	(a) No. (b) No.
Bhuj	No	Yes, one woman in 1905.	No. Not ascertained	No	One in 1905 for venereal. No other expulsion.	(a) No. (b) No.
Goona	No	No	No. Not ascertained	No	None	(a) No. (b) No.
Jhansi	Yes, since 1897. New and improved hospital lately built.	.....	Examinations are held, but only of women who attend voluntarily for examination and treatment at times fixed to suit the other duties of medical officers.	No	Two last year, both under section 204, Cantonment Code.	(a) No. (b) No.
Jubbulpore	Yes ... ..	.....	No. Disease ascertained by women voluntarily attending or being dealt with under section 203, Cantonment Code.	No	Four last year: all for venereal.	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Kamptee	Yes ...	.....	5TH (MHOW) DIVISION—concl'd. Examinations are held by medical officers, but only of women who voluntarily present themselves for examination and treatment.	No ...	Since February 1900—90. Under section 174, Cantonment Code—7. Under section 211, Cantonment Code—10. Under section 204, Cantonment Code—73. Seventy-three probably in connection with venereal.	(a) No (b) No.
Mhow	Yes ...	.....	Examinations are held, but only of women who voluntarily attend for examination and treatment at times fixed to suit work of medical officers, or who are ordered to attend for examination under section 203, Cantonment Code.	No ...	In recent years—100. Sixty-five in connection with venereal. For other diseases—None.	(a) No. (b) No.
Nasirabad	Yes ...	.....	No. Ascertained from women who voluntarily attend for examination and treatment at any time to suit themselves.	No ...	None since 1905.	(a) No. (b) No.
Neomuch	Yes ...	.....	No. Ascertained from women who attend voluntarily at times fixed to suit work of medical officers.	No ...	Altogether 5. Two for venereal disease.	(a) No. (b) No.

Nowgong	...	Yes, Agency Hospital	.....		No. Only ascertained from report of infected person if woman is admitted to Agency Hospital.	No	...	...	Since September 1900 47: all for venereal.	(a) No. (b) No.
Pachmarhi	...	Yes, since 1902	.....		No. From women who attend voluntarily at times fixed to suit work of medical officers.	No	...	...	None	(a) No. (b) No.
Rajkot ...	...	No	...	No	No. Not ascertained	No	...	...	None	(a) No. (b) No.
Sangor ...	...	Yes	.....		Examinations are held weekly, but only of women who attend voluntarily for examination and treatment at times fixed to suit work of medical officers.	No	...	...	In recent years two women under sect.on 204, Cantonment Code.	(a) No. (b) No.
Sehore ...	...	No	...	No	No. Not ascertained	No	...	...	None	(a) No. (b) No.
Ajmere ...	...	Yes, at civil general hospital in the city.	No	...	No. Not ascertained	No	...	...	None	(a) No. (b) No.
Taragarh	...	No	...	No	No. Not ascertained	No	...	...	None	(a) No. (b) No.
Deesa ...	...	Not since 1905. There is a small dispensary for out-patients.	Women known to be suffering from venereal and who refuse to attend as out-patients are turned out of cantonments.		No. Only ascertained by women coming voluntarily to the hospital for treatment.	No	...	...	Three for venereal	(a) No. (b) No.
Erinpura	...	No	...	No	No. Not ascertained	No	...	...	Three in two years, not for venereal or any other disease.	(a) No. (b) No.
Deoli ...	...	No. Women not prostitutes can be treated at the civil hospital.	No	...	No. Not ascertained	No	...	...	None	(a) No. (b) No.
Mount Abu	...	No	...	No	No. Not ascertained	No	...	...	None	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Poona ...	Yes ...	.....	6TH (POONA) DIVISION. There are examinations by the medical officers, but only of women who voluntarily attend for purposes of examination and treatment—they may attend on any day of the week they please.	No ...	During 1907-08 12, all for venereal.	(a) No. (b) No.
Kirkee ...	Yes ...	.....	There are examinations which are purely voluntary. Women who chose to present themselves are examined and treated.	No ...	Forty-three. Ten in connection with venereal disease.	(a) No. (b) No.
Parandhar ...	No ...	No ...	No. Not ascertained	No ...	None ...	(a) No. (b) No.
Ahmednagar ..	Yes, since 1902 ...	.....	No. All infectious diseases are dealt with under section 203, Cantonment Code.	No ...	One in 1907 for venereal.	(a) No. (b) No.
Aurangabad ...	No ...	No ...	No. All infectious diseases are dealt with under section 203, Cantonment Code.	No ...	None ...	(a) No. (b) No.
Deolai ...	Yes ...	.....	No. From patients who voluntarily attend for treatment.	No ...	None ...	(a) No. (b) No.
Colaba ...	No ...	Not a cantonment ...	No ...	Not applicable ...	Not applicable ...	Not applicable.
Santa Cruz ...	No ...	No ...	No. Not ascertained	No ...	None ...	(a) No. (b) No.

Khandala	...	No	...	...	No	...	...	No. Not ascertained ...	...	No	...	...	None	...	...	(a) No. (b) No.
Belgaum	...	Yes	...	...	.....	.....	.....	No. Only ascertained by action under section 203, Cantonment Code.	...	No	...	...	In three years 105	...	...	(a) No. (b) No.
													Ninety under section 204, Cantonment Code, in connection with venereal. Fifteen under section 211, Cantonment Code. For other diseases—None.			

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
			7TH (MEEBUT) DIVISION.			
Agra ...	Yes. Cantonment Hospital for all diseases.	.....	No. Ascertained from women attending voluntarily for treatment or under section 203, Cantonment Code.	No ...	Eight since 1st August 1907. None for venereal.	(a) No. (b) No.
Almora ...	No ...	No ...	No. Not ascertained	No ...	One in 1907. Not for disease.	(a) No. (b) No.
Bareilly ...	Yes. Cantonment Hospital for all diseases.	.....	No. Ascertained if women attend voluntarily for examination and treatment at times fixed by medical officer, having due regard to his other duties.	No ...	None ...	(a) No. (b) No.
Ghokrata ...	One is now being built. Previously cases were treated at the dispensary.	.....	No. From voluntary attendance of women who can be treated daily by medical officers or from action under section 203, Cantonment Code.	No ...	None ...	(a) No. (b) No.
Dehra Dun ...	No ...	No ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Delhi ...	No ...	No ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.

Fatehgarh	...	No.	Treated like all other patients at civil hospital.	No	...	...	No.	From voluntary examination made at the time they present themselves for treatment.	No	...	...	None	...	...	(a) No. (b) No.
Landour...	...	No.	Treated in civil hospital.	.....	.....	.....	No	Women voluntarily presenting themselves are seen and treated at certain times fixed to suit the other work of medical officers.	No	...	...	Two None. None.	...	...	(a) No. (b) No.
Lansdowne	...	No	...	No	...	...	No	Not ascertained...	No	...	...	None	...	...	(a) No. (b) No.
Meerut ...	...	Yes	...	.....	.....	.....	No	Women patients who voluntarily present themselves are treated at times fixed to suit the work of medical officers.	No	...	...	One None None.	...	...	(a) No. (b) No.
Muttra ...	...	Yes	...	.....	.....	.....	No	From women who voluntarily attend at times fixed to suit the work of medical officers, or when action has been taken under section 203, Cantonment Code.	No	...	...	Four Four. None.	...	...	(a) No. (b) No.
Ranikhet	...	Yes	...	.....	.....	.....	No	From voluntary patients who attend at times fixed to suit work of medical officers, or from action taken under section 203, Cantonment Code.	No	...	...	Ten Five. None.	1906-08. ...	...	(a) No. (b) No.
Roorkee...	...	Yes	...	.....	.....	.....	No	From voluntary patients who attend at times fixed to suit work of medical officers or from action taken under section 203, Cantonment Code.	No	...	...	None	...	...	(a) No. (b) No.
Shahjahanpur	...	Yes	...	.....	.....	.....	No	From women who can attend voluntarily for treatment any day of the week, or from action taken under section 203, Cantonment Code.	No	...	...	Since 1906 Five women. One for venereal; none for other diseases.	...	...	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Lucknow	... Yes ...	.....	8TH (LUCKNOW) DIVISION. Formerly up to August 1907, periodical examinations were held of women who attended voluntarily. This has been discontinued. It is only now ascertained from women reported by an infected person and dealt with under section 203, Cantonment Code.	No ...	1907—One for venereal ... 1908—Two for venereal... In last three years eight for soliciting.	(a) No. (b) No.
Sitapur ...	... Yes ...	.....	Examinations are held, but only of women who attend voluntarily for examination and treatment at times fixed to suit work of medical officers.	No ...	Five since 1st January 1906. For venereal—3. Other diseases—None.	(a) No. (b) No.
Calcutta...	... No hospital within military limits to which this class of patients can be admitted.	Not applicable ...	No. Not ascertained... ..	No ...	None ...	(a) No. (b) No.
Jalapahar	... No ...	No ...	No. Not ascertained... ..	No ...	None ...	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or ticket are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Baksa Duar ...	No ...	No ...	8TH (LUCKNOW) DIVISION—concl'd. No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Shillong ...	No special hospital. Women suffering from venereal can be treated in departmental followers' hospital.	No ...	No. From women reported by infected persons or who voluntarily attend for treatment.	No ...	Four. None for venereal or other disease.	(a) No. (b) No.
Kohima ...	No ...	No ...	No. Not ascertained...	No ...	None ...	(a) No. (b) No.
Manipur ...	No ...	No ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Dibrughah ...	No ...	No ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Bangalore ...	No ...	No ...	9TH (SECUNDERABAD) DIVISION. No. Not ascertained ...	No ...	None under orders of cantonment authority, but ten in 1907 by order of President of Municipality. Convicted of prostitution.	(a) No. (b) No.
Bellary ...	Yes, outside cantonment limits.	No ...	No. From women who are examined and treated by medical staff of cantonment hospital whenever they voluntarily come up for examination; also from information supplied by infected persons.	No ...	Seven to date in 1908. None ...	(a) No. (b) No.
Pallavaram ...	No. A dispensary was opened on 2nd June 1908.	Yes, under sections 203 and 204 of the Cantonment Code.	No. Only from persons dealt with under section 203, Cantonment Code, who were directed to attend Cantonment Hospital, St. Thomas' Mount.	No ...	Two for venereal. They were admitted to St. Thomas' Mount Hospital and refused treatment. No others.	(a) No. (b) No.
St. Thomas' Mount ...	Yes, maintained continuously.	.....	No. Only from persons dealt with under section 203, Cantonment Code, who were directed to attend cantonment hospital.	No ...	In 1908 three for venereal.	(a) No. (b) No.
Poonamallee ...	No ...	Yes ...	No. From evidence given by infected persons.	No ...	Two. ... One for venereal. None for other diseases.	(a) No. (b) No.
Madras ...	Yes, a civil hospital	Not a cantonment ...	No. Not ascertained.	No ...	None ...	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
Secunderabad ...	Yes, Cantonment General Hospital.	.....	9TH (SECUNDERABAD) DIVISION — <i>concl'd.</i> No. Women only examined about whom there is <i>prima facie</i> evidence that they are suffering from infectious disease. These women are then given option of examination and treatment or of leaving cantonment.	No ...	In 1907-08, ten, who were suspected of suffering from venereal and who failed to appear at hospital after notice had been duly served on them.	(a) No. (b) No.
West Hill, Calicut ...	No ...	No ...	No. From patients who attend voluntarily at times fixed to suit the work of medical officers.	No ...	None ...	(a) No. (b) No.
Cannanore ...	No ...	Cantonment Code not in force.	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Malapuram ...	No ...	No ...	No. From women who attend voluntarily for treatment at times fixed to suit the work of medical officers.	No ...	None ...	(a) No. (b) No.
Ootacamund ...	No ...	None ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Trichinopoly ...	No ...	Cantonment Code not in force.	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Trivandrum ...	No ...	None ...	No. Not ascertained ...	No ...	None ...	(a) No. (b) No.
Wellington ...	Yes ...	.....	No. From action taken under section 203, Cantonment Code.	No ...	In 1907-08, twenty, all for venereal.	(a) No. (b) No.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of their being no hospital, whether women suspected of, or found to be suffering from, venereal disease are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations.
BURMA DIVISION.						
Rangoon	No cantonment hospital, civil hospital treats such cases.	No	No. Not ascertained	No	None	(a) No. (b) No.
Thayetmyo	No	No	No. From report of infected persons to Civil Surgeon who examines and treats such cases in hospital if necessary.	No	None	(a) No. (b) No.
Maymye	No	No	No. Women who attend voluntarily at times fixed to suit work of medical officers are examined and treated.	No	None	(a) No. (b) No.
Mandalay	Yes, cantonment dispensary.	.....	No. From reports of infected persons and action taken under section 203, Cantonment Code.	No	None	(a) No. (b) No.
Bhamo	No	None	No. Not ascertained	No	None	(a) No. (b) No.
Maiktila	No	None	Till August 1907, a periodical examination was held, but only of women who voluntarily presented themselves for examination and treatment. Since then no examinations whatever have been held	No	None	(a) No. (b) No. Not since 1907. Prior to that date passes recording the attendance at medical examination were given to patients who asked for them. No system of giving passes ever obtained in this cantonment.
Shwebo	No cantonment hospital. Such cases can be treated in the civil hospital.	.....	No Women who voluntarily attend at times fixed to suit the work of medical officers are seen and treated.	No	Since 1903, twelve, all for venereal.	(a) No. (b) No.
Port Blair	Civil hospitals under local civil administrations.	No cantonment	No. Not ascertained	No	Not a cantonment	Not a cantonment.

1	2	3	4	5	6	7
Cantonment or Station.	Whether there is a hospital to which women suffering from venereal disease are admitted, and whether such hospital has been maintained continuously during recent years.	In the event of there being no hospital, whether women suspected of, or found to be suffering from, venereal disease, are, or have been, during recent years, turned out of the cantonment.	Whether at any time during recent years women have been periodically examined by the Army Medical officers, or by native hospital assistants, or by any other persons acting under official sanction; if not, in what way is it ascertained that they are suffering from venereal disease.	Whether such examinations are, or have been in effect, made compulsory by the threat of expulsion from the cantonment if the women do not voluntarily attend for the purpose when required to do so.	How many women have been turned out of the cantonment under the powers of expulsion possessed by the cantonment authorities; and how many of such expulsions have been in connection with venereal disease, and how many for other diseases?	Whether any kind of passes or tickets are, or have been, granted to women— (a) permitting them to reside in the cantonment; (b) recording their attendance at medical examinations
			KOHAT BRIGADE.			
Kohat ...	No hospital for women suffering from venereal disease.	Prostitutes are not allowed to live in cantonments.	No women to examine ...	.....	None ...	(a) No. (b) No.
Fort Lockhart ...	No hospital ...	No ...	No examination. Not ascertained ...	No such examinations ...	None ...	(a) No. (b) No.
Thall ...	No hospital ...	No ...	No examination. Not ascertained ...	No such examinations ...	None ...	(a) No. (b) No.
Hangu ..	No hospital ...	No ...	No examination. Not ascertained ...	No such examinations ...	None ...	(a) No. (b) No.
			DERAJAT BRIGADE.			
Dera Ismail Khan ...	No such hospital ...	No ...	No. There are no means of finding out the existence of venereal disease. There are no prostitutes in the cantonment	.....	None ...	(a) No. (b) No.
			BANNU BRIGADE.			
Bannu ...	No ...	There are no prostitutes living in cantonments.	No ...	No ...	None ...	(a) No. (b) No.
			ADEN BRIGADE.			
Aden ...	Yes ...	.....	No ...	No ...	None ...	(a) No. (b) No.
			Ascertained either by women voluntarily going to hospital or from			

ROYAL COMMISSION ON VENEREAL DISEASES.

FINAL REPORT

OF

THE COMMISSIONERS.

(Appendix, Minutes of Evidence, &c., to Final Report of the Commissioners, 1 Vol., is printed separately as [Cd. 8190].)

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THE ROYAL COMMISSION.

GEORGE, R.I.

GEORGE THE FIFTH, by the Grace of God of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas King, Defender of the Faith, to

Our Right Trusty and Well-beloved George Sydenham, Baron Sydenham of Combe, Knight Grand Commander of Our Most Exalted Order of the Star of India, Knight Grand Cross of Our Most Distinguished Order of Saint Michael and Saint George, Knight Grand Commander of Our Most Eminent Order of the Indian Empire, Fellow of the Royal Society;

Our Right Trusty and Well-beloved [Counsellor Sir David Brynmor Jones, Knight; and

Our Trusty and Well-beloved :—

Sir KENELM EDWARD DIGBY, Knight, Grand Cross of Our Most Honourable Order of the Bath;

Sir ALMERIC WILLIAM FITZROY, Knight Commander of Our Most Honourable Order of the Bath, Knight Commander of Our Royal Victorian Order, Clerk of the Privy Council;

Sir MALCOLM ALEXANDER MORRIS, Knight Commander of Our Royal Victorian Order, Fellow of the Royal College of Surgeons, Edinburgh;

Sir JOHN COLLIE, Knight, Doctor of Medicine;

ARTHUR NEWSHOLME, Esquire, Companion of Our Most Honourable Order of the Bath, Doctor of Medicine;

JOHN WILLIAM HORSLEY, Master of Arts, Canon of Our Cathedral Church of Southwark;

JOHN SCOTT LIDGETT, Doctor in Divinity;

FREDERICK WALKER MOTT, Esq., Doctor of Medicine, Fellow of the Royal Society;

MARY DACOMB SCHARLIEB, Doctor of Medicine;

JAMES ERNEST LANE, Esquire, Fellow of the Royal College of Surgeons of England;

PHILIP SNOWDEN, Esquire;

LOUISE CREIGHTON, Widow of the late Right Reverend Father in God Mandel Creighton, Bishop of London; and

ELIZABETH MIRIAM BURGWIN,

Greeting!

Whereas We have deemed it expedient that a Commission should forthwith issue to inquire into the prevalence of Venereal Diseases in the United Kingdom, their effects upon the health of the community, and the means by which those effects can be alleviated or prevented, it being understood that no return to the policy or provisions of the Contagious Diseases Acts of 1864, 1866, or 1869 is to be regarded as falling within the scope of the inquiry :

Now know ye, that We, reposing great trust and confidence in your knowledge and ability, have authorised and appointed, and do by these Presents authorise and appoint you, the said George Sydenham, Baron Sydenham of Combe (Chairman), Sir David Brynmor Jones, Sir Kenelm Edward Digby, Sir Almeric William Fitzroy, Sir Malcolm Alexander Morris, Sir John Collie, Arthur Newsholme, John William Horsley, John Scott Lidgett, Frederick Walker Mott, Mary Dacomb Scharlieb, James Ernest Lane, Philip Snowden, Louise Creighton and Elizabeth Miriam Burgwin to be Our Commissioners for the purposes of the said inquiry :

And for the better effecting the purposes of this Our Commission, We do by these Presents give and grant unto you, or any three or more of you, full power to call before you such persons as you shall judge likely to afford you any information upon the subject of this Our Commission ; to call for information in writing ; and also to call for, have access to and examine all such books, documents, registers and records as may afford you the fullest information on the subject, and to inquire of and concerning the premises by all other lawful ways and means whatsoever :

And We do by these Presents authorise and empower you, or any of you, to visit and personally inspect such places as you may deem it expedient so to inspect for the more effectual carrying out of the purposes aforesaid :

And We do by these Presents will and ordain that this Our Commission shall continue in full force and virtue, and that you, Our said Commissioners, or any three or more of you, may from time to time proceed in the execution thereof, and of every matter and thing therein contained, although the same be not continued from time to time by adjournment :

And We do further ordain that you, or any three or more of you, have liberty to report your proceedings under this Our Commission from time to time, if you shall judge it expedient so to do :

And Our further will and pleasure is that you do, with as little delay as possible, report to Us under your hands and seals, or under the hands and seals of any three or more of you, your opinion upon the matter herein submitted for your consideration.

Given at Our Court at St. James's, the first day of November, one thousand nine hundred and thirteen, in the fourth year of Our Reign.

By His Majesty's Command.

R. McKENNA.

CONTENTS.

	PAGE
SECTION I.—INTRODUCTION	1
1.—PREVIOUS STATE ACTION	1
2.—DESCRIPTION OF VENEREAL DISEASES AND MEANS OF TRANSMISSION	3
A.—SYPHILIS	3
<i>Acquired Syphilis</i>	4
Direct Contagion	4
Indirect Contagion	4
Incubation	4
Primary Stage	4
Secondary Stage	4
Tertiary Stage	4
Remote Effects	5
Other Syphilitic Affections	5
Malignant Type	5
Contagiousness of Syphilis	5
<i>Hereditary Syphilis</i>	5
B.—GONORRHOEA	5
<i>Contagiousness of Gonorrhœa</i>	5
C.—SOFT CHANCRE OF CHANCROID	5
SECTION II.—PREVALENCE	6
OFFICIAL STATISTICS AVAILABLE	6
(a) Registrar-General	6
<i>England and Wales</i>	6
<i>Scotland</i>	7
<i>Ireland</i>	8
(b) Navy	8
(c) Army	9
<i>Recruits</i>	9
<i>Soldiers serving at Home</i>	9
<i>Soldiers serving in India</i>	10
<i>Soldiers serving elsewhere</i>	10
<i>The Constantly Sick</i>	10
<i>General</i>	11
<i>Foreign Statistics</i>	11
(d) Police	11
(e) Local Government Board	11
(A). <i>Figures relating to the General Population</i>	11
Syphilis	11
Gonorrhœa	12
(B). <i>Figures relating to Poor Law Patients</i>	13
(f) Prison Commissioners	13
<i>England and Wales</i>	13
<i>Local Prisons</i>	13
<i>Convict Prisons</i>	14
<i>Borstal Institutions</i>	14
<i>Scotland</i>	14
<i>Ireland</i>	15
<i>General</i>	15
(g) Lunacy Commissioners	15
(h) London Asylums	16
<i>Incidence of General Paralysis in the London County Asylums</i>	16
SPECIAL INVESTIGATIONS	16
a. <i>Prevalence of Syphilis among the apparently Healthy Inhabitants of East London</i>	16
b. <i>Investigations carried out among Employés referred for Medical Report</i>	16
c. <i>Tests of Patients admitted to Asylums during a period of Three Months</i>	17
d. <i>Tests of Patients in Poor Law Establishments and other Institutions</i>	17
Epilepsy	17
Insane Non-paralytic Patients	17
Poor Law Patients	17
Feeble-Minded Children	17
Mothers of Newly-Born Infants	17
DISTRIBUTION OF VENEREAL DISEASE	18
<i>Geographical Areas</i>	18
<i>Infantile Mortality</i>	19
<i>Social Distribution</i>	19
<i>Mortality in Institutions</i>	20
DEFECTS OF REGISTRATION	20
DEFECTS OF HOSPITAL STATISTICS	21
<i>General Hospitals</i>	21
<i>Poor Law Unions</i>	22
General Remarks	22
NATIONAL INSURANCE COMMISSION	22
GENERAL CONCLUSIONS AS REGARDS PREVALENCE	22

	PAGE
SECTION III.—EFFECTS OF VENEREAL DISEASE	23
SYPHILIS	23
<i>Early Effects</i>	23
<i>Late Effects</i>	24
<i>Arterial Diseases of Syphilitic Origin</i>	25
<i>Syphilitic Diseases of the Nervous System</i>	25
GONORRHOEA IN MALES	26
<i>Complications</i>	26
GONORRHOEA IN FEMALES	27
<i>Early Stages</i>	27
<i>Later Stages</i>	28
<i>Sterility</i>	28
<i>Other Complications</i>	28
<i>Effects in Little Girls</i>	28
EFFECTS OF VENEREAL DISEASE ON OFFSPRING	29
Hereditary Syphilis	29
Mode of Inheritance	29
Gravity of Hereditary Syphilis	29
Early Manifestations	29
Later Manifestations	29
Examples of Effects of Congenital Syphilis	30
<i>Syphilitic Families</i>	30
<i>Eye Diseases and Blindness</i>	30
<i>Ear Diseases and Deafness</i>	30
Gonorrhœa	31
<i>Ophthalmia Neonatorum</i>	31
<i>Examples of Effects of Ophthalmia Neonatorum</i>	31
<i>Mixed Infection</i>	31
THE RELATION BETWEEN ALCOHOL AND VENEREAL DISEASES	31
ECONOMIC EFFECTS OF VENEREAL DISEASES	31
SECTION IV.—MEANS OF TREATING OR PREVENTING DISEASE	34
DIAGNOSIS OF VENEREAL DISEASE	34
<i>Methods of Diagnosis</i>	35
TREATMENT OF SYPHILIS	36
<i>Mercurial Treatment</i>	36
<i>Arsenical Treatment</i>	37
<i>Substitutes for Salvarsan</i>	38
<i>Combined Arsenic and Mercury Treatment (Intensive Treatment)</i>	39
THE TREATMENT OF GONORRHOEA	40
<i>Males</i>	40
<i>Females</i>	41
EXISTING FACILITIES FOR DIAGNOSIS AND TREATMENT AND THEIR DEFICIENCIES	41
FACILITIES FOR DIAGNOSIS	42
Private and Contract Medical Practice	42
Poor Law Practice	42
In Voluntary Hospitals	42
Public Health Authorities	42
Navy and Army	42
FACILITIES FOR TREATMENT	42
Private Practice	42
Treatment provided under the National (Health) Insurance Act	42
Voluntary Hospitals	44
Special Hospitals	44
Poor Law Practice	44
RECOMMENDATIONS FOR IMPROVING FACILITIES FOR DIAGNOSIS	45
RECOMMENDATIONS FOR IMPROVING FACILITIES FOR TREATMENT	45
NOTIFICATION OF VENEREAL DISEASES	48
DETENTION OF PERSONS SUFFERING FROM VENEREAL DISEASES	51
<i>Poor Law Patients</i>	51
<i>Prisoners</i>	52
<i>Men invalided from the Navy or Army on account of Venereal Disease</i>	53
TREATMENT OF VENEREAL DISEASES BY UNQUALIFIED PERSONS	53
MARRIAGE AND COMMUNICATION OF DISEASE	55
<i>Protection of Medical Adviser</i>	56
<i>Venereal Disease as a ground for Nullity of Marriage</i>	57
Prevention of Communication of Disease between Persons, whether Married or Unmarried	58
EDUCATION	59
Medical Education in Venereal Diseases	59
Education of the Public	60
SECTION V.—SUMMARY OF RECOMMENDATIONS AND GENERAL CONCLUSIONS	62
SUMMARY OF RECOMMENDATIONS	62
GENERAL CONCLUSIONS	65
APPENDIX	70

ROYAL COMMISSION ON VENEREAL DISEASES.

FINAL REPORT.

TO THE KING'S MOST EXCELLENT MAJESTY.

MAY IT PLEASE YOUR MAJESTY,

WE, the Commission appointed to inquire into the prevalence of venereal diseases in the United Kingdom, their effects upon the health of the community, and the means by which those effects can be alleviated or prevented, it being understood that no return to the policy or provisions of the Contagious Diseases Acts of 1864, 1866, or 1869, is to be regarded as falling within the scope of the inquiry, humbly submit this our Second and Final Report for Your Majesty's most gracious consideration.

We have, since the commencement of our inquiry, held 86 meetings and examined 85 witnesses, to whom 22,296 questions were put.

In addition, we have caused some special investigations to be made, the results of which we have indicated, wherever they serve to throw light upon the subjects of our inquiry.

We have divided our Report into the following five sections, viz. :—

Section I.—Introduction.

Section II.—Prevalence.

Section III.—Effects.

Section IV.—Means of Alleviation or Prevention.

Section V.—Summary of Recommendations and General Conclusions.

} Following the terms of
our reference.

SECTION I.—INTRODUCTION.

1. PREVIOUS STATE ACTION.

1.—(a) **Contagious Diseases Acts, 1864 and 1866.**—Previous action by the State in regard to venereal diseases has been concerned only with the control of the diseases in the Army and Navy. In the year 1864 the first of the Contagious Diseases Acts was passed. These Acts aimed at preventing venereal diseases by subjecting prostitutes to surveillance and medical examination; the Acts were in force only in certain naval and military centres. The first Act was repealed, and an amending Act substituted in 1866, and a further amending Act was passed in 1869.

(b) **Medical Committee, Parliamentary Committees, 1868 and 1869.**—Although the Contagious Diseases Acts were passed with little or no discussion in Parliament, their operation was carefully watched. Almost immediately after the passing of the first Act a committee of medical men was appointed to investigate its working; and Select Committees were appointed by the House of Lords in 1868, and by the House of Commons in 1869, to inquire into the working of the Act of 1866. These committees recommended the cautious extension of the system of the Acts.

(c) **Royal Commission, 1870.**—Before the end of 1869 a formidable opposition to the Acts had been raised, and following a motion in the House of Commons for the repeal of the Acts, a Royal Commission was appointed in 1870 to inquire and report on their administration and operation. The Commission recommended that the periodical examination of prostitutes should be discontinued, but subject to certain modifications they were generally in favour of the system of the Acts.

(d) **House of Commons Committee, 1879.**—Opposition to the Acts still persisted, however, and in 1879 a Select Committee of the House of Commons was appointed to inquire into the Contagious Diseases Acts, 1866–9, their Administration, Operation, and Effect. This Committee reported in 1882. The members were almost equally divided in their opinions, but the majority reported against the repeal of the Acts.

(e) **Contagious Diseases Acts repealed 1886.**—In 1883 an Order was issued abolishing the compulsory examination of women, and in 1886 the Acts were repealed by the Contagious Diseases Repeal Act.

Although the Commission are precluded by their terms of reference from considering the policy of the Contagious Diseases Acts, they wish to place on record their view that the evidence they have received, which includes that of several Continental experts, points to the conclusion that no advantage would accrue from a return to the system of those Acts. So far from this being the case it is to be noted that the great improvement as regards venereal diseases in the Navy and Army has taken place since the repeal of the Acts.

(f) **Advisory Board.**—In 1903 the Advisory Board for Army Medical Services appointed a Sub-Committee to consider the question of the treatment of venereal diseases in the Army. The result of the very exhaustive investigation made by the Sub-Committee are embodied in a series of four valuable Reports, which were published between 1904 and 1906. In their Final Report the Sub-Committee, after considering the possibility of dealing with the problem of venereal disease by methods of compulsory isolation and treatment, came to the following important conclusion:—

“Better results are likely to be obtained by the diffusion of the knowledge of the serious consequences of these diseases and the provision of effective treatment for both sexes under conditions to which no penal stigma is attached. If this conclusion is sound, the more necessary is it that trustworthy methods of treatment should be thoroughly understood by members of the medical profession, and rendered readily available both in military and civilian practice.”

(g) **Other Inquiries.**—Various aspects of the problems of venereal diseases have been considered by other important Committees and Royal Commissions. Thus the Inter-Departmental Committee on Physical Deterioration had before them a body of evidence on the subject. The Committee felt, however, that more detailed investigation was necessary. In their Report, issued in 1904 (Cd. 2175; 1904), they recommended—

“the appointment of a Commission of Inquiry into the prevalence and effects of syphilis having special regard to the possibility of making the disease notifiable and to the adequacy of hospital accommodation for its treatment.”

(h) **Royal Commission on Poor Laws.**—Important recommendations with regard to venereal disease were made also by the Royal Commission on the Poor Laws. In their Report, issued in 1909 (Cd. 4499; 1909), the Commission state:—

“We have received evidence to the effect that these diseases work terrible havoc with the physique and stamina of the community and that much of the infant mortality and bad health of children is due to their after consequence. If the object be the arrest and stamping out of these poisonous ailments, caution must be exercised in not prescribing treatment so drastic as to lead to their concealment. We are, however, clearly of opinion that whenever sufficient proof is produced that an individual is in such a condition as to be a danger to the community amongst whom he or she may be living, an Order for Detention or Continuous Treatment should be obtainable.”

In a report by a Minority of the Commission it is stated:—

“A grave problem which, in our judgment, cannot be any longer ignored, is that presented by the widespread suffering of the poor from venereal diseases. ‘These,’ testified a medical expert, ‘constitute one of the greatest evils of the age. I am not sure that they do not give rise directly and indirectly to more suffering and more injury to us as a nation than even tuberculosis.’ . . . Here the lack of medical attendance has very grave results. The board of guardians habitually refuse a medical order in such a case; if they become aware of it. Thus, one union puts in its byelaws: ‘Persons affected with venereal disease to be granted indoor relief only.’ (Rules of Docking Board of Guardians). We are told that ‘provident associations, friendly and trade societies, rigorously exclude persons suffering from these (venereal) diseases from their medical benefits. Most general hospitals refuse to admit them.’ . . . A very large number of cases thus remain untreated in the early stages of the diseases, with terrible effects in the contamination of innocent persons and of a new generation. Presently, when the ravages of disease have gone so far as to make life outside an institution quite impossible, the sufferers enter the workhouse—too late to be really cured—to be, at great cost, relieved, patched up, and discharged; returning often again and again until eventually they die in the workhouse.”

(j) **Royal Commission on Divorce.**—The Royal Commission on Divorce and Matrimonial Causes, in their Report published in 1912 (Cd. 6478; 1912), stated:—

“Communication of venereal disease,* knowingly or negligently, has always been regarded as cruelty, and we refer to the medical evidence given before us on this subject. . . . The witnesses do not differ as to the results of both syphilis and gonorrhœa in producing sterility and illness, and other serious effects on parties and their children, and the disastrous consequences which arise where such a contamination has occurred. We can conceive no cause which more fully justifies an application for divorce than this class of cruelty.”

* This branch of the subject is fully discussed on pages 53-57 of this Report.

The Commission recommended that—

“Where one of the parties at the time of the marriage is suffering from a venereal disease in a communicable form, and the fact is not disclosed by the party or, if they know of it, by his or her parents, or either of them, or anyone who has control over the party and is aware of the intended marriage, to the other party, who remains ignorant of the fact at the time, such other party shall be entitled to obtain a decree annulling the marriage, provided that the suit is instituted within a year of the celebration of the marriage, and there has been no marital intercourse after the discovery of the fact aforesaid.”

(k) **Local Government Board Report.**—In 1913 the Local Government Board issued a short Report (Cd. 7209; 1913) on the control over venereal diseases, with special reference to the adequacy and general character of the arrangements for institutional treatment of these diseases now available in England and Wales.

The inquiry was limited in extent, but the Report points out the want of adequate means of accurate diagnosis and of the best methods of treatment. The need of bringing such treatment to bear at the earliest stage was specially emphasized.

(l) The Departmental Committee on Sickness Benefit Claims under the Insurance Act received a good deal of evidence with regard to venereal disease, and in their report, published in 1914 (Cd. 7687-1914), they made recommendations dealing with the difficult question of certification of these diseases for sickness benefit.

2.—DESCRIPTION OF VENEREAL DISEASES AND MEANS OF TRANSMISSION.

2. The term “venereal” is applied to the following diseases, of which the two first are of primary importance in relation to public health:—

- A.—Syphilis.
- B.—Gonorrhœa.
- C.—Soft chancre.

A.—SYPHILIS.

3. Syphilis cannot be traced with certainty in Europe before the 15th century, and its source is involved in controversy. There is, however, no doubt that, beginning in Spain and Italy in 1494, the disease quickly spread in a violent epidemic form and reached Great Britain in 1497. It has subsequently remained endemic throughout Europe, with possible variations in intensity, which may be recognised now that scientific research is being brought to bear upon its conditions and prevalence in most countries.

Our present knowledge of the cause of syphilis and the great advances which have been made in its diagnosis and treatment is of less than 12 years' duration; it may be said to have commenced with the successful inoculation of animals by Metchnikoff and Roux who, by employing anthropoid apes, were able to show that the nearer the animal approached to man the more the disease approached in its character and virulence the human form of the malady. Very shortly afterwards the all-important discovery of the specific organism of syphilis by Schaudinn was made; and in 1905 Schaudinn and Hoffmann published a paper in which it was claimed that the *spirochæta pallida* was the specific organism of syphilis. Numerous workers in all civilised lands were able to confirm and extend these observations, so that the *spirochæta pallida* has been discovered in every form of syphilitic lesion. New methods of investigation were devised, the most important being a bio-chemical blood test, known as the Wassermann reaction, after one of its originators, which has proved of the greatest value in diagnosis and in estimating the efficacy of treatment.

Finally, the discovery by Noguchi of the *spirochæta pallida* in the brains of persons dying of general paralysis, confirmed by numerous observers, has verified circumstantial evidence of the syphilitic nature of diseases known as para-syphilis, *e.g.*, general paralysis and locomotor ataxy.

The very important discovery by Ehrlich of a new method of treatment by arseno-benzol compounds (salvarsan) must also be mentioned.

It is now established that the *spirochæta pallida* may attack any organ or tissue in the body to which it has been conveyed.

The method of attack takes the form of multiplication of the organisms at the site of inoculation, and the production of toxins excites an inflammatory reaction in all the tissues of the body.

It is this general liability of all parts of the body to invasion by the specific organism of syphilis that makes the disease alike gravely dangerous and difficult in many cases to diagnose by clinical methods. The effects may simulate those of other diseases which cause similar injury to tissues or organs, and may thus produce the same clinical symptoms. The life history of the spirochæta pallida has not yet been fully investigated, and some of the phenomena presented by syphilis are, therefore, at present not wholly explained.

Syphilis may be acquired by contagion direct or indirect, or may be hereditary.

Acquired Syphilis.

4. Direct Contagion.—Direct contagion is the result of contact between the infecting lesion or secretion and the region which receives the contagium. The germ usually finds entrance through a breach in the skin or mucous membrane, but the solution of continuity may be so slight as to be unnoticed by the patient. Whether infection ever occurs through intact skin or mucous membrane is doubtful. The great majority of cases of direct contagion are of sexual origin, but infection is also caused by kissing, by suckling syphilitic children, by the manipulations practised by medical men, medical students, nurses, midwives, &c.

Indirect Contagion.—Indirect contagion is the result of contact with an object that has been contaminated with the virus of the disease, *e.g.*, surgical and dental instruments, articles of toilette such as razors, combs, and brushes, forks, spoons, and drinking vessels, tobacco pipes, wind instruments, and industrial implements such as those used in glass-blowing.

Incubation.—The period of incubation, between the time of inoculation with the disease and the primary stage varies from three to six weeks, the average period being 25 days.

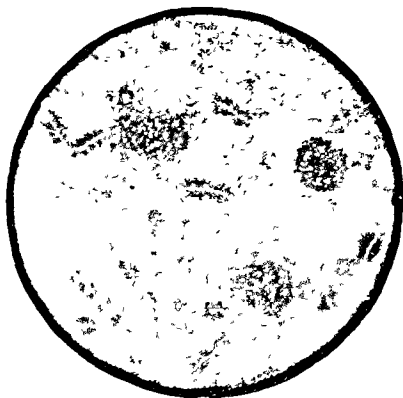
5. The disease is usually divided into four stages, but these stages merge into one another and may frequently overlap.

Primary Stage.—In cases of sexual origin the initial lesion or primary sore appears on some part of or in immediate proximity to the genital organs. It is very frequently indurated at the base, and is therefore known as a hard chancre to distinguish it from soft chancre. The two infections—hard and soft chancre—may, however, be conveyed at the same time, and the resulting lesion is then termed a mixed sore. From seven to fourteen days after the appearance of the hard chancre, or the mixed sore, the nearest lymph-glands begin to enlarge and become hard. As a rule, the primary lesion is not painful, and after a few days or weeks it may heal, though in some cases it becomes indolent. It may, however, become the seat of the destructive process known as phagedæna, the ulceration, in spite of treatment, spreading rapidly and causing great loss of tissue.

Secondary Stage.—If effective treatment be begun as soon as the primary sore appears, the secondary symptoms may be averted or delayed. In the absence of such treatment they begin to appear some six to nine weeks after infection, ushered in, in some cases, by fever and other signs of constitutional disturbance. The skin becomes the seat of a rash which may mimic almost every known cutaneous affection; on the mucous membranes small ulcers and mucous patches present themselves. The brunt of the attack is borne by the skin and mucous membranes, but there is also general enlargement of the lymph-glands, and the eye, the bones and joints, the arteries, the nervous system, and other structures may be involved. Cutaneous secondary lesions tend to disappear even without treatment.

Tertiary Stage.—If not prevented or delayed by treatment, tertiary lesions appear, but these may not occur for many years. The process is one of slow inflammatory infiltration, which at some points results in the formation of gummata—yellowish, somewhat elastic nodules, which when near the surface often break down into ulcers. These ulcers, like the primary lesion, are sometimes the seat of phagedæna. The gummata may appear on the skin and mucous membranes, or may attack any of the structures and organs of the body, especially those of the nervous system, and cause grave interference with their functions. Tertiary lesions, unlike those of the secondary stage, do not tend to spontaneous healing.

PLATE I.



1.

Serous exudation from syphilitic chancre. Many spirochetes of syphilis are seen, and one spirocheta refringens, which is easily recognised by the coarser nature of the spiral.

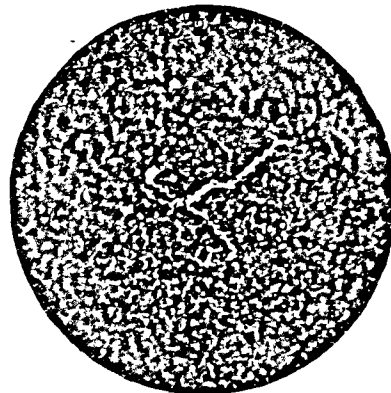
Dark ground illumination.
Magnification 1000.



2.

Serous exudation from mucous plaque of the mouth showing numbers of fine spirals, these are the spirochetes of syphilis. The other coarser spiral organisms are S. refringens. Bacteria and epithelial cells are also seen.

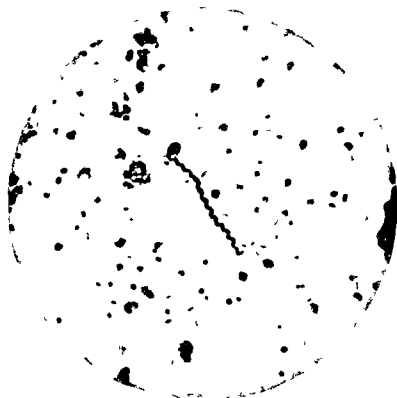
Dark ground illumination
Magnification 1200



3.

Several spirochetes of syphilis tangled together, from a culture *in vitro* by Noguchi.

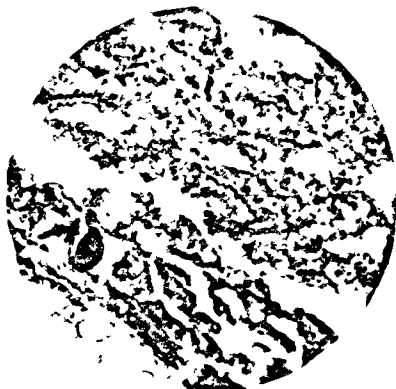
Indian ink method
Magnification 1400



4.

Smear of brain of a patient dead of general paralysis showing a spirochete stained by the Fontana silver method.

Magnification 1400.



5.

Section of the brain of a patient dead of general paralysis, showing great numbers of spirochetes around a small vessel and in the inflamed wall of the vessel. Stained black by the Noguchi silver method.

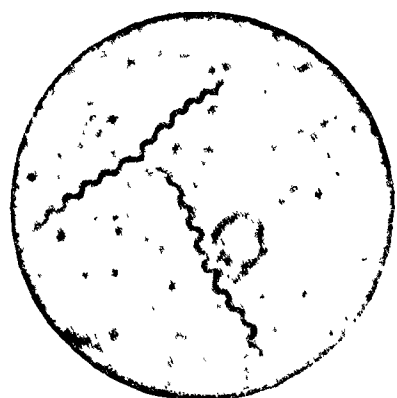
Magnification 1400



6.

Section of the liver of an infant dead of congenital syphilis showing numbers of spirochetes. Stained black by the Levadi silver method.

Magnification 1400



7.

Spirochetes of syphilis from a mucous tubercle, stained a pale pink by an aniline dye stain of Leishman.

Magnification 3400



8.

The preparations from which these two photo-micrographs of gonococci were made were supplied by a witness who attended three families suffering with innocent infection within 8 months. These cases were not referred to in the evidence, as the witness was not examined on "the professional aspect of these questions" Q. 21240.

Photo-micrograph 8, magnification 1700, of a specially stained microscopic preparation of a purulent discharge from the genitals of a little girl aged 4 years 9 months. The diagnosis in this case was of great importance, as the mother, the nurse and two little girls were suffering with a painful discharge from the genital organs. The disease was shown to be gonorrhoea, for examination of the discharge demonstrated the presence of gonococci—

1. By their distinctive pairs of bean-like form, vide photo-micrographs 8, 9,
2. By the organisms being not only free, but contained within the "leucocytes," "pus cells," or "phagocytes," which have travelled from the blains and picked up large numbers to carry them out of the body in the discharge;
3. By the characteristic differential mode of staining.

Photo-micrograph 9, magnification 1400, of pus from a case of gonorrhoeal ophthalmia showing the same conditions.

Mother confined prematurely April, 1915, attended by midwife, and infant developed ophthalmia, of which slide is a direct smear. Mother on cross-examination stated that she had developed a vaginal discharge a fortnight before confinement, that she discovered that her husband had a similar trouble, and that the younger of her two girls, aged 2 years and four months, had also a vaginal discharge.

Figs. 1 and 2 are drawings copied from Commandon, *L'Ultramicroscope*.

Figs. 3 to 9 inclusive are photo-micrographs made at the Pathological Laboratory of the L.C.C. Asylum, Claybury, from microscopic specimens.

Remote Effects.—Many years after infection the patient may develop epilepsy, or the more serious nervous affections known as locomotor ataxy (*tabes dorsalis*) and general paralysis of the insane, of which syphilis is now known to be the essential cause.

Other Syphilitic Affections.—From the secondary period of syphilis onwards, many serious affections may be set up, owing to the invasion of any part of the body by the spirochæte. The disease may appear to be latent for a time, and may then become active in a variety of ways. The syphilitic affections, which we deal with later, re-act with disastrous results upon public health and the birth-rate.

Malignant Type.—In a small proportion of cases the disease pursues a much more rapid and violent course than that above described, and may, in spite of vigorous treatment, cause extensive destruction of tissue, sometimes terminating fatally.

Contagiousness of Syphilis.—The primary sore is infective in a high degree. It is, however, in the early part of the secondary stage, when the constitutional invasion by the spirochæte is fully established, that the greatest danger exists of communicating the disease by lesions of the mucous membranes and occasionally by lesions of the skin, but the blood, the saliva, the seminal fluid, and other secretions of the body are also infectious. Many of the cases of accidental inoculation with the disease, forming the considerable group styled *syphilis insontium*, occur in this phase of syphilis.

Hereditary Syphilis.

6. Syphilis may be inherited from a diseased mother, or possibly from a diseased father without the mother being obviously diseased. The disastrous effects of hereditary or congenital syphilis are discussed in Section III. of our Report.

B.—GONORRHOEA.

7. Gonorrhœa is known to have existed from early times in Europe. It is due to infection with a micro-organism, the gonococcus, first discovered in 1879 by Neisser. The disease can only be contracted by contagion with the gonococcus, and such contagion is almost invariably due to sexual intercourse, though cases undoubtedly occur in which the disease has been conveyed through the agency of some intermediate object. It is at first characterised by a purulent discharge from the urethra in the male and from the vagina and urethra in the female, which manifests itself at a period of from three to five days after infection, and is accompanied by considerable pain, experienced especially during or after the act of micturition. The tendency of the gonococcus is to spread along the surface of the mucous membrane of the urethra or vagina, and to penetrate through its superficial or epithelial layer into subjacent tissues. The disease is at first localised in the urethra; but, unless checked by treatment, it becomes constitutional, by infection of the blood stream either by the gonococcus itself or by the toxins which are generated thereby. The average duration of an attack, if effectively treated, is from three weeks to six months. If untreated, the disease may assume a chronic form known as "gleet"—a condition in which a discharge containing the gonococcus appears from time to time with intervals of weeks or months of apparent freedom from disease. Gonorrhœa may remain quiescent for long periods and may then take an active form, leading to serious complications which are gravely injurious to public health.

Contagiousness of Gonorrhœa.

8. The disease is directly transmissible both during the early acute stage and in the chronic form. At the acute stage it is also indirectly contagious and shows itself occasionally in a virulent gonorrhœal ophthalmia in the adult or in ophthalmia of the newly born.

C.—SOFT CHANCRE OR CHANCROID.

9. Soft chancre was formerly confused with syphilis, with which it is frequently associated. It has been ascribed to infection with Ducrey's bacillus, nearly always conveyed sexually.

The soft sore almost invariably manifests itself in some part of the genital organs. Unlike the hard chancre of syphilis, it is generally painful and multiple. It is also extremely contagious and readily auto-inoculable. The sore may begin to appear within a day of infection, and, as a rule, within two or three days a pustule develops, though occasionally the incubation period is somewhat longer. When the pustule

bursts, a small ulcer is left, usually circular in form, with a soft, grey, unhealthy looking base and a sharply-cut punched-out border, surrounded by a wide zone of inflamed skin or mucous membrane. Within a few days the lymph-glands in the groin become enlarged and painful, but not, as in syphilis, hard; a few days later an abscess forms, which breaks through the inflamed tissue, leaving a permanent scar. A soft sore, if properly treated, disappears in two or three weeks, and is unattended by constitutional disturbance; but, in unhealthy and neglected patients, it may become the seat of a destructive gangrene which may persist for months.

As a rule it is only in cases of mixed infection that there is any real difficulty in distinguishing between soft and hard (syphilitic) chancre. The absence of induration is not an infallible indication, as the latter sore has not always a hard base, and rarely when it occurs on the lip. The soft chancre, however, is seldom single, the incubation period is short, the lymph-glands soon become swollen and painful without undergoing induration. On the other hand, the syphilitic chancre is rarely multiple, the incubation period, usually extends over weeks, the lymphatic glands, when at last they are involved, become hard and enlarged without being in most cases painful. The presence of Ducrey's bacillus is difficult to demonstrate; but, as is explained in Section IV., the spirochæte of syphilis is easily detected in the hard chancre.

Soft chancre, by reason of its nature and characteristics, does not exercise any sensible influence on public health, and we have, therefore, confined our inquiry to syphilis and gonorrhœa.

SECTION II.—PREVALENCE.

OFFICIAL STATISTICS AVAILABLE.

10. The materials available for estimating the prevalence of venereal disease are, for various reasons, incomplete and unsatisfactory. In some countries partial attempts to obtain a census of syphilitics have been made; but the results are vitiated by several sources of error, while generalisations from one country or one town to another cannot be trusted.

We have examined statistics obtained from the following official sources with which we deal separately :—

- | | |
|------------------------|-----------------------------|
| (a) Registrar-General. | (e) Local Government Board. |
| (b) Navy. | (f) Prison Commissioners. |
| (c) Army. | (g) Lunacy Commissioners. |
| (d) Police. | |

(a) REGISTRAR-GENERAL.

England and Wales.

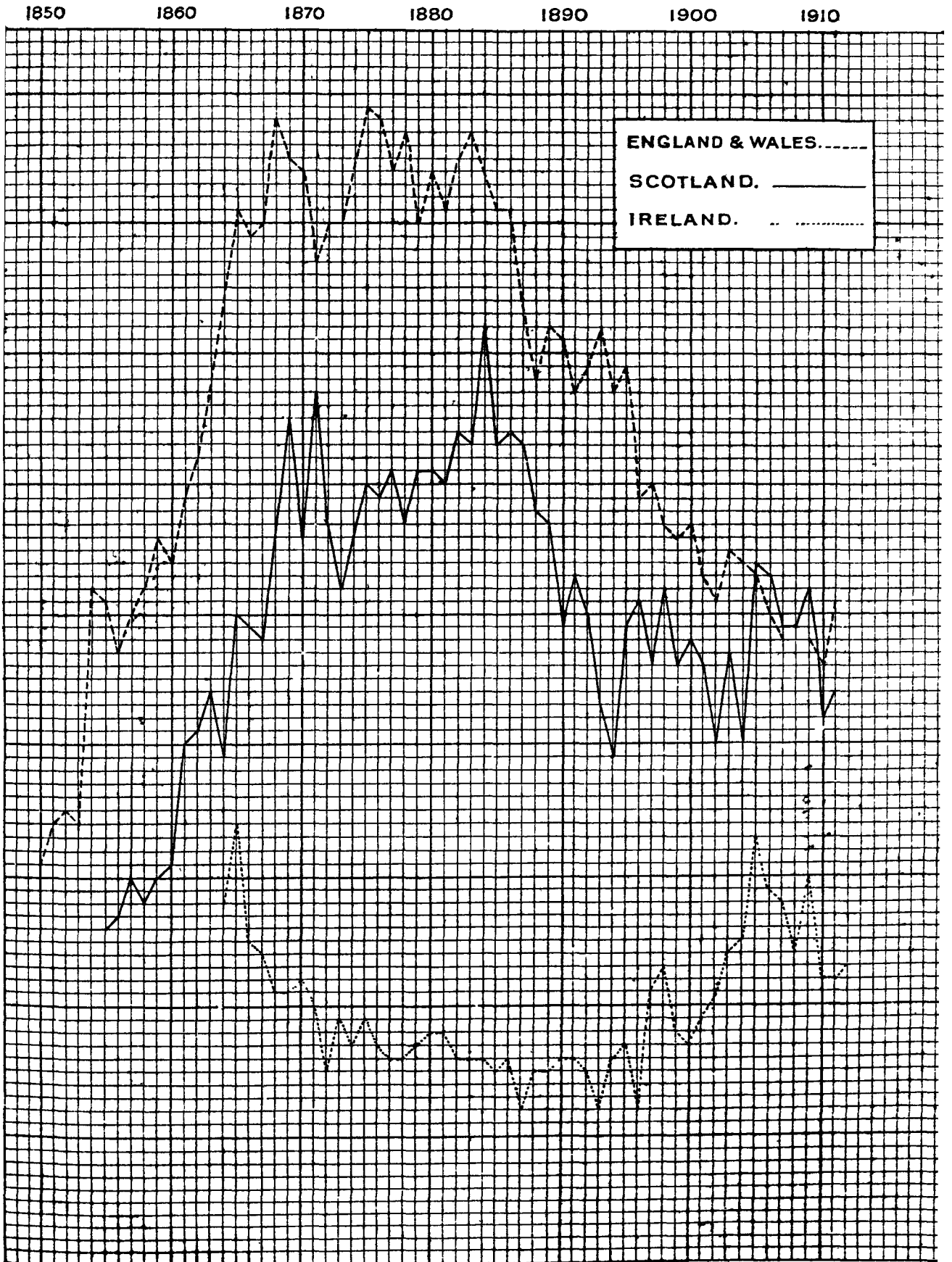
11. The number of deaths certified as due to syphilis and the death rate per million were as follows in the years stated :—

Year.	Total Deaths.	Deaths per Million.
1875 - - -	2,154	89
1880 - - -	2,162	80
1885 - - -	2,196	81
1890 - - -	2,056	71
1895 - - -	2,099	69
1900 - - -	1,842	57
1905 - - -	1,811	53
1910 - - -	1,639	46
1911 - - -	1,850	51

Judging from these figures, it might be thought that there has been a steady decrease in the mortality amounting to nearly 50 per cent. in the past 35 years; but, as pointed out by Dr. Stevenson in his memorandum (Appendix I.) "the worthlessness of the returns as an absolute statement of the number of deaths from venereal disease scarcely requires demonstration." Not only are deaths recognised as due to this cause not so certified from the fear of hurting the susceptibilities of relatives, but large numbers of deaths are ascribed to other diseases now known or beginning to be known as caused by venereal disease. For example, among other diseases, locomotor ataxy

Plate II.

SYPHILIS.
ENGLAND & WALES, SCOTLAND & IRELAND.
DEATH RATES PER MILLION LIVING.



16

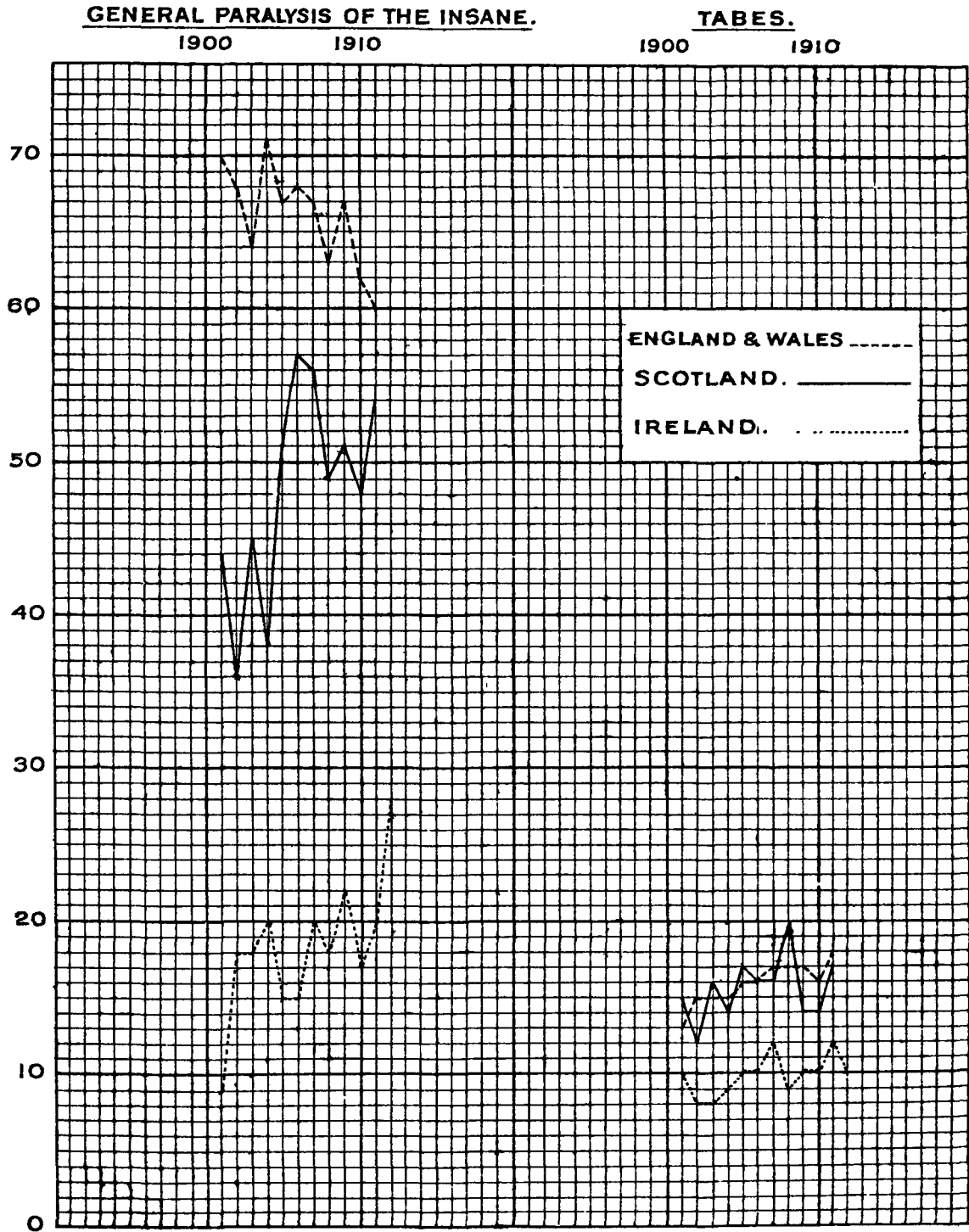
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To face page 6.

GENERAL PARALYSIS OF THE INSANE AND TABES.

ENGLAND & WALES, SCOTLAND & IRELAND.

DEATH RATES PER MILLION LIVING FROM THESE DISEASES FROM 1900.

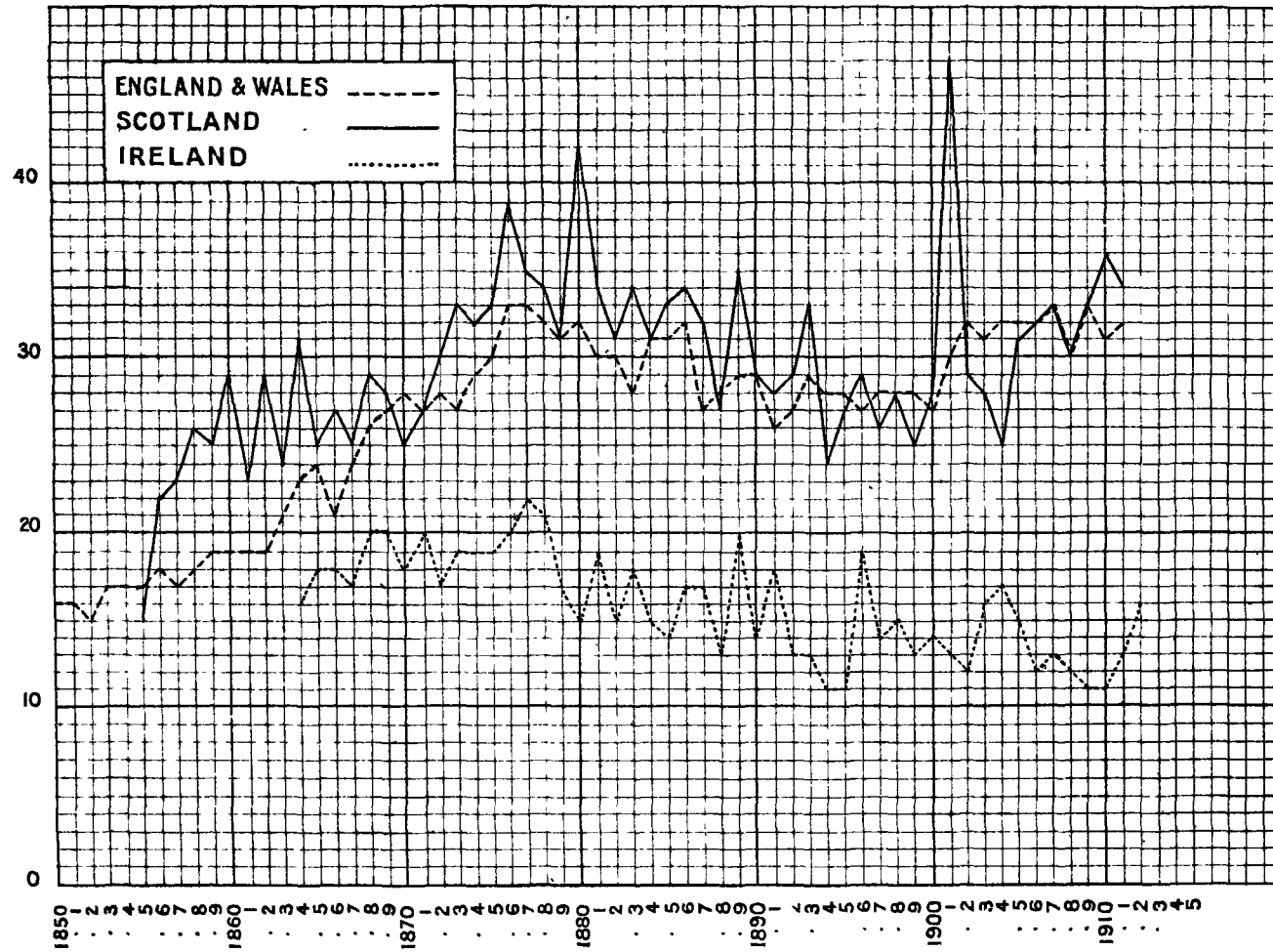


To follow Plate II.

ANEURISM.

IN ENGLAND & WALES, SCOTLAND AND IRELAND.

DEATH RATES PER MILLION LIVING.



MaJby&Sons Lith

and general paralysis are not known to the public as exclusively syphilitic in origin, and are therefore certified without reluctance. The same may be said of aneurism of the aorta, which is mainly attributable to the same cause. Venereal disease to a considerable extent is hidden in other items of the official classification, and infant deaths returned under "congenital debility" and other headings are largely due to syphilis. That the Registrar-General's Returns provide no evidence of a diminution of venereal disease is shown by the fact that the apparent decline in the death rate of syphilis is not accompanied by a general fall in the incidence of the closely associated diseases. Thus, dealing with the period 1901 to 1910, in which a change in the classification was introduced, the returns give the following figures:—

TOTAL DEATHS FROM CAUSES STATED.

Cause of Death.	1901.	1902.	1903.	1904	1905	1906.	1907.	1908.	1909	1910
Syphilis - -	1,721	1,693	1,820	1,834	1,811	1,718	1,658	1,702	1,685	1,639
General paralysis of insane.	2,272	2,257	2,133	2,380	2,287	2,340	2,332	2,217	2,363	2,213
Locomotor ataxy -	409	483	502	514	550	562	584	583	619	580
Aneurism - -	967	1,067	1,037	1,093	1,086	1,101	1,140	1,059	1,167	1,123

CRUDE ANNUAL DEATH RATE PER MILLION AT ALL AGES.

Syphilis - -	53	51	55	54	53	50	48	48	48	46
General paralysis of insane.	70	68	64	71	67	68	67	63	67	62
Locomotor ataxy -	13	15	15	15	16	16	17	17	17	16
Aneurism - -	30	32	31	32	32	32	33	30	33	31

It is to be remembered that many deaths, not included in the above tables are undoubtedly caused by syphilis, and medical research, with the improved methods of diagnosis now available, will enable more accurate estimates to be made in the future. The few deaths assigned to gonorrhoea in the Returns give no indication of the very serious nature of this disease.

If the figures for earlier years are considered, only the records for syphilis and aneurism are available. Dr. Stevenson points out "the enormous rise in the syphilis curve for 1850 to 1868," which is not due to any change of classification, though it may have been affected by more accurate registration.

"Aneurism has shown much less tendency to fluctuation than syphilis. It rose slowly while syphilis rose rapidly up to the time, 1875, when syphilis reached its maximum, and since then has remained fairly constant, but with a slight tendency to fall when allowance is made for certain changes of classification made in 1901."

Judging from the syphilis and aneurism curves, which have shown a simultaneous fall, although the decrease of mortality from the latter is "slight," assuming that the present certification of aneurism is more accurate in the south of England and in London than elsewhere, and, having regard to the progressive increase in the urban populations, from 50·2 per cent. in 1851 to 78·1 per cent. in 1911, Dr. Stevenson is inclined to believe in a "genuine fall." On the other hand, the number of diseases known to be closely associated with syphilis has largely increased during this period, while the reluctance to certify syphilis as a cause of death has probably not diminished. We are, therefore, doubtful whether there has been any reduction in the mortality justly attributable to syphilis in recent years.

Scotland.

12. The figures laid before us by the Superintendent of Statistics of the Registrar-General of Scotland are subject to the same errors as those given for England and Wales (Q. 1337). We were informed, however, that the records of locomotor ataxy and general paralysis were substantially correct (Q. 1354). In the year 1911 there were 2,365 deaths certified as due to premature birth, of which only 169 were assigned to syphilis (Q. 1377). It is certain that a much larger number ought to be so classed; but accurate discrimination is not possible in present circumstances (Q. 1378).

We have had the following table prepared for comparison with that for England and Wales (para. 11), and it will be noticed that the death rate per million assigned to the diseases stated shows a close correspondence. As both tables are rendered

inaccurate by the same causes, it seems to be a fair inference that the general incidence of syphilis does not differ greatly in the two portions of the United Kingdom; but, as we have already pointed out, the Registrar-General's returns can give no idea of the actual degree of prevalence.

DEATH RATE PER MILLION OF POPULATION.

Causes of Death.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Syphilis - - - - -	46	40	47	40	54	53	49	49	52	42
General paralysis of insane - - - - -	44	36	45	38	52	57	56	49	51	48
Locomotor ataxy - - - - -	14	12	16	14	17	15	16	20	13	14
Aneurism - - - - -	46	29	28	25	31	32	33	30	33	36

Ireland.

13. We were informed by the Registrar General (Q. 2517) that in Ireland "the dispensary area is the area for registration and the dispensary doctor is the registrar." In recent years special attention has been given to syphilis, and as a result of enquiries addressed to the registering officers, the percentage for "venereal diseases generally was increased by 12 per cent. in 1911 and by 16 per cent. in 1912" (Q. 2527). There has been a general improvement in registration in Ireland in the last 10 or 15 years (Q. 2531); but 23 per cent of deaths are not certified (Q. 2533). This occurs almost entirely in the rural districts (Q. 2535), where the incidence of venereal disease is very small. On the other hand, where deaths are not certified (Q. 2536-7), the local registrar, who is a medical man, may detect the causes of death. Judging from the figures presented to us, the last decennial period (1901-10) shows an increase of 70 per cent. in deaths from syphilis (Q. 2548). It was explained that this increase was "more apparent than real" (Q. 2549), and could be traced to better certification and to the "system of direct communication with the doctors."

For purpose of rough comparison with England and Wales, and Scotland, we have had the following table prepared covering the same years.

DEATH RATE PER MILLION OF POPULATION.

Causes of Death.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Syphilis - - - - -	19	21	23	25	33	29	28	24	30	22
General paralysis of insane - - - - -	9	18	18	20	15	15	20	18	22	17
Locomotor ataxy - - - - -	10	8	8	9	10	10	12	9	10	10
Aneurism - - - - -	13	11	16	17	15	12	13	12	11	11

14. We wish to emphasise the fact that the Returns of the Registrar-Generals cannot be regarded as furnishing any adequate estimate of the prevalence of venereal diseases. The figures contained in these Returns, however, are not without value for comparative purposes; thus, the proportionate incidence of disease in the three kingdoms, in localities and among different social classes, may be approximately correct, and we shall again refer to the Returns in discussing the distribution of disease.

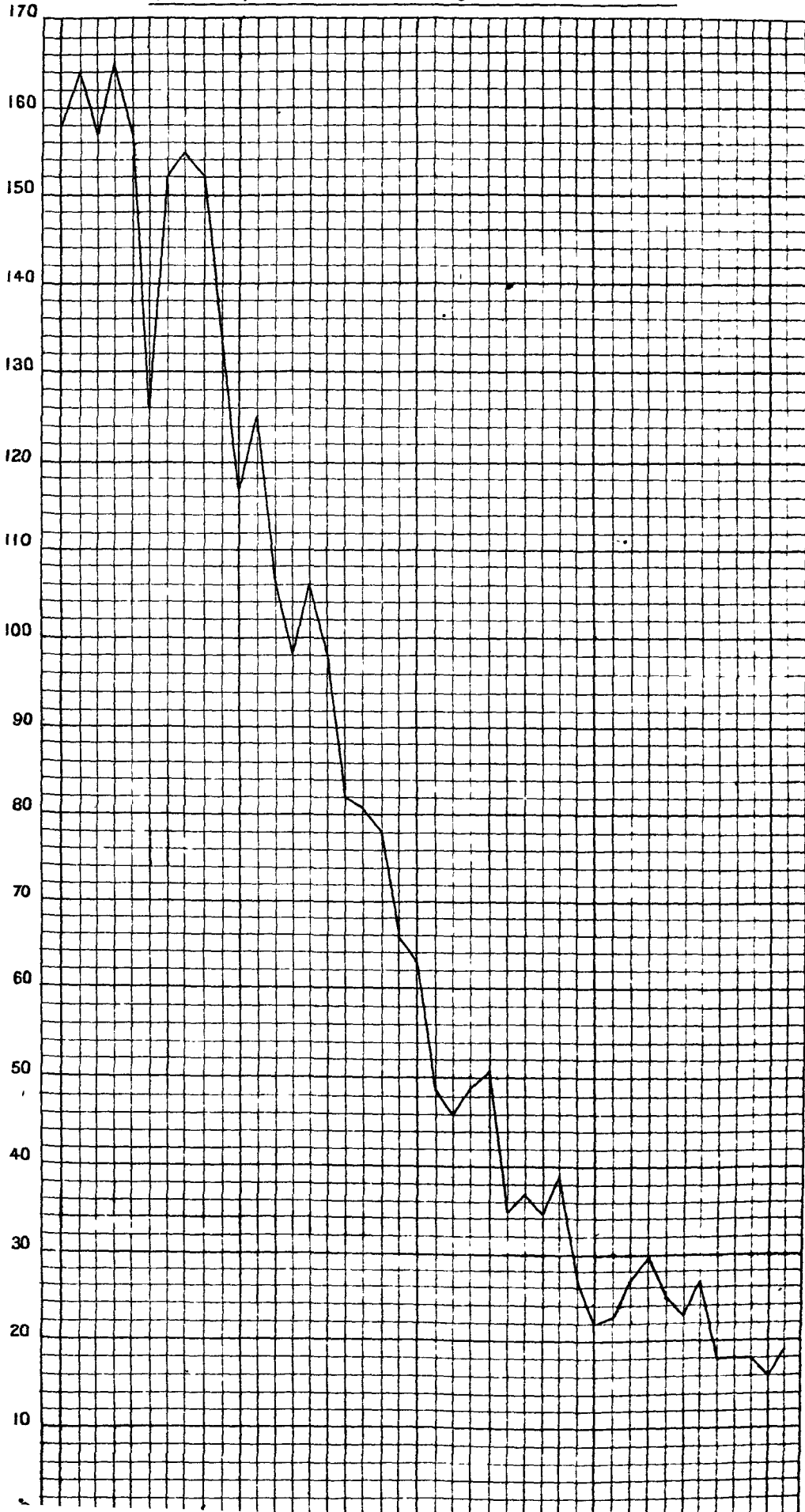
(b) NAVY.

15. The statistics supplied to us by the Medical Director-General of the Navy are given in Appendix IV. They cover the period 1905 to 1912 only, and do not, therefore, permit a wide survey of the incidence of venereal disease in the Royal Navy to be made. Comparative table C. shows the number of admissions per 1,000 of strength during the eight years for which the figures are furnished. An error arises from the fact that re-admissions are included, which leads to some duplication stated not to exceed four per cent (Q. 314). On the other hand, we were assured by Sir Arthur May that all cases of disease were now discovered and were included in his statistics (Q. 297).

Judging from Table C., syphilis shows a steadily progressive decrease from 48.92 per 1,000 in 1905 to 28.93 in 1912. Gonorrhœa gives a higher rate than

ARMY - CANDIDATES FOR RECRUITMENT.

Number of Candidates refused on account of Syphilis per 10 000 offering for Enlistment.



syphilis in any year, declined only from 62·0 to 57·61, and exhibits no distinct improvement. All venereal diseases diminished in the same period (Q. 363), from 121·49 per 1,000 to 105·95; but the highest proportion occurred in 1907, and the curve is irregular. Of the total admissions from all diseases and injury, venereal diseases account for a little over one-sixth both in 1905 and 1912, the difference being very small.

Comparative Table A. embodies the ratio per 1,000 of cases of venereal disease in the several naval stations. Of those stations in which the record is complete, the Mediterranean and Cape show the best results. The incidence of disease in the Home Station is in every year higher than the total incidence in the Navy. In 1905, 1906, 1907 and 1908 the Australian station shows the highest incidence followed by a sharp drop from 153·08 in the last-named year, to 111·25 in 1909, and a further fall to 103·27 in 1910. The years 1911 and 1912 show a rise to 112·15 and 124·38 respectively. The Police Offences Amendment Act in New South Wales came into force in 1908, and the Prisoners Detention Act of the same Australian State on 1st January, 1909. The coincidence between the sudden fall of the disease rate and the passing of these Acts is at least remarkable, and Sir Arthur May was inclined to think that some connection was possible (Q. 325); but the subsequent rise, assuming that the administration of the Acts was not relaxed, may indicate that other causes were at work, and further experience is required before any valid deduction can be drawn. As regards the distribution of infection between different sea-ports, we were informed (Q. 356) that it would be difficult, if not impossible, to obtain trustworthy figures.

(c) ARMY.

16. Statistics relating to the health of the Army at home and abroad were laid before us by Lieut. Colonel B. H. Scott representing the Director-General of Medical Services, and are reproduced in Appendix V.

Recruits.

17. **Recruits.**—The number of recruits rejected for syphilis (Plate V.) has fallen from 0·63 per cent. in 1890 to 0·14 per cent. in 1911–12 and the decrease has been fairly uniform throughout this period. Gonorrhoea plays a very small part in the rejections and was not separately shown (Q. 995) till the year 1911–12, when “other venereal diseases” gave a percentage of 0·06 only. In the period under consideration, rejections for all causes decreased from 39·74 per cent. to 23·79 per cent. Thus the fall in the proportion of rejections for syphilis has been far greater than that due to other physical disabilities. We have carefully considered whether the figures thus disclosed can be regarded as indicating a decrease of incidence of syphilis among the classes from which recruits are drawn. It is probable that the signs of the disease are better known than formerly and that men, recognising these signs, may not offer themselves as recruits. Further, recruiting serjeants, seeing that candidates are diseased, may tell them to get cured before presenting themselves for medical examination (Q. 999). Again, soft chancre was not definitely distinguished in the statistics from syphilis till about 1892, and since 1901 there has been a rise in the percentage of rejections from “other diseases of the genital organs” which may be due to transference from the category of syphilis, thus diminishing the percentage ascribed to the latter disease. On the whole we incline to believe that the diminution of venereal disease disclosed in the medical examination of recruits cannot be regarded as a conclusive indication of decreasing prevalence among the civil population.

Soldiers serving at Home.

18. **Soldiers serving.**—The prevalence of venereal disease among soldiers serving at home is indicated in the chart (Plate VI.), which covers the years 1866 to 1912 inclusive, and in the tables in Appendix V. The figures are not complete owing to changes in statistical methods, but from 1890 onwards they may be regarded as consistent. Figures based on admissions to hospital err somewhat in excess, as the same individual may be returned more than once; but the error is small and for comparative purposes may be neglected.

The curve showing the prevalence of all venereal diseases in the Army falls from 1867 to 1875, during which period the Contagious Diseases Acts were

in force; but it then rises somewhat rapidly until 1885, the year before these Acts were repealed. It is possible that the fall ending in 1875 may be connected with this operation of the Acts; but the effect, if any, passed away, and, judging from figures as a whole, the policy cannot be regarded as successful.

From 1885 the fall was steady and continuous with the exception of a rather marked drop in 1900, when a large part of the regular Army was in South Africa, followed by a rise ending in 1903, by which time most of the regular and newly raised troops had returned to this country. Admissions from all venereal diseases stood at 224.5 per thousand in 1888, and fell to 56.5 in 1912 (Q. 1048). In this period, admissions from all diseases fell from 700.9 to 346.4 (Q. 1046), and the percentage of admissions due to venereal disease dropped from 30.7 to 16.3 (Q. 1048). The chart brings out the fact that, from 1881 onwards, the curves for syphilis and gonorrhœa indicate a general similarity of movement; but, in 1897, the prevalence of gonorrhœa became greater than that of syphilis and has maintained this position ever since. In 1912, admissions from syphilis and gonorrhœa had fallen to 19 and 30 per thousand respectively, these being the lowest figures so far recorded. Syphilis, as a cause of invaliding from the service, decreased during the period 1888-1912 from 0.93 to 0.8 per thousand of the strength, and the total number discharged owing to this cause in the latter year was only 10 (Q. 1066).

Soldiers serving in India.

19. The chart (on Plate VII.) covering the admissions to hospital in India from 1890 to 1912 shows equally satisfactory improvement; but the curve differs somewhat from that illustrating prevalence in the United Kingdom. Table II., Appendix V., shows that in 23 years syphilis has fallen from 203 to 12 per thousand admissions, and gonorrhœa from 174 to 34; but a marked rise in both diseases occurred about 1895, which has no counterpart in the Home figures. In India, gonorrhœa began to exceed syphilis in 1899, and remains the more prevalent disease. The effect of the South African War seems to be reflected in the Indian figures, but is less marked than in those for the home stations.

In India, the prevalence of syphilis now stands slightly lower, and of gonorrhœa somewhat higher, than at home. The fall in the incidence of all diseases in India is from 1,517.1 in 1890 to 547.9 per thousand in 1912, and the percentages of admissions to hospital due to venereal diseases have decreased in this period from 30.45 to 10.1, which latter figure compares favourably with the corresponding percentage of 16.3 for the Army in the United Kingdom (Q. 1075). The number of men invalided out of the Army in India—0.2 per 1,000 of the strength—is the same as in the United Kingdom; but the percentage of invalids from venereal diseases is higher in India in the ratio of 3.3 to 2.2, which may be due to increased severity of type owing to local conditions (Q. 1081).

Soldiers serving Elsewhere.

20. Table III., Appendix V., gives the admissions per thousand to hospital from 1892 to 1912. The figures show a steady fall from 1893 to 1902, followed by a sharp rise. From 1904 to 1912 the fall is fairly uniform, from 138.7 to 96.6, which latter figure compares very unfavourably with the decrease attained in the Army at home and in India. Admissions from all diseases stand intermediate between the two; but the percentage of admissions due to venereal diseases is higher in the colonial stations than at home or in India, indicating that these diseases play a greater relative part in creating inefficiency in the colonies than elsewhere.

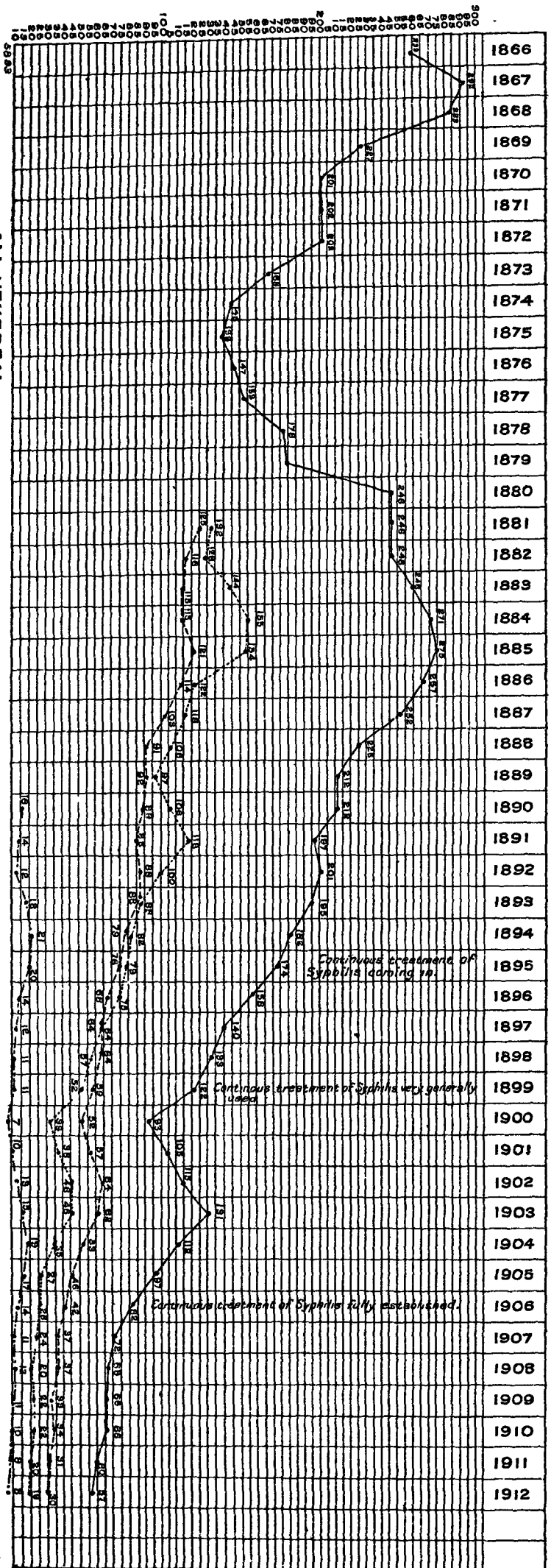
The constantly Sick.

21. Curves showing the constantly sick from venereal diseases in the three groups—Home, India, and Colonies—are shown on Plate VII. In all cases there has been a fall in recent years, and the figures for 1912 stand as follows:—

Constantly Sick	Home	India.	Colonies
Venereal diseases, per 1,000 of force	5.51	7.05	9.49
All	19.50	28.86	24.27
Percentage of venereal diseases	28.3	24.4	39.10

ARMY — VENEREAL DISEASES. UNITED KINGDOM. 1866 TO 1912.

Plate VI.

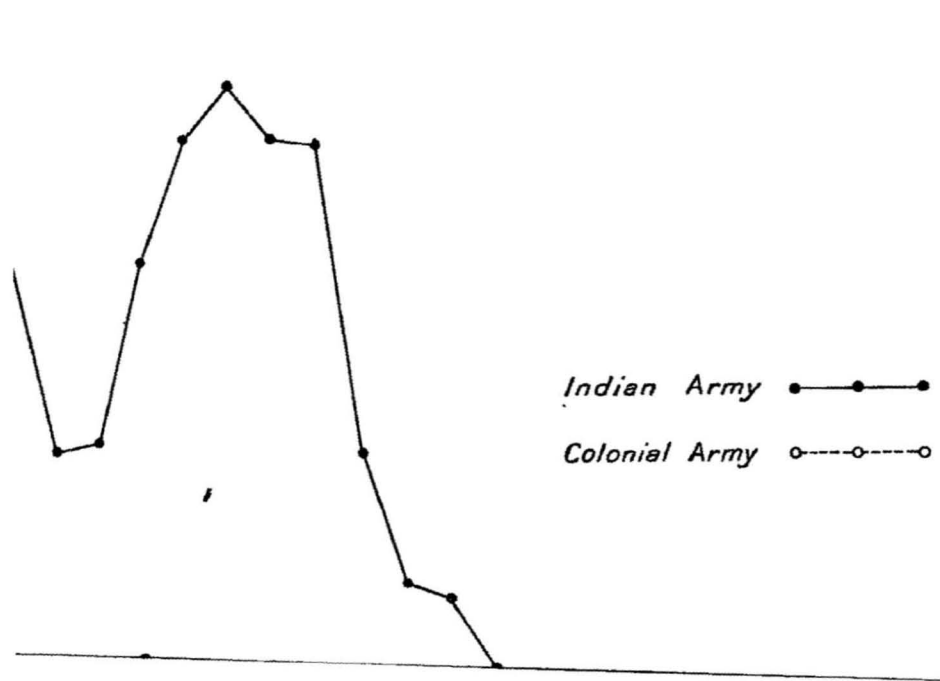


——— ALL VENEREAL.
 - - - - - SYPHILIS.
 CONORRHOEA.
 - - - - - SOFT CHANCRE.

To face page 10.

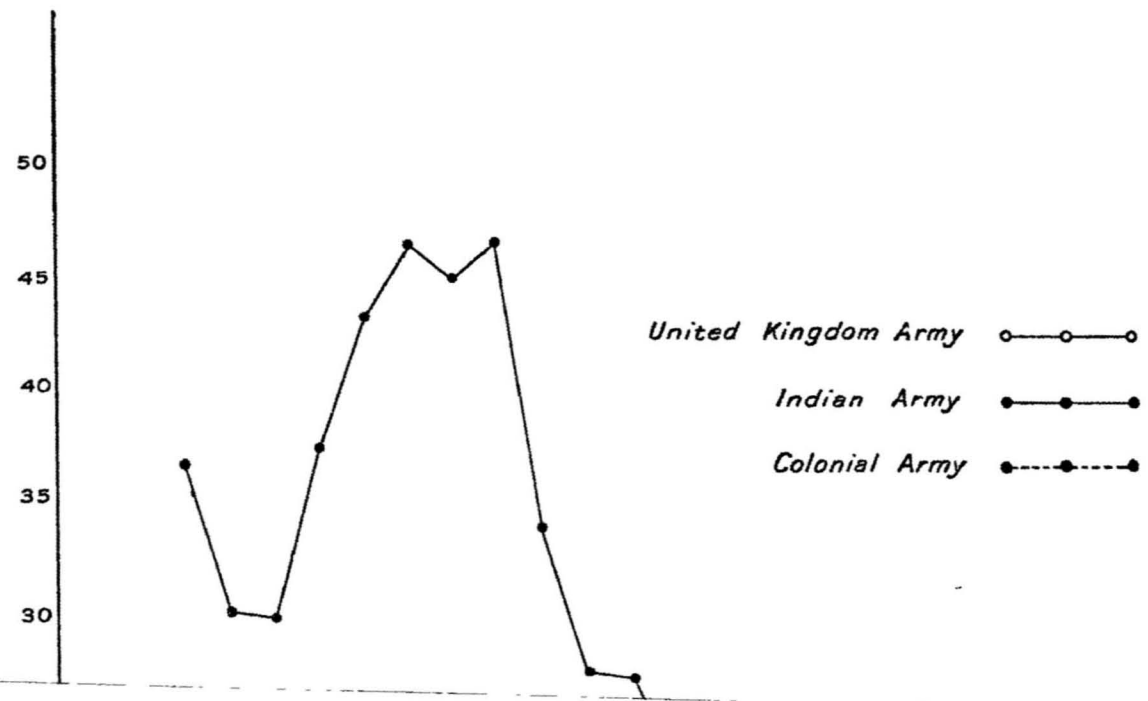
INDIAN AND COLONIAL ARMIES.

TOTAL ADMISSIONS TO HOSPITAL FOR VENEREAL DISEASE
PER 1,000 OF STRENGTH.



ARMIES OF UNITED KINGDOM, INDIA AND COLONIES.

VENEREAL DISEASES — CONSTANTLY SICK.
RATE PER 1,000 OF STRENGTH.



In every case, gonorrhœa plays the greater part in causing constant sickness, and in India this feature is specially marked.

General.

22. The statistics available for the Navy and Army dealing with large bodies of men under close and constant supervision are accurate and complete to an extent which is, at present, impossible in the case of the civil population. They indicate a very satisfactory decline of venereal diseases, the causes of which we deal with elsewhere. If this decline is maintained and increased, as should be practicable, it must apparently affect the general prevalence of these diseases in process of time; but no positive evidence of any diminution, thus caused, is at present obtainable. On the other hand, it is to be noted that the crude annual death-rate from syphilis, shown in the statistics of the Registrar-General, shows a slight fall, thus harmonising to some extent with the figures indicating prevalence among recruits and among men serving in the Navy and Army (*Q.* 1278).

Foreign Statistics.

23. The comparative figures given by Professor Blaschko (Appendix XXVIII.), showing the incidence of disease in various European armies and navies, indicate a generally falling tendency, except in the Navy of the United States. In the French Army, for the years given (1902-3 to 1906-7), the figures remain fairly constant, and in the German Army there has been little change between 1900-1 and 1908-9. Assuming these figures to be directly comparable, which is probably not the case, the British Army at home and in India shows higher figures than those of any other Army included in the table; but the percentage of infected recruits is more than five times as high in Germany as in Great Britain, and Professor Blaschko considers that the prevalence of venereal disease in Germany is higher among the civil population than in the Army, and higher than in Great Britain (*Q.* 15,255 and Appendix XXVIII.).

(*d*) POLICE.

24. Figures relating to the Metropolitan Police were laid before us by Mr. C. A. Ballance, the chief surgeon. Up to 1909 all cases of venereal disease in the force were penalised (*Q.* 7239), which led to concealment on a large scale (*Q.* 7443). The medical examination of candidates is carefully carried out (*Q.* 7273), and men joining from the Army bring their medical history sheets with them, so that previous infections are known (*Q.* 7287). In the years 1911 and 1912 the number of fresh admissions to hospital were 96 and 105 respectively. The incidence of venereal disease in the Metropolitan Police force, numbering about 21,000 men, is, therefore, so far as it is shown by the records of official treatment, very small (*Q.* 7254).

(*e*) LOCAL GOVERNMENT BOARD.

25. The statistics furnished by the Local Government Board are of two kinds: (A) those relating to the general population, (B) those relating to persons under treatment in poor law institutions.

(A.)—*Figures relating to the General Population.*

26. Syphilis.—No figures giving direct information concerning the prevalence of syphilis are available from this source, but the Medical Officer of the Board has obtained statistics of still-births notified under the Notification of Births Act, 1907, in the areas, comprising 75 per cent. of the population, in which the Act has been adopted. As syphilis is a frequent cause of still-birth, these figures have an important indirect bearing on the question. Under the Notification of Births Act, 1907, any still-birth occurring after the twenty-eighth week of pregnancy is required to be notified.

27. The average results as to notification of still-births are shown in the following table, which gives the average percentage of still-births to registered (live) births in towns and county boroughs and in London where the Notification of Births Act, 1907, is in force.

—	1910.	1911.	1912.	1908 to 1912 or other period.	Range of Percentages in Single Areas for 3 Years 1910-12.
In 74 county boroughs and towns with over 50,000 population.	3·01	3·18	2·98	3·06	1·08-5·52
In 67 towns with populations between 20,000 and 150,000.	3·21	3·07	3·34	3·34	1·19-7·82
In the 29 metropolitan boroughs - -	2·14	2·21	2·46	2·18	0·31-5·83

28. In the following table the range of variation of notifications in each group of towns is given separately for each year from 1908 onwards.

—	No. of Areas.	Average Percentage of Still-births to Registered Births.	Range in individual Towns belonging to each Group.
	1908		
Metropolitan boroughs - - - -	7	1·43	0·36-2·54
Large towns - - - -	17	3·04	0·72-5·06
Smaller towns - - - -	12	4·02	1·17-7·31
	1909		
Metropolitan boroughs - - - -	17	2·08	0·61-3·34
Large towns - - - -	46	3·10	0·63-9·65
Smaller towns - - - -	24	3·61	1·58-8·07
	1910		
Metropolitan boroughs - - - -	28	2·14	0·73-3·33
Large towns - - - -	52	3·01	1·18-7·65
Smaller towns - - - -	34	3·21	1·65-6·70
	1911		
Metropolitan boroughs - - - -	27	2·21	0·69-3·44
Large towns - - - -	58	3·18	1·24-5·95
Smaller towns - - - -	40	3·07	0·96-7·01
	1912		
Metropolitan boroughs - - - -	27	2·46	0·31-3·30
Large towns - - - -	60	2·98	1·24-5·32
Smaller towns - - - -	54	3·40	0·92-8·40

The range of variation is remarkable and greater uniformity may result when the system of notification has been longer in operation ; but many still-births, not attended by a doctor or a midwife, doubtless escape notification. It is to be remembered also that still-births occurring before the twenty-eighth week of pregnancy would not be notified, and must include a considerable number due to syphilis.

With regard to these figures Dr. Newsholme remarks that :—

“ The completeness of notification of births, whether living or dead children, varies considerably in different towns, commonly not more than 90 per cent. of the registered births having been notified previously. A much higher proportion of the births attended by midwives than of births attended by doctors are notified.”

29. **Gonorrhœa.**—In a Memorandum, which is printed as Appendix VI. to this Report, Dr. Newsholme has given tables showing the results obtained from the notification of ophthalmia neonatorum, and, as it is estimated that some 70 per cent. of the cases of this disease are due to maternal gonorrhœa (*Q.* 19,459, 19,763), these statistics are obviously important as an index of the prevalence of this disease.

Unfortunately ophthalmia neonatorum was not made compulsorily notifiable throughout England and Wales until 1st April, 1914, and the statistics are, therefore, only partial. Before that date the disease had been made notifiable in a number of districts, but in no case does the experience extend over more than four years. It may be hoped that valuable information will be obtained in the future from this source.

The figures for the year 1913 show that ophthalmia neonatorum was notifiable in 215 districts having a population of nearly 11½ millions; 294,984 births were registered in these districts, and 1,913 notifications received. This corresponds to a

case rate of 6·5 per 1,000 births. In the urban districts the case rate was 6·8 per 1,000 births, and in the rural districts 1·0 per 1,000 births. It is probable that the differences between the urban and rural rates correspond to real differences in the incidence of the disease.

30. The figures for different large towns, however, show remarkable differences in the case rates, as will be seen from the following table:—

Cases per 1,000 births.			
Manchester -	-	-	21·4 (four years' experience).
London County	-	-	6·1 ($2\frac{3}{4}$ ")
Southwark	-	-	11·6 (" ")
Finsbury	-	-	2·7 (" ")
Stoke-upon-Trent	-	-	28·1 (three ")
Birmingham	-	-	9·9 (two ")
Nottingham	-	-	11·2 (" ")

It is not clear that these differences correspond to proportionate differences in the incidence of the disease, and closer analysis of the figures is not possible at the present time.

(B.)—*Figures relating to Poor Law Patients.*

31. No complete statistics of cases of venereal diseases treated under the Poor Law are available. The Royal Commission on the Poor Laws obtained a return of the number of paupers medically relieved on 13th April, 1907, in 128 unions (including all London unions), having a population of about 10 millions. The information obtained regarding venereal diseases may be summarised as follows:—

	Total Number of Paupers relieved.	Total Number Medically relieved.	Number suffering from Venereal Disease.
Institutional Cases - - - - -	111,213	51,084	443
Outdoor Relief Cases - - - - -	138,688.	27,427	153
Total - - - - -	149,901	78,511	596

These figures are, however, clearly not complete, as we understand (Q. 4989) that no definition was given of the kind of venereal disease to be returned.

32. Sir Arthur Downes (Q. 4983-4) gave the results of a return of venereal cases in Poor Law institutions on 1st July, 1911, which was obtained by the general inspectors of the Local Government Board. These returns showed that, on that day, 186 out of the 643 unions had indoor cases suffering from venereal diseases. The total number of cases was 846, of whom 368 were men, 377 women, and 101 children. The total number of indoor paupers of all classes on the date of return was 235,863. This suggests a very small proportion of venereal disease. Sir Arthur Downes stated, however, that he did not attach much importance to these figures, which were obtained not so much from the point of view of ascertaining the prevalence of the disease as of ascertaining the number of cases that would want special medical accommodation. He felt confident (Q. 4986) that, if the Wassermann test could be applied to the whole of the workhouse population, a large proportion of that population would prove to be syphilitised. At the same time he was of opinion that the persons who suffer from these diseases in the earlier stages, for various reasons, do not come to the Poor Law institutions. We are unable to regard these figures as adequately representing the prevalence of infection among the pauper class.

(f) PRISON COMMISSIONERS.

ENGLAND AND WALES.

33. No figures are available for a comparison of the present prevalence of venereal disease among the prison population with that in previous years. We reproduce, in Appendix IX., certain tables which were laid before us by Sir Herbert Smalley, showing the results of returns of cases of venereal disease among prisoners in England and Wales during the period between November, 1913, and March, 1914.

Local Prisons.

34. Table 2 shows that in local prisons, where those sentenced to terms of imprisonment not exceeding two years, including persons imprisoned on civil process, are confined, 53,064 male and 14,369 female prisoners were received during the five

months to which the returns relate. Of these, 873 males and 285 females were recognised as suffering from venereal disease. The recorded incidence was, therefore, rather under 2 per cent. of both male and females (1·65 per cent. males and 1·98 per cent. females).

As regards the males, this rate is about equally made up of cases of gonorrhœa and syphilis, but for the females there is a preponderance of syphilis over gonorrhœa in the proportion of more than two to one. It must, however, be borne in mind that these figures relate only to cases where there are evident and manifest symptoms, and that many cases of gonorrhœa among females remain undiscovered (Q. 12,574). Sir Herbert Smalley thought also that if the Wassermann test had been applied in all cases, the figures for syphilis would have been considerably increased (Q. 12,588).

It will be seen from Table 2 that of the prisoners suffering from venereal disease, 48·22 per cent. of the males and 52·98 per cent. of the females were discharged while still in an infective state.

Convict Prisons.

35. With regard to convict prisons, in which those sentenced to terms of penal servitude of three years and upwards are imprisoned, Sir Herbert Smalley gave the results of special enquiries made in three prisons of different classes (Q. 12,656). In the first class, a prison containing able-bodied prisoners capable of performing hard labour, 694 prisoners were examined; 96 individuals, or 13·83 per cent., showed signs of having suffered from syphilis, 11·67 per cent. being cases of acquired syphilis and the remaining 2·16 per cent. being cases of congenital syphilis.

In an invalid prison of which the population was chiefly, though not solely, composed of invalids and semi-invalids, 136 out of 788 convicts presented obvious clinical signs of having suffered from syphilis (Q. 12,660-2.) In addition, 55 cases admitted infection and showed evidence of a primary sore, so that in this prison the total number of cases was at least 191, corresponding to the high percentage of 24·24. This seems to indicate that a large proportion of the illness among the prison population is due to syphilis.

In a third prison, the population of which consisted entirely of "star class" convicts, *i.e.*, those sentenced to penal servitude for serious crime, but who are not of criminal antecedents, 12 out of 273, or 4·4 per cent., exhibited signs of having had syphilis (Q. 12,669), and the actual number of infected prisoners must be considerably greater.

Taking these three prisons together, it appears that of 1,775 convicts examined, 299, or 17·04 per cent., presented signs of having had syphilis, and if they had been subjected to the serum test the numbers would undoubtedly have been larger.

Borstal Institutions.

36. These institutions are for the detention, on conviction, of young prisoners between the ages of 16 and 21, specially selected as likely to become habitual criminals, but as being physically and mentally suitable for training. The inmates of these institutions were all examined, more especially as to the incidence of congenital syphilis as evidenced by clinical signs. The results are shown in detail in Table 3 of Appendix IX. It will be seen that of 941 inmates, 153, or 16·26 per cent., presented one or more signs of congenital syphilis, while in addition there were five cases of acquired syphilis.

These figures, which were carefully compiled, show that a considerable amount of congenital syphilis prevails among the classes represented by the inmates of the Borstal institutions. They may also indicate that mental defects due to this cause conduce to some extent to produce the class of prisoners which comes within the scope of these institutions.

SCOTLAND.

37. Figures showing the number of cases of venereal disease observed in the prisons at Dundee, Edinburgh, Barlinnie and Duke Street, Glasgow, and Perth, were laid before us on behalf of the Prison Commission for Scotland by Dr. Sinclair, Medical Officer of H.M. Prison at Barlinnie.

Records for the six months from 1st December, 1913, to 31st May, 1914, showed that, in this period, of 11,993 male prisoners, 156, or 1·3 per cent., and of 4,958 females, 23, or 0·56 per cent., were found to be suffering from venereal disease.

Of the 184 persons found to be diseased, 88, or 56 per cent., were discharged in an infectious condition.

IRELAND.

38. A return for the six months from December, 1913, to May, 1914, showed that 138 male and 62 female prisoners were found to be suffering from venereal disease, and that of these, 62 males and 43 females were discharged while still in an infectious state (Q. 19,857). Dr Flinn, who gave evidence on behalf of the General Prisons Board for Ireland, was unable to state what proportion the number of cases bore to the total number of prisoners dealt with. He pointed out, however, that except for the two big cities, Dublin and Belfast, the figures were very small.

Dr. Flinn has since furnished the following figures showing the percentage of prisoners at Mountjoy (Dublin) and Belfast found, during the period from December, 1913, to May, 1914, to be suffering from venereal disease :—

	Males.		Females.	
	Gonorrhœa.	Syphilis and Soft Chancre.	Gonorrhœa.	Syphilis.
Mountjoy (Dublin) - - - - -	1·95	0·76	1·51	1·31
Belfast - - - - -	1·03	0·89	—	1·76

General.

39. The statistics available from prisons are, with the exception of those obtained at the Borstal institution, necessarily incomplete. The clinical examination of prisoners, especially of those sentenced to short terms of imprisonment, is not of a searching character, and is insufficient to detect all cases of venereal disease. A considerable amount of disease which does not entail physical disability must escape detection, especially when the period of imprisonment is short. No serum tests are made, and microscopic examination is not common. Congenital disease not giving rise to obvious symptoms must, to a large extent, fail to be recognised. The preceding statistics cannot, therefore, be regarded as fully disclosing the prevalence of venereal disease among the prison population of the United Kingdom.

(g) LUNACY COMMISSIONERS.

40. A memorandum with tables prepared for us by the Lunacy Commissioners for England and Wales (Appendix X.) deals with the comparative incidence of general paralysis of the insane, based upon pauper admissions to the asylums during the five years 1908 to 1912.

The total figures for this period were 5,352 males and 1,028 females, giving the proportion of 3·07 and 0·55 per 1,000 respectively of the population at the census of 1911.

Dealing with the age-period 25 to 54 years, the figures are :—

	Population.	General Paralysis.	Rates per 1,000.
Males - - - - -	6,862,596	4,885	7·12
Females - - - - -	7,467,889	920	1·23

41. The distribution of general paralysis at all ages between administrative counties and county boroughs is as follows :—

	Per 10,000 of Population.	
	Males.	Females.
Administrative Counties* { England - - -	2·2	0·4
{ Wales - - -	1·8	0·2
County Boroughs { England - - -	3·6	0·7
{ Wales - - -	5·9	0·7
London - - - - -	5·8	0·9

* Excluding London.

42. The above figures dealing only with syphilis in one aspect give no measure of the general prevalence of venereal disease among all lunatics; but they serve to indicate the relative incidence of general paralysis between the sexes and in certain areas. The whole of the 6,380 admissions from this cause in five years are certainly due to syphilis.

(h) LONDON ASYLUMS.

Incidence of General Paralysis in the London County Asylums.

43. Figures prepared by Dr. Mott (Appendix XI.) show that of the total admissions to the asylums of the London County Council during the years 1911-12, the total percentage due to general paralysis of the insane is a little over 8, and of male admissions a little over 15, indicating the considerable part played by syphilis in peopling the London asylums.

SPECIAL INVESTIGATIONS.

44. In addition to the figures published officially, we have received the following statistics specially collated for our information :—

a. *Prevalence of Syphilis among the apparently Healthy Inhabitants of East London.*

45. The memorandum and tables drawn up by Dr. Fildes (Appendix XII.) summarise the results of 1,002 serum tests made by Professor Bulloch among patients attending the London Hospital, specially selected and having come for treatment "for reasons wholly unconnected with syphilis." An attempt was made to inquire into the past medical history of patients who gave a positive reaction; but this was resented and therefore abandoned. In three out of four such cases syphilis was known to have existed.

The general results of the tests were as follows :—

Sex.	Cases.	Positive Reactions.	Percentage.
Males - - - - -	616	64	10·3
Females - - - - -	389	20	5·1

The cases, when classed in quinquennial age-groups, seem to indicate a relation between the incidence of syphilis and age; but Professor Karl Pearson, who examined the figures from a statistical point of view, considered that the relation is "slight," and that "far greater numbers" would be needed "to demonstrate it satisfactorily."

46. If these patients can be regarded as a fair sample of such a population, it follows that in a typical working-class population of London at least 8 to 12 per cent. of the adult males and at least 3 to 7 per cent. of the adult females have acquired syphilis. If congenital syphilis were included, or if the total number of patients attending the hospital had been similarly tested, the percentage would certainly have been higher.

b. *Investigations carried out among Employés referred for Medical Report.*

47. The results obtained by Sir John Collie from the medical examination, spread over 7½ months, of 2,176 men are given in Appendix XIII.

The examinees were divided into three classes :—

- I. 1,119 disabled by accident or illness, the extent of whose incapacity required report.
- II. 557 apparently in perfect health, but required to pass a medical examination as a condition of employment.
- III. 500 of the same class as II. who submitted to the Wassermann test.

These tests were performed under the direction of Dr. Mott at the Pathological Laboratory, Claybury, by permission of the Asylums Committee of the London County Council.

The clinical examination of Classes I. and II. revealed 60 cases, including 4 cases of gonorrhœa, or 3·58 per cent. of venereal disease. Of 491 recorded in Class III., the total cases of syphilis detected by the serum test was 46, or 9·36 per cent. Sir John Collie remarks that "had the Wassermann test been applied to all,

at least an equally high percentage would have been found in Classes I. and II.," and Class I. might probably have given somewhat higher figures. Of 103 men who had been in the Navy or Army, 18·89 per cent. proved to have been infected as compared with 6·02 per cent. of 343 civilians. "The average age" of the men examined "was probably 30 to 33 years; nearly all were married men." The investigation was necessarily limited in scope, and it dealt only with a somewhat superior class of workers. The prevalence of venereal disease which is indicated seems higher than might have been expected; but having regard to the figures obtained by Dr. Fildes, there is no reason to suppose that the results err on the side of exaggeration. Sir John Collie also points out that the Wassermann reaction is much less reliable in the tertiary than in the primary and secondary stages, and that it is estimated that at least 15 per cent. of latent cases do not give a positive reaction. Moreover, whilst a positive reaction in the tertiary stage is always significant, a negative is much less so, and a positive reaction sometimes follows two or three fruitless searches. The cases from which Sir John Collie's statistics were computed were only examined once, and it is possible that the results obtained underestimate the incidence of unrecognised syphilis in the community. Incidentally, as Sir John Collie remarks, the analysis of the 60 clinical cases in Classes I. and II. shows "the deadly influence of syphilis" in relation to the industrial community.

c. Tests of Patients admitted to Asylums during a Period of Three Months.

48. Appendix XIV. gives the analysis of tests made for us by the Lister Institute of serum taken from patients admitted, during the three months ending December, 1914, into 14 asylums selected as representing different sections of the population.

In all 545 samples were examined, of which 84 gave a positive, 9 a partially positive, and 452 a negative reaction. The positive and partially positive reactions taken together imply a percentage of 17·1 infected persons; positive reactions alone indicate 15·4 per cent.

d. Tests of Patients in Poor Law Establishments and other Institutions.

49. We give, in Appendix XV., the results of a series of investigations carried out under Dr. Mott's directions, in which the serum test was applied to patients in various institutions. These results may be briefly summarised as follows:—

Epilepsy.—Of 418 adult cases of epilepsy, 31 gave positive reactions, equivalent to 7·4 per cent.

Insane Non-paralytic Patients.—Out of 951 insane non-paralytic patients, including adult epileptics, idiots and imbeciles, 80, or 8·4 per cent., gave a positive reaction. These figures seem to show, as Dr. Mott suggests, that these forms of insanity are not dependent to any great extent upon previous syphilis.

Poor Law Patients.—From 1,483 patients admitted to the Shoreditch, Westminster, and Paddington Poor Law Infirmaries, a positive reaction was obtained in 295 cases, or 19·9 per cent. This percentage is a little more than double that found to occur in the cases of apparently healthy employees reported upon by Sir John Collie.

Feeble-Minded Children.—The examination of 257 children in one of the National Institutions for children requiring care and control, gave positive reactions in 21 cases, or 8·1 per cent.

Mothers of Newly-Born Infants.—The examination of the serum of pregnant women or the blood from the umbilical cord of the newly-born child in 71 Shoreditch cases gave 14 positive reactions, a percentage of 19·7. In a similar investigation relating to 90 births in St. Pancras, the percentage of positive reactions was found to be 6·6.

Dr. Mott points out that, whereas in the Shoreditch cases 29 of the mothers were single and positive reactions were obtained in 27·6 per cent. of these cases, the St. Pancras investigation relates entirely to legitimate births. The high prevalence of syphilis among unmarried mothers is thus plainly indicated.

The tests in all the above cases were carefully carried out, and the results, although based upon too few cases to justify sweeping generalisations, must be regarded as extremely significant.

DISTRIBUTION OF VENEREAL DISEASE.

Geographical Areas.

50. As we have already pointed out (para. 11), the figures laid before us by Dr. Stevenson (Appendix I.), while of little or no value as an index of the absolute prevalence of venereal diseases, throw some light on their distribution. Thus the tables given in Section II. (a) show that the highest mortality recorded for syphilis occurs in England and Wales, where, in the year 1910, the crude annual death-rate per million from this cause is stated to be 46, as compared with 42 for Scotland, and only 22 for Ireland. Such consequential diseases as general paralysis, locomotor ataxy, and aneurism closely follow syphilis in relative order of distribution, except that aneurism stands highest in Scotland, and, together with general paralysis, is markedly low in Ireland.

51. Table 1 (Appendix I.) brings out the fact that syphilis is essentially a town disease, and that the distribution of the three other diseases above referred to follows the same law. County boroughs return the highest mortality under each heading in the four divisions of the country dealt with, and are followed at some distance by the smaller towns, while the rural mortality is relatively low in every instance. The figures for London are very similar to those for the southern county boroughs, which are somewhat higher than in other parts of the country. Generally speaking, the distribution over the geographical sections of the country dealt with is fairly even, but with slightly lower rates in Wales and the Midlands than in the North and South.

The urban excess is much greater for syphilis than for the other diseases dealt with in the table, but, even assuming that this feature truly represents the comparative amount of actual mortality in each case, it does not follow that the prevalence of the maladies is similarly distributed. The mortality returns of the consequential diseases probably provide a better index of the relative prevalence of syphilis than the mortality ascribed to syphilis itself, both because the former are more accurately registered, and because the deaths in their case bear a more constant ratio to the number of cases.

52. The returns summarised in Table I were further analysed by Dr. Stevenson in certain directions. When sex was distinguished, it was found that the increase of mortality with urbanisation was rather more marked for males than for females. The place of death—institution or private house—acquires importance, because of the smaller inducements for suppression of the truth in certifying the causes of institutional deaths and of the great numerical importance of such deaths in the large towns. These two facts probably have a considerable share in causing the excess of registered urban mortality to be greater for syphilis than for the other diseases, which are more easily certifiable in private practice. The result of tabulation by place of death, at the same time distinguishing deaths under 15, as representing congenital syphilis, from those at higher ages, which would be mainly from the acquired disease, was to show that in the case of acquired syphilis, the mortality returned from private practice is almost as high in the rural districts as in the towns, but that the mortality of children is very much higher in the towns, even in private practice. We may conclude that the excess of urban mortality from syphilis—the argument, does not apply to the freely certifiable consequential diseases—is largely, but not altogether, due to the high proportion of institutional deaths returned by them.

53. The causes of deaths in boroughs and other administrative areas have been tabulated by the Registrar-General only from the year 1911 onwards. Dr. Stevenson submitted to us figures for individual towns and counties for the years 1911 and 1912. These were of such a nature as to suggest that in the case of communities of this size, the variations shown by the records of so short a period are largely without significance. Under these circumstances, it would be invidious to quote the areas furnishing the highest returns, but we are glad to learn that the investigation is being continued at the General Register Office with a view to obtaining a sufficient basis of facts for the comparison of much smaller areas than those dealt with in Table I.

54. As regards the geographical distribution of gonorrhœa, no statistics are available; but the trend of the evidence is to show that, like syphilis, it is essentially a town disease.

Infantile Mortality.

55. Table 2, Appendix I, shows the mortality under one year of age per 1,000 births in 1911 and 1912, assigned to "congenital debility, &c., including premature births," in the towns and rural districts of England and Wales. It will be noticed that the rural districts do not compare so favourably with the towns as in Table 1, and that in Wales the mortality is higher in the country than in the county boroughs.

Table 5 gives the infantile mortality from syphilis per 1,000 births in England and Wales distributed between urban and rural counties from 1905 to 1910, discriminating illegitimate infants. The relative immunity from syphilis of the rural areas is strikingly attested by this table, the mortality of all infants being about one-half of that in the urban counties. The mortality of illegitimate infants is from 8 to 10 times as high as that of the legitimate. This represents a real excess which, however, is perhaps somewhat overstated, owing to the fact that the tabulated cause is more likely to be accurate in the former than in the latter class.

Social Distribution.

56. Table 3 gives the recorded death-rate per million for syphilis and three consequential diseases distributed among eight classified groups of the population at different age-periods. The mortality rate of males ascribed to all four diseases at ages above 15 stands as follows:—

Class.	Social Status or Occupation.	Death-rate per Million.	Order.
1	Upper and middle* - - - - -	302	III.
2	Intermediate, between 1 and 3 - - - - -	280	IV.
3	Skilled labour - - - - -	264	V.
4	Intermediate, between 3 and 5 - - - - -	304	II.
5	Unskilled labour - - - - -	429	I.
6	Textile workers - - - - -	186	VI.
7	Miners - - - - -	177	VII.
8	Agricultural labourers - - - - -	108	VIII.

* Includes clerks and insurance agents.

As these figures are standardised to allow for the varying age distribution among classes whose average duration of life differs, they may be accepted as correctly representing the relative incidence within the limits of accuracy permitted by the present system of registration. As regards the classification, it is possible that the discrimination in Classes 1 to 5 may admit of some error; but the occupational Classes 6 to 8 are probably well defined. The principal deductions to be drawn from the above table are the high incidence of the four diseases in Classes 5, 4, and 1, and the relative immunity of Classes 6, 7, and 8. From the more detailed Table 3, Appendix I, it appears that Class 5 stands highest in incidence of syphilis, general paralysis, and aneurism, and second in locomotor ataxy; while Class 1 gives the highest figures in locomotor ataxy, and is second in syphilis and general paralysis. Dr. Stevenson draws attention to the "striking uniformity of the records" of Classes 6 to 8, and to the consistency "exhibited at the opposite end of the scale of prevalence, i.e., Class 5." He also points out that—

"The predominance of Class I. in the locomotor ataxy list shows that no stigma as yet attaches to this form of disease, and perhaps indicates that its existence as a cause of death is apt at times to escape record in the case of other sections of the community."

The comparative immunity of miners and agricultural labourers from aneurism, although both classes are subjected to physical strain, corresponding closely with their freedom from syphilis, provides confirmation of the intimate connection between aneurism and syphilis.

Viewing these figures as a whole, we consider that there are good grounds for believing that the prevalence of syphilis is greatest amongst the highest and lowest of the social Classes 1 and 5. Incidentally the figures help to confirm and explain the geographical distribution with which we have dealt.

Mortality in Institutions.

57. The following table shows the proportion of deaths registered as due to syphilis and occurring in institutions:—

Class.	Percentage.	Order.
1	31	VIII.
2	46	V.
3	58	III.
4	60	II.
5	78	I.
6	55	IV.
7	38	VII.
8	45	VI.

It is probable that the cause of death is more accurately given in the case of deaths in institutions than of those which occur in private dwellings, and the growth of institutions has led to a great increase in the percentage of deaths in the former category. Thus from Table 4 (Appendix I.) it appears that in 1869 only 8·3 per cent. of all deaths occurred in institutions, while in 1912 there were 21·4 per cent. of such deaths. The low proportion of deaths ascribed to syphilis in Class 1, according to the above table, is due to the relatively small number of persons of this class who die in institutions, and is, therefore, consistent with a high rate of prevalence in this class.

DEFECTS OF REGISTRATION.

58. It should be possible to gauge the mortality from diseases of all kinds among the civil population by the Returns annually presented by the Registrars-General for England and Wales, Scotland, and Ireland. For reasons which we have explained, these Returns are of little value as indications of the prevalence of venereal disease. To a less extent, other causes of death may also fail to be recorded. Moreover, the methods adopted are not uniform, and there appears to be no provision for collating and analysing the Returns for the United Kingdom as a whole. In England and Wales the practice is that the doctor attending any person furnishes the relatives with a certificate stating what, in his opinion, is the cause of death. In Ireland the system is substantially the same, but in Scotland the duty is laid upon the doctor of forwarding to the registrar a certificate stating the cause of death within a specified time, while the relatives are required only to report the fact of death. Thus under the Scottish system it may happen that the relatives are unaware of the certified cause of death. The certificate is, however, not confidential, and any person interested may obtain a copy on payment of a small fee. Further, it is the common practice for the doctor to hand the certificate to the relatives, who forward it to the registrar.

59. It has long been recognised that the present system is unsatisfactory, and in 1893 a Select Committee of the House of Commons was appointed to inquire "into the sufficiency of the existing law as to the disposal of the dead, for securing an accurate record of the causes of death in all cases, and especially for detecting them where death may have been due to poison, violence, or criminal neglect."

The Committee appear to have devoted their attention mainly to the consideration of measures intended to guard against crime and premature burial; but, on the question of the value of the existing system from the point of view of furnishing accurate information regarding the causes of death, they make the following remarks:—

"The existing regulation requiring the medical certificate of death to be handed to the representatives of the deceased for transmission to the registrar has one decided disadvantage. In cases where death has resulted from a disease which is looked upon as reflecting discredit upon a family, a medical man is sometimes tempted to defer to the feelings of the relatives to the extent of entering in the certificate as the cause of death a disease other than the true one. There can be little doubt that this course is frequently taken in cases of death caused by such diseases as delirium tremens, cancer, syphilis, and also in cases of lunacy and suicide.

"With a view to removing any inducement to such misrepresentation it has been suggested that instead of the certificate being handed to the relatives for transmission to the registrar it should be forwarded by the medical man directly to the registrar. The opinion has been expressed by several witnesses that if this course were taken the causes of death would be more accurately given. It appears to have been formerly the duty of medical men in Ireland to forward certificates of death direct to the registrar, and the Registrar-General was in favour of reverting to that practice.

Your Committee recognise the force of the objection to the delivery of the certificate by the medical man to the representatives of the deceased, and they are of opinion that it is of great importance to remove any impediment which may exist to the correct statement of the cause of death on the certificate. They see no reason to suppose that medical men would experience any difficulty in ascertaining the name and address of the registrar to whom the certificate should be forwarded, and if (as they suggest below) a fee should be payable to medical men in respect of each death certificate issued by them, they would have no substantial cause for complaint at the trouble involved in their being required to forward the certificate directly to the registrar.

The Committee accordingly recommended that medical practitioners should be required to send certificates of the causes of death to the registrar, instead of handing them to representatives of the deceased.

No action has been taken on the recommendations of the Select Committee, but a number of Bills have been introduced by private members with the object of giving effect to its proposals. Under the Bill of 1914, it was proposed that the representatives of the deceased were bound to intimate the death to the registrar, and the medical attendant was required to send his certificate direct to the registrar within 24 hours of the death. These Bills have made no progress, and neither they nor the Report of the Select Committee provided that the certificate of the cause of death should be treated as a confidential document. If, however, the object of registration is to obtain accurate statistics, this provision should be made, subject to the condition that the certificate is rendered available for inspection on the order of a court of justice.

60. In all important European States certification of death is confidential, and a description of the Swiss system was given to us by Sir Victor Horsley (Q. 11,160). The proposal laid before us by Dr. Stevenson is that a doctor should hand to the relatives of a deceased person a certificate stating only the fact of death. It would be the duty of the doctor to send by post to the registrar a second certificate, on which he would set out the causes of death. This certificate would be confidential, and access to it would only be possible on the order of a court of justice (Q. 3367-71 3377-9). A number of witnesses gave evidence in favour of confidential certification of the cause of death, and we understand that a reform of this kind has for some years been advocated by the British Medical Association, and is generally supported by the medical societies.

61. With a view to ascertain the opinion of the life insurance companies, whose methods might be affected by such a change, we examined the manager of the National Mutual Life Assurance Office, who is also chairman of the Life Offices Association. This witness informed us that the question of confidential certification had not been discussed by the Association (Q. 22,033), but that his view and that of two or three other offices were opposed to the change.

We are not convinced by the alleged objections, and we consider that any improvement in the accuracy of vital statistics must, in the long run, benefit the life insurance companies, who could adapt their methods to the system of confidential certification as in all other great European countries.

62. This important question may seem to lie outside the scope of our terms of reference, but we are deeply impressed by the facts that accurate knowledge of the prevalence of diseases is essential in the national interests, and that such knowledge, in the case of venereal diseases especially, is most defective. We, therefore, commend the proposals of the Registrar-General to the serious consideration of Your Majesty's Government.

63. In this connection we desire to express our sense of the importance of the early notification of births, and to recommend that the Notification of Births Act, 1907, should be made universally operative.* We also consider that the notification of still-births should be extended to include an earlier period of pregnancy than twenty-eight weeks.

DEFECTS OF HOSPITAL STATISTICS.

General Hospitals.

64. In the hope of obtaining information in regard to the incidence of venereal diseases, we addressed forms for completion to cover the period from 1st January to 30th June, 1914, to 285 hospitals spread over the United Kingdom. Having regard to the importance of our inquiry, we consider it discreditable to the institutions concerned that only 67 replies were received. Although in a few cases much trouble was taken in filling up the forms, the figures obtained are, for various reasons, unsuitable for our purpose, and there can be little doubt that in a large number of hospitals adequate records for statistical purposes are not kept. It

* Since this Recommendation was approved, the Notification of Births (Extension) Act, 1915, has been passed.

appears to us to be highly unsatisfactory that these institutions, which are maintained from funds of a semi-public nature, should be unable to furnish precise information respecting the diseases with which they deal, and we trust that this important question will receive the serious consideration of the managing bodies.

Poor Law Unions.

65. In addition to the hospitals, a number of the more important Poor Law unions were asked to make returns. In the case of London nearly all the unions furnished figures, but the response from the provinces is far from complete. The Wassermann test has been little used in these institutions, and we are unable to draw any definite conclusions from such figures as we have obtained.

GENERAL REMARKS.

66. The lack of adequate records of diseases treated in hospitals and Poor Law institutions has long been recognised.

In 1904 the Inter-Departmental Committee on Physical Deterioration made the following recommendation :—

“ It appears to the Committee in the highest degree desirable that a register of sickness, not confined to infectious diseases, should be established and maintained. For this purpose the official returns of Poor Law medical officers could, with very little trouble and expense, be modified so as to secure a record of all diseases treated by them. And, further, it ought not to be difficult to procure the co-operation of hospitals and other charitable institutions throughout the country, so as to utilise for the same purpose the records of sickness kept by such institutions.”

We are strongly of opinion that improved records of sickness in hospitals and Poor Law institutions are urgently needed, and we consider that the Local Government Board should devise a uniform system with the object of securing accurate statistical information as regards the prevalence of disease among persons who receive institutional treatment.

NATIONAL INSURANCE COMMISSION.

67. We were informed that the National Insurance Commissioners were not as yet in a position to supply us with any statistics relating to venereal diseases. Valuable figures in regard to the incidence of these diseases among the insured classes ought to be available from this source in the future.

GENERAL CONCLUSIONS AS REGARDS PREVALENCE.

68. Except in the case of the Navy and Army, there are at present no means of arriving at an accurate estimate of the prevalence of venereal diseases. The tendency to concealment, which is a marked characteristic of those who have acquired these diseases, by militating alike against the acquisition of full knowledge of the extent of their incidence and against prompt treatment, render them peculiarly dangerous to public health. Moreover, it is only in comparatively recent years that their varied effects have begun to be recognised, while more in this direction still remains to be discovered. Partial attempts to obtain a local census of venereal disease have been made; but the results are not such as to justify generalisations. Thus, syphilis was made notifiable in the metropolitan area of Melbourne from June 1, 1910, to May 31, 1911 (Q. 1629); but, as only one half of the medical practitioners made returns, the results were incomplete. In Prussia, in 1900, the physicians were asked to make a return; but only 63 per cent. replied to the questions issued by the Government, giving figures of patients under treatment from April 1 to April 30 (Q. 15,190). In Denmark a system of notification exists, but the validity of the results is a matter of dispute (Q. 14,729). A large number of examinations in institutions and among special sections of the population, including post-mortem tests, have been made in the United Kingdom and in foreign countries, the results being, generally speaking, to show an unexpectedly large prevalence of venereal diseases. Such examinations, however, necessarily deal with small numbers of individuals and do not provide data on which trustworthy estimates can be based. If, in the case of all diseases included in the Registrar-General's returns, it were possible to assign a fixed proportion to syphilis and gonorrhœa as the primary causes, calculations could be made indicating the effect of these diseases on the death-rate; but such a proportion cannot at present be stated with certainty. Moreover, the Registrar-General's figures, as at present

obtained, are liable to errors of several kinds, and unless the causes of still-births were ascertained in all cases, the effect of venereal disease upon the potential population would remain indeterminate. Sir William Osler considers that "of the killing diseases syphilis comes third or fourth" (Q. 14,009), and his evidence shows clearly that the number of deaths actually due to this cause which escape recognition must be very large. While we have been unable to arrive at any positive figures, the evidence we have received leads us to the conclusion that the number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 10 per cent. of the whole population in the large cities, and the percentage affected with gonorrhœa must greatly exceed this proportion

SECTION III.—EFFECTS OF VENEREAL DISEASE.

SYPHILIS.

Early Effects.

69. The immediate effects of syphilis are inconsiderable as compared with the later developments. The reason is that the first result of the growth of the specific organism known as the spirochæte is a local inflammation at the site of the infection, attended seldom by pain and discomfort (Q. 4587-92, 12,260-4). The constitutional disturbance is slight during this stage, but becomes serious when the spirochæte is generalised in the organs and tissues of the body.

This dissemination is due to the passage of the spirochæte into the lymph and blood streams marking the secondary stage, during which no organ or tissue of the body is exempt from the possible colonisation of the organism, and from the consequent microscopic inflammatory reaction involving destructive cell changes and fibrotic repair. For this reason—the multiplication of the spirochæte and the toxins thus produced—the microscopic changes produced in the tissues by the colonies are similar to those observed in the primary sore.

70. A clinical distinction has been drawn (p. 4) between primary, secondary, tertiary and parasyphilitic symptoms according to the periods of time which have elapsed since infection; but, broadly speaking, the causative agent (except that it is less virulent and less capable of infecting the longer it has been in the body) is the same. The spirochæte has been found in the affected structures at all periods of the disease; but it is most readily found in the primary and secondary stages. Hence in considering the effects of syphilis it is advisable from a scientific (Q. 167-72, 1471-87, 14,077, 14,009, 14,134, 14,169, 14,174) as well as a therapeutic (Q. 2318-9, 3817, 4834, 5889-902, 7269) point of view, to regard as late effects all conditions other than the primary lesion produced at the site of infection.

71. Microscopic examination of the tissue at the site of inoculation proves that spirochætes are present before there is any visible evidence of a typical syphilitic sore (Q. 3567, 4554). The first sign may be a papule or pimple, the surface of which may be eroded; superadded infection by other septic micro-organisms may take place, leading to the formation of an ulcer. The typical syphilitic sore or chancre is oval or circular in form varying in size, red in colour, and exudes a thin discharge from its surface, which tends to dry and form a thin pellicle like varnish. A few days after its appearance the chancre becomes hard at the base, and taken between the fingers it has a firm feeling like gristle in the skin. There are atypic forms of syphilitic sore with little or no induration at the base which result from mixed infection. The chancre has a tendency to undergo spontaneous cure; the induration, however, usually remains after the surface has healed, and may persist for weeks or months. About a week after the appearance of the chancre the nearest lymphatic glands enlarge; they become hard, but remain painless and freely movable. As the usual situation of the chancre is the genital organs, the glands in the groin are the first affected on one or both sides. When there has been a superadded infection of the primary sore by septic organisms these enlarged glands suppurate and form an abscess. The primary sore and subsequent inflammation of the nearest lymphatic glands may be regarded as the immediate effect of the invasion of the body by the spirochæte. There is little or no pain, or even discomfort, in the primary stage, and thus arises the danger of neglect to seek treatment before the disease becomes constitutional, and later effects by colonisation of the spirochæte are produced (Q. 2317-8, 4834, 7145, 13,525).

72. Extra-genital or non-venereal chancres differ widely in appearance according to the anatomical characters of the part affected. The most common sites are the fingers, the lips, the tongue, and the mouth. On the fingers they most often appear at the edges or base of the nail; in some cases they simulate a whitlow; the terminal phalanx is often swollen and painful, the nail is frequently shed, and sometimes the bone undergoes necrosis; the nail-bed is scarcely ever indurated and often suppurates. On the lip, usually beginning as a small fissure, they develop into a smooth raised sore, which may be mistaken for an epithelioma until its true nature is revealed by swelling of the neighbouring glands. On the tongue they generally occur on or near the tip, and are apt to be circular in form, with a characteristic raised edge. On the face they are often due to cuts with contaminated razors; the cut, having healed, reopens, becomes indurated, and is presently covered with a scab. In the mouth they may occur in the cheeks or sometimes on the tonsils. In the eye they may resemble a sty; if the site is the conjunctiva this membrane becomes inflamed. On the breast they most often appear on the nipple, but sometimes on the skin.

Late Effects.

73. In the seventh week after the appearance of the chancre, sometimes earlier, sometimes later, the first noticeable evidence of dissemination of the spirochæte occurs in the skin, causing irregular rosy red spots, the roseolar rash. Simultaneously the organism may be disseminated in the mucous membranes, especially of the throat, causing sore throat. There is evidence to show that when the dissemination giving rise to well-recognised symptoms occurs, specific organisms may also have reached the important internal structures, notably the central nervous system (Q. 9951-5, 11,477-90) and the walls of the arteries (Q. 13,512, 13,527-8), especially the aorta. When colonisation has taken place, constitutional symptoms arise from the multiplication of the spirochætes. The toxins escape into the blood and produce anæmia, debility and falling out of the hair, sometimes accompanied by a little fever. Once dissemination has occurred, there is always the possibility of a latent focus of organisms becoming active and liberating fresh broods into the lymph and blood streams; although, as time passes, the blood and tissues acquire greater power of combating the growth of the organism: therefore, a tendency for it to localise at the seat of colonisation increases with the length of time after infection.

74. Since every tissue and organ contains lymphatics and most of them contain blood vessels, spirochætes may be disseminated by the circulating fluids in every part of the body, and may set up a diffuse or localised inflammation in any of the organs and tissues, such as the heart, testicles, liver, lungs, bones and nervous system. The seeds of the disease thus sown may not immediately form colonies, but may remain latent, awaiting a lowered vitality of the tissues to develop activity. Thus a mere blow on the head may excite activity in a latent focus of the scalp, the skull, or the membranes of the brain, causing inflammation and a localised swelling at the injured spot. This swelling or tumour is termed a "gumma" on account of its soft gummy substance. Single or gummatous tumours may occur in any of the organs or tissues of the body. They usually develop during the tertiary stage and are common in the superficial structures, causing chronic ulcers, especially on the legs. These ulcers may heal, leaving characteristic pigmented or tissue-paper like scars. The ulceration may extend to the fibrous covering of the bone (periosteum), or the syphilitic inflammation may start in this tissue and spread outwards to the skin, septic organisms adding to the destructive process in the soft tissues and bone.

75. Several witnesses stated that the reason serious bone and skin disease is seen less now than formerly might be explained by the fact that the skin is kept cleaner, and antiseptic treatment of sores is widely practised, by which the introduction of septic organisms with consequent chronic suppuration is prevented. In earlier times, syphilitic disease of bone (Q. 11,131, 14,177) with prolonged suppuration was a frequent cause of fatal degenerative (lardaceous) disease; but, since the introduction of antiseptic surgery, it is rarely seen. These serious bone and skin diseases may be less frequently observed than formerly, but it is doubtful whether other even graver diseases, to be referred to later, have become less prevalent. Nature, even without the aid of therapeutic agencies, tries to combat, more or less successfully according to circumstances, the multiplication of spirochætes in the body by exciting the blood and tissues to produce anti-bodies which tend to destroy the micro-organism. At the same time, the connective tissue cells which surround the inflamed area and possess a greater resistance to the action of the toxins than the more specialised cell elements, are able to multiply

and condense in such a way as to form a non-vascular or only slightly vascular fibrous tissue barrier. This wall of fibrous tissue which shuts off the infective organism is in many instances a curative process; but the later replacement of inflammatory tissue in the arterial system leads in the larger arteries to the formation of patches of fibrous tissue, and in the smaller arteries (especially of the brain) to a general fibrotic thickening. There is a loss of elasticity of the artery where this fibrous tissue is formed (Q. 2070, 7346-8, 8322, 13,177), consequently a condition of "arterial sclerosis" is a frequent result of constitutional syphilis.

76. Since acquired syphilis is the most frequent cause of arterial disease between 30 and 50 years of age, it follows that a widespread disease like syphilis must tend thereby to shorten life in many ways. It is a common saying that "a man is as old as his arteries," and we have received a mass of evidence pointing to the fact that arterial disease of syphilitic origin may directly or indirectly be the cause of many fatal diseases bearing another name than that which was primarily responsible for their occurrence.

Arterial Diseases of Syphilitic Origin.

77. Spirochætal infection of the walls of the arteries causes raised patches of inflammatory thickening in the larger vessels. In the smaller arteries (especially of the brain) a diffuse general inflammatory thickening occurs, affecting particularly the inner coat (endarteritis). The soft inflammatory products may eventually be absorbed, leaving fibrous tissue (Q. 2164, 9762-3, 2209). Syphilitic disease of the arteries of the brain and spinal cord is frequently followed by clotting of the blood in these vessels (thrombosis), resulting in localised patches of softening which produce symptoms depending upon the function of the nervous structures involved; such as a stroke of paralysis, loss of speech, speech disorders, loss of memory, and mental enfeeblement.

At the seat of a patch of inflammation, especially when in the aorta and large arteries, where the blood pressure is highest and the effects of physical strain most felt, a weakening and dilatation of the wall may occur, ending possibly in rupture of the inner coat. This weakening of the wall causes the formation of a sac, into which the blood is driven, and a pulsating tumour or aneurism is formed. It is estimated that at least 90 per cent. of cases of aneurism of the aorta are due to syphilis (Q. 13,202-4, 13,210-1).

The syphilitic inflammation of the aorta may attack the aortic valve of the heart and render it incompetent by thickening and stiffening the flaps so that it leaks and produces a common and very serious form of heart disease known as "aortic regurgitation." The same diseased condition may also affect the coronary arteries which spring from the beginning of the aorta and supply the heart with blood, thus causing degenerative changes in the muscle walls of the heart. Angina pectoris is a symptom not infrequently associated with disease of the coronary arteries and aortic regurgitation.

Syphilitic Diseases of the Nervous System.

78. The most serious late effects of syphilitic infection are observed in diseases of the brain and spinal cord, which are very important, not only on account of the frequency with which they occur, especially when there has been delay or inefficient treatment, but also because of the difficulty of ridding the central nervous system of the spirochætes when colonies have once become established there. Colonisation of the spirochætes may take place at any period after infection, and the symptoms are dependent upon the function of the nervous structures attacked by the disease. An inflammatory process is set up in the enclosing and nutrient structures of the brain and spinal cord (meningitis) (Q. 9923-31), may extend to the substance of the brain and cause encephalitis (Q. 2164, 9951-5, 11,477-90), and to the substance of the spinal cord and cause myelitis; gummatous tumours may be formed, and in nearly all cases there is an inflammatory thickening of arteries (endarteritis). These morbid conditions give rise to the most varied symptoms and signs of nervous disease. Some of the more important paralytic conditions are hemiplegia (paralysis of one half of the body) where the brain is affected, paraplegia (paralysis of the lower extremities) when the spinal cord is affected (Q. 4129-85), blindness, deafness, disorders or loss of speech, loss of memory, mental enfeeblement, epileptiform convulsions, in fact almost any symptom or sign arising from organic disease of

the nervous system. These severe effects of syphilis seldom occur without warning symptoms, the commonest being headache and paralysis of eye muscles causing drooping of the eyelid, or squint with double vision which may be transient.

79. There is another and more dangerous form of syphilis of the nervous system, which prior to the discovery of the spirochæte in the brain, was believed to be postsyphilitic, and termed parasyphilis (Q. 6870, 9941-2). This form of the disease is now called parenchymatous or quaternary syphilis and comprises the following diseases:—

- (1) Locomotor ataxy or tabes dorsalis.
- (2) Optic atrophy.
- (3) General paralysis of the insane.

These diseases are due to the specific organism remaining latent in the nervous system a number of years before giving rise to signs and symptoms. On an average, ten years elapse after infection before the patient comes under observation (Q. 2066, 2087). Parenchymatous syphilis may attack the spinal cord, the optic nerves, or the brain; it may be more or less limited to these structures, or it may attack them simultaneously or successively.

Tabes dorsalis (a wasting disease of the spinal cord), or locomotor ataxy, as it is generally termed on account of one of its most obvious symptoms, is a very frequent result of late syphilis. It is a disease which may affect any of the sensory conducting nerve tracts; the symptoms are not limited to lightning pains and disorders of motility. The joints, bones, skin, and the internal organs, bladder, stomach, &c., may be affected, giving rise to the most serious and diverse symptoms of disease.

Not infrequently blindness occurs (optic atrophy) (Q. 2082, 2846, 9929-30), and about 10 per cent. of cases are either associated with general paralysis or terminate in this rapidly fatal disease.

General paralysis of the insane is the most serious late result of syphilis (Q. 2092-4, 2100, 7092, 9770). It is a fatal disease which attacks both sexes in the prime of life, and it is responsible for 14-15 per cent. of the male admissions to the asylums of London and other large cities annually, and for 2 to 3 per cent. of the female admissions.

80. Finally, several witnesses called attention to the fact that syphilis predisposed to cancer of the tongue (Q. 8334-5). There is also evidence to show that constitutional syphilis predisposes the affected person to other infections, notably tuberculosis (Q. 14,148). The widespread influence of syphilis in the causation of disease of all the organs and tissues of the body was emphasised by several witnesses, notably by Sir William Osler (Q. 14,040), from whose evidence it appears that a student who was thoroughly taught syphilis and all the consequential diseases would acquire a good knowledge of all branches of his profession.

GONORRHOEA IN MALES.

81. Gonorrhœa is generally regarded by the public as a trifling ailment, though it has in reality serious and far-reaching consequences (Q. 2735, 3944, 8307, 8326). Since the gravity of the disease is insufficiently realised it follows that early treatment is often neglected, and the opportunity of attacking the disease in the incipient stages, when it is much more amenable to treatment than later, is lost. The treatment of gonorrhœa if neglected becomes extremely difficult and the disease may be contracted time after time, rendering the patient more and more liable to complications on each successive occasion.

Complications.

82. The complications may be early or remote, and it is impossible to fix a boundary line between the two, since the remote effects of the disease are so closely correlated to its earlier developments. Thus:—

- (1) The gonococcus has a tendency to penetrate through mucous membranes, and to form foci of infection in deeper structures.
- (2) Unless attacked very early in the course of the disease the gonococcus will extend backwards to a gland situated immediately in front of the neck of the bladder, the prostate, giving rise to either acute or chronic inflammation of that organ (Q. 8316).
 - (a) If acutely inflamed severe pain and high fever will be present and possibly obstruction to the flow of urine, and the condition may go on to abscess formation, requiring a surgical operation for its relief.

- (b) In chronic inflammation of the prostate gland, the recesses in that organ are infected with the gonococcus, with the result that the patient is liable to frequent recurrences of discharge from the urethra in which the gonococcus mixed with other organisms is present; this condition is most unamenable to treatment, and may consequently give rise to intense mental distress and to the condition known as sexual hypochondriasis.
- (3) Inflammation of the seminal vesicles is a common concomitant of chronic prostatitis, and is characterised by frequent recurrences of discharge containing the gonococcus from the urethra, by extreme mental depression, and possibly by sterility through obstruction to the ducts of the vesicles.
 - (4) Inflammation of the epididymis, a component part of the testicle, is one of the most frequent complications when the gonococcal infection has spread to the posterior parts of the urethra. This condition is accompanied by intense pain, and on its subsidence atrophy or withering of the testicle may ensue, due to obstruction of the passage of the secretion of the testicle. Both testicles may be involved, and this condition is a serious one, and a frequent cause of sterility in the male (*Q.* 2951-3, 3941).
 - (5) Gonorrhœal cystitis or inflammation of the urinary bladder is due to the passage of the gonococcus backwards into that cavity (*Q.* 8316); it is accompanied by frequent and urgent desire to expel the contents of the bladder, and by intense pain during the act.
 - (6) From the bladder the gonococcus may travel up the ureters to the kidneys, a condition known as pyelitis, or pyelo-nephritis, which is accompanied by extreme pain in the region of the kidneys and by the presence of gonococcal pus in the urine (*Q.* 8316).
 - (7) One long continued attack of gonorrhœa or frequent infections of the urethra with the gonococcus may lead to a narrowing of the urethra, or stricture (*Q.* 3941), and consequently to obstruction or to complete stoppage in the passage of urine, necessitating surgical interference. Any obstruction to the flow of urine may cause serious disease of both bladder and kidneys, which may lead to a fatal termination.
 - (8) Gonorrhœa may be generalised throughout the body by the conveyance of the gonococcus, by means of the blood stream, and may give rise to an acute form of blood-poisoning, gonorrhœal septicæmia or pyæmia.
 - (9) The gonococcus may be conveyed to any of the joints, giving rise to the condition known as gonorrhœal rheumatism (*Q.* 3941). The inflammation set up in the joints is liable to interfere with movement permanently, to cause fixation of the joints in faulty positions, and to render the patient a cripple (*Q.* 8519). Similar crippling results may follow on the infection of the lubricating sheaths of tendons or of the strong fibrous membranes covering the muscles; this condition may be met with in the back, giving rise to a serious form of lumbago, or in the soles of the feet, giving rise to flat foot and other deformities.

It will be seen, therefore, that the consequences of gonorrhœa in males are grave and far-reaching, and that the disease is a source of the greatest danger to the community at large (*Q.* 4595, 11,294).

GONORRHŒA IN FEMALES.

83. It is impossible to exaggerate the importance of gonorrhœa in women (*Q.* 13,611, 14,799*a*). In the earlier stage it inflicts on her a serious ailment; subsequently it may cause sterility, and in later years it frequently leads to conditions which may necessitate grave and difficult operations, to chronic invalidism, and sometimes to death (*Q.* 9610, 12,098, 12,100, 12,759, 14,023). As in the man, so in the woman, gonorrhœa is an inflammation of mucous and serous membranes, dependent on the presence and action of a specific microbe, the gonococcus. The infection is peculiarly tenacious, and when once the organism has lodged in the deeper structures, its dislodgment is extremely difficult, if not impossible (*Q.* 3050-2, 9648-50, 11,783-7, 19,409).

Early Stages.

84. In the great majority of cases the part of the body affected in the adult woman is the vagina (*Q.* 9415). The patient complains of local pain, heat, and tingling, accompanied by a profuse yellow, or greenish-yellow, discharge. From the vagina the

disease may spread upwards and downwards—upwards to the mouth and neck of the womb, whence it invades the canal of the neck, and downwards to the external organs of generation and the small mucous glands which lie on each side of the vaginal opening (Q. 9415). The infection of these glands frequently leads to abscesses, and the micro-organisms may persist in them long after apparent cure. At the same time, during the acute stage, the infection may pass through the short passage leading to the bladder and cause inflammation of that organ. This gonorrhœal cystitis is characterised by acute suffering and by frequent and painful micturition, the urine being loaded with matter and sometimes bloodstained. At either side of the opening of the urethra there are small glands, the openings of which become infected (Q. 3048), adding to the general suffering. When untreated, an acute attack of gonorrhœa may last indefinitely and gradually pass through the sub-acute into the chronic stage. In the chronic stage of gonorrhœa in the woman there is little to attract attention. The patient suffers more or less from a white, or whitish-yellow, discharge, varying in amount, not particularly irritating. This condition is readily aggravated, and a fresh acute or sub-acute attack may develop after sexual intercourse, imprudence in diet, especially indulgence in alcohol, after exposure to wet and cold, and also after certain operations designed to remove sterility (Q. 9615, 12,937-8, 13,024).

Later Stages.

85. Gonorrhœa, in its later stages, is no longer local and is therefore much more difficult to cure. In many cases the disease extends from the vagina to the mucous membrane of the womb, and thence along the oviducts to the ovaries, to the cellular tissue of the pelvis, and even to the peritoneum. This sequence of events occurs both in sterile and in child-bearing women. We have received abundant evidence to the effect that a large proportion of all cases of pelvic inflammation are due to gonococcal infection (Q. 1652-4). The disease in these forms may necessitate extremely serious operations (Q. 7370-2, 9611, 11,781, 12,098-100, 12,458-61, 12,917-20), or may lead to invalidism, and to death (Q. 9407).

Sterility.

86. Gonorrhœa is said to be the commonest cause both of absolute and relative sterility in women (Q. 11,585-6), probably 50 per cent. of all causes (Q. 2735-49, 3021-2, 3038-55, 8225, 8326, 11,294, 12,758-9). It prevents conception in the early stages by hindering the living germs on which impregnation depends from reaching the uterus, and also by destroying their vitality. Impregnation would therefore appear to be impossible during an acute attack of gonorrhœa (Q. 9408), and although pregnancy may possibly occur during the sub-acute stage it not infrequently ends in miscarriage owing to the inflammation from the vagina creeping into the lower zone of the uterus (Q. 9413). Should the child be carried to term, the risk of infection of the tubes and ovaries is greatly increased (Q. 6448). This leads to such alteration in the structure of these essential organs as to cause the well-known "one child fertility" (Q. 11,585). When complicated by streptococcal and staphylococcal infection, gonorrhœa may lead to puerperal sepsis and death (Q. 6731-2, 9413).

Knowledge of these facts should, in our opinion, cause both the medical profession and the public to take a far more serious view of gonorrhœa than has hitherto been adopted (Q. 6731-3).

Other Complications.

87. Woman, like man, may suffer from gonorrhœal inflammation of the joints which is frequently mistaken for rheumatism, but which is due to infection from a focus in the generative organs (Q. 8519-20, 8522, 14,023). To the same cause must be attributed certain cases of inflammation of the lining membrane of the heart (frequently mistaken for the effects of rheumatism) (Q. 14,023), and also inflammation of the iris of the eye, held by some authorities to be absolutely incurable (Q. 19,476-85, 19,591-8.)

Effects in Little Girls.

88. In children's hospitals and in rescue homes girls from the age of 4 to 14 are frequently found to suffer from gonorrhœa (Q. 3058-9). The delicate mucous membrane of the vulva and of the vagina in little girls is peculiarly susceptible to infection. Many of these children are infected in the ordinary way by attempts at sexual intercourse, and are sometimes attributable to the abominable superstition that intercourse with a virgin cures venereal disease in a man (Q. 2821-4). Many children, however, are infected indirectly by means of cloths, towels, baths, or other objects

defiled by gonorrhœal discharge, and it is possible that a still smaller number may be infected during the process of birth.

The peculiarity of gonorrhœa in little girls is that the infection is usually limited to the vulva and vagina; it seldom gains access to the uterus and deeper parts, although such infection is possible (Q. 6547). On the other hand, the infection of a child's vagina is particularly hard to cure. The small size of the passage and its partial closure by the unruptured hymen prevent a thorough local application of germicides (Q. 3058-9). The development of gonorrhœa may be disastrous, because the children, not understanding the nature of their trouble, frequently infect their fingers and carry the infection to their eyes.

EFFECTS OF VENEREAL DISEASE ON OFFSPRING.

HEREDITARY SYPHILIS.

89. **Mode of Inheritance.**—Syphilis may be inherited from a diseased mother, either through the ovum (germinal infection), or after conception (post-conceptional infection), the disease having been acquired by her during pregnancy and transmitted through the placental circulation. It may possibly be inherited from a diseased father directly, through the semen, without the mother being obviously diseased, but this is a point which is disputed by some authorities. It is believed by some that the disease can be transmitted to the third generation, *i.e.*, by hereditary syphilitic parents to their offspring, but this also is disputed, and is difficult of conclusive proof (Q. 2119, 19,613-33).

90. **Gravity of Hereditary Syphilis.**—We have received much evidence showing that both in the fœtus and in the child after birth, hereditary syphilis is an even more serious disease than the acquired form, since it attacks tissues still in process of development. It is a frequent cause of ante-natal death, producing abortion (early intra-uterine death), miscarriage (later intra-uterine death), or stillbirth (Q. 4243-7, 6388, 9351-6, 10,782, 11,579-80, 13,039, 14,007).

This is strikingly shown in the series of histories of families affected with syphilis which have been laid before us by various witnesses, and are grouped together in Appendix XVI.

It will be seen that the figures furnished by one witness, which relate to 150 families so affected, show that out of 1,001 pregnancies, 172 resulted in miscarriages or stillbirths.

91. **Early Manifestations.**—In the great majority of cases, the subjects of hereditary syphilis are free from obvious symptoms of the disease at birth, and are apparently healthy and normal. In the few cases in which symptoms are present at birth, the child seldom survives. The early manifestations correspond generally with those of the secondary stage of acquired syphilis. One of the first to appear, usually from two to four or six weeks after birth, is a chronic inflammation of the nasal mucous membrane ("snuffles"), which may extend to the underlying bone and cause depression of the bridge of the nose (the "saddle nose"); it is sometimes accompanied by inflammation of the larynx, causing hoarseness of the cry, and is usually associated with a cutaneous eruption which, as in acquired syphilis, may assume one or more of many different forms. The child becomes fretful, emaciated, anæmic, and enfeebled; the skin is loose, dry and of a *café-au-lait* tint; in many cases the face is wrinkled and takes on a peculiarly senile aspect. The hair may fall out or be abnormally abundant. The matrices of the nails may be inflamed and the nails may be shed. Wart-like swellings (condylomata) frequently appear on the buttocks and around the anus, and sometimes in the mouth, at the corners of which sores also may form. The spleen and the liver may be enlarged and in male children the testicles may be hard and swollen. The eyes are in some cases attacked by inflammation of the iris (iritis), or of the choroid coat (choroiditis), and in the latter affection the retina may be implicated (choroido-retinitis). The bones of the skull are often affected, undergoing thinning (cranio-tabes) or bossing (Parrot's nodes); other bones, especially one of the leg bones, the tibia, may be inflamed (epiphysitis), causing pseudo-paralysis. These cases are frequently fatal and are often certified as dying of wasting disease (marasmus). The brain is frequently affected, and death usually occurs from meningitis, hydrocephalus or convulsions. The early symptoms are generally at their height in the second, third or fourth month after birth. If under treatment the child survives the symptoms have usually run their course by the end of the first year (Q. 6391-4).

92. **Later Manifestations.**—When the early symptoms have ceased there is a period of latency which may persist for some years.

Once begun the later manifestations may continue, with long intermissions, to the fifteenth or twentieth year, or even later. The child's growth is checked, its vitality depressed, and its intelligence stunted. Among the most common symptoms are characteristic changes in the permanent teeth, affecting especially the middle teeth of the upper jaw, which are short, small and widely separated, with wedge-shaped and notched edges (Hutchinsonian teeth). The eyes and ears are often attacked by inflammatory affections and both sight and hearing may be destroyed, the former by iritis, choroiditis or by inflammation of the cornea (interstitial keratitis), the latter by inflammation of the inner ear. In many cases the bones or joints become the seat of inflammation, and soft nodules (gummata) may form in the skin, muscles, bones or other structures. The lungs may be affected with Virchow's "white pneumonia," the liver may be diseased, and frequently the kidneys are attacked by inflammation (nephritis). Ulceration of the soft palate and the pharynx may occur. The central nervous system may be gravely affected, leading to optic atrophy and blindness, nerve deafness, meningitis, hydrocephalus, idiocy or various forms of paralysis, dementia-paralytica, and occasionally, locomotor ataxy (Q. 6394-5).

EXAMPLES OF EFFECTS OF CONGENITAL SYPHILIS.

Syphilitic Families.

93. The effects of congenital syphilis can best be studied by the examination of family histories which has been made in a considerable number of cases. Thus, in Plate VIII. we give in diagrammatic form six examples, obtained by Dr. Mott, of untreated or inadequately treated syphilis, which strikingly illustrate the disastrous results which may follow from the infection of a parent (cases 1, 2, 3, and 4), the effect of treatment and of its lapse (case 5), and the re-appearance of syphilis transmitted to the third generation (case 6). Of the last-mentioned phenomenon, few instances have been recorded; but there is reason to believe that fuller investigations into family conditions might prove that the third generation may not invariably escape from congenital taint.

In the case of 34 syphilitic mothers, Dr. Mott found that 175 pregnancies resulted in only 30 "apparently healthy" children, leaving 104 premature births, stillbirths, or deaths in infancy, and 41 "seriously diseased" offspring. Of the apparently healthy children, it is possible that some may show the effects of congenital disease later. Of 22 married women suffering from tabes or tabo-paralytic dementia, 7 were sterile, and out of 69 pregnancies only 10 children were alive.

Several witnesses gave other evidence of family histories illustrating in the most startling manner the effects of syphilis in producing miscarriages, stillbirths, infantile mortality and diseased offspring (Appendix XVI.).

The evidence we have received shows conclusively, however, that the disastrous effects of congenital syphilis can be obviated by efficient treatment of the parents or the children or both.

Eye Diseases and Blindness.

94. As we have already indicated, many parts of the eye are attacked by syphilis, and a variety of conditions may arise, some of which lead to permanent impairment of vision and even to blindness. Certain of these conditions occur in early life, and others, although due to congenital syphilis, do not appear till some years later. Acquired syphilis is also responsible for some of the manifestations of syphilis in the eye.

Of 1,100 children in London blind schools, Mr. Bishop Harman states that 31·2 per cent. of cases were certainly, and, in addition, 2·8 per cent. probably due to syphilis. (See Plate IX.)

Ear Diseases and Deafness.

95. Congenital syphilis is also responsible for a large amount of ear disease and deafness. A child may be born deaf or may subsequently develop this affection in the early years of life. This acquired deafness may, however, be of congenital origin.

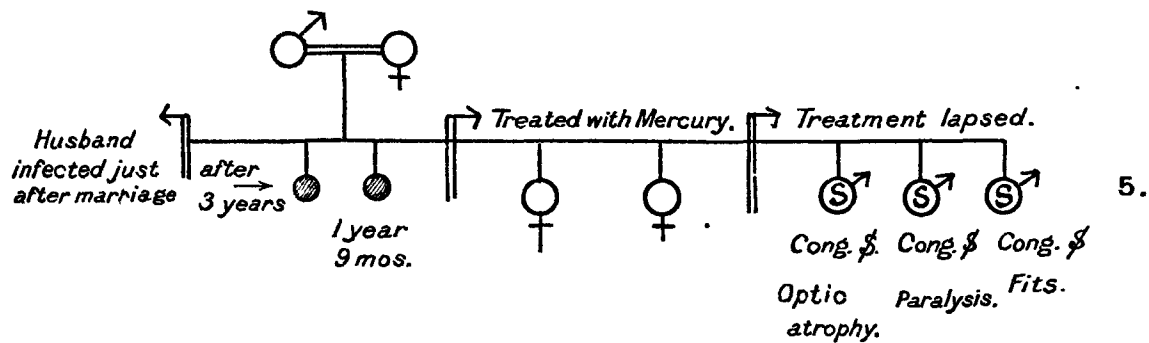
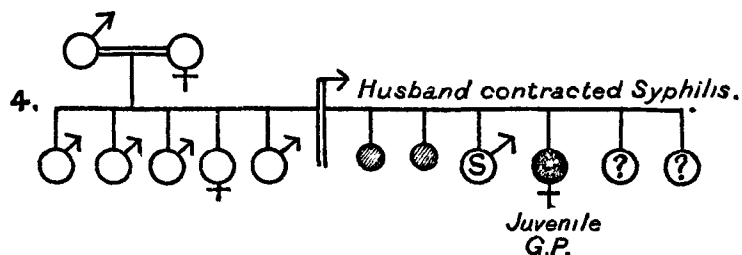
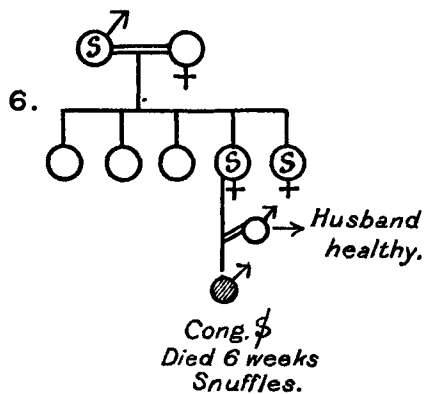
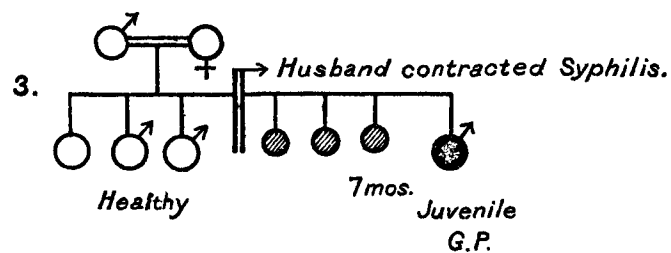
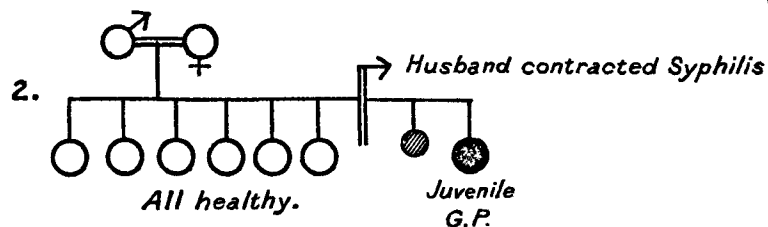
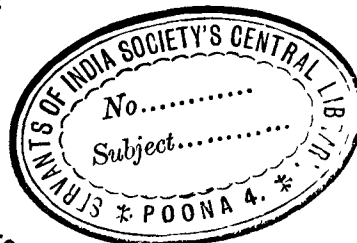
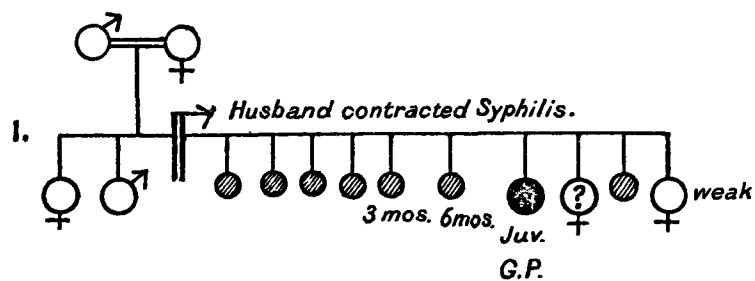
One witness stated it was possible that about 25 per cent. of congenital deafness was due to syphilis (Q. 4357).

Of 845 children suffering from some acquired deafness in the London County Council Deaf Schools, 7·21 per cent. were adjudged to be congenital syphilitics (Q. 18,129).

In this investigation and one other, the percentage of deafness associated with syphilis was about twice as great in girls as in boys.

Although investigations of this kind are of recent date and are far from being complete, they clearly show that syphilis plays an important part in producing

CONGENITAL SYPHILIS.



● = miscarriage, still born, or died in early infancy.
 S = Syphilitic.
 ♂ = Male
 ♀ = Female

1 - 4. Husband infected after marriage.

5. Effect of treatment with mercury.

6. Syphilis in three generations and transmission of congenital syphilis.

deafness. We incline to believe that, with increasing knowledge, the extent of the effects of congenital syphilis may prove to be a greater factor in the causation of physical disabilities than is revealed by the evidence at our disposal.

GONORRHOEA.

Ophthalmia Neonatorum.

96. *Ophthalmia neonatorum* is the most serious of the effects upon offspring of maternal gonorrhœa. This is an inflamed condition of the lining membrane of the front of the eyeball, and of the inside of both the upper and lower lids, appearing as a rule within the first few days of life. *Ophthalmia* may be produced by the pneumococcus, the bacillus coli, or by the diphtheria bacillus; it is estimated that in 70 per cent. of the cases (*Q.* 3056-7, 19,459), it is due to the gonococcus of gonorrhœa.

The infection generally takes place during the actual process of birth (*Q.* 2741-2, 6549, 12,760), but may be conveyed later by the eyes being rubbed by the child's fists before the first washing, or by the use of soiled towels and napkins, and by the fingers of the mother or of the midwife. Infection is soon followed by exudation of pus from beneath the eyelids. This increases quickly and is accompanied by a great swelling of the mucous membrane covering the eyeballs. The swelling may be so great as to cause pressure on the blood vessels, and from this cause or from the severity of the infection the cornea may soften and ulcerate. If the disease is not promptly treated, blindness follows, and as much as 25 per cent. of all blindness has been attributed to gonorrhœal ophthalmia (*Q.* 17,639).

An infant suffering from this form of ophthalmia may infect the mother, the nurse or other children, and infection may be conveyed by the use of a towel which has been in contact with the patient. The disease so communicated may spread, and it was stated in evidence that in one year at the Foundling Hospital in Vienna 15 nurses each lost an eye from this cause (*Q.* 11,965).

(See Figures 8 and 9, Plate I.)

Other cases of ophthalmia in children than those contracted at birth are believed to be due to gonorrhœa (*Q.* 3056).

Examples of Effects of Ophthalmia Neonatorum.

97. In 1,100 cases of blindness examined by Mr. Bishop Harman, 24.35 per cent. were stated to be due to gonorrhœal ophthalmia (*Q.* 19,691). (See Plate IX.)

Of the 102 children at the Bristol School for the Blind, 41 cases were traced to corneal defects largely due to ophthalmia neonatorum.

Mixed Infection.

98. The association of syphilis with gonorrhœa frequently occurs in cases of ophthalmia neonatorum, and has been found to render treatment less effective.

THE RELATION BETWEEN ALCOHOL AND VENEREAL DISEASES.

99. Abundant evidence was given as to the intimate relation between alcohol and venereal diseases. Alcohol renders a man liable to yield to temptations which he might otherwise resist, and aggravates the disease by diminishing the resistance of the individual (*Q.* 2378-9, 10,212, 11,172-3).

Alcoholism makes latent syphilis and gonorrhœa active. It makes the treatment of syphilis and gonorrhœa much more refractory. Professor Ehrlich had no doubt that in some of the cases in which treatment with salvarsan had been followed by a bad result, alcoholism was responsible. If alcohol is absolutely stopped during the treatment of syphilis and gonorrhœa, the result is much more satisfactory (*Q.* 6584-5).

A person who suffers from syphilis of the nervous system has an invalid brain, and if he drinks he will certainly suffer seriously (*Q.* 2376).

The facts point to the conclusion that decrease in the use of alcohol will be an important factor in diminishing the prevalence of venereal diseases.

ECONOMIC EFFECTS OF VENEREAL DISEASES.

100. The grave economic losses to the State which venereal diseases involve constitute a powerful argument for the initiation of general measures of prevention and treatment at the earliest possible date.

101. These diseases take effect at every stage of life, and in the case of syphilis any part of the body may be temporarily or permanently affected. Both gonorrhœa and

syphilis lead to an enormous annual loss of child life. Gonorrhœa is one of the great causes of sterility in men and in women (Q. 2953, 14,023). It is estimated that from 30 to 50 per cent. of sterility among women is due to this cause (Q. 2737, 17,638). Of ante-natal deaths and deaths in early infancy a large proportion are due to syphilis. Registered still-births, which, as we have pointed out, do not give full figures, are estimated to be equal to 3 per cent. of the total live births, and of registered still-births probably at least half are due to syphilis (Q. 6519, 11,650, 13,040). The effects of syphilis in producing miscarriages, still-births, infantile mortality and diseased offspring are strikingly illustrated in the records of family histories contained in Appendix XVI. At the earlier stages of life, therefore, the total loss to the State is certainly very large.

102. Among children born alive, ophthalmia neonatorum, one of the results of gonorrhœa, has been responsible for a large amount of blindness, though happily at the present time the active measures being taken by public authorities and others are doing much to combat this evil.

Congenital syphilis also frequently leads at an early age to blindness and deafness. The figures laid before us by Mr. Bishop Harman (Appendix XVII.) show that more than half of all cases of blindness among children are the result of venereal diseases in the parents. Of 1,100 children in the London County Council schools for the blind, the cause of blindness in 268 cases, or 24·4 per cent., was found to be gonorrhœa. In 343 other cases, or 31·2 per cent., the cause was certainly, and in 31 additional cases, or 2·8 per cent., probably, syphilis. Thus the total percentage attributable to venereal disease was certainly 55·6 and may have been as large as 58·4. (See Plate IX.)

To the expenditure incurred in the treatment of these children must be added the additional cost of their education. Dr. Kerr-Love stated that the cost of educating a deaf child is ten times as great as in the case of a normal child (Q. 4312). The figures published by the London County Council indicate that the total cost of educating a child in the day schools for the blind is about seven times the cost of the education of the ordinary child.

103. To blindness and deafness must be added cases of imbecility, idiocy, and various forms of skin, bone and other diseases, which may result from congenital syphilis. The total number of such cases cannot be estimated; but the aggregate public and private expenditure involved must be large apart from the loss of producing power entailed.

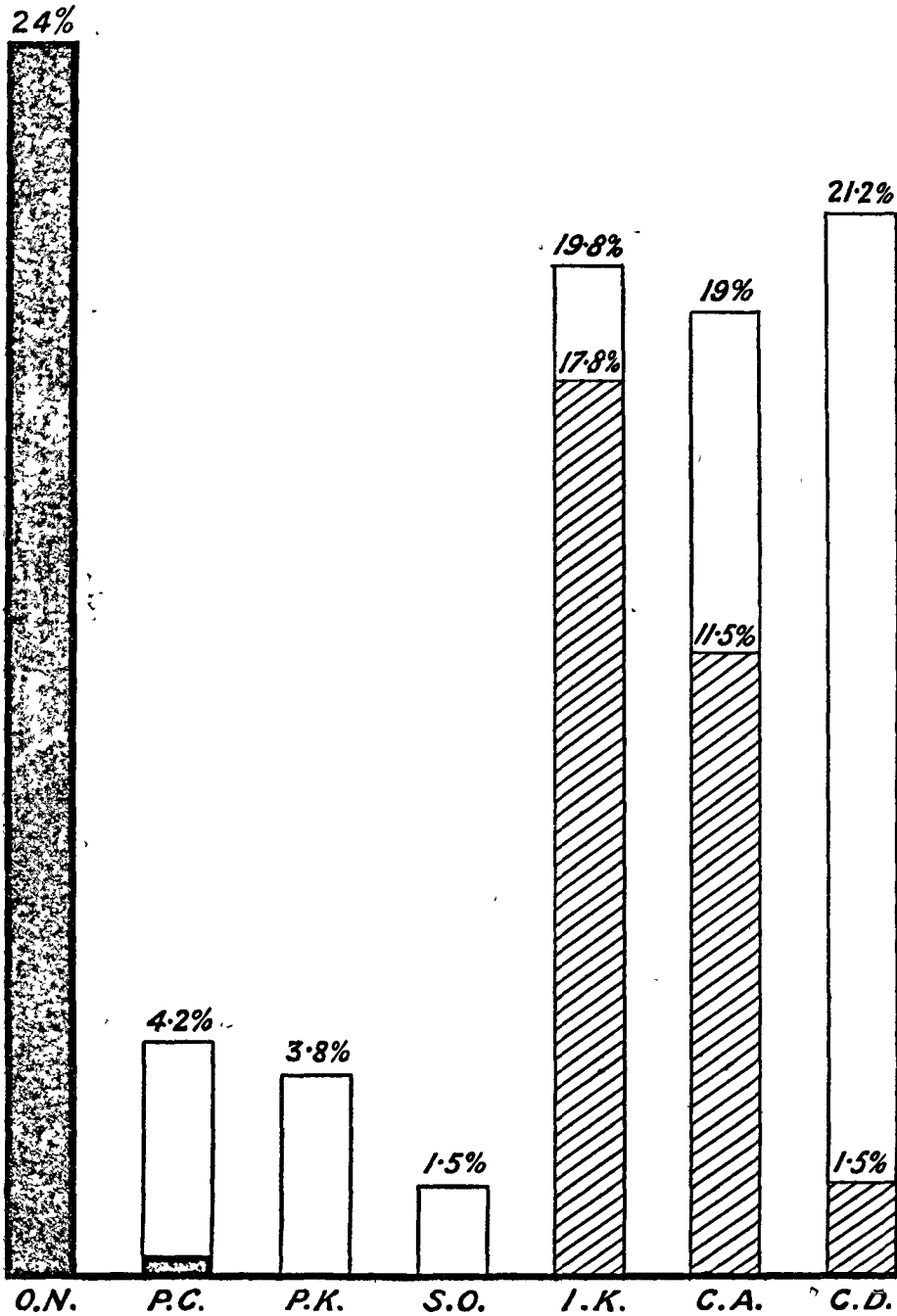
104. Among adults the loss of working power from the earlier effects of the diseases is important. The naval statistics for the year 1912 show, for an average strength of 119,510 men, a total number of 269,210 days lost as a result of venereal diseases; in the army at home during the same year it appears from the returns that, with a strength of 107,582 men, there was an average of 593 constantly sick, equivalent to a loss of 216,445 days, from the same causes. If corresponding figures for the civil population could be obtained, they would be found to be extremely large, and it must be borne in mind that the civil population has not at present the advantage of easy access to the best modern treatment which has been provided for the navy and army. The evidence we have taken clearly establishes the fact that the neglect of venereal diseases, apart from the risk of later manifestations, has the effect of rendering the treatment more difficult, protracted and expensive, thus entailing a large aggregate loss of working power.

On the other hand, the effects of improvements in the methods of treatment are very marked in the case of the navy and army. We were informed by Surgeon Scott that, in the case of the navy, the new treatment was responsible for saving more than 8,000 days sickness in the year 1912 (Q. 5772-5). In the army, Colonel Gibbard stated that the adoption of the new treatment had resulted in the reduction of the average number of days in hospital on first admission from 42 to 23·2, while the percentage of relapses had fallen from 33 to 3·9 (Q. 3592).

105. In their later manifestations, both gonorrhœa and syphilis are responsible for a vast amount of incapacity. In a considerable proportion of cases, syphilis, at an average period of 10 to 15 years after infection, shows itself as general paralysis of the insane or locomotor ataxy. Many thus affected, not suspecting the latency of the disease, have married and undertaken the responsibilities of family life, and their incapacity to support themselves and those dependent on them is, apart from the misery brought about, a serious matter from the point of view of the welfare of the State.

PLATE IX.

THE PROPORTION OF BLINDNESS IN CHILDREN DUE TO VENEREAL DISEASE.



O.N., ophthalmia neonatorum.
 P.C., purulent conjunctivitis in later years.
 P.K., phlyctenular keratitis.
 S.O., sympathetic ophthalmitis.

I.K., interstitial keratitis and iritis.
 C.A., choroiditis and optic atrophy.
 C.D., congenital defects.



Gonorrhoeal origin.



Syphilitic origin.

The statistics of the London County Council asylums show that in the quinquennial period 1908-1912 rather more than 9 per cent. of the total admissions, or 16 per cent. of the male and 2·6 per cent. of the female admissions, are cases of general paralysis of the insane. The number of patients suffering from general paralysis in the asylums at any time is about 2·3 per cent. of the total asylum population. The total expenditure on the maintenance of all lunatics in these asylums is 600,000*l.* a year; this does not include the county rate for asylum buildings, which amounts to 3*s.* 6*d.* per week for each patient, or about 180,000*l.* a year.

In England and Wales as a whole the average number for the three years, 1910-12, of cases of general paralysis under care in county and borough asylums was 2,307. Taking the average cost per patient as 15*s.* per week (*Q.* 6201), the expenditure on cases of general paralysis alone would amount to nearly 90,000*l.* annually.

If to these cases be added other forms of insanity resulting from syphilis and requiring asylum treatment, the annual cost to the asylum authorities in England and Wales cannot be less and may be much more than 150,000*l.* (*Q.* 6202).

The cases of idiots and imbeciles whose brains have been arrested in development on account of congenital syphilis have already been referred to.

The Poor Law infirmaries also contain a number of persons suffering with incapacitating diseases of syphilitic origin, such as locomotor ataxy, various forms of paralysis caused by disease of the brain and spinal cord, arterial disease, heart disease, and chronic skin and bone diseases. These disabling diseases are not necessarily fatal, and many cases live on in the infirmaries 10, 20, or even 30 years.

106. Untreated, or inefficiently treated, syphilis is the main cause of the occurrence of these fatal and incapacitating diseases in asylums and Poor Law infirmaries; consequently, early efficient treatment, by curing syphilis and preventing the spread of infection, cannot fail to have an important influence in lessening the great economic burden entailed by the maintenance of patients suffering with incapacitating and incurable disease in asylums and Poor Law infirmaries.

107. It is clear that if the various sources of loss above referred to could be rendered in terms of annual expenditure, the resulting total must be enormous. We cannot expect that the whole of this loss can be avoided; but we are satisfied that a large proportion of the total expenditure can, in the future, be saved, and that the savings would far more than counterbalance the cost of the measures we propose for the prevention and treatment of the diseases.

SECTION IV.—MEANS OF TREATING OR PREVENTING DISEASE.

DIAGNOSIS OF VENEREAL DISEASE.

108. All the expert witnesses who appeared before us testified to the extreme importance of early accurate diagnosis in the prevention of the spread of infection and in the cure of venereal diseases. The evidence of the naval and military and of the police medical services is complete on this point (*Q.* 3596, 5412, 4527, 4526, 5708, 5589, 5893, 7269). Clinical knowledge and experience suffice in a large number of cases for an accurate diagnosis to be made; but experience has shown (*Q.* 5876-8, 5802-5) that, as in certain other infectious diseases, the clinically mild and atypic cases, acting as unsuspected carriers, largely contribute to spread the disease broadcast in the community. Moreover, patients suffering from clinically mild and atypic forms of syphilis are very frequently not treated, or treated inadequately or too late, with the result that the organisms become disseminated in the body and, being never eradicated from the system, cause later serious diseases of the nervous system, blood-vessels and internal organs (*Q.* 2317-9, 5900-2). Early correct diagnosis is the basis of early satisfactory treatment, cure and prevention of the disease. Much can be accomplished in the prevention of venereal disease by education, and by arousing the public conscience to the great dangers, both to the individual and to the community, of the neglect of infected individuals to seek competent medical advice as early as possible; this is particularly important in cases in which the existence of infection

is doubtful or where the symptoms and signs are liable to be disregarded on account of their mild character and the absence of pain or discomfort. Every inducement should be offered, and no social, economic or administrative disabilities should prevent any sufferer with a venereal disease, however slight, from obtaining an accurate diagnosis with a view to satisfactory treatment at as early a date as possible after infection.

Methods of Diagnosis.

109. It is fortunate that apart from clinical diagnosis laboratory methods are available and can readily be carried out for diagnosing both syphilis and gonorrhœa. In a large number of cases of venereal disease the clinical signs and symptoms, which are generally preceded by circumstances indicative of the possibility of contagion, suffice for a correct diagnosis. When, however, there is the slightest doubt in such cases, the diagnosis should be made certain by one or more of the laboratory methods (Q. 3070-81, 17,010-8). These methods are of two kinds:—

- (1) The demonstration of the specific micro-organisms, which are the causative agents of the disease, in the tissues, fluids or discharges of the body.
- (2) The demonstration of a bio-chemical change in the tissues and blood:—
 - (a) By the serum reaction—the Wassermann test.
 - (b) By inoculation with a dead culture of the specific micro-organism, which, where the disease is present, results in a characteristic reaction of the skin.

The last-mentioned method of diagnosis has been but little employed in this country and little reference to its use was made by witnesses. It will not, therefore, be further considered.

Detailed information regarding the laboratory methods of diagnosis and the technique of their application will be found in Appendix XX.

With regard to the first method, it may be pointed out that the demonstration of the specific micro-organism is positive proof of the presence of syphilis or of gonorrhœa.

Failure to discover the micro-organism, however, does not necessarily imply the absence of the disease, for conditions may arise, even in the primary lesion, which interfere with the discovery of the organism. Thus, in the syphilitic sore, the spirochæte may have been destroyed or driven into deeper structures by the use of antiseptics, or may have become encapsuled in dense fibrous tissue (Q. 3570, 4558). The organisms may also be located in the deep structures of the body and thus be inaccessible; or special methods may be required for obtaining the discharges containing them as in the later stages of gonorrhœa; again, in the case of gonorrhœa, the gonococci may be so few relatively to other micro-organisms that they can only be discovered in the discharges by elaborate cultural methods.

In the case of failure to find the micro-organism, therefore, further enquiry should be made. It should be ascertained that the necessary precautions were observed in collecting the sample examined, and further specimens should be obtained for examination. If in a case of suspected syphilis the microscope, after several trials, reveals no spirochætes it is probable that the patient is not suffering from syphilis, but, to make certain, the Wassermann test should be used. As a rule this reaction does not take place until at least 15 days after the sore has started (Q. 4562). The test in fact supplements the microscopic test just where the latter fails (Q. 4666).

The serological test is also of the greatest importance in the diagnosis of the syphilitic nature, often unsuspected, of a large number and variety of diseases. The evidence was conclusive as to the special value of this test in the diagnosis in cases where a history of infection is unobtainable or the clinical evidence is doubtful (Q. 13,189, 13,500, 13,569, 14,003, 20,424, 20,428). Such cases may otherwise fail to receive effective treatment.

The value of the microscopic and chemical examinations of the cerebro-spinal fluid in the diagnosis of all forms of syphilis of the nervous system is recognised by all neurologists and expert authorities (Q. 4582). The fluid yields a positive Wassermann reaction, and upon microscopic examination exhibits cells (which are not normally present) in practically every case of general paralysis, and in a large proportion of the cases of locomotor ataxy and syphilitic diseases of the brain and spinal cord (Q. 9711, 9714, 20,139). With very few exceptions all the witnesses examined based their results upon the original method employed by Wassermann for this test (Q. 4578); and in their Report a Committee appointed by the Pathological

Section of the Royal Society of Medicine came to the conclusion that the technique employed should be uniform, and should be in accordance with the original method of Wassermann (Appendix XXI.).

The general practitioner will not as a rule have the facilities for carrying out these tests himself. He can, however, readily collect the material necessary for examination by either method and send it by post to a pathological laboratory. The presence of the spirochæte in a discharge can be shown several days after collection.

In view of the importance of laboratory provision we shall, at a later stage, make recommendations in regard to the organisation of a general laboratory system.

TREATMENT OF SYPHILIS.

110. The cure of syphilis depends upon the destruction of the specific organisms and their complete eradication from the body. The only certain proof of eradication is re-infection (Q. 3090). Since the introduction of the modern diagnosis and treatment, many cases of re-infection have been reported (Q. 5892-8). Syphilis may, therefore, be regarded as a curable disease (Q. 14,180). The essence of successful treatment consists in the destruction of the specific organisms while they are still localised in the seat of primary infection; that is, before they have entered the blood stream and been disseminated throughout the organs and tissues of the body. Failing this result, eradication of the syphilitic organism and a complete cure may still be possible if the spirochætes in the blood stream can be killed off, before they have time to colonise, by means of intravenous injection of substances which, while destroying the organisms, do not harm the healthy tissues (Q. 3584-8, 5713-4).

111. Prior to the researches which placed the diagnosis of the primary sore upon a scientific and accurate basis, atypic primary lesions were either not diagnosed as syphilitic, and therefore were not treated, or anti-syphilitic treatment was not adopted until serious secondary or tertiary manifestations had occurred. In accordance with what was formerly the orthodox teaching, secondary manifestations in cases of atypic genital sores were awaited before commencing systematic mercurial treatment. This may account for the fact that many cases of mild syphilis in spite of a long course of mercurial treatment subsequently developed general paralysis or locomotor ataxy (Q. 4825-34, 9947-55, 15,461). The dangers of infection of the brain and spinal cord by dissemination of the spirochætes in the blood stream, and the extreme difficulty of its complete eradication when colonisation has occurred in the central nervous system, cannot be too strongly emphasised in support of efficient diagnosis and treatment in the primary stage (Q. 2318-9, 3817-9, 9770).

112. It is possible that, in a few individuals, the natural defensive reactions of the body may be sufficient to overcome the activities of the specific organism and effect a cure or apparent cure, in so far as no symptoms of the disease may develop subsequently (Q. 4496, 15,744-8). But as there is no means of ascertaining that, in any given case, this will occur, it is essential that efficient treatment should invariably commence at the earliest possible moment after infection.

113. The fact that apparent cure may occasionally occur, however, proves that an important factor in the successful treatment of the disease is good bodily health, whereby the natural defensive reactions (phagocytosis and production of antibodies) are promoted and maintained. Dread of the disease and of its consequences, including the social stigma attached to it, and the belief of its incurability, often intensified by the reading of quack literature, conspire to depress the mind, causing insomnia, loss of appetite, and a form of neurosis which frequently finds solace in alcoholic excess. Such depressing influences react on the body, lower the natural defences, and may render antisymphilitic remedies less effective. It cannot be too widely proclaimed that no grave disease responds more readily to efficient medical treatment than syphilis, and there are good grounds for concluding that eradication of the spirochæte, with complete cure, or a total absence of any subsequent signs or symptoms of the disease in the majority of cases, can be attained by "intensive treatment" when commenced in the primary stage (Q. 3596, 7269).

Mercurial Treatment.

114. From the time of the great epidemic of syphilis at the end of the 15th century, mercury has been regarded as a specific for the treatment of this disease, although at one period this drug fell into disrepute owing to injudicious and continued

administration in doses sufficient to cause profuse salivation and other signs of excessive mercurialisation. The remedy thus came to be regarded by the public as a worse evil than the disease, and it is not surprising that popular opinion, even in comparatively recent years, favoured the non-mercurial treatment of syphilis. Medical men saw that iodide of potassium cleared up tertiary symptoms in almost a miraculous manner, and they were induced to use it instead of mercury in the earlier stages; but iodides, however useful in the later stages of the disease in promoting the absorption of inflammatory products, have little or no influence upon the multiplication of the living organism of syphilis. It followed that non-mercurial treatment could only lead to disastrous results, and recourse to a more rational administration re-established the reputation of mercury as the specific agent for the cure of the disease, especially in the primary and secondary stages. Mercury may be administered in several ways; but however it is introduced into the system, the aim is to destroy the syphilitic organism or annul its activity without depressing the vitality of the tissues and thus lowering their natural defensive reactions against the organism and its toxins. For convenience mercury may be administered in the form of pill or mixture, but the disadvantages are that valuable time is lost before the drug has entered the body in sufficient quantity to become effective. Moreover, ingestion by the mouth after a time is apt to cause gastric and intestinal disturbances, viz., indigestion and diarrhœa. The method of inunction (mercurial ointment systematically rubbed into various parts of the skin surface), when carried out efficiently, is far more effectual, as well as being free from these objections, but it has obvious disadvantages. Thus, it reveals the nature of the disease, and is dirty and inconvenient. Nevertheless, witnesses of large experience strongly advocate its employment (Q. 3684, 9734-6, 16,974).

Intramuscular injection of mercury is now much used. It is as potent as inunction, and has the advantage of being under the control of the doctor, who can regulate the dosage; it is also a clean method, and does not reveal the nature of the disease. If the insoluble preparations, calomel cream or grey oil, are injected, the patient need only attend once a week. The disadvantages are that pain results, and that an abscess may form at the site of injection if the technique is faulty.

Mercury, whether introduced into the body by inunction or injection, is rapidly absorbed in quantities which though minute are sufficient to destroy or arrest the multiplication of the spirochætes. This was experimentally shown by Metchnikoff, who inoculated anthropoid apes with the syphilitic virus of a chancre, applying calomel cream at the site of inoculation a little later, with the result that the animals were not infected. This procedure has been shown to be also protective to man. The greater part of the mercury, however administered, remains a long time in the body, and is only slowly absorbed. The intramuscular injections thus serve as depôts which provide a continual stream of minute quantities of mercury into the general system. The continuous absorption of the mercury is not only antagonistic to spirochæte development, but serves as a constant stimulus to the natural defences of the body against the organism. Mercury is, therefore, of great value in combination with the much more powerful arseno-benzol compounds, which when injected intravenously, are rapidly eliminated.

Arsenical Treatment.

115. Arsenical preparations have from early times been employed for the treatment of syphilis, and various preparations in recent years have been used as parasitocidal remedies. Ehrlich and his pupils made a long series of experimental studies upon the effects of intravenous injections of arsenical preparations, in the hope of finding a drug that would have a chemical affinity for the parasite ("parasitropic"), and at the same time would not be "organotropic," that is, would not enter into chemical combination with the cells of the body. After hundreds of preparations had been tried, most of which failed to satisfy these requirements, they succeeded in obtaining a drug, dioxy-diamido-arseno-benzol, or 606. This preparation possessed the maximum parasitropic with the minimum organotropic effect. Having proved its curative properties in the treatment of syphilis experimentally produced in animals, it was tried on man. There is an overwhelming mass of evidence that the chemotherapeutic researches of Ehrlich, and their practical application to the cure of syphilis in man, constitute a new epoch in medical science. The arseno-benzol compounds are administered by intravenous or intramuscular injection. Experience has shown that the former method is much more rapid and effectual in its action.

The latter method which was much employed at first, owing to the fact that occasionally fatal results followed intravenous injections, is not free from disadvantages, as it causes much pain, and an abscess may result (Q. 3861-4).

With increased knowledge and wide experience of intravenous injection of salvarsan and neo-salvarsan, serious complications and fatal results have become extraordinarily infrequent, when the enormous number of people in all civilised lands who have received this treatment is taken into consideration (Q. 15,331-2, 15,580-3). It is now the generally recognised mode of treatment of syphilis, and in the hands of a well-trained medical practitioner is a safe remedy, provided all the details of technique are carefully followed. The modified compound neo-salvarsan (914) is now extensively employed; it is not so strong as salvarsan, and by some authorities is not considered as effective, but it has the advantage that the details of technique in its administration are much simpler (Q. 3867-74, 3877). The serious complications and fatal accidents which have occurred, when not caused by faulty technique, have been usually due to carelessness in not ascertaining whether there was any disease of the patient which contraindicated the employment of the drug (Q. 3757-61, 3772-4, 3889-93, 3858-60). Such diseases are kidney disease (Q. 3880-3) or conditions such as active syphilis of the brain or spinal cord, which indicate the necessity of commencing treatment by small doses, gradually increased (Q. 15,754-5, 15,816-9).

Substitutes for Salvarsan.

116. Salvarsan and neo-salvarsan are German products, and upon the outbreak of war the patents and trade marks of these drugs were suspended by the Board of Trade. The provision of efficient substitutes was, therefore, a matter of much importance, and it is satisfactory to learn that a number of arsenical preparations are now available in this country which give the same excellent results as were obtained from the use of salvarsan and neo-salvarsan. The most important of these substitutes are kharsivan and neo-kharsivan, which are chemically identical with salvarsan and neo-salvarsan and are the preparations of an English firm, and arsenobenzol-Billon and novarsenobenzol-Billon, which are the same products prepared by a French firm and sold through agents in this country; another French substitute, galyl, a compound of arsenic and phosphorus, has recently come into prominence, and its use has been attended with considerable success.

The licences granted by the Board of Trade for the manufacture and sale of kharsivan, neo-kharsivan and their French equivalents were subject to the condition that all samples of these drugs sold in this country should be submitted to biological tests by an authority approved by the Board. In the special emergency of the war the Medical Research Committee (National Health Insurance), at the request of the Board of Trade, accepted for the time being the responsibility of directing these biological tests.

The first Report of the Medical Research Committee (Cd. 8101-1915), which has recently been published, describes the measures taken to safeguard the preparation of these drugs; and with regard to the biological control the Committee state:—

“The Committee entrusted the details of the work to the most competent pharmacological workers, who took as a basis for the biological control, supplementing the chemical tests of the manufacturer, the methods and standards which had previously been found adequate in Ehrlich’s Institute. These tests have been regularly applied, and at an early date the experimental work which was done under their direction showed, in the opinion of the Committee, that the problem of the successful manufacture of the salvarsan compounds in England and France had been solved. This opinion has more recently been confirmed by clinical reports received from medical officers working in various special hospitals.”

Our colleague Mr. Lane, who had treated several hundred cases with these new drugs, published, in May last, four cases in which severe toxic symptoms with a fatal result in one case had followed the administration of kharsivan and novarsenobenzol.

More recent experience has, however, shown that such results are now very exceptional. We have obtained reports from military hospitals in which kharsivan has been administered in about 4,000 cases. The cases in which temporary toxic symptoms occurred were few and the symptoms were only temporary. These cases were not more numerous than those which arose from time to time from intravenous injections of the original salvarsan; there was no fatal result.

Favourable reports have also been obtained regarding the preparation galyl. At the Male-Lock Hospital 1,000 injections of this substance have been administered, and

it is reported that they have been attended with as good results as in the cases treated by salvarsan and neo-salvarsan; in no instance were the injections followed by reactions indicative of arsenical poisoning.

117. The following are summaries of reports regarding these new drugs which have been made by the medical officers working in special hospitals:—

Lt.-Col. Bolam, Venereal Section of the 1st Northern General Hospital, has treated 2,000 cases. For the most part kharsivan has been used; he has also used neo-kharsivan and galyi; he has had no fatal cases; in his opinion kharsivan is quite an efficient substitute for salvarsan, and it is not on the whole more toxic than the German product, except in the case of certain batches. He speaks favourably of galyi.

Captain Ridge, of the 4th London General Hospital, has administered over 200 doses of kharsivan intravenously, and has noted no symptoms or ill effects that might be justly ascribed to the drug.

Major Ffrench, of the Military Hospital, Rochester Row, has administered 412 injections of kharsivan. He advises the smaller doses, 4 grams, and he is of opinion that kharsivan used in moderate doses is an excellent substitute for salvarsan. He has not had a fatal case, or a case of dermatitis after kharsivan.

Colonel Harrison, No. 9 Stationary Hospital, Havre, furnished statistics of over 2,000 cases treated with kharsivan or arseno-benzol-Billon. He is inclined to think for a time the substitutes caused more dermatitis, but having lately used a lot of original salvarsan, thinks the latter not so superior in that respect. The general conclusion he has arrived at is expressed thus: "I tested kharsivan and arseno-benzol-Billon for immediate effects clinically, and disappearance of spirochætes, and found them equal to salvarsan."

Captain Lucy, Herbert Hospital, Woolwich, reports that he treats all cases with three doses of 0.6 grms. kharsivan. He has given 458 injections. Not a single case of dermatitis, and no trouble with the veins.

Combined Arsenic and Mercury Treatment (Intensive Treatment).

118. This treatment, introduced by Neisser, consists in the combination of periodic intravenous injections of salvarsan, followed by a course either of five intramuscular injections of an insoluble mercurial preparation (calomel cream or grey oil) or a course of 30 inunctions. This is recognised by most experienced authorities as by far the most satisfactory method of treatment, and if commenced in the primary or even early secondary stage, and continued for a sufficient length of time, it will in the majority of cases result in a complete absence of symptoms, with the permanent absence or disappearance of the Wassermann reaction (*Q.* 3591-6, 3817-82).

Not only is the intravenous injection of salvarsan of the greatest value in the cure of the disease, but in some cases where mercurial treatment has failed it rapidly sterilises the blood stream and prevents dissemination and colonisation of spirochætes, and an infected individual is thereby rendered much less liable to spread the disease (*Q.* 3580-1).

The arseno-benzol compounds and mercury mainly act by checking the multiplication of the spirochætes; they cannot restore tissue that has been destroyed and replaced by fibrous tissue (*Q.* 15,584-6). They will not, therefore, cure many of the important diseases of the cardio-vascular and nervous systems which have suffered from past syphilitic inflammation; but they may prevent further inflammatory tissue change.

Iodides are especially useful in assisting the absorption of inflamed and dead tissue, and (combined with mercury and tonics) have been much employed in the cure of tertiary symptoms. Gummatous tumours disappear rapidly under this treatment. The parenchymatous (parasyphilitic) affections of the nervous system, general paralysis of the insane, and tabes (locomotor ataxy) were, in consequence of their not yielding to antisiphilitic remedies, regarded as post-syphilitic degenerative processes (*Q.* 2211). These progressive and insidious diseases are now known to be due to the action of the toxins produced by the active multiplication of the spirochætes in the brain and spinal cord, and it was hoped that these diseases could be cured by the new remedy. There is evidence that locomotor ataxy may be benefited and possibly for a time arrested by the intensive treatment, by the intravenous injections of salvarsan. The withdrawal by lumbar puncture of a small quantity of cerebro-spinal fluid and its replacement by salvarsanised serum has been claimed to be beneficial in cases of tabes (*Q.* 2208). This treatment has, however, not been found to exert any influence on the progress of general paralysis; nor have any certain results been published indicating that salvarsanised serum, when introduced directly on to the surface of the brain, can arrest the progress of this disease (*Q.* 4849-51, 4857-60, 9964-6, 20,292). Failure to eradicate the organism when it has gained access to the brain serves to emphasise the great importance of early intensive treatment.

119. The treatment of congenital syphilis follows the same lines as that for acquired syphilis. The mother who has signs of syphilis on the body, or whose only manifestation may be abortions, children born dead, or dying in early infancy, will probably give birth to healthy children if she is systematically treated (Q. 20,433-41). Infants, the subjects of congenital syphilis, respond remarkably well to treatment, and the statement of the late Sir Jonathan Hutchinson, that "some of the most noteworthy of our therapeutic triumphs are often obtained when mercury is judiciously employed for infants who are the subjects of syphilitic cachexia," was confirmed by many witnesses, including Sir Thomas Barlow (Q. 6391 and 6458).

120. In all cases success must largely depend upon the intelligent and loyal co-operation of the patient, and no means to ensure early, and adequate length of, efficient treatment should be neglected. Ignorance regarding the infectivity of the disease is largely responsible for its spread among the poorer classes (Q. 6501), and patients should be warned of the danger of infecting innocent persons, and especially women, by whom the disease may be transmitted to their offspring. This vitally important object may be secured by issuing a card of instructions to every patient suffering from syphilis.

121. We recommend that these instructions should be in some such form as the following:—

1. Syphilis is a contagious disease; it can be cured if promptly treated by a doctor.
2. Treatment by quacks, herbalists, or persons advertising so-called nature cures is likely to lead to disastrous results.
3. The infection may last several years. It can be conveyed to others by sexual intercourse, by kissing, or by using the same eating or drinking utensils or tobacco pipes, &c.
4. Treatment should not be stopped until the doctor says this may safely be done.
5. Should signs or symptoms of the disease appear, such as rashes on the skin, sore throat, or symptoms of nervous disease, a doctor should at once be consulted.
6. A doctor should be consulted occasionally, even though there are no symptoms of a return of the disease.
7. Treatment need not as a rule interfere with work or necessitate stay in hospital.
8. No one who has, or has had, syphilis should marry without permission of the doctor; otherwise there is great danger of giving the disease to wife and children.
9. Teeth should be cleaned night and morning. The patient should dress warmly, live simply, and avoid wine, beer, spirits, and other intoxicants.

We are strongly of opinion that the moral obligation should be urged upon all doctors who treat the disease in institutions or privately, to hand these cards, which should be provided at the public expense, to their patients (Q. 2470-1).

THE TREATMENT OF GONORRHOEA.

Males.

122. The early recognition of gonorrhœal infection is of the greatest importance, since serious complications do not make their appearance until the infection has involved the posterior part of the urethra; so that if the advance of the gonococcus can be checked, the disease is divested of most of its serious consequences. The agent which is most destructive to the gonococcus is nitrate of silver, but since this substance, even in weak solutions, sets up a severe irritation of the urethral mucous membrane, various modifications have been devised, which, whilst being antagonistic to the life of the gonococcus, are only slightly irritating to the urethra, and are capable of penetrating into its deeper layers. Amongst these may be mentioned protargol, nargol, argyrol, argentamin and ichthargol, solutions of which substances at the strength of one to two per cent. should be used as urethral injections. Treatment may at first cause some increase in the amount of the discharge, and in the pain consequent on micturition, but it will shortly modify the purulence of the discharge and diminish its quantity. In exceptionally acute cases, owing to the inflammatory swelling of the mucous membrane, and to the intense pain, it may be advisable to postpone the employment of injections for a time. A successful result will depend largely on the employment of a satisfactory method of treatment by the doctor with the co-operation of the patient.

Formerly, the treatment of the early stages of gonorrhœa was merely palliative, and consisted in the administration of alkaline and sedative mixtures, so that the gonococcus was allowed to spread to the deeper parts of the urethra; but now that the pathology of the disease is better understood, treatment is commenced at the earliest possible opportunity, with the view of preventing the spread of the germ along the urethral passage. If the case is met with sufficiently early, abortive treatment can be employed.

During the decline of the disease, injections of the nitrate of silver compounds should be continued until no gonococci can be discovered in the discharge on careful microscopical investigation.

123. As in the case of syphilis, we recommend that cards of instruction, to be handed to patients suffering from gonorrhœa, should be provided at the public expense.

These instructions we suggest should be in the following or similar form :—

1. Gonorrhœa is a contagious disease contracted through sexual intercourse. Gonorrhœa may be attended by grave consequences, especially if treatment is neglected and the necessary precautions are not taken.

2. Treatment by quacks, herbalists, or advertisers is likely to lead to disastrous results.

3. Sexual intercourse must on no account be indulged in while there is any discharge, even though this may be only slight. If this rule is neglected the condition is made worse. Moreover, there is always danger of communicating the disease.

4. Gleet, a late form of gonorrhœa, associated with a slight chronic discharge, is very likely to communicate the disease to the wife, causing much suffering and sometimes leading to chronic invalidism and barrenness.

5. Care must be taken that the discharge is not conveyed to the eyes. Neglect on this point may lead to injury to eyesight or to blindness.

6. Large quantities of simple fluids should be drunk, but no wine, beer, spirits, or other intoxicants should be taken while the discharge continues and for some considerable time after it has stopped.

Females.

124. The fundamental principle of the treatment of gonorrhœa in women is early recognition of the disease and immediate application of remedies. While the gonococcus has attacked only the surface of the mucous membrane, and is limited to the vagina and adjacent parts, treatment may in all probability be successful (Q. 3049, 11,783, 17,644-5), especially when it is carried out steadily and for a sufficient time by the medical attendant (Q. 17,647-50), but it is essential that the treatment should be carried out twice weekly by a doctor, preferably by a woman doctor. At a later stage of the disease, when the infection has spread into the deeper organs, and when the gonococci have taken refuge within the cells of the mucous membrane it is very intractable (Q. 3050, 11,783).

In the adult woman the use of antiseptic douches is distinctly dangerous, because it is probable that the virus will be carried into the canal of the uterus, and so lead to infection of the deeper parts. Vaccine treatment has been tried, and is much praised by some authorities (Q. 8311-2), but on the whole does not appear to be very satisfactory. Undoubtedly the best treatment consists in the thorough and early application of reliable germicides (Q. 17,642), among the best of which are certain preparations of silver (Q. 2746-8, 17,643).

Unfortunately gonorrhœa in women is frequently not recognised by the sufferers. The discharge is mistaken for an ordinary leucorrhœa, and consequently the importance of it is not appreciated (Q. 17,651), the golden opportunity is lost, the disease extends, infects the deeper structures, and consequently may become incurable. This failure to secure early recognition accounts for the fact that in many instances after apparent cure there is what seems to be a causeless recrudescence of symptoms. The germs were present all the time deep in the tissues, and were reawakened by sexual intercourse, by alcohol, or other irritants (Q. 3053-4, 9410-1, 11,787).

EXISTING FACILITIES FOR DIAGNOSIS AND TREATMENT AND THEIR DEFICIENCIES.

125. The community in this country is served medically by the following persons and organisations :—

- (1) Private medical practitioners engaged both in general and special practice.
- (2) Voluntary hospitals and dispensaries.
- (3) Poor Law authorities who supply medical attendance at the homes of the patients, or in Poor Law workhouses and infirmaries.
- (4) Public health authorities provide hospitals for the treatment of the acute infectious diseases, and to a large extent also hospitals and sanatoria for the treatment of tuberculosis. The councils of counties and county boroughs provide lunatic asylums; accommodation for the insane being also supplied by Poor Law authorities.
- (5) The Navy and Army Medical Services and special hospitals.
- (6) The prison authorities have a medical organisation for prisoners under their charge.
- (7) Pharmaceutical chemists, chemists and druggists, or unqualified persons.

126. The ideal to be aimed at is that every medical practitioner in charge of a patient suffering from any disease should utilise the best known means of diagnosis, followed by the best known means of treatment continued as long as necessary.

FACILITIES FOR DIAGNOSIS.

127. **Private and Contract Medical Practice.**—For well-to-do patients the medical practitioner attending a case which may be one of venereal disease can obtain the help of the pathologists, who in increasing numbers now devote themselves to this class of work. Partly, however, because of the existing lack of full appreciation by practitioners of the importance of pathological aids to diagnosis, and partly because of the expense involved in the examinations, the assistance of pathologists is not utilised to the extent which is essential.

For patients of the wage-earning and other less well-to-do classes, the skilled pathologist in the main is unavailable except for the hitherto scanty aid given by a few sanitary authorities and for the assistance which some of the pathologists attached to voluntary hospitals have given to private practitioners in this matter.

The lack of facilities for diagnosis undoubtedly accounts for a large amount of venereal diseases, and particularly syphilis, which, not being recognised at an early stage, is inadequately treated or entirely neglected.

128. **Poor Law Practice.**—In some infirmaries the Wassermann test has been undertaken. In most of these institutions, as in private practice and in practice under the National Insurance Act, pathological aids to diagnosis have only been utilised to an inconsiderable extent.

129. **In Voluntary Hospitals** the position is more advanced. In the late Dr. Johnstone's report to the Local Government Board (Cd. 7029-1913) it is stated that:—

“All the London general hospitals visited possessed facilities for applying the Wassermann test. . . . Less than one-third of the provincial general hospitals visited were prepared to undertake the Wassermann test, though a few sent out occasional specimens of blood to be tested at outside laboratories.”

Since that report was written there is evidence that the hospital provision of clinical laboratories available for aiding the diagnosis of gonorrhœa and syphilis has materially increased.

130. **Public Health Authorities** have already in certain areas provided for the examination of specimens from cases of suspected gonorrhœa and syphilis. The extent to which this has been done up to June, 1914, can be seen in the statement (Appendix VI.) prepared by Dr. Newsholme. In the majority of sanitary areas in this country, no official pathological facilities for the diagnosis of gonorrhœa and syphilis have hitherto been provided.

131. **Navy and Army.**—The present facilities for early diagnosis of gonorrhœa and syphilis by pathological means are, as shown in the evidence of Sir Arthur May, Surgeon Scott, Colonel Gibbard, and Colonel Harrison, better developed in the medical organisations of the Navy and Army than for the rest of the community.

132. **Prisons.**—We have already (page 15) drawn attention to the fact that adequate arrangements are not at present made for the diagnosis of venereal diseases among prisoners.

FACILITIES FOR TREATMENT.

133. **Private Practice.**—People of the middle and upper classes are treated almost exclusively by private practitioners or by consultants, except in the numerous instances in which, from shame or because they are misguided by advertisement or by misleading recommendations, they consult chemists or unqualified persons.

Although there are signs of improvement at the present time, we have received much evidence to show that the training of medical students with regard to venereal diseases has not in the past been sufficiently thorough, and that as a result these diseases and their consequences have not been regarded sufficiently seriously by a section of medical practitioners.

There is evidence that medical practitioners not infrequently do not adequately emphasise to their patients the importance of continuing systematic treatment, and do not explain sufficiently the risk to the patient himself and to his wife and children involved in neglect of such treatment.

The subject of medical education is one with which we shall deal hereafter.

134. **Treatment provided under the National (Health) Insurance Act.**—It is convenient at this point briefly to indicate the present position as to medical treatment of insured persons, who constitute roughly one-third of the total population of the United

Kingdom. In Great Britain each insured person is entitled to sickness and medical benefit when ill, and he may also be recommended for sanatorium benefit when suffering from tuberculosis. An insured person suffering from gonorrhœa or syphilis is entitled to receive medical attendance and treatment, and to be supplied with the necessary medicine and appliances, exactly in the same way and to the same extent as for other diseases (Q. 14,836). It is the duty of Insurance Committees to arrange for such medical treatment. This is done chiefly through panel doctors, the insured person making his own selection of doctor, subject to the doctor's consent (Q. 14,838). Under the rules of most societies, an insured person suffering from venereal disease is suspended from the monetary benefits (sickness and disablement benefit) unless the sickness or disablement is not caused by his own misconduct (Q. 14,897). The Model Rule published by the National Insurance Commission is in the following form:—

“No members shall be qualified for sickness or disablement benefit in respect of injury or disease caused by his own misconduct; but no member may be suspended from benefit for a period exceeding twelve months.”

Some societies enforce this rule strictly, others more leniently (Q. 21,285). As the exact nature of the illness causing incapacity for work must be stated in any medical certificate submitted in support of a claim for benefit, insured persons suffering from these diseases usually do not ask for the certificate (Q. 14,918). The extent to which, knowing that they are suffering from these diseases, insured persons do not ask for the medical attendance from their panel doctor to which they are still entitled cannot be stated; but it appears probable that they very frequently seek advice elsewhere. In such cases it may be assumed that the insured patient either attends a hospital for treatment or consults another medical practitioner who has acquired a reputation in the treatment of these diseases, or goes to a chemist or herbalist. The application of any such rule in the case of venereal diseases is likely to deter patients from seeking prompt and efficient treatment. It is, therefore, contrary to the interests both of public health and economy.

135. We have no evidence which would justify the conclusion that doctors engaged in contract practice do not in general emphasise as strongly as would a private practitioner the need for systematic and continued treatment, or that they do not as a rule give as much attention to their insured patients as to their private patients. Dr. Smith Whitaker, the Medical Member of the English National Insurance Commission, states that—

“the position of the insured, as regards the adequacy of the treatment which they receive when suffering from these diseases, does not differ substantially from that of the ordinary population when under the care of general practitioners, and if treatment by specialists is required the one section and the other stand on exactly the same footing” (Q. 14,854-70).

136. Whether the treatment given by the panel doctor is adequate to the panel patient's needs will depend upon whether it “is of a kind which can, consistently with the best interests of the patient, be properly undertaken by a general practitioner of ordinary professional competence and skill”; as only when this is the case is the insured person entitled to receive the treatment as part of his medical benefit under the National Insurance Act (Q. 14,842-6). This question is of special importance in relation to the administration of salvarsan, neo-salvarsan, or an equivalent, which has proved an invaluable remedy in the treatment of syphilis.

Sir William Osler was of opinion that there was no more reason why the general practitioner should not treat with salvarsan than that he should not give diphtheria antitoxin (Q. 14,213), while Sir Clifford Allbutt regarded the use of salvarsan as a difficult manipulation needing a great deal of caution and special knowledge (Q. 13,649). Colonel Gibbard, Mr. Lane and others were of opinion that salvarsan should be administered only by those who are thoroughly acquainted with its technique and contra-indications (Q. 3892, 3135-9). Sir Victor Horsley was of opinion that the difficulties of the administration of salvarsan by the panel doctor are only temporary, though intravenous injection could scarcely be done by the ordinary panel doctor without special instructions (Q. 11,245, 11,367). Drs. Cox and Fulton thought that the provision of salvarsan for use by medical practitioners should be encouraged and that they should be trained to administer it. There can be no doubt that many panel doctors are competent to administer salvarsan, and we were informed that some were in fact using this drug in their panel practice. It may be hoped that with the improvement of medical education as regards venereal diseases and the provision of greater facilities for institutional treatment, salvarsan will come into general use. These difficulties apply, though with diminished force, to neo-salvarsan.

We are, however, strongly of opinion that training in technique is necessary in the case of all medical practitioners who administer this drug, and the means of such training will become available if our recommendations are adopted.

137. **Voluntary Hospitals.**—There is a consensus of evidence that the accommodation provided in the general hospitals of this country for the hospital treatment of patients suffering from the early stages of venereal diseases is altogether insufficient. Dr. Johnstone expressed the opinion, in which we concur, that efficient treatment of early cases would set free many beds now occupied by advanced cases.

Although some of the more progressive hospitals have recently made special provision for dealing with venereal diseases, there can be no doubt that the hospital facilities for the treatment of venereal diseases are wholly inadequate, and as regards out-patients the organisation is not such as to facilitate the early treatment of those who can be treated as out-patients.

Patients apparently recognise that the treatment of venereal disease is not encouraged in general hospitals (Q. 17,269). Several medical witnesses on the honorary staff of general hospitals testified that those suffering from the earlier forms of venereal disease were not encouraged to attend general hospitals. In some hospitals it is contrary to their statutes to admit venereal disease into the institution (Q. 1971, 6609, 10,676). Such hospitals, nevertheless, receive patients suffering from late manifestations of disease or from consequential disease which earlier treatment would have prevented (Q. 18,475, 18,477).

138. Dr. Johnstone visited, on our behalf, certain smaller towns without a medical school, in order to ascertain existing facilities and the possibility of the development of these facilities for the treatment of venereal diseases at their general hospitals (*see* Report in Appendix XXV.). Little was being done at any of these hospitals in the use of scientific tests for the diagnosis of venereal diseases or for their treatment. In one of them it was thought that subscribers would oppose the provision of such facilities on moral grounds. In two of the hospitals the statutes did not permit the treatment of "contagious and infectious" diseases, but it was thought that no difficulty would arise in securing alterations of the statutes. There is evidence that considerable objection to the treatment of venereal diseases in voluntary hospitals persists in the minds of some subscribers to these hospitals. We hope that when the facts elicited by our inquiry are made public the view, that morality can be encouraged by denying medical treatment to those who, by violating its laws, have become a public danger, will disappear.

139. **Special hospitals** for venereal diseases have done excellent work in the treatment, and, therefore, in the prevention of these diseases. They have, however, never been numerous, and there are now only three special hospitals of this kind, viz., those in London, Glasgow, and Dublin. These continue to do valuable work.

140. **Poor Law Practice.**—It is difficult to ascertain the extent to which Poor Law institutions treat patients suffering from the earlier and later manifestations of venereal diseases. So far as separately-administered infirmaries are concerned, some information is given in a return (*see* Appendix VIII.) prepared by Dr. T. C. Parsons, the Medical Superintendent of the Fulham Infirmiry. If these returns can be taken as fair samples, it would appear that in London the number of cases of venereal diseases treated in these institutions is small.

The provincial returns show larger numbers of venereal cases treated in the Poor Law infirmaries. It is probable that if late results of syphilis and gonorrhœa are included, a large total number of cases of venereal diseases are treated in the various Poor Law institutions. This is confirmed by the Registrar-General's death returns, which state that, in the year 1912, 1,861 deaths in England and Wales were returned as due to syphilis. Of this number 509, or over 27 per cent., occurred in Poor Law institutions. A large portion of these were deaths of infants in workhouses.

Dr. Johnstone, in the report to the Local Government Board, to which we have previously referred (Cd. 7029-1913), makes the following statement in regard to the limited number of workhouses and infirmaries visited by him:—

"I visited in all 35 workhouses and their infirmaries, mostly in the provinces. In these institutions special wards were in all cases provided for infective venereal cases (primary and secondary syphilis and gonorrhœa), sometimes at the infirmary, but much more often at the workhouse. Occasionally venereal patients of one sex were accommodated at the infirmary, and of the other at the workhouse. Cases of tertiary ulcer and other late non-infectious syphilitic cases were accommodated in the general wards. The venereal wards in the infirmaries are, as a rule, of modern construction, well kept, and well administered, and the venereal patients, with occasional

restrictions, are treated quite as well as the other patients and are allowed to take exercise with them and to receive visitors on certain days. Salvarsan treatment for syphilis has been given on a small scale in one or two infirmaries, and occasionally Wassermann tests are undertaken."

Speaking of workhouses and workhouse infirmaries, Dr. Johnstone states :—

"It appears that, although there is a certain amount of modern treatment available for venereal patients at special hospitals, the amount is very limited, and that the workhouses and their infirmaries do not at present to any extent supply the lack. Speaking generally, I do not think that the workhouse accommodation as it exists is suitable for the application of modern methods to the treatment of venereal disease. Many of the workhouse infirmaries are quite suitable, except that they lack laboratory accommodation, and their medical staffs are, as a rule, too limited in number to undertake fresh and onerous duties."

RECOMMENDATIONS FOR IMPROVING FACILITIES FOR DIAGNOSIS.

141. Within recent years it has been conclusively shown that the prevention and often the cure of many infectious diseases depend largely upon efficient organisation of pathological laboratories. Prior to the outbreak of the war, the House of Commons in the Estimates for 1914-5 voted a grant of 50,000*l.* to assist in the provision of laboratory facilities "with a view to the prevention, diagnosis and treatment of disease in general." This was intended to be a grant in aid of the provision of pathological laboratories by the large Public Health Authorities, and at the outset of the war, we were informed that the Local Government Board had in readiness for issue a circular letter inviting county councils and county borough councils to submit schemes, each for its own area, for the provision of such laboratories. It was suggested to us that 75 per cent. of the cost of these laboratories should be provided by the Treasury, the local authorities bearing the remainder of the expense.

It is important that the work for the bacteriological diagnosis of venereal diseases should be done at well-organised laboratories which will provide for the diagnosis of disease generally; and we concur, therefore, in the proposals of the Local Government Board. If these proposals are made effective, much expenditure, which must otherwise be provided elsewhere for the treatment of venereal diseases, will be saved.

Adequate facilities for the practical application of scientific laboratory methods are at present provided in the universities and large hospitals. Thus in many of the large cities, *e.g.*, Liverpool, Manchester, Birmingham, Leeds, Sheffield, Bristol and Cardiff, the municipality of the city and also of some of the boroughs and districts around have an arrangement with the pathological department of the Faculty of Medicine of the University. The Professor of Pathology, or, in the case of Manchester, the Professor of Public Health and Bacteriology, assisted by an efficient staff, undertakes the diagnosis of infective diseases and other public health work for the municipal authorities for a fixed sum per annum paid to the University. This arrangement has many advantages; it is an economy to the municipality and it ensures efficiency, as it enables the University to pay adequately a professor and competent staff. The association of the University and the municipalities has a direct educational influence on the community by continually asserting the value of pathology in its direct and practical application to important social questions concerning the health of the community. Where this arrangement exists, there should be little difficulty in adapting the present system to the diagnosis of venereal diseases, and through the Faculty of Medicine of the University in correlating the laboratory diagnostic work with the clinical teaching and treatment at one or more of the affiliated hospitals of the University. The large metropolitan hospitals with medical schools attached and certain provincial hospitals have well-equipped pathological laboratories under the direction and control of pathologists assisted by a competent staff. These laboratories would form satisfactory centres for diagnosis; they would, moreover, have the advantage of being intimately associated with the clinic and treatment. Similarly, the services of the London Lock Hospital, which has done useful diagnostic work in the past, should be fully utilised.

The recognition of the importance of a pathological laboratory to the efficiency of a hospital should receive every encouragement, and those borough and county hospitals which are of sufficient size and importance to equip and maintain a pathological laboratory with an efficient salaried pathologist should (after approval by the Local Government Board) be admitted as centres for a county or district.

RECOMMENDATIONS FOR IMPROVING FACILITIES FOR TREATMENT.

142. We have already indicated that the important additional aids to diagnosis dealt with in the last section can only be brought to bear when the patient consults a medical practitioner. It has also been shown that success in treatment and in the

prevention of the more serious later symptoms of syphilis depend on prompt recognition of its presence. It follows that the most urgent requirement is to secure for every patient the freest and earliest possible access to medical assistance when there is suspicion of venereal disease. This implies, *inter alia*, that all temptation for the patient to have resort to an unqualified person shall be removed; this point we shall discuss in a later section of the Report.

143. It is clear from our review of the present conditions that, except in the case of the Navy and Army, the existing facilities for the treatment of venereal diseases are extremely deficient. The medical practitioners of this country are, from the nature of the case, to a large extent unfamiliar with the newer methods of diagnosis and treatment, and the evidence we have received suggests that, in the past, many of them have in fact failed to appreciate the importance of these diseases. The institutional provision which has been made for the treatment of the diseases is, as we have seen, wholly inadequate.

The recent advances in knowledge with regard to venereal diseases and the improvements which have followed in their treatment have no doubt resulted in increased attention being paid to these diseases, both by the medical profession and by the general public. It was, however, the general opinion of the witnesses who appeared before us that no adequate system of treatment would be organised unless responsibility for the measures to be adopted were undertaken by the State.

In this opinion we concur. We recognise that the medical practitioners of the country must form the first line of defence against these diseases, but the diseases are so widespread and their consequences are, as we have shown, so serious, not only to the individual but also to the race, that concerted action by a public authority is in our view essential. It appears to us that such action can best be secured through the medium of the larger local authorities who are already undertaking important work in relation to tuberculosis and other diseases.

144. We, therefore, recommend that the State should look to the councils of the larger local authorities (*i.e.*, the councils of counties and county boroughs or such areas as the Local Government Board may determine) to undertake definite schemes for the treatment of venereal diseases in their areas.

In any such scheme the provision of adequate institutional treatment will form an essential part, and it is of the utmost importance that this institutional treatment should be available for the whole community and should be so organised that persons affected by the disease will have no hesitation in taking advantage of the facilities for treatment which are offered. The witnesses we have examined were almost unanimous in expressing the opinion that this result would not be attained by the establishment of special centres for the treatment of venereal disease, and that the most practicable method was the use of special wards in the general hospitals of the country, together with special arrangements, including evening clinics which are essential to the working classes, at these hospitals for the out-patient treatment of the disease. Provision for this treatment need not make any serious demand on the resources of the hospitals.

145. A memorandum was prepared for our use explaining the extent to which voluntary hospital accommodation is available for the total population of England and Wales. We have no special information as to other parts of the United Kingdom. Of the total census population of England and Wales, over 28 millions are in urban districts and nearly eight millions in rural districts. A large proportion of the rural population is within reach of the hospital provision of large towns. The total urban population of England and Wales live in 1,137 sanitary districts. Of these, 61 have a census population exceeding 100,000 and an aggregate population exceeding 15 millions. All towns with a population of over 100,000 have one or more general hospitals, and the hospitals in these towns commonly serve wide areas of the surrounding districts. Statistics of the number of beds in these hospitals show that 15 geographical counties have one or more general hospitals with more than 200 beds, 20 counties have hospitals with 100-200 beds, eight with 50-100 beds, seven with 25-50 beds, and nine with a smaller number of beds. The counties possessing hospitals with more than 100 beds commonly contain in addition other hospitals with a smaller number of beds.

146. Dr. Johnstone, who made enquiries for us in certain selected areas (*see also* paragraph 138), formed the opinion that there should be no insuperable difficulty in arranging for the treatment of venereal diseases at county and other general hospitals in most parts of the country. He added that in some instances this might need to

be supplemented by exceptional arrangements; but that arrangements with the hospitals would cover the greater part of the needs of the country.

147. We are satisfied that the existing hospital facilities, with such extensions as may be found necessary, should suffice to meet the need for the prompt and satisfactory hospital treatment of most of the venereal disease in this country; and the utilisation of this treatment to the fullest extent should form the first task of the authorities to be entrusted with the new administrative measures against these diseases. We are of opinion that the majority of hospital committees will be willing to undertake this work, and the experience in regard to tuberculosis shows that the committees have usually been willing to co-operate with the local authorities.

148. We, therefore, recommend that the local authorities should be asked, as the first step in the preparation of their schemes, to approach general hospitals with a view to securing facilities for treatment.

149. The condition that the institutional treatment should be available for the whole community is one to which we attach cardinal importance. The two main difficulties in curing venereal diseases and thus preventing their spread are to ensure the application of patients for treatment at the outset of the disease, and to maintain continued attendance until the doctor certifies that the patient is free from infection. Although gratuitous treatment will not entirely remove these difficulties, we think it will go far to do so. It may be that persons will present themselves for treatment who, in the opinion of the medical officer in charge, can be satisfactorily treated by their own doctor and who can afford to pay for their own treatment. In such a case we think that the medical officer might properly refer the patient to a private practitioner, but if the patient is unwilling there should, in our opinion, be no refusal to treat him at the institution.

150. Similarly, we consider that the treatment at a particular institution should not be confined to those living within a certain area. Arrangements will probably be made for a particular hospital to serve several administrative areas, or venereal patients may apply for treatment who live outside the area of all the authorities having agreements with the hospital for the treatment of venereal patients. If, as we propose hereafter, adequate assistance is afforded to the local authorities from the Exchequer, we do not anticipate that any objection would be raised to this condition by the local authorities.

151. It is essential that medical students and practitioners should have access to the treatment of these diseases at any institution dealing with venereal diseases as part of a local authority's scheme. This is of the greatest importance from the educational point of view. It is also essential that the co-operation of the practitioners with the local authority and the hospital should be obtained. We consider that any scheme of administration for dealing with venereal diseases must be so framed as to develop the ability of the general practitioners in treating these diseases, and make them more efficient for their general functions as the first line of defence of the community.

152. Full advantage should be taken of the provision which has been made under the National Insurance Act, and arrangements should be made for the panel doctor to undertake such parts of the treatment of an insured patient as can be undertaken by the practitioner of average skill. Thus it will usually be possible for insured patients coming to an institution for treatment to be referred to their panel doctor with such instructions as may be necessary for the continuance of treatment.

153. The most valuable remedy in the treatment of syphilis is, as we have seen, salvarsan or its substitutes. These drugs are, unfortunately, expensive, and many practitioners, competent to administer them, are probably deterred from doing so because their patients cannot afford the expense. The Local Government Board have power under the Public Health Act to authorise the supply of salvarsan or its substitutes free to medical practitioners, and we consider that great advantage would result from the exercise of this power. We think it would be necessary to safeguard the distribution of the drug, and, where arrangements have been made for institutional treatment, this could perhaps best be secured by requiring consultation with the medical officer in charge before affording a gratuitous supply in any case.

154. We have recommended that treatment of venereal diseases should be available for the whole community and that a person should, irrespective of his place of residence, be able to obtain treatment at any institution dealing with these diseases under a scheme formulated by a local authority. These two considerations, as well as the great national importance of the diseases, and the urgent need for action throughout the country, lead us to the conclusion that the greater part of the cost should be borne by the Exchequer. We appreciate, however, the desirability of throwing some

part of the cost of schemes administered by local authorities on the authorities themselves, and we, therefore, recommend that 25 per cent of the expenditure should be met from local rates. The remaining 75 per cent. should, we consider, be provided by Imperial grants. The distribution of these grants should be in the hands of the Local Government Board, who should be required to lay down the conditions under which grants would be made, to approve the schemes proposed by local authorities, and to satisfy themselves, by inspection or otherwise, that the schemes are properly carried out.

155. If in any case difficulty arises between the hospital governing bodies and the local authorities, the Local Government Board should be empowered to deal direct with the former.

NOTIFICATION OF VENEREAL DISEASES.

156. In the case of certain diseases prompt notification to the medical officer of health of the sanitary authority has, for some years, been required. In Appendix VI., we have embodied an outline of the existing law affecting the notification of diseases in this country, and a brief discussion of the effect of notification in controlling these diseases.

157. In enforcing the notification of any disease, the community has in view primarily the taking of measures for the protection of all its members, and for this purpose, notification, apart from its general value as a source of statistical information, may be of great service in aiding the discovery of sources of infection, and in facilitating measures for preventing the spread of a disease and for removing conditions favourable to infection.

158. Notification was first applied to the acute infectious diseases* named below, and in relation to these diseases it has mainly been used for preventive purposes. It is the duty of a medical officer of health on receiving information of the outbreak of any infectious or epidemic disease of a dangerous character to visit the spot without delay, to inquire into the causes and circumstances of the outbreak, and to take steps for preventing the extension of the disease. Under the provisions of the law regarding the prevention of disease, local authorities are enabled to put in force certain compulsory measures for preventing the spread of infection, such as disinfection, &c., and in some cases the removal of patients to hospital. The patient himself may be placed under certain disabilities, since he may be subjected to a penalty if he shows himself in a street, shop, or public conveyance, and he may be prohibited from engaging in any occupation or from carrying on any trade or business unless he can do so without risk of spreading infectious disease. These provisions apply in practice, almost exclusively, to the acute infectious diseases, though in some cases the wording of the statute appears wide enough to cover other diseases.

159. Local authorities are further empowered to provide hospitals, and this power has been widely exercised in the provision of special hospitals for certain diseases. Notification, thus applied, has proved of great value in enabling hospital isolation to be promptly carried out and in facilitating satisfactory treatment for those who would not be adequately treated in their own homes. From this point of view, therefore, the system may be of service not only to the community, but also directly to the individual. In the more recent applications of the principle of notification this aspect of the question plainly appears. Thus, in the case of tuberculosis, the aim has been to make notification the starting point of systematic aid by the local authority in the treatment of the individual sufferer. In the case of ophthalmia neonatorum, the main object of enforcing notification was not the prevention of the spread of the disease but the prompt provision of nursing or medical assistance with a view to the prevention of the blindness which so frequently results. Incidentally notification, in this instance, provides some statistical information in regard to the prevalence of gonorrhœa.

160. The question whether notification in any form could usefully be extended to venereal diseases has been widely discussed and most of the witnesses who appeared before us have dealt with this subject in their evidence. The adoption of notification would doubtless have an important effect in emphasising the infectious character of

* Under the Infectious Diseases (Notification) Act, 1889, notification is required in the case of the following diseases :—Small-pox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever and the fevers known by any of the following names : typhus, typhoid, enteric relapsing, continued or puerperal. Local authorities are also empowered to extend this list to any other infectious disease after due notice and with the approval of the Local Government Board.

these diseases and in causing their dangerous nature to be widely known, and this consideration has been urged by some witnesses as in itself a strong ground for making the diseases notifiable (Q. 13,735, 14,076-7).

161. Notification of venereal diseases has also been advocated as an aid to the removal of conditions favourable to their propagation, such as bad housing and overcrowding (Q. 11,288).

162. We think it is clear, however, that if a case for the notification of venereal diseases is to be established it must be based upon the assistance which notification would afford to the treatment of the individual and the consequent protection of the community, and not on the ground that it would facilitate general preventive measures.

The essentials for the treatment and prevention of venereal diseases are, as we have shown, prompt diagnosis and prompt and continuous treatment.

163. The majority of medical witnesses were of opinion that there would be reluctance on the part of practitioners to notify cases of venereal disease which came to their knowledge, and that if they were compelled by law to notify, the result would be an even greater resort to unqualified persons. The suggestion has, therefore, been made that the duty of notification should be thrown not only on medical men but on unqualified persons. If this were practicable, it is possible that notification might result in steps being taken to verify the unqualified person's diagnosis and possibly this might in some cases lead to earlier effective treatment.

Under the Infectious Diseases (Notification) Act, 1889, the duty of notification is thrown not only on the medical practitioner in attendance on the case but on lay persons. So far as the latter are concerned the Act has been generally inoperative, and in the few instances in which prosecutions of such persons for failure to notify have been undertaken, the proceedings have generally failed owing to the impossibility of proving that the persons were, in fact, aware that the patient was suffering from a notifiable disease. The only other examples of notification by non-medical persons are the notification of ophthalmia neonatorum by midwives, and a requirement, which has recently been made in a number of towns by local Acts, that parents shall inform the head teachers of the school attended by members of their family of any suspected infectious disease in their family. This latter procedure is too recent to enable any statement to be made regarding its success.

In the case of ophthalmia neonatorum the regulations of the Local Government Board require notification by the midwife; but the midwife is also required under the Rules of the Central Midwives Board to notify to the local supervising authority any inflammation or discharge, however slight, from the eyes of the new-born infant, and when this is done occasion for her to notify under the Local Government Board Regulations will only arise in the rare instances in which no doctor is available.

164. The utility of notification must vary largely with the thoroughness with which it can be carried out, and if medical practitioners alone are to be compelled to notify, the number of notifications will be governed by the proportion of sufferers who seek skilled advice and by the willingness of the medical practitioner to notify cases of the disease to the sanitary authority. This latter condition will again depend on the presence or absence of penalties for failure to notify, and also on the benefit which the practitioner conceives will accrue to his patient from the intervention of the local authority.

Thus in the case of the acute infectious diseases, at any rate in relation to poorer patients, the medical practitioner can, by securing removal to a hospital, obtain suitable treatment for a patient at the public cost, whereas were the patient to remain at home it would be necessary for the medical attendant to devote much time and anxiety to the care of a case which might be treated only under unfavourable conditions.

On the other hand, medical practitioners will in many cases be unwilling to notify cases of disease unless it appears that the advantages which they may expect for their patients outweigh any disadvantages which the disabilities attaching to notification may involve. In the Regulations of the Local Government Board requiring the notification of tuberculosis it is provided that nothing contained in the Regulations shall authorise any person to put in force with respect to a person notified as suffering from tuberculosis any enactment which renders him liable to a penalty or subjects him to any restrictive prohibition or disability affecting him, his employment, occupation or means of livelihood on the ground that he is suffering from tuberculosis.

165. We do not think that any special conditions attaching to the notification of venereal diseases would, at the present time, suffice to secure the general willingness of medical practitioners to notify these diseases, and the partial application of notification or its limitation to particular classes is difficult to defend and would undoubtedly produce a sense of injustice in the persons subjected to it.

166. The main objection, however, which has been urged against the notification of venereal diseases is that it would actually do harm by deterring people from seeking treatment and by driving them more than ever into the hands of unqualified persons.

Although, as we have seen, these diseases may be acquired innocently, and in many cases, of women and children especially, are so acquired, the fact remains that they are almost universally regarded as diseases of shame involving a social stigma. There is, therefore, the strongest inducement to concealment, and whatever measures may be taken it will be difficult to convince sufferers that secrecy will be maintained, and that exposure is not to be feared.

The danger of greater concealment and more frequent resort to unqualified treatment was recognised even by those witnesses who were in favour of notification. In their view, however, this objection is not so important as it seems, because concealment exists to a large extent at the present time and the risk of further concealment is one which might very well be taken (Q. 4210-1, 11,297, 14,075-6, 14,217-20). It was also pointed out that objection was originally taken to the notification of such diseases as scarlet fever, and it was suggested that in the case of venereal diseases the objection would tend to disappear.

167. The question is one of much difficulty, because it involves psychological conditions which cannot be predicted with certainty. We recognise that notification might, in some cases, assist towards better initial treatment, and might also often help to secure continued treatment, which is most important. We realise also the powerful educative influence of notification, and the means it would provide, assuming that it could be universally applied, of obtaining statistical information now lacking. We are, however, impressed with the difficulty of securing complete notification, and we recognise the inequity of a partial system. We consider also that any suggestion of compulsory treatment or compulsory continuance of treatment might defeat the object we have in view, which is to secure accurate diagnosis and adequate treatment at the earliest possible moment for the largest number of sufferers. We have come to the conclusion that at the present time any system of compulsory personal notification would fail to secure the advantages claimed, and we are of opinion that better results may be obtained by a policy of education regarding the importance and serious nature of venereal diseases and by adoption of the measures we have already recommended for increasing largely the facilities for diagnosis and treatment.

168. It is possible that the situation may be modified when these facilities have been in operation for some time, and the question of notification should then be further considered. It is also possible that, when the general public becomes alive to the grave dangers arising from venereal disease, notification in some form will be demanded.

The measures which may be required in the future must depend on experience gained after existing deficiencies have been remedied.

169. It remains to be considered whether for purely statistical purposes some form of anonymous notification, to be followed by no administrative action, might be adopted. If a satisfactory system could be devised, the statistics would no doubt furnish valuable information regarding the prevalence of these diseases. The possibility of obtaining accurate statistics by such a method appears, however, to be remote, and the evidence given before us by Dr. Svend Lomholt regarding the experience of Denmark, where a serious attempt has been made in this direction, shows that the results obtained in that country cannot be regarded as satisfactory. Statistics should, however, be kept of the number of patients for whom salvarsan is provided at the public expense. We also regard it as important that all institutions which undertake, with the assistance of grants from the Exchequer, the diagnosis or treatment of venereal diseases should keep and render available accurate aggregate statistics regarding these diseases.

170. While we do not consider it practicable to impose upon medical practitioners the obligation of furnishing statistics of cases of venereal disease which come to their knowledge, we are strongly of opinion that the duty lies upon them of giving warning to persons vitally interested in cases where immediate danger threatens to individuals or to the public.

DETENTION OF PERSONS SUFFERING FROM VENEREAL DISEASES.

171. The danger arising from the presence in the community of persons suffering from venereal diseases in their contagious forms has led to a demand that, in certain cases, power should be given to detain persons under treatment until they can be regarded as no longer infectious. It is pointed out with much force that, in the absence of some system of detention, expenditure on partial free treatment from which no permanent advantage results is a manifest waste of public funds. A person may discontinue his treatment when, though he is still infectious, the immediate symptoms have disappeared, and he is thus able to spread disease, and may afterwards return in as bad or a worse state to be treated again.

172. The application of compulsion to cases in which there is no sense of responsibility, where no restraint is thought of, and where contagion is in its most active and virulent form, can be defended on strong public grounds.

173. Objection may, however, be taken to any form of detention for two main reasons; first, that it involves undue interference with the liberty of the subject, and, second, that it may fail in its object. With regard to the first, it must be remembered that the machinery for dealing with other infectious diseases less dangerous to the race already involves restriction of liberty, and that the community has the right to protect itself against serious dangers arising from individuals. In the case of venereal disease, however, it is pointed out that the application of such restrictions might work unequally, and that compulsion would be applied to those who had in some way brought themselves under restraint, while others who had not done so would escape, though they might be equally dangerous. With regard to the second objection, it is urged that compulsory detention has been proved to be inefficient (Q. 3182), which may be due to inadequate methods, and that its main result is to deter people from submitting themselves for treatment. We were informed that in Denmark persons admitted into hospital for treatment for venereal disease at the public expense might be detained until they were certified by a doctor to be free from infection (Q. 16,932). We did not gather, however, that this power had been rigidly enforced.

174. We have already discussed some aspects of the subject of detention when dealing with the question of notification, and we consider that the conclusion at which we arrived—that compulsory treatment of persons known to be infectious is not practicable at the present time—should apply generally to the question of detention. There are, however, certain cases in respect of which exceptional methods may be justified.

Poor Law Patients.

175. We have received much evidence showing that patients suffering from venereal disease frequently leave poor law infirmaries when their treatment has only begun and in a highly infectious condition, and that nothing more is heard of them. The medical superintendents of two large metropolitan infirmaries stated that though they were well aware that many inmates leaving their institutions were likely to be a fruitful source of danger, they had no alternative but to allow these persons to leave when they desired (Q. 12,273-81, 20,447).

176. Evidence on this question was also laid before the Royal Commission on the Poor Laws and Relief of Distress, who were deeply impressed with the evil consequences of venereal diseases among the poor and the widespread suffering for which these diseases are responsible. We have already, on page 2 of this Report, quoted the conclusions arrived at by the Commissioners.

The Report of the Majority of the Commission (Cd. 4499, 1909) contains the following recommendation:—

“ Subject to certain safeguards against abuse, the public assistance authority should have power to detain cases of venereal disease, when medically certified to be dangerous to others.”

177. This recommendation we endorse. We are of opinion that the circumstances of these persons, whether men or women, are sufficiently exceptional to warrant a different treatment from that accorded to the ordinary population using hospitals. It is provided by Section 22 of the Poor Law Amendment Act, 1867, that—

“ When there shall be in any workhouse a poor person suffering from mental disease, or from bodily disease of an infectious character, and the medical officer of such workhouse shall, upon examination, report in writing that such person is not in a proper state to leave the workhouse

without danger to himself or others, the guardians may direct the master to detain such person therein, or if the guardians be not sitting, the master of the workhouse may, until the next meeting of the guardians, detain him therein, and such person shall not be discharged from such workhouse until the medical officer shall in writing certify that such discharge may take place."

We understand that doubts have arisen whether this provision is applicable to the case of venereal diseases, and that it has not in fact been put in force in the case of these diseases. If these doubts still exist, we recommend legislation with a view to rendering the procedure of the section available in the case of venereal diseases. At the same time, we think that much requires to be done in some poor law institutions in the direction of making the wards set apart for venereal cases more suitable and cheerful, and of providing facilities for the best modern treatment. If improvements of this nature are carried out, and if patients are gravely warned of the necessary results of untreated disease, it will probably be found necessary to exercise compulsion only in a minority of cases.

Prisoners.

178. The statistics which we have already quoted (p. 14) show that a large proportion of prisoners known to be suffering from venereal diseases are discharged while still in an infectious condition. In England and Wales 48·22 per cent. of the males and 52·98 per cent. of the female prisoners in local prisons, known to be affected with venereal diseases, were so discharged in 1914; in Scotland the proportion was 56 per cent. The examination of prisoners, especially of those imprisoned for short periods, is, as we have already indicated, not of a sufficiently searching character. As was stated by Sir Herbert Smalley, owing to the cases undiscovered at the examination as at present conducted, the figures we have quoted cannot be regarded as an adequate estimate of the number of persons discharged from prisons who, by reason of their infectious condition, constitute a serious danger to the community.

179. We desire to emphasize the importance of a thorough medical examination of persons committed to prison. We think also that where the medical officer of a prison considers that a local examination of a woman is necessary it should be made by a woman doctor.

It may be remarked that apart, from other considerations, knowledge of a prisoner's condition is of much importance in deciding the class of work to which the prisoner should be put.

180. We wish to urge also the great importance of the provision of means for the prompt diagnosis and treatment by modern methods of cases of venereal diseases in prisons.

The question has been raised whether the Prison Commissioners have power to subject a prisoner to the Wassermann test or to administer salvarsan or its substitute against his will (Q. 12,613-4). Unless this point is clear it would seem desirable that the doubt should be removed by addition to the statutory power of the Prisons Commissioners.

181. Sir Herbert Smalley states that the more recent methods have up to the present time been but rarely adopted in the prison service, but he is perfectly prepared to advocate their use on being convinced that they are safe and effective (Q. 12,617). This is the attitude which is in fact taken up by many institutions and individual practitioners throughout the country. If these ideas have been somewhat slow in penetrating the prison walls, the administrative difficulties of introducing wholly new methods into so vast a system must be borne in mind. The important point is that in the future medical officers of prisons should have had a complete education in dealing with venereal disease, and should keep abreast of the development which may be expected in the future and have full power and authority to apply in proper cases the best methods of diagnosis and treatment.

In the case of sentences exceeding two years it should frequently be possible to ensure that prisoners when discharged are no longer a danger to the community.

182. The case for the detention of prisoners suffering from venereal disease until they are no longer a danger to the public is a strong one, and in some countries action of this kind is already taken. In Denmark, prisoners suffering from venereal disease are required to be treated in hospital before undergoing punishment (Q. 21,183); in New South Wales the provisions of the Prisoners Detention Act, 1908, authorise the detention in a Lock hospital of prisoners whom the gaol surgeon certifies to be suffering from venereal disease until they are no longer infectious (Q. 1933).

183. In present circumstances it seems impracticable to apply a general rule for the detention of prisoners suffering from venereal diseases. Sir Herbert Smalley pointed out that, if the true history of many persons suffering from venereal disease were known, the punishment inflicted by detention in prison would seem to be out of all proportion to the transgression, even excluding the cases of innocent victims of these diseases. Difficulty and difference of opinion would arise in determining how long the detention should be prolonged, and what is to be the criterion of cure or freedom from contagion. There would also be inequalities of punishment—a minor offence, coupled with venereal disease, the latter in no way connected with the offence, being visited with a harder penalty than that inflicted for a more heinous one, without manifest venereal disease (Q. 12,624).

184. Sir Herbert Smalley expressed the opinion that it would be more expedient to rely not on the detention of prisoners but on the co-operation of Discharged Prisoners' Aid Associations and similar bodies in any general system of free treatment.

185. This opinion we reluctantly accept. Prisoners, if infectious, on being discharged should be recommended to seek treatment at a clinic, and arrangements should be made for a representative of the Discharged Prisoners' Aid Association or some other person to keep in touch with them with a view to ensuring that they avail themselves of treatment, and that they continue to do so as long as it is necessary. If the measures we propose are adopted, and adequate facilities are provided, we believe that in most cases it will be possible to secure treatment after discharge.

Men invalided from the Navy and Army on account of Venereal Disease.

186. The Navy and Army statistics show that a certain number of men are invalided every year from both services suffering from venereal diseases. A proportion of these men are in an infectious condition; the numbers are not, however, large, and the Medical Director-General of the Navy expressed the opinion that these men could not be regarded as a material cause of venereal disease in the general community.

In the case of the Army, Colonel Gibbard stated that, though there was no power to detain men against their will, there was power to continue the treatment of soldiers in hospital after their discharge, and that, as a rule, they remained to finish their treatment (Q. 3615-7).

187. We recommend that men whose period of army service has not expired should be detained until pronounced not infectious. In cases where an infectious man is entitled to claim his discharge, he should be encouraged in his own interests to continue his treatment, and where this treatment cannot be provided at a service hospital, arrangements should be made to continue it at a hospital or clinic, working in connection with a local authority's scheme.

The same system should be adopted in the Navy, and additional hospital accommodation should be provided if necessary.

TREATMENT OF VENEREAL DISEASES BY UNQUALIFIED PERSONS.

188. The fear of disgrace and the consequent desire for concealment necessarily render the sufferer from venereal disease specially liable to attempt self-treatment, or to entrust his treatment to persons who are in no way qualified to deal with the disease. This appears to be true of all sections of the community, and we were informed that the upper classes resort to quacks as readily as the poor (Q. 8397, 8537-9). The unqualified person, however, trades not only on the desire of his clients for secrecy, but also on their credulity and upon their ignorance of the seriousness of their disease. He promises quick cures, without publicity, without inconvenience and at small cost.

189. Unqualified practice exists in several forms; many chemists prescribe for these diseases; in some parts of the country herbalists are largely resorted to, while attractive advertisements of remedies by persons who claim to be specialists in venereal diseases are common in certain newspapers and elsewhere.

There can be no doubt that unqualified persons and quack remedies are very widely resorted to, though it is difficult to determine whether or not this habit is increasing. A Report on the Practice of Medicine and Surgery by Unqualified Persons, which was based on returns made by Medical Officers of Health throughout the country, and was published as a Parliamentary Paper in 1910 (Cd. 5422-1910), stated that in many of the great towns the treatment of venereal diseases was largely

in the hands of unqualified persons, that many so-called specialists in venereal diseases had sprung up, and that they appeared to be on the increase. Some of the witnesses who appeared before us were, however, of opinion that unqualified practice showed a tendency to decrease (Q. 3099, 8395-6, 9147-8, 11,298-301).

190. We have no hesitation in stating that the effects of unqualified practice in regard to venereal diseases are disastrous, and that, in our opinion, the continued existence of unqualified practice constitutes one of the principal hindrances to the eradication of those diseases.

Dr. Johnstone stated in his Report on Venereal Diseases (Cd. 7029-1913), that he was informed by medical men practising in the various towns which he visited, that they were rarely consulted until the patient had spent some weeks in the hands of a herbalist or chemist, or in trying some advertised cure. During this interval the absence of proper treatment, and of the warning which every medical man would consider it his duty to give, had led to many disastrous results.

The Report as to the Practice of Medicine and Surgery by Unqualified Persons (Cd. 5422-1910), to which we have already referred, summarises the opinions of Medical Officers of Health regarding the effect of unqualified treatment of venereal diseases upon Public Health as follows :—

“ Bad results are often produced. The disease is wrongly diagnosed ; there is delay in adequate treatment, and, owing to the absence of advice as to preventive measures, the disease is frequently communicated to others. In many cases it only comes under the care of medical practitioners when symptoms of secondary or tertiary syphilis manifest themselves.”

We have received abundant evidence to the same effect.

191. It cannot be too strongly emphasised that the essential point in the control of venereal diseases is to secure for the patient the best treatment at the earliest possible moment. By the intervention of the unqualified person, the stage at which the permanent eradication of the disease is possible is lost, and the many and terrible after effects which we have described may supervene, for although the disease is difficult to cure symptoms are readily made to disappear. In any case, the treatment is rendered more difficult, protracted and expensive, and the risk of the disease being communicated to others is very largely increased.

Further, it must be noted that unqualified persons, by wrongfully diagnosing a condition as syphilis in order to retain a patient, or from ignorance, are not infrequently responsible for causing much unnecessary suffering and acute mental depression leading in exceptional cases to suicide.

192. We were informed that, in some parts of the country, herbalists are largely resorted to, and we, therefore, took the evidence of a representative of the National Association of Medical Herbalists. This evidence speaks for itself, and in our opinion effectually disposes of the claims of herbalists to be regarded as competent to treat venereal diseases.

193. We are hopeful that the education of the public with regard to these diseases, and the wide provision of free treatment which we recommend, will tend to diminish unqualified practice. We are told that in the army, where the men are instructed and where admirable treatment is provided, quacks and quack medicines are little resorted to (Q. 3677-9, 4543).

194. Dr. Svend Lomholt stated that, in Denmark, people did not consult unqualified persons because treatment provided by the State was easily available, and because the physicians had the confidence of the population (Q. 16,812). Dr. Santoliquido informed us that, in Italy also, there was very little scope for quacks on account of the free treatment rendered available to the public.

195. While we believe that, if our proposals are accepted, similar results may, in time, be obtained in this country, we strongly endorse the recommendations of the Select Committee on Patent Medicines that all advertisements of remedies for venereal diseases should be prohibited. The direct and indirect effects of these diseases upon the race are so grave and the deception practiced upon the public is so extensive as, in our opinion, to justify repressive measures. We should have advocated legal provisions making the treatment of venereal disease by unqualified persons a penal offence, but we recognise the practical difficulties in securing the effective operation of such a law in present circumstances. The prohibition of advertisements is open to much less objection on this ground, and we believe that it would go far to remedy the great evils which have been emphasised by the evidence given before us.

MARRIAGE AND COMMUNICATION OF DISEASE.

VENEREAL DISEASE AS A DISQUALIFICATION FOR MARRIAGE.

196. The dangers arising from the marriage of any person who, at the time of the marriage, is suffering from venereal disease of an infectious character, to the husband or wife, and to children conceived during the continuance of the infectious condition, have been described in detail in the previous part of this Report.

197. In this connection, in view of the comparatively small importance with which, until recently, the consequences of gonorrhœa have commonly been regarded, it is our duty to emphasise that the evidence given before us seems to establish that gonorrhœa until it has been effectively treated should be considered as a hindrance to marriage. Speaking of the communication of gonorrhœa by the husband to the wife, Sir Thomas Barlow told us that gonorrhœa was the cause of a large percentage of sterility in women and of "suffering incalculable" (Q. 6731). In answer to the question put by Dr. Mott, "Should we not endeavour to get a more serious view taken of it?" he replied, "Yes, I think we should. I think there has been a considerable improvement in the way in which it is regarded, of course of late years, but I am entirely with you. I think it is terrible" (Q. 6733).

In evidence, our colleague, Mr. Lane, in answer to the question as to the marriage of persons who had suffered from gonorrhœa, said that it was not advisable for a man or woman who had suffered from any form of venereal disease to marry without a thorough medical examination by a competent medical practitioner (Q. 3188-9). Sir William Osler expressed the opinion that "as regards marriage, any legislation should apply equally to gonorrhœa and syphilis" (Q. 14,085-6).

Dr. Amand Routh, late of Charing Cross Hospital, is of opinion that a man who has had gonorrhœa at any time of his life ought to be examined prior to marriage (Q. 9412).

Mr. Frank Kidd, Assistant Surgeon at the London Hospital, thinks that the question as to the conditions under which a person who has suffered at any time from gonorrhœa may properly be advised that it is reasonably safe to marry presents greater difficulties than is the case with syphilis. The diagnosis is more difficult and takes a longer time than that required for syphilis. With this view Colonel Gibbard, the head of the Military Hospital at Rochester Row, concurs (Q. 22,045-50).

We, therefore, come to the conclusion that whatever measures are required to prevent or delay the marriage of infectious persons should apply both to cases of gonorrhœa and of syphilis.

198. As regards syphilis, the importance of preventing the marriage of any person who is in an infectious state is far more generally appreciated than in the case of gonorrhœa. Amongst the male patients of private practitioners there is reason to believe that there is greater anxiety than formerly to ascertain whether they can safely marry, and that they are more disposed to take and act upon the doctor's advice.

Dr. J. J. Pringle, Physician in Charge of the Skin Department of the Middlesex Hospital, gave the following evidence:—

15,551. Do you think in the upper classes men, as a rule, take medical advice before embarking upon matrimony?—Certainly. The majority of these cases, the circumstances of which I have investigated, actually have been men who, under the older forms of treatment, were assured that they were free from disease, and they married upon that understanding.

15,552. They married, therefore, on a misunderstanding, which arose from imperfect diagnosis?—Yes, because there were no satisfactory means of diagnosis available at the time.

15,553. But you think that that is, generally speaking, the habit and tendency of men of the middle classes, to inquire from a doctor whether they are fit to marry or not?—I think that that is so as a rule in the upper and middle classes of this country, and a man who knows he has had syphilis does not marry without the permission of the doctor who has been treating him for syphilis. That is my experience.

To the same effect is the evidence of Dr. J. H. Sequeira, of the London Hospital:—

14,299. And you also say in most cases of private practice a man who suffers from the disease will not marry until he gets his doctor's assurance that he is free from infection. Is that generally your experience?—Yes, that is my experience.

14,300. And that men will not marry when they are told they have this disease until they are pronounced free?—Yes, until they are pronounced free from infection.

Dr. Galloway, Physician to Charing Cross Hospital, gave evidence to the same effect (Q. 18,436-8).

199. There is, however, little doubt that there still remains a vast amount of ignorance as to the dangers arising from the sexual intercourse of married persons, one of whom has previously to the marriage contracted venereal disease, whether syphilis or gonorrhœa. Sir Thomas Barlow drew a graphic picture of the not improbable consequences of such an union when the man is the cause of the infection. This description is well illustrated by the family histories detailed by our colleague, Dr. Mott, as having occurred within his own experience. The effect upon the birth rate and the misery caused during married life and in many cases to the offspring who survive, are most serious (Q. 6388); and the fact that the actual cause of the trouble often remains unknown and unrecognised prevents the calamity from serving the purpose of an example or a warning.

200. The question, therefore, arises what steps can be taken which may have the effect of preventing the marriage of persons while in an infectious condition from venereal disease. Various suggestions have been discussed in the course of the evidence as to the possibility of legislation preventing the marriage of such persons unless and until the intending husband or wife is certified by competent authority to be in a condition to marry with safety.

201. We are of opinion that all such suggestions are impracticable at present owing to the impossibility under existing conditions of ascertaining what persons are in an infectious state, the fact that the disease has been contracted being usually concealed. We also consider that it would not be possible at present to organise a satisfactory method of certification of fitness for marriage.

Protection of Medical Adviser.

202. Many of the medical witnesses who have been called before us have expressed a strong view of the duty of the medical adviser to warn patients contemplating marriage of the probability or possibility of infecting their future wives or husbands, and many have testified to the increasing effectiveness of the advice thus given. This tendency is happily not confined to the influence of advice on private patients. Mr. Kidd gives us an account of the success of his efforts with patients suffering from gonorrhœa :—

“ 22,089. With regard to the marriage question, Mr. Kidd, you say you have frequently had to examine and express an opinion as to whether marriage ought to be put off or not, and you say it is usually too late to put the marriage off. In those cases you persuade the patients, if you can, to tell their fiancées, and to attend at once regularly for treatment until they are cured. Do you find that advice of that kind by you is generally taken?—(Mr. Kidd.) I have never yet failed to have it taken, with successful results.

“ 22,090. So that where danger of contamination occurs through marriage, that means that either the husband does not realise the disease he has got, or, if he does, his doctor has not told him of the great danger arising to his wife?—It usually is because the doctor has not told him of the danger until too late.

“ 22,091. Then you are of the opinion that it is the absolute duty of a doctor who knows of one of these cases, to tell the intending husband, or the husband, exactly the consequences which will result if he does not abstain?—Most emphatically.”

203. We are informed, however, that a question of much difficulty arises where a medical practitioner is aware that the advice he gives to his patient—say, the intending husband—is not likely to be followed, and that the marriage will, in all probability, proceed notwithstanding the condition of the man. Amongst other witnesses who have emphasised this difficulty, are Sir Victor Horsley (Q. 11,215-25), Sir Donald MacAlister (Q. 10,969-71, 11,086-9), Sir Clifford Allbutt (Q. 13,557-61).

204. The difficulty of communicating with or warning the future bride, or her parents or other persons in a position to influence her action, is two-fold. We are informed by many witnesses that it might be regarded as a breach of professional confidence. There is also the possibility of the medical practitioner being sued or prosecuted. There is no doubt that to assert to a third person that any one is suffering from a venereal disease is, if in writing, a libel, or, if by word of mouth, a slander. The witnesses who have dealt with the difficulty thus created have somewhat magnified its extent; for in a civil action against a medical practitioner, proof of the truth of the defamatory words affords a complete defence; and in criminal proceedings, if the jury should find that the defamatory words were true in substance and in fact, and also that it was for the public benefit that the matters charged should be published, the defendant would be entitled under Lord Campbell's Act to judgment in his favour. In a case, therefore, where there can be no reasonable doubt as to

the accuracy of the diagnosis, a medical practitioner would be in a secure position so far as the result of the trial is concerned, though it must be admitted that the award of costs to him would usually be a very inadequate compensation for the loss of time and for the trouble caused even by a successful defence. But in some cases, *e.g.*, where he has simply expressed his opinion that the intending husband is "not cured" or "is not yet in a condition to make it safe for him to marry," it might be dangerous for him to take on himself the burden of justifying, since a doubtful or speculative issue would then be raised. As the law now stands, the fact that the communication or warning had been made or given in good faith, with the sole object of saving the intending wife from the dangers which might arise from the proposed union, would not afford the medical practitioner even the qualified protection which is in some circumstances conferred on a defendant by the doctrine of privileged communication.

205. We think that a change in the law in this respect is much needed. We, therefore, recommend that such communication when made *bonâ fide* to a parent, guardian or other person directly interested in the welfare of the woman, or the man, and with the object of preventing or delaying a marriage with a person who is in an infectious state, should be deemed to be a privileged communication. This proposal is supported by the high authority of the President of the Probate Division (*Q.* 21,166-71).

Venereal Disease as a Ground for Nullity of Marriage.

206. The question whether or not the fact that one of the parties is, at the time of the marriage, suffering from disease "in a communicable form" should be ground for the other party obtaining a declaration of nullity was discussed before the Royal Commission on Divorce and Matrimonial Causes. The views arrived at by the Commission and their recommendations are as follows (*Report*, para. 353):—

"According to the evidence and on general grounds, it seems probable that the power to exercise such a right as is suggested in the hands of a complaining party would promote the interests of morality, and also aid the complainant in being able to avoid being subjected to the possibility of contamination to himself or herself or possible children. The medical evidence given before the Commission . . . as to the prevalence of venereal diseases (syphilis and gonorrhœa), the misery which they occasion, the sterility, and the dire effects upon the injured party, and the consequences to children, proves the importance of every effort being made to prevent or modify these evils. The power which is suggested would have a valuable influence in the direction of morality and of preventing marriage taking place in improper conditions."

* * * * *

"We therefore recommend that, where one of the parties at the time of the marriage is suffering from a venereal disease in a communicable form, and the fact is not disclosed by the party or, if they know of it, by his or her parents, or either of them, or anyone who has control over the party and is aware of the intended marriage, to the other party, who remains ignorant of the fact at the time, such other party shall be entitled to obtain a decree annulling the marriage, provided that the suit is instituted within a year of the celebration of the marriage, and there has been no marital intercourse after the discovery of the fact aforesaid."

The Commission were unanimous in this part of the Report. The Minority Report, signed by the Archbishop of York, the late Sir William Anson, and Sir Lewis Dibdin, expressly declared their assent.

The President of the Probate Division, Sir Samuel T. Evans, who gave evidence before us, expressed the view that the recommendation of the Commission was "much too strong." The grounds he gives are (1) that it takes away from the man the chance of living with his wife afterwards (*Q.* 21,113), and (2) that it would make the children of the marriage, of whom there might possibly be two, under the conditions of the proposed enactment, illegitimate (*Q.* 21,158).

207. We have come to the conclusion that in substance the recommendation of the Royal Commission should be adopted by the Legislature. We think it most important that it should be laid down by law that the presence of venereal disease in an infectious state constitutes an incapacity for marriage, whether or not the presence of disease is known. We regard this question as one affecting not only the married persons themselves but also the public welfare in respect of the birth rate and death rate and the effects of congenital disease upon the health and happiness of the offspring. The process should be made available for all persons however poor.

208. We believe that a statutory recognition of the principle that infectious venereal disease constitutes an incapacity for marriage would enormously strengthen the influence of the medical profession in preventing or delaying dangerous

marriages, and would be of especial service in dealing with institutional patients with whom at present medical advice on this subject is less likely to be efficacious than in the case of private patients.

209. If under the existing law the effect of a decree of nullity is to render the children illegitimate, it would be expedient to provide by statute that the disabilities attaching to such a condition should not follow. In any case it would be for the court in dealing with the circumstances to consider whether in the public interest it was necessary to pronounce a decree of nullity. We think the court should have discretion to this extent. The court should also have full power to make any order which it might think fit with regard to guardianship, care and maintenance of children who would become illegitimate, and amongst other things to provide for their treatment in the centres established under the scheme we have recommended.

PREVENTION OF COMMUNICATION OF DISEASE BETWEEN PERSONS, WHETHER MARRIED OR UNMARRIED.

210. A further question arises as to the communication of disease during marriage when the disease has been acquired subsequently to the marriage.

The existing law is not altogether clear as regards the rights of married persons who become thus infected with venereal disease.

In paragraph 155 of the Report of the Divorce Commission, a definition of cruelty is adopted as representing the present state of the law :

“Cruelty is such conduct by one married person to the other party to the marriage as makes it unsafe, having regard to the risk of life, limbs or health, bodily or mental, for the latter to live with the former.”

This definition would clearly include the case of the communication of venereal disease “knowingly or negligently,” and it may be assumed that in the ordinary case of communication of disease by husband to wife, or *vice versa*, the infected person might obtain an order for judicial separation. This, however, is a very inadequate remedy, especially in the case of the poorer classes.

211. Recently the law has been carried a step farther as regards cases of infection of the wife by the husband.

It is stated in the Report of the Divorce Commission (paragraph 353) that, in the case of a wife, when the law requires that adultery should be proved as well as cruelty in order to obtain a divorce, “a venereal disease acquired after marriage is, practically, a ground for divorce, being almost always a proof of adultery.” The President of the Probate Division pointed out to us (Q. 21,097) that in the case of *Browning v. Browning*, reported in L.R. P.D. 1911, page 161, his judgment had gone a step further than any previous decision, in holding that all that a wife must establish in order to obtain a divorce under the circumstances referred to was, that she had been infected, and that she had not had intercourse with any other man. According to the older cases, it seems that it would have been necessary to allege and prove that the disease had been communicated “knowingly, wilfully, or recklessly.” Sir Samuel Evans held that, on proof by the wife of the facts stated above, the burden was thrown on the husband of establishing that he had *not* communicated the disease knowingly, wilfully, or recklessly. This decision is of great practical importance in facilitating the obtaining of a decree of divorce in cases of this kind. Sir Samuel Evans was sitting as a Judge of first instance, and his decision might have been appealed from. No appeal has, however, been made, and unless and until a Court of Appeal has decided the same question differently, the law must be taken to be settled in accordance with the President’s decision (Q. 21,158-65). We do not recommend any action on this question by legislation.

212. The remaining question is whether any and what steps can be taken to prevent or diminish the communication of disease between persons not married to each other.

There are two sorts or classes of persons to be considered. There are those who indulge in indiscriminate sexual relations; and there are the persons who live in habitual concubinage and whose children are illegitimate. Our evidence leads to the conclusion that there is amongst illegitimate children a larger percentage of congenital syphilis and of the diseases which are caused by gonorrhoeal infection from the mother than is found amongst legitimate children. We do not, however, see how it is practicable to apply special legislation in the case of these illegitimate children or their parents. It can only be hoped that if treatment centres are

established and worked successfully, their benefits will extend to the advantage of the illegitimate children and their parents, and that the increased knowledge of the evil and of the remedy may at length reach this class as well as the lawfully married.

EDUCATION,

MEDICAL EDUCATION IN VENEREAL DISEASES.

213. The medical evidence presented to us leads to the conclusion that the average education of medical men in the diagnosis and treatment of venereal disease is insufficient. The majority of the medical witnesses who were examined on the question were decidedly of that opinion. One witness informed us, as the result of conversations with young medical men, that they themselves feel that their training in the diagnosis and treatment of syphilis, and particularly in regard to recent advances in the knowledge of the disease, is inadequate (Q. 7098); and it was stated by witnesses representing the Royal Army Medical Corps, that when medical men enter that corps it is found necessary to put them through a course of training in venereal diseases (Q. 3899, 4531-2, 22,224-5).

214. The early detection of these diseases is of the greatest importance, especially in the case of syphilis, since it is in the early stage that this disease is most infectious, and it is at this stage also that efficient treatment may prevent the supervention of its disastrous late manifestations. We are compelled, therefore, to regard this defect in medical education as of grave import to the health of the community.

215. How the defect is to be remedied is a question as to which there was difference of opinion among the medical witnesses. One view urged upon us was that syphilis and gonorrhœa should be included in the medical curriculum as compulsory subjects in which special instruction should be given. On the other hand, it was stated by witnesses who hold responsible positions in connection with medical education that the curriculum is already so crowded that there would be insuperable difficulty in making additions. It was also urged, in regard to syphilis in particular, that this disease is necessarily studied in relation to disease of most organs of the body. It was admitted, however, by one of these distinguished authorities that at present venereal diseases receive too little attention in the curriculum (Q. 14,041), and while unable to recommend that they should be made compulsory subjects, he advised that every large general hospital should have an out-patients' genito-urinary clinic in which venereal diseases should be treated and medical instruction in them given (Q. 14,035, 14,038, 14,043).

It appears to us to be significant that the desirability of making syphilis a compulsory subject was most strongly urged by witnesses who are largely engaged in the treatment of syphilis, and, therefore, must be regarded as being in the best position to estimate the degree to which the present teaching of that subject is inadequate.

We are aware that there are serious difficulties in adding to the list of subjects which are made compulsory on the medical student, in the sense that a special course of instruction must be attended. The medical student is expected to acquire a complete knowledge of the whole range of medicine, and in view of the fact that syphilis is concerned in diseases in nearly every part of the body, adequate training of the student should imply acquaintance with the different manifestations of syphilis, as well as with the after-effects of gonorrhœa.

In actual fact, however, the student does not usually have adequate opportunities of making himself thoroughly acquainted with the differential diagnosis of syphilis in its earliest stage or with the skin diseases caused by it.

If our proposals regarding the treatment of these diseases at general hospitals become operative, there is every reason to expect that these opportunities will be multiplied.

We have, therefore, refrained from formulating a recommendation that a definite course of instruction in venereal diseases should be made compulsory on every medical student, and content ourselves with a strong expression of opinion that, whether by this means or otherwise, it should be secured that each student has adequate instruction in these diseases.

216. We consider that one of the most successful means to secure increased attention to the early and correct diagnosis of these diseases would be that questions relating to syphilis and gonorrhœa should be systematically set in medical examinations, so that the knowledge acquired in these diseases by examinees may be properly tested.

The President of the General Medical Council stated that this was already done to a large extent. He stated that the past reports and the examination papers used at qualifying examinations which are in the possession of the Council enabled him to say that questions bearing on syphilitic disease are set with such regularity by every licensing body, that candidates cannot fail to be aware of the importance attached to the subject and of the necessity laid upon them to study it seriously as a condition of success.

217. Evidence was given in favour of treating all cases of venereal disease in a special department of the hospital. This will be in accord with our main recommendation regarding the provision of facilities for treatment at general hospitals. Medical students under training will be able to give valuable assistance in these special departments, while at the same time becoming thoroughly acquainted with venereal diseases.

Other witnesses were of opinion that some forms of venereal disease should be treated in a genito-urinary department, and skin diseases due to syphilis in the skin department of the hospital. We do not feel justified in making a definite recommendation as to the internal administration of hospitals to which medical schools are attached, but, in view of the frequency with which the cause of the skin rashes due to neglected syphilis remains unrecognised, we urge upon the teaching authorities the importance of arranging that every medical student shall attend a course of instruction in skin diseases.

EDUCATION OF THE PUBLIC.

218. We attach great importance to the educational aspect of the question with which we are called upon to deal. It is, in our opinion, absolutely necessary that the public should have fuller knowledge of the grave evils which exist among us, and of their effect upon the national life, present and future. At the same time, we believe that instructions and warning should be given to the young of the moral and physical dangers which may imperil them.

We have, therefore, taken important evidence from educational authorities.

219. The evils which lead to the spread of venereal disease are, in great part, due to want of control, ignorance, and inexperience, and the importance of wisely conceived educational measures can hardly be exaggerated. If venereal diseases are to be stamped out, it will be necessary not only to provide the medical means of combating them, but to raise the moral standards and practice of the community as a whole. Such an improvement can only be brought about by closer co-operation between religious bodies, the teaching and medical professions, and education authorities.

Though we are not unmindful of much excellent work that is being carried on, we are strongly of opinion that there is an urgent need for more careful instruction in regard to self control generally, and to moral conduct as bearing upon sexual relations throughout all types and grades of education. Such instructions should be based upon moral principles and spiritual considerations, and should by no means be concentrated on the physical consequences of immoral conduct.

220. The problem differs in the different types of schools. In the case of the elementary schools the fact that the children leave school at about 14 years of age raises serious difficulties. The degree of such instruction will vary with the age and circumstances of each child, but we are of opinion that in the case of children under 14 years of age their immaturity makes detailed instruction on every ground most undesirable. Marked differences in temperament and also in the degree of knowledge possessed by the children must also be borne in mind. In over-crowded districts very young children acquire much precocious information on sexual subjects in the most undesirable way. In better conditions, children grow up in ignorance of such matters, and this ignorance is carefully and often unwisely fostered by their parents. The most experienced elementary teachers are strongly opposed to class teaching on these subjects or to any elaborate syllabus leading up to them. In the words which Mr. J. J. Paton, the High Master of Manchester Grammar School, used in regard to public schools generally, they object to "schematic instruction" (Q. 18,865).

We agree entirely with this view; but we understand that the custom is growing for head teachers to have private interviews with pupils before they leave school, or if they show special need of guidance, in order to give moral instruction and to offer warnings against probable temptations. This practice we commend and we consider that it should become general.

221. The foundation should be laid in the elementary schools for fuller instruction and more effective help during the critical years of adolescence, when the combination of impulse and inexperience may lead to the most harmful results. In the case of children passing through the elementary schools, the great majority of the school population of the country, such complete instruction can only be given, if at all, in evening continuation schools, and there only if knowledge and discretion can be counted on in the teacher. While attendance at continuation schools is voluntary, this instruction could only reach a limited number ; but we think that something can be done, provided that the training and aptitude of the teacher can be trusted. It would probably be wise to enlist the aid of properly constituted voluntary associations in giving such instruction both in evening continuation schools and in factories and workshops where this can be arranged. If such voluntary co-operation is to be utilised, it is essential that a high standard of efficiency and tact shall be required, and especially that the guidance of medical practitioners shall be secured.

222. In public and secondary schools, both the need of teaching on these subjects and the opportunity for giving it are greater than in the elementary schools, owing to the fact that the pupils remain to a much later age. We believe that the subject is receiving increasing consideration on the part of head-masters and head-mistresses of such schools. We trust that the publication of our Report may tend to direct their attention still more effectively to it.

Much also remains to be done in the Universities by those who are responsible for the moral welfare of undergraduates.

Careful attention should be given in the training colleges to the preparation of all those who enter the teaching profession to deal with these subjects, and we trust that the best means of giving such information will be considered by those who are responsible for these institutions.

223. In all such educational efforts as we recommend, the active support of the responsible authorities is essential. As public attention is increasingly drawn to the urgency of the subject, and as teachers become better fitted to deal with it, a great advance will become possible. We desire, however, to emphasise our opinion that, if satisfactory results are to be obtained, everything will depend on the thorough preparation and the wise initiative of the teachers, not on elaborate schemes. Such schemes are often unsuitable in particular cases, and if carried out by unsuitable persons are likely to do more harm than good.

224. We have indicated the need for carefully-considered instruction in schools and colleges ; we desire to point out that such instruction cannot relieve parents of their responsibility in this respect. We hope that the wider knowledge of danger which the publication of our Report may secure will have the effect of bringing home to parents the duty of warning and guidance which they should be able and willing to discharge.

225. While some literature has been published which is well suited for purposes of instruction in these difficult subjects, books and pamphlets have been brought to our notice which are not only unsound from a medical point of view, but are calculated to be injurious by reason of the way in which the questions are treated. We consider that no such publications should be countenanced by educational authorities unless issued with the imprimatur of the National Council for Combating Venereal Diseases.

226. Among means, other than those which can be adopted by purely educational institutions, of giving warning and instruction, we look to the various voluntary agencies which have been formed for promoting the welfare of the young of both sexes as important aids in carrying out the objects we have in view. Associations, such as the White Cross League and the Alliance of Honour, have already done valuable work, but much can also be done by properly managed boys' and girls' clubs, the Boy Scouts, the Boys' Brigade and other similar agencies. If our proposals for providing facilities for treatment are accepted, it will be possible for such agencies to secure that advice, which can be followed by good treatment, should be given whenever cases of disease come to notice.

The co-operation of rescue and preventive agencies in this matter is of much importance, and without their active assistance the realisation of the full utility of the provision of treatment may be delayed. But the fact that we recommend that free treatment should be provided for all sufferers makes it in our opinion all the more necessary that the young should be taught that to lead a chaste life is the only certain way to avoid infection.

227. In the Navy and Army we gather that instruction is, as a rule, given by Officers of the Medical Service, but the regularity of such instruction appears to depend to some extent on the importance attached to it by the Officers in command. We consider that the arrangements should be such that every man, on joining the Navy or Army, should at the earliest possible period be fully warned of the grave dangers which venereal diseases involve, and that the warning should be repeated in subsequent lectures at intervals of not less than a year.

228. We have already pointed out (paragraphs 121 and 123) that all private practitioners should regard it as a duty to give to every patient known to them to be suffering from venereal disease a card or leaflet plainly setting forth the nature of the risks involved and the measures necessary to facilitate a cure.

The same principle should apply to all hospitals, institutions, and clinics in which these diseases may be diagnosed, and such cards or leaflets should be approved by the Local Government Board and supplied at the public expense.

229. We hope that the information which our Report contains, and the important evidence which we have received, will have an educational effect in the widest sense. We believe that they will go far to secure the enlightenment of the general public in regard to the grave dangers to the national health arising from the prevalence and spread of venereal diseases, and that this knowledge may lead to some change in the attitude of mind which still persists with respect to these diseases. That they are intimately connected with vicious habits is evident, but it is too often forgotten that large numbers of sufferers are absolutely innocent. Not only can the diseases be conveyed, as we have pointed out, in a variety of ways involving no sort of immorality, but innocent wives and children infected before their birth form a large proportion of the total number of cases.

If this fact is fully realised, we believe that some present difficulties may tend to disappear. Approved societies, which debar from sick benefits persons whose illness is due to misconduct, but freely admit those who are suffering from consequential diseases, which early treatment would have prevented, may revise their practice. And hospitals, where the same illogical policy prevails, may be willing to give medical treatment to patients in the earlier stages when it is most effective.

There can be little doubt that a franker attitude towards these diseases would lead to less concealment, often involving recourse to quack remedies which may retard cure or render it impossible, and would thus assist in checking one of the greatest evils that can afflict a community.

SECTION V.—SUMMARY OF RECOMMENDATIONS AND GENERAL CONCLUSIONS.

SUMMARY OF RECOMMENDATIONS.

230.—(1.) Arrangements should be made for the confidential registration of the causes of death. The proposals of the Registrar-General are commended for consideration. (para. 62.)

(2.) The Notification of Births Act, 1907, should be made universally operative,* and in the notification of still births a shorter period of pregnancy than 28 weeks should be taken into account. (para. 63.)

(3.) The Local Government Board should devise a uniform system of records of sickness in Hospitals and Poor Law Establishments with the object of securing accurate statistical information as regards the prevalence of disease among persons who receive institutional treatment. (para. 66.)

(4.) Statistics should be kept of the number of patients for whom salvarsan or its substitutes is provided at the public expense. (para. 169.)

(5.) All institutions which undertake, with the assistance of grants from the Exchequer, the diagnosis or treatment of venereal diseases should keep and render available accurate aggregate statistics regarding these diseases. (para. 169.)

(6.) Extended facilities should be made available for the diagnosis of venereal diseases by laboratory methods. The organisation of this service should be entrusted to the larger local authorities (county councils and county borough councils), and should form a part of the provision of laboratory facilities having for their object the prevention, diagnosis, and treatment of diseases in general. (para. 141.)

* Since this recommendation was approved, the Notification of Births (Extension) Act, 1915, has been passed.

In any schemes framed by local authorities the fullest use should be made of the laboratory facilities at Universities and Hospitals. (para. 141.)

The cost of this service should be met as to 75 per cent. from Imperial Funds, and as to 25 per cent. from Local Rates. (para. 154.)

(7.) Measures should be taken to render the best modern treatment of venereal diseases readily available for the whole community, and the arrangements should be such that persons affected by these diseases will have no hesitation in taking advantage of the facilities for treatment which are afforded. (para. 144.)

(8.) The organisation of these means of treatment should be in the hands of the larger local authorities (the councils of counties and county boroughs). These authorities should, subject to the approval of the Local Government Board, organise and carry into effect definite schemes for dealing with the diseases. (para. 144.)

(9.) Institutional treatment should, as far as possible, be provided at general hospitals, and local authorities should, as the first step in the preparation of their schemes, approach the general hospitals in their areas with a view to making arrangements for treatment. (para. 148.)

(10.) Treatment at any institution included in a local authority's scheme should be free to all. There should be no refusal to treat a patient who is unwilling to go to his own doctor. (para. 149.)

(11.) The treatment afforded at any institution should not be restricted to persons resident in a particular area. (para. 150.)

(12.) Special arrangements, such as evening clinics, should be made for the treatment of out-patients at hours convenient to the working classes. (para. 144.)

(13.) Subject to proper safeguards, local authorities should be empowered to supply salvarsan or its substitutes gratuitously. (para. 153.)

(14.) The obligation should be impressed upon all doctors who treat syphilis and gonorrhoea in institutions or privately to hand cards of instruction and warning to their patients. These cards should be in some such form as those given in the Report, and should be provided at the public expense. (paras. 121 and 123.)

(15.) Medical students and practitioners should have access, for educational purposes, to the treatment of venereal diseases at any institution dealing with these diseases as part of a local authority's scheme. (para. 151.)

(16.) In any case in which a local authority refuse to make provision for treatment, the Local Government Board should be empowered to make arrangements directly with hospital authorities. (para. 155.)

(17.) The expenditure on schemes of treatment should be assisted by grants from Imperial Funds. It is suggested that these grants should be equivalent to 75 per cent. of the expenditure incurred by local authorities. The Local Government Board should be responsible for the distribution of these grants, and should lay down the conditions subject to which the grants are to be paid. (para. 154.)

(18.) The provisions of section 22 of the Poor Law Amendment Act, 1867, should be available to secure the detention, where necessary, of Poor Law patients suffering from venereal diseases. If necessary, the applicability of this section to the case of venereal diseases should be made clear by legislation. (para. 177.)

(19.) Steps should be taken, wherever necessary, to render the wards in Poor Law institutions set apart for venereal cases suitable and cheerful. Facilities for the best modern treatment should be provided in these institutions. (para. 177.)

(20.) The means for the diagnosis and treatment of venereal diseases by modern methods should be made available in prisons. Where the Medical Officer of a prison considers that a local examination of a woman is necessary, it should be made by a woman doctor. (paras. 179 and 180.)

(21.) Arrangements should be made through Discharged Prisoners' Aid Associations or similar bodies for some person to keep in touch with discharged prisoners suffering from venereal disease, with a view to securing that they avail themselves of treatment and continue the treatment as long as may be necessary. (para. 185.)

(22.) Men in the Navy or Army suffering from venereal disease whose period of service has not expired should be detained until they are pronounced not infectious. If necessary, additional hospital accommodation should be provided. In cases where infectious men are entitled to claim their discharge, they should be encouraged to continue their treatment, and, where this treatment cannot be provided at a Service hospital, arrangements should be made for the treatment to be continued at a hospital or clinic working in connection with a local authority's scheme. (para. 187.)

(23.) No system of notification of venereal diseases should be put in force at the present time. When experience has been gained of the operation of improved facilities for diagnosis and treatment, the question of notification should be further considered. (paras. 167-8.)

(24.) The recommendations of the Select Committee on Patent Medicines regarding the prohibition of all advertisements of remedies for venereal diseases should be put in force. (para. 195.)

(25.) The law should be amended to provide that a communication made *bonâ fide* by a medical practitioner to a parent, guardian, or other person directly interested in the welfare of a woman, or man, and with the object of preventing or delaying a marriage with a person who is in an infectious condition from venereal disease, shall be a privileged communication. (para. 205.)

(26.) Statutory recognition should be given to the principle that infectious venereal disease constitutes an incapacity for marriage. The process should be made available for all persons, however poor. (paras. 207-8.)

If under the existing law the effect of a decree of nullity is to render the children illegitimate, the new statutory enactment should provide that the disabilities attaching to such a condition should not follow. (para. 209.)

(27.) Whether by means of compulsory attendance at a course of instruction in venereal diseases or otherwise, it should be rendered certain that every medical student has adequate practical instruction in these diseases. Every medical student should attend a course of practical instruction in skin diseases. (para. 215.)

(28.) Questions relating to syphilis and gonorrhœa should be systematically set in medical and surgical examinations, so that the knowledge acquired in these diseases by candidates for examination may be tested. (para. 216.)

(29.) More careful instruction should be provided in regard to moral conduct as bearing upon sexual relations throughout all types and grades of education. Such instruction should be based on moral principles and spiritual considerations, and should not be based only on the physical consequences of immoral conduct. (para. 219.)

(30.) In elementary schools detailed instruction in class on sexual matters should not be undertaken. (para. 220.)

(31.) The practice, which has been followed by some head-teachers, of having private interviews with pupils before they leave school, or if they show special need of guidance, in order to give moral instruction and to offer warnings against probable temptations, should be general. (para. 220.)

(32.) Instruction in these subjects should be provided in evening continuation schools and in factories and workshops. For this purpose, the aid of properly constituted voluntary associations should be enlisted. A high standard of efficiency and tact should be required in the representatives of any voluntary association employed and the guidance of medical practitioners should be secured. (para. 221.)

(33.) Students in training colleges should be carefully prepared to enable them to deal with these subjects. The best means of giving this instruction should be carefully considered by those who are responsible for these institutions. (para. 222.)

(34.) Every man on joining the Navy or Army should at the earliest possible period be fully warned of the grave dangers which venereal diseases involve, and the warning should be formally repeated at intervals of not less than a year. (para. 227.)

(35.) The National Council for Combating Venereal Diseases should be recognised by Government as an authoritative body for the purpose of spreading knowledge and giving advice in regard to the question of venereal diseases in its varied aspects. (para. 236.)

Educational authorities should use for purposes of instruction only such literature as has received the imprimatur of the National Council. (para. 225.)

231. We desire to express our thanks to the Medical Departments of the Admiralty and War Office, the Superintendent of Statistics to the Registrar-General, the Board of Control, the Local Government Board and the Prison Commissioners, who have rendered us assistance by collating information which we required, and to the many distinguished witnesses, British and foreign, who, in many cases, were put to trouble in preparing evidence which has been of great value.

We wish also to express our recognition of the services of Dr. Douglas White, who has rendered great assistance in the preparation of the Digest of Evidence.

To Mr. E. R. Forber our special acknowledgments are due for the great ability and untiring industry which he has brought to the work of the Commission. Although, after the commencement of the war, Mr. Forber was seriously strained by other duties, he was still able to fulfil the many requirements arising out of our inquiry, and we cannot speak too highly of the help which he has rendered in smoothing our difficulties and lightening our labours.

GENERAL CONCLUSIONS.

232. Our task is now ended. We have endeavoured to make clear the grave and far-reaching effects of venereal disease upon the individual and the race. The evidence we have taken proves conclusively that these effects cannot be too seriously regarded, and that they result in a heavy loss, not only of actual but of potential population, of productive power and of expenditure actually entailed. For reasons largely due to the special character of these diseases and the moral stigma attaching to them, it has been found impossible to present accurate estimates of the degree of their prevalence. We have, however, been able to arrive at some important conclusions in regard to their relative prevalence socially and geographically.

233. The medical evidence establishes the fact that, by early and efficient treatment, these diseases could be brought under control and reduced within narrow limits. It is beyond doubt that, on the one hand, treatment is in most cases unduly deferred, and that, on the other hand, adequate facilities for the best modern treatment do not exist. Recent discoveries have armed the medical profession with means of combating venereal disease which were unknown in the past. The object must be to bring these means to bear upon every infected person at the earliest possible moment.

234. We are convinced that this object can be accomplished only by the action of Government directed to the solution of a great national problem. We have recommended no drastic remedies, and except in certain special cases we have not advocated compulsion in any form. The measures which we propose contemplate extended facilities for bacteriological diagnosis combined with the provision of adequate and skilled free treatment, the cost of which, we consider, should fall mainly upon the national exchequer. These measures, if adopted without delay, will go far to remove the grave evils which our investigations have brought to light. At the same time, we hope that the knowledge of the gravity of venereal disease which our Report will impress upon the public and the teaching which we recommend will have the effect of inducing infected persons to make full use of the facilities for treatment which, we trust, will be provided forthwith.

235. The terms of our reference precluded consideration of the moral aspects of the questions with which we have dealt. We are, however, deeply sensible of the need and importance of the appeals to conscience and honour which are made by the religious bodies and by associations formed for this purpose. We believe that these appeals will gain force if the terrible effects of venereal disease upon innocent children and other persons who have no vicious tendencies are more fully realised. Our evidence tends to show that the communication of disease is frequently due to indulgence in intoxicants, and there is no doubt that the growth of temperance among the population would help to bring about an amelioration of the very serious conditions which our enquiry has revealed. We are also conscious of the fact that overcrowded and insanitary dwellings indirectly contribute to the spread of disease, and from improvements in this direction we should expect some diminution of its prevalence. Improvement in the moral standard and in social conditions may, however, be slow, and we are convinced that upon ample provision for early treatment and readiness to take advantage of it any real progress towards the diminution of these diseases as a most baneful factor in the national life must mainly depend.

236. We recognise that the measures which we propose will need for success more than legislative and administrative measures taken by Government. Continuous and consistent efforts will be required to keep the complex question of combating venereal disease before the public mind, and to secure the constant assistance of voluntary agencies concerned in prevention and rescue work. We hope that the National Council established with this object will become a permanent and an authoritative body, well capable of spreading knowledge and giving advice in regard to this question in its varied aspects, and that it will be recognised as such by Government.

237. Our Report must issue at a time when all public activities are preoccupied in fulfilling the manifold needs of war. We are conscious of the disadvantage thus arising, and we feel that there is some risk that our recommendations may not receive the immediate attention which their national importance demands. We desire, therefore, to place on record our strong opinion that the conditions now existing and those which must follow on the conclusion of the war imperatively require that action should be taken without delay. There is no reason to believe that the percentage of infection in the naval and military forces is now greater than in normal times; but there can be no doubt that the total of infected persons has increased. The military authorities are doing their utmost to provide treatment; but the civil population requires corresponding measures, and all experience shows that after a war an excessive incidence of disease is certain to occur, even in districts previously free. In order to meet present and future conditions, it is essential to make provision, and no time should be lost.

238. We are, therefore, convinced that it will not suffice to establish treatment centres in places where sailors and soldiers are congregated, and that these will be needed in most of the larger and in some of the smaller towns. We realise the claims of economy at the present moment; but, for reasons we have given, we believe that all necessary expenditure will be recouped by the results which can be obtained.

239. Lastly, we wish to lay stress upon the needs of the future. The diminution of the best manhood of the nation, due to the losses of the war, must tell heavily upon the birth-rate—already declining—and upon the numbers of efficient workers. The reasons for combating, by every possible means, diseases which in normal times operate with disastrous effects alike upon the birth-rate and upon working efficiency are, therefore, far more urgent than ever before. Now and in the years to come the question of public health must be a matter of paramount national importance, and no short-sighted parcimony should be permitted to stand in the way of all means that science can suggest and organisation can supply for guarding the present and future generations upon which the restoration of national prosperity must depend.

All which we humbly submit for Your Majesty's gracious consideration.

SYDENHAM OF COMBE.
D. BRYNMOR JONES.
KENELM E. DIGBY.*
ALMERIC FITZROY.
MALCOLM MORRIS.
JOHN COLLIE.
ARTHUR NEWSHOLME.
J. W. HORSLEY.†
J. SCOTT LIDGETT.
FREDERICK W. MOTT.
MARY SCHARLIEB.
J. ERNEST LANE.
PHILIP SNOWDEN.
LOUISE CREIGHTON.
E. M. BURGWIN.

E. R. FORBER, *Secretary.*

11th February 1916.

* Subject to note on page 67.

† Subject to note on page 68.

NOTE BY SIR KENELM E. DIGBY.

I have signed the above Report subject to the following reservations:—

1. *Examination of prisoners on admission.*—I am unable to assent to the conclusion arrived at by my colleagues as expressed in the following paragraph:—

“179. We desire to emphasise the importance of a thorough medical examination of persons committed to prison. We think also that where the Medical Officer of a Prison considers that a local examination of a woman is necessary it should be made by a woman doctor.”

At present the Prison Rules made under Section 2 of the Prisons Act, 1898, provide that: “Every person shall as soon as possible after admission be separately examined by the Medical Officer, who shall record the state of health of the prisoner and such other particulars as may be directed.” Sir Herbert Smalley described (Q. 12,575-7) the method of examination in the case both of men and of women. It is contended that the examination is not thorough enough to ascertain sufficiently the presence or absence of venereal disease. It is true that, at all events in the case of women, it falls short of what would be regarded from a medical point of view as a “thorough medical examination.” The question, therefore, is whether every female prisoner should be liable on admission to prison to undergo a “thorough medical examination.” I cannot think that this is either practicable or desirable.

According to the last published Report of the Prison Commissioners for the year ending 31st March, 1914, out of a total of 33,275 women, 11,322 were committed for a period of one week or less, and 8,600 for a period of more than one week and not exceeding two. These figures would include most of the class of women convicted of drunken and disorderly conduct and similar offences, amongst whom venereal disease is most rife. If indeed there were any available means, as might be possible under a system of compulsory notification and compulsory treatment, of handing over cases of infectious venereal disease to a health authority empowered to deal effectively with them, there would be much to be said for a thorough medical examination, but, as is pointed out elsewhere in the Report, proposals of this kind appear to be impracticable under present conditions. If there is not sufficient opportunity of following up examination by treatment, it seems futile to compel these short-sentenced prisoners to submit to the proposed examination.

In the case of women, whose sentences are sufficiently long to give time for effective treatment in prison, it would be hardly possible to subject all such women to the proposed examination on admission to prison. Such a practice would certainly be strongly resented by the prisoners themselves and their friends, and in the great majority of cases with good reason. It appears to me to be quite unnecessary.

I think the mode of conducting the present examination in the case of women on their admission to prison ought not to be interfered with. It fails no doubt to distinguish exhaustively those who are and those who are not suffering from venereal disease. But there are other means of information open to the medical officer. He has himself conducted the statutory examination. He is always at hand in the prison. In the ordinary course of his duties he has constant interviews with the prisoners, and has great experience in obtaining information from them. His influence with prisoners is—so far as my knowledge and information goes—generally most beneficial. He is in a position more likely to enable him to persuade a prisoner to submit to proper diagnosis and treatment than would be the case if the prisoner were subjected to a compulsory examination.

There is, however, one class of female prisoners who, as is pointed out by Sir Herbert Smalley, seem to require special care and attention. These are the young female inmates of the Borstal Institution at Aylesbury. They are girls between the ages of 16 and 21. A large proportion of them suffer from congenital syphilis. They are under detention for a considerable period, and it is, of course, of the utmost importance that they should, if possible, be cured before their discharge.

There are four female establishments at Aylesbury: the Female Convict Prison, the State Inebriate Reformatory for Females, the Preventive Detention Prison, and the Female Borstal Institution. It is recorded in the Report of the Prison Commissioners, above referred to, that the Secretary of State has lately approved the appointment of Dr. Selina B. Fox as Deputy Medical Officer and Lady Superintendent of the four

female establishments. The Commissioners add :—" On the eve of what may be great " developments in the female Borstal system, we deem ourselves fortunate in having " secured the services of this able and sympathetic lady."

So far, therefore, as the four female establishments at Aylesbury are concerned, the views of the Commission appear to have been anticipated. Different considerations probably apply to a great female prison like Holloway, or to the female sides of the large prisons in the north of England. We have had no evidence, from the point of view of the administration of prisons, as to whether or not it is desirable or practicable to employ women doctors to examine or treat female prisoners either generally or in reference to venereal disease in particular. In the absence of such evidence, I do not think the Commission should make any recommendation on this point.

2. *Detention of Poor Law Patients.*—I am unable to agree with the proposal in paragraphs 176 and 177 providing for the detention in poor law institutions of persons suffering from venereal disease, and in an infectious condition, who would otherwise be discharged. It seems to me that, to a large extent, the same considerations which have led the Commissioners to recommend that there should be no power of detaining in prison prisoners due for discharge apply also to the question of detention in a poor law institution. In the present state of knowledge, " difficulty and difference of " opinion would arise in determining how long the detention should be prolonged, " and what is to be the criterion of cure or freedom from contagion." I doubt whether it would be safe to leave such questions as these to the guardians acting on the report of the medical officer. The real remedy in this case, if it could be applied, would be, as in the case of prisoners, to notify the diseased person to the health authority, and to have the power of handing him or her over to that authority for treatment.

3. *Organisation of Institutional Treatment.*—I cannot altogether join in the expression of opinion in paragraph 147 that " the majority of hospital committees will be willing to undertake this work," that is, of co-operating with local authorities in organising the institutional treatment of venereal disease. It seems to me that the evidence, so far as it goes, tends to show that there is still great, though it may be hoped diminishing, reluctance on the part of hospital authorities to undertake systematically the treatment of venereal disease in its early stages.

With regard to the local authorities, I do not doubt that some of the larger local authorities will be willing and able to make satisfactory arrangements with hospitals. Even if this is not done to the full extent hoped for, such arrangements would be invaluable not only to the area concerned, but also as an example to other local authorities.

It may be, however, that in some areas where provision for treatment of venereal disease is urgently required, it will be found impracticable to provide for such treatment either by schemes framed by local authorities or by general hospitals assisted by the Local Government Board. In such cases it may be that the duty of providing the necessary treatment would devolve on the State, and that State institutions for the treatment of venereal disease may have to be set up, equipped, and maintained out of Imperial funds. Such an organisation would, so far as it extends, amount to a State system for treatment of venereal diseases. The proved effect of these diseases upon the mental and bodily health of the population, and upon the birth and death rate, would go far to justify the establishment of such a system upon economical grounds alone.

KENELM E. DIGBY.

NOTE BY CANON J. W. HORSLEY.

I have signed the Report subject to the following reservation :—

Detention of Poor Law Patients and Prisoners.—I am unable to see the reasonableness or necessity of recommending the detention of the infectious inmates of Poor Law institutions until they are not dangerous to others, and not recommending

the same course for prisoners in a similar condition. It seems to me that an *a fortiori* argument would apply in the latter case. Having had a decade as a prison chaplain and a decade as chairman of a very large workhouse, I think that in a prison, more than in a Poor Law institution, are to be found a great number of this class, and that, moreover, they are more likely to proceed at once to infect others on discharge. Therefore, I could wish that England would copy the New South Wales Detention Act of 1909.

J. W. HORSLEY.

APPENDICES.

CONTENTS.

	PAGE
App. I.—Statistics of Mortality from Venereal Diseases in England and Wales	71
App. II.—Statistics of Mortality from Venereal Diseases in Scotland	81
App. III.—Statistics of Mortality from Venereal Diseases in Ireland	83
App. IV.—Statistics of Venereal Diseases in the Royal Navy	86
App. V.—Statistics of Venereal Diseases in the Army	92
App. VI.—Memorandum by Dr. Newsholme, Medical Officer to the Local Government Board	98
App. VII.—Venereal Diseases in Poor Law Establishments. (Table handed in by Sir Arthur Downes)	118
App. VIII.—Statement handed in by Dr. T. C. Parsons, Medical Superintendent of the Fulham Infirmary	120
App. IX.—Statistics of Venereal Diseases in Prisons in England and Wales	121
App. X.—Statement of Evidence handed in by Dr. Sidney Coupland and Dr. C. Hubert Bond, Commissioners in Lunacy	122
App. XI.—Statistics of <i>Dementia Paralytica</i> (General Paralysis of the Insane) in London County Council Asylums	137
App. XII.—Report to the Royal Commission on Venereal Diseases upon the prevalence of Syphilis among apparently healthy adult inhabitants of the East End of London, by Paul Fildes, M.B., B.C., Cantab., Assistant Bacteriologist to the London Hospital	139
App. XIII.—Statement of Results of Investigations carried out by Sir John Collie	141
App. XIV.—Results of application of Wassermann Test to consecutive admissions to certain Asylums	142
App. XV.—Memorandum on certain Investigations carried out by Dr. F. W. Mott, F.R.S., Hon. LL.D. (Edin.)	143
App. XVI.—Statistics of Syphilitic Families	148
App. XVII.—Statement handed in by Mr N. Bishop Harman, Ophthalmic Surgeon to the West London Hospital, and to the Belgrave Hospital for Children, on the Effects of Venereal Disease of the Parents upon the Children, and especially in relation to the production of Blindness	149
App. XVIII.—Statistics of the subsequent Life-history of Syphilitic Cases	154
App. XIX.—Statement, forwarded by Mr. W. Breffit, on various Outbreaks of Syphilis at the Glass Bottle Works of Messrs. E. Breffit & Co., Ltd., Castleford, Yorks.	155
App. XX.—Diagnosis of Venereal Disease by Laboratory Methods, by Dr. F. W. Mott, F.R.S., Hon. LL.D. (Edin.)	156
App. XXI.—Preliminary Report of the Sub-Committee of the Section of Pathology of the Royal Society of Medicine on the Methods of carrying out the Wassermann Test	160
App. XXII.—Memorandum on the Results of Treatment of Venereal Diseases in the Royal Navy	161
App. XXIII.—Venereal Disease and its Treatment in the Army. Statement handed in by Lieut.-Colonel Gibbard	165
App. XXIV.—Statement of Evidence handed in by Mr. Frank Kidd, F.R.C.S., Assistant Surgeon, London Hospital	168
App. XXV.—Note on Visits made by Dr. Johnstone on behalf of the Royal Commission to Towns having no Hospitals with Laboratories near them in which the modern Diagnosis and Treatment of Venereal Diseases could be carried out	175
App. XXVI.—Statement handed in by Sir Donald MacAlister, K.C.B., M.D.	176
App. XXVII.—Memorandum by the Prime Minister of New Zealand	178
App. XXVIII.—Venereal Diseases in Germany, Memorandum handed in by Professor Blaschko, of Berlin	179
App. XXIX.—Venereal Diseases in Denmark, Statement of Evidence of Dr. Svend Lomholt	185
App. XXX.—Statement, prepared by the American Hygiene Association, regarding the work of State and City Health Departments against the spread of Venereal Disease, and providing for the Treatment of the same	191

APPENDIX I.

STATISTICS OF MORTALITY FROM VENEREAL DISEASES IN ENGLAND AND WALES.

*Memorandum and Tables handed in by Dr. Stevenson,
Superintendent of Statistics to the Registrar-
General for England and Wales.*

Incompleteness of Official Records.

The statistics tabulated from the death registers by the Registrar-General cannot be claimed to afford any measure of the absolute amount of mortality properly ascribable to venereal disease. They do, however, throw light in varying degree upon its relative amount, whether the comparison made be historical, geographical, or social. This naturally follows from the fact that while the motives for suppressing the truth in regard to these diseases are strong enough to prevent the return of anything like the true amount of mortality due to them, these motives are of more or less uniform application at different times and in different parts of the country. All that can be assumed even here, however, is that such uniformity exists in greater or less degree; no *a priori* assumption can be made as to its extent, which must be inferred, so far as it can be judged of at all, from all the circumstances of each case. Fortunately, from this point of view, certain late manifestations of syphilis are not yet to any extent connected with this disease in the public mind, and are still, therefore, so far as I have been able to ascertain, freely certified. The deaths ascribed to these causes, especially locomotor ataxy, general

paralysis of the insane, and aneurysm, are therefore available as evidence of the relative, though not, of course, of the absolute amount of mortality from syphilis experienced by different sections of the community.

The worthlessness of the returns as an absolute statement of the number of deaths from venereal disease scarcely requires demonstration. It is notorious that medical men do not—they simply cannot afford to—state such facts candidly on open certificates of cause of death handed to the relatives and copied on to public records carefully preserved for the information of any interested party. Letters from medical men stating that this is the case have been preserved at the General Register Office for the past two or three years. (See specimens quoted on page 77.)

Further evidence pointing towards incompleteness of the returns of mortality from syphilis is furnished by the returns of deaths from this cause in institutions and in private practice respectively. The proportion of deaths from all causes registered in 1912 as occurring in institutions was 21·6 per cent, 24·3 per cent. for males, and 18·7 for females. Excluding deaths of children under 15 years of age, the proportions for whom were 14·9 per cent. in both sexes, these proportions become 28·6 for males and 20·1 for females over 15 years of age. The deaths returned as due to syphilis, however, in the two years 1911–12 are distributed as follows.—

Deaths from Syphilis returned from Institutions, England and Wales, 1911 and 1912.

	All Ages.			Under 15.			Over 15.		
	Total	In Institutions.	Not in Institutions.	Total	In Institutions.	Not in Institutions.	Total	In Institutions.	Not in Institutions.
Males - -	2,150	890	1,260	1,421	463	958	729	427	302
Females - -	1,567	611	956	1,103	369	734	464	242	222

These numbers yield the following percentage proportions:—

	All Ages.			Under 15.			Over 15.		
	Total	In Institutions.	Not in Institutions.	Total	In Institutions.	Not in Institutions.	Total	In Institutions.	Not in Institutions.
Males - -	100	41	59	100	33	67	100	59	41
Females - -	100	39	61	100	33	67	100	52	48

Thus, the proportion, both of adults and of children, dying in institutions for the sick is apparently more than twice as high in the case of syphilis as of all causes jointly. In view of the evidence furnished by Dr. Johnstone, in his recent report to the Local Government Board, of the insufficiency of hospital accommodation for syphilis, it seems unlikely that these proportions can represent the facts, or indeed anything except the great reluctance of doctors in private practice to return deaths as due to this cause.

Further evidence of the suppression of venereal disease as a cause of death may no doubt be afforded by the discrepancy between the mortality as recorded and the experience of clinical observers. It is well-known, for instance, that gonorrhœa is a prolific cause of pelvic disease in females, and so is responsible for a large proportion of the mortality under this head. This mortality cannot be stated with any precision from the returns as at present tabulated, as the Inter-

national List of Causes of Death does not distinguish inflammatory from other conditions of the parts in question. The information will only become available when the detailed tabulation now presented for syphilis and gonorrhœa* has progressed far enough to include these headings. They are chiefly diseases of the uterus other than hæmorrhage tumour and disorders of menstruation, a miscellaneous group entitled "other diseases of the female genital organs, and peritonitis" (cause unstated). Under the first head 130 deaths were tabulated in 1911, under the second 230, and under the third 375, or 735 in all. Bearing in mind that many of these deaths are not of gonorrhœal origin, it will be seen that the death registers afford no indication of a large female mortality from gonorrhœa, but as the number of death certificates of females in which the disease was mentioned was only

* These tables have not been reproduced.

22 in the same years, 19 of these referring to adults (aged 20-45), it will probably be inferred from comparison of the two totals that many of the deaths included amongst the 735 are properly transferable, if the facts were known, to the smaller total.

Principles of Tabulation.

The question may be raised in this connection whether these deaths should properly be ascribed to the gonorrhœa or to the local inflammatory conditions resulting from it, which are the more immediate cause of death. The instructions now printed on every blank form of death certificate issued by the Registrar-General give clear guidance on this point. The primary cause of death is defined as "the disease which initiated the train of events leading to death, and not a mere secondary, contributory or immediate cause." Elsewhere the certifier is informed that except in the case of acute specific diseases of recent occurrence, no disease not present at the time of death should be returned as the primary cause, but as in the cases referred to the gonococcal infection is persistent this limitation does not take effect. It is not, however, the custom to return these deaths as due to gonorrhœa, nor is it likely to become so while the system of open certificate is adhered to, as the local result of the infection furnishes a ready and much more acceptable alternative.

The limitation of the selection of primary cause of death to diseases persistent till death must no doubt in many cases tend to prevent the return of syphilis as the cause, and the propriety of this limitation may perhaps be questioned. If, for instance, syphilis has caused disease of the cerebral arteries which leads to death from cerebral hæmorrhage at a time subsequent to the disappearance of all symptoms generally accepted as indicative of the activity of the disease, is it right that the death should be classed to cerebral hæmorrhage? Much will obviously depend upon the view taken as to when syphilis may be regarded as ceasing to be "present" in such cases, and the recent discovery of the presence of spirochætes in the brains of many general paralytics must have an influence here. The question is plainly one entirely for the certifying practitioner to decide for himself, and it may be that an alteration in the views held as to the duration of the disease in such cases will gradually increase the proportion of them ascribed to syphilis. It should be noted, however, that from the point of view of the present inquiry, it is very fortunate that general paralysis of the insane and locomotor ataxy have not hitherto been generally regarded or described as forms of syphilis. If they had been so described for a sufficiently long period for the knowledge to filter through to the general public, deaths would not be, as they still are, freely ascribed to these forms of disease, and we should be without the valuable guide to the distribution of syphilis afforded by the returns under these heads. This fact forms one good reason for adherence to the present practice of separate classification, another being the fact that in the case of a death from, say "G.P.I.," its return in this form conveys all the information which would be given by its return as syphilis, with important additional information as well.

The case for limitation to diseases present at the time of death may be put as follows.—

1. In the first place, the general admission to consideration of diseases no longer in existence at the time of death would lead to some rather startling consequences. Thus the primary cause of many deaths from valvular disease of the heart would have to be considered to be the acute rheumatism which caused the valvular deformity, and, therefore, many such deaths would be ascribed to a disease from which the deceased finally recovered twenty or more years before. A causal relation such as this is not what is understood either by the public or by the medical profession as "dying of" a disease, so it would at the present time be simply misleading to attribute such a death to rheumatic fever.

2. Apart from this question moreover of what is generally understood as the meaning of the expression "cause of death," the policy of limitation to diseases present at the time of death is very necessary from a practical point of view. The further the causation of a death, as of any other event, is traced, the larger becomes the number of concomitant causes which can be assigned. This fact forms a strong reason for not pushing the inquiry too far in death certification, as the selection of one out of several jointly stated causes presents great difficulties.
3. Moreover, as the alternative causes become more numerous they also tend to become more obscure, and to offer greater scope for differences of opinion. It is, for instance, comparatively easy to arrive at a diagnosis such as bronchopneumonia or heart disease in many cases where there may be great difficulty in determining the underlying cause of these conditions. In such cases there would often be general agreement as to the disease present at the time of death accompanied by much difference of opinion as to its origin. Opinion on such matters varies with different schools of medical thought, and is in a constant state of flux as new facts are brought to light.
4. It was for this reason that Dr. Farr deliberately preferred an anatomical to an etiological basis for the statistical list of causes of death which he drew up for the use of the General Register Office, and upon which the "International" list at present in use is based. In the words of Dr. Bertillon, the editor of the International List, "almost all nomenclatures actually in use (1900) are derived more or less directly from that of William Farr, that is to say, that they classify diseases as far as possible according to their anatomical seat and not according to their nature." For a classification of this type it is obviously sufficient to obtain a record of the diseases present at the time of death, as to refer to the matter further would imply classification by the nature of the disease. For instance, a return of death as due to cerebral hæmorrhage supplies all the information required for such a classification. To refer to pre-existent syphilis would introduce the consideration as to the nature of the disease which is deliberately excluded in the general scheme of classification. It is true that the rule of allocation by seat rather than nature of disease is ignored when a venereal disease is stated to be present at the time of death. There are a number of other exceptions (by well established practice and international consent) to the general rule, but the admission of causes not present at the time of death would probably involve the abandonment of the principle altogether. Classification by nature rather than seat of disease is most appropriate when a causative agent is of great public health importance, relatively easy of recognition, and generally looked for, and recorded if met with. These conditions are typically fulfilled by tuberculosis, and by universal practice such certificates as tuberculous pneumonia are allocated to tubercle rather than to the local disease. In the absence of these conditions, however, a conservative policy of classification by seat of disease is to be preferred. It may some day, for instance, be desirable to tabulate deaths from pneumococcal infection rather than from lobar pneumonia, but this is impossible at the present time, when the agency of the pneumococcus is recorded of but a small proportion of the deaths it causes. It follows from what has been said that in the case of venereal disease, allocation by cause is admitted to the fullest extent consistent with the present scheme of classification.

5. The fact is that this most difficult question cannot be decided on logical grounds since the whole basis of tabulation is necessarily illogical. Few events, certainly few deaths, are dependent upon a single cause, yet the practical necessities of the situation demand their assignment to single causes. The assignment is therefore governed by considerations of what is practicable and useful rather than of what is logical, and this implies restriction of the classification to facts of the nature that can be most readily established. The accepted practice varies greatly in different cases in accordance with the practical possibilities they present.
6. Much depends upon what is regarded by the profession generally as a satisfactory diagnosis, and this can only be influenced in a minor degree by the pronouncements of the Registrar-General. It is impossible in classification of death certificates to trace the causes of death further than the limits imposed by the conventions of the profession. Thus inflammation of the lung is regarded generally as a sufficient and satisfactory diagnosis; but inflammation of the peritoneum is not. Consequently, we are able to refer the great bulk of cases of peritonitis to some antecedent condition, but pneumonia is necessarily accepted as a sufficient diagnosis. No doubt there is reason for such conventional distinction. Peritonitis is frequently dependent upon some gross anatomical lesion, capable of being detected after death, if not during life, by simple inspection, whereas the recognition of the cause of a pneumonia (assuming that the infective agent is the cause) demands the methods of the bacteriological laboratory. It is largely upon such conditions as these that the well-tried conventions of mortality classification depend.

In a large proportion of cases the necessity of selecting a single cause for tabulation renders a satisfactory presentment impossible. A number of children, for instance, die annually in our fever hospitals from concurrent infection with scarlet fever and diphtheria. One infection has to be selected to the exclusion of the other, but it may well be that neither would have been fatal without the other, the death being due to the combination. In the case again of the epileptic who falls in the fire and is fatally burned, the returns of death from burning must suffer if those from epilepsy are to be complete. The man would not have died from burning if he had not been an epileptic, but neither would he have died from epilepsy if he had not been burned. Take the case again of a drunken man who collides with a trap and grazes his hand in falling, becoming thereby infected with fatal tetanus. It is impossible to select any one of the several co-existent conditions of such a death as being its cause to the exclusion of the others, so logic is necessarily thrown to the winds when the death is returned under the heading of tetanus.

Geographical Distribution.

The distribution in different parts of the country and different classes of area of syphilis itself and of certain of the consequent diseases most closely associated with it is shown in Table 1. It is evident from this table that the distribution of mortality from syphilis and the parasymphilitic diseases is on the whole similar. As it may be assumed that the suspicion attaching to the records for syphilis does not apply to those of the other diseases in the table, this general similarity of distribution appears to indicate that the distribution recorded for syphilis mortality is in the main correct. The principal features of the table are great excess of mortality in the large towns, and a fairly even distribution over the geographical sections of the country dealt with, with some tendency for the rates to be lighter in Wales and the Midlands than in the North and South. The mortality from aneurism is higher in the south than elsewhere in all classes of

area, but the possibility of greater efficiency in diagnosis in the south must be considered before assuming that this means correspondingly greater prevalence.

It will be seen that the urban excess is much greater for syphilis than for the other diseases quoted. It may be that this represents greater reluctance to certify syphilis in the country, but I do not think that this should be assumed to be the explanation. From the other diseases dealt with recovery is infrequent, and though death may result from some other cause, yet the parasymphilitic disease is commonly recorded on the certificate, and is generally the one selected for tabulation. The great bulk of persons recognised as suffering from these diseases, therefore, whether originally robust or feeble, are recorded ultimately as dying from them, whereas syphilis itself is specially dangerous to those in poor general health. It may well be, therefore, that the exceptionally heavy urban incidence of mortality from syphilis itself correctly represents the distribution of mortality, though not of prevalence, of this disease in town and country. The relative prevalence may be better judged of from the mortality of the consequential diseases, which also is greatly in excess in the large towns.

The relatively low rates of mortality in the small towns and rural districts of Wales are no doubt associated with the fact that the mortality of miners and agricultural labourers from all these diseases is comparatively very low (Table 3). The proportion of miners and agricultural labourers in the population of Wales is high and it is noteworthy that the county boroughs of Wales, with few of these occupations but a number of seamen in their population, do not share the low mortality of the rest of the principality when compared with other similar areas.

It may fairly be assumed from the general consistence of the rates shown in Table 1, that the returns of two years' deaths are sufficient to yield significant results for populations of the size dealt with. If this were not so there could not be the degree of consistence between the different results which the table shows. The case is very different as will be seen when comparison is made of syphilis in individual counties and county boroughs.

The same facts as embodied in Table 1 are set forth with greater detail in Tables 2-7*. In these the distinction of sex is introduced because the mortality from the diseases dealt with is very much higher in the male sex. The rates for the sexes separately point in the same direction as those for persons. Thus the mortality for each sex increases rapidly with the change from rural areas to large towns, though rather more so for males than for females. The Welsh rates, outside the county boroughs, are also low for each sex, though here again a partial exception must be made for the females of the rural areas.

The fact that these general statements apply alike to syphilis itself and to the consequential diseases appears to me very strong evidence of the reliability of the figures recorded for syphilis as indicative of the distribution of mortality from this cause. It also, of course, strongly confirms belief in the utility of the parasymphilitic mortality as an index to the distribution of syphilis. Similar correspondence between the figures relating to these four diseases is observable, as will be seen later, when the comparison made is that between the mortalities they cause in different social classes and occupations. It follows that the distribution of syphilis in England and Wales may be learnt in broad outline, though not at the moment in detail, from the national vital statistics.

As it has been suggested that certain headings in the infant mortality tables, particularly premature birth and "atrophy, debility and marasmus," may include so large a proportion of deaths really due to syphilis as to be capable of employment as indications of its prevalence in a community, this matter was tested by the preparation of Table 2. This table displays, for the same areas as dealt with in Table 1, the mortality per 1,000 births from the group of causes

* These tables have not been reproduced.

of infantile deaths included, in the "short list" of causes of death of the Local Government Board and the Registrar-General, under the title of "Congenital Debility and Malformation, including premature Birth." Over 90 per cent. of the deaths in this group are contributed by the two causes mentioned above.

This table shows that the distribution of these deaths is totally unlike that of syphilis and its consequences. Instead of a mortality in the large towns greatly in excess of that of the rural districts, we find that the latter hold very little advantage, while the London mortality is actually below the average. The variation with type of area, instead of being greater than that of infantile mortality in general, as is that ascribed to syphilis (Report of Registrar-General for 1911, Table 29), is much less, and hence it must be inferred that whatever number of deaths really due to syphilis is included under this heading, these are swamped by a very much larger number of deaths due to other causes.

The variation with social position of infant mortality from premature birth, from "atrophy, debility and marasmus," and from congenital malformations, is shown in Table 28B of the Registrar-General's report for 1911.

In addition to the foregoing tabulation by large sections of the country, an attempt has been made to ascertain the distribution of syphilis and the other diseases dealt with in administrative counties and county boroughs. The results of this attempt are embodied in Tables 9 and 10,* and in the accompanying maps, but very little significance can be attached to them. It has been shown in reference to the tables already referred to, that the mortality of two years considered together forms a sufficient basis from which to obtain consistent results. This is not the case with the smaller county areas, and if their relative mortality from syphilis is to be determined from the death registers, a much larger number of years than two will have to be dealt with, and arrangements have been made for this. As a test of the reliability of the two-year rates the correlation coefficient of syphilis mortality over and under 15 years of age respectively has been worked out for the administrative counties and for the county boroughs. This figure sums up the degree of correspondence existing between the variation from the average at the two ages in the various counties and boroughs. As congenital syphilis is a consequence of acquired syphilis, it may be assumed that a county with a high mortality from the one should have also a high mortality from the other form of the disease, and *vice versa*. If the degree of correspondence were at all close, a coefficient of at least .5 might be looked for, the range of variation being from 1, representing absolute similarity of variation, downwards. The highest coefficient obtained, however, was that for the administrative counties, +.231, +.082, which is without any certain significance. It was thought that this result might be due to the inclusion of the smaller counties, for which a two-years basis is even less adequate than for the larger, and a coefficient was therefore calculated for the 26 counties with census populations over 250,000. The result was even worse, the value obtained being +.101, +.131. The boroughs actually gave a negative coefficient, indicating, so far as it goes, an inverse relationship, but the value, -.142, +.103, is so low as to be without significance. These calculations show that there is no definite relationship between the mortalities recorded in two years from congenital and acquired syphilis in the areas dealt with, and, therefore, I think that no importance can be attached to these rates.

As a further test, the correlation of syphilis on the one hand and general paralysis of the insane and locomotor ataxy on the other, was worked out for the same areas. In this case the co-efficients are, for the counties, +.337, +.077, at all ages, and +.018, +.086 at ages over 15, the limitations of age applying to syphilis only. The corresponding figures for the county boroughs are, at all ages, +.335, +.069, and, over 15 years, +.253, +.073. These figures, if not so

completely without significance as those quoted above, indicate a very low degree of correspondence. They point to the possibility, which is suggested also by other considerations, that the recorded juvenile mortality is a better test of prevalence than that from the acquired disease.

Incidence of Syphilis and Diseases resulting from it on various Occupational and Social Classes.

Table 3 shows the death-rates at different ages experienced by males in 1911 and 1912 from the four diseases already dealt with, the population being divided according to occupation into groups representing various social classes. Groups 6-8 represent the three largest single industries, group 6 consisting of textile workers, group 7 of miners, and group 8 of agricultural labourers. The first five groups represent a grading of the remainder of the population by social class, as inferred from the returns of occupation. Group 1 consists of the upper and middle class, and is sufficiently comprehensive to include clerks and insurance agents. Group 3 represents skilled, and group 5 unskilled labour. Many occupational headings in the census classification include both skilled and unskilled workers. Group 4 is formed of these and so is intermediate between groups 3 and 5, and for a similar reason group 2 has been inserted between groups 1 and 3. The total adult male population is distributed over the eight groups, for details of the composition of which reference must be made to the Report of the Registrar-General for 1911, page xli and Table 28A.

When comparison is made of the mortality of various occupations or groups of occupations there is always danger of fallacy unless allowance is made for their varying age distributions. Thus in the present instance the proportion of elderly men is naturally highest in groups 1 and 8, which are longest lived. The mortality represented in the table is highest at ages 45-75, so if no allowance were made for these facts classes 1 and 8 would naturally be at a disadvantage in the comparison of total mortality. Allowance however is made for these differences in the "standardised" mortality shown in the first column of rates, and these figures, which sum up the mortalities given for the various age-periods in the remaining columns, may therefore be compared with confidence. The table has been restricted to males over 15 years of age owing to the conditions imposed by its occupational basis.

Perhaps the most striking feature in the table is the uniformly low mortality of textile operatives, miners, and agricultural labourers from each of the four forms of disease dealt with. The last group especially yield very low standardised rates, one-third of the average in the case of syphilis and from that one-third to one-half in the other cases. The uniformity of the records of these three groups under all four headings is most striking, and affords strong evidence of the general reliability of the syphilis returns as indicative of the relative distribution of the disease. Similar consistence is exhibited at the opposite end of the scale of prevalence, the rate for class 5—unskilled labourers—being highest for every cause except locomotor ataxy, and second highest there. The high rates of this class are no doubt largely to be explained by the fact that men of careless habits are specially liable both to contract syphilis and to come down in the world, and hence do not necessarily imply that persons born in that rank of life suffer in corresponding excess from syphilis and its consequences. The large proportion of their deaths occurring in institutions (for syphilis, 78 per cent., see below) must also affect their figures. The predominance of class 1 in the locomotor ataxy list shows that no stigma as yet attaches to this form of disease, and perhaps indicates that its existence as a cause of death is apt at times to escape record in the case of other sections of the community.

Although the mortality of class 1 is highest for locomotor ataxy, it is lowest of the five graded divisions of the social scale for syphilis itself. In view of the mortality recorded against it from the parasyphilitic diseases this low position probably does

* These tables and maps have not been reproduced.

not represent the facts. There are two reasons why a smaller proportion of men dying of syphilis should be recorded as doing so in class 1 than in the other classes, the first being that a smaller proportion of their deaths occurs in institutions and the second that the obstacles to candid certification in private practice are in all probability at their maximum in this class of practice. The following figures illustrate the first point. They show for each of the eight classes in Table 3, the proportion per cent. of total deaths from syphilis occurring in institutions.

Class 1	-	-	-	-	31 per cent.
" 2	-	-	-	-	46 "
" 3	-	-	-	-	58 "
" 4	-	-	-	-	60 "
" 5	-	-	-	-	78 "
" 6	-	-	-	-	55 "
" 7	-	-	-	-	38 "
" 8	-	-	-	-	45 "

Under all the circumstances it is remarkable that the syphilitic mortality recorded for class 1 is as large as it is, being not far below the average for all classes and about twice as high as those of the three great single occupational groups, Nos. 6-8. The fact that mortality from aneurism is below average in this class is not surprising if any importance is to be attached to the element of strain in its causation. The remarkably low mortality from aneurism of groups 7 and 8, notwithstanding the liability of miners and agricultural labourers to strain, seems strong evidence both of the comparative freedom of these classes from syphilis and of the dependence of aneurism upon syphilis. If it were not for this relationship the difference between the aneurism mortalities of classes 5 and 8 would be hard to explain. It follows that mortality from aneurism may be used with considerable confidence as a measure of the prevalence of syphilis.

Taking all the circumstances into consideration the conjecture may be hazarded that syphilis is most prevalent amongst the highest and lowest of the five social classes dealt with, and the three great industries of textile manufacture, mining and agriculture are exceptionally free from the disease.

Mortality from Syphilis and Diseases of Syphilitic Origin from 1850 onwards.

It has been seen that the broad outlines of the geographical and social distribution of syphilis can be inferred with some confidence from the national mortality statistics, defective as these admittedly are. The question now arises whether the recorded mortality can be used in the same way as an index of the relative amount of actual mortality from syphilis at different periods.

It seems impossible to come to any conclusion on this subject with at all the same degree of confidence as that attaching to the conclusions already arrived at. The recorded mortality from diseases syphilitic in origin but not in reputation would probably afford the clearest guidance on this subject if it were available. For locomotor ataxy, however, and for general paralysis of the insane the records reach back so short a period, only 12 years, that they are of very little service from this point of view. Even if these forms of disease had been distinguished as early as syphilis and aneurism it may be open to doubt what amount of value would attach to the figures, as the period cannot be very remote at which recognition of these affections in ordinary practice became general. The limited records available are of no assistance, locomotor ataxy showing a slight rise and "G.P.I." a slight fall during their period of record.

We are reduced then, so far as the Registrar-General's statistics are concerned, to the mortality ascribed to syphilis itself and to aneurism. Comparison of these show that aneurism has shown much less fluctuation than syphilis. It rose slowly while syphilis rose rapidly to the time, 1875, when syphilis reached its maximum, and since then has remained fairly constant, but with a tendency to fall when allowance is made for certain changes in classification made in 1901.

The enormous rise in the syphilis curve from 1850 to 1868 will no doubt receive the attention of critics conversant with the history of the disease. It must suffice here to mention that the records of the department indicate no change in classification which could in any way account for it. In fact the records of the diseases charted are exceptionally free from this disturbing element.

This period of rise was succeeded by an equal period of sustained elevation, lasting till about 1886, followed by 10 years of rapid fall, which has become less rapid since 1896.

It may perhaps be assumed that the recent records are likely to be of more value for comparison with present conditions than the earlier ones. There are two main reasons why these figures are faulty, first, failure to recognise the existence of the conditions in question, and, second, failure to record them when recognised. Whether the second cause of leakage has increased or diminished there can be little doubt that the first has decreased. The latter portions of the curves are to that extent more reliable than the earlier. It is also of importance to note that this factor, if operating alone, would tend to raise the level of the curves in later years if it may be assumed that the number of deaths wrongly ascribed to syphilis and aneurism is smaller than that of deaths due to unrecognised operation of these causes. As to the second cause of leakage referred to, it may be assumed that whether it has increased or diminished, the extent of its operation in recent years is likely to be more closely approximated to present day conditions than at an earlier period.

For these reasons it seems advisable to consider only the fall in recorded syphilis mortality extending over the last thirty years and the question of its genuineness. The following considerations seem to me to point, though indecisively, in the direction of a genuine fall, and I know of none arising from the figures which have the opposite effect.

First, there is the fact of the existence of a simultaneous fall in the curves of syphilis and aneurism, allowance being made for the accidental and factitious elevation of the latter in 1901. But unless the diagnosis of aneurism has been improving considerably the fall in its mortality is but slight. There are some reasons however for supposing such improvement to be probable, such as the increase which has occurred in the proportion of deaths in institutions and the higher mortality from this cause shown to be recorded in the South of England than elsewhere. The latter is a dangerous and controversial reason to assign for such an opinion. It can only be stated as a personal impression derived from various features of the statistics of mortality that at present diagnosis is better in the South of England, and especially in London, than in other parts of the country. If the excess of aneurism in the south is even partly to be explained in this way, there must still be a number of cases missed, and it seems reasonable to suppose this proportion to be diminishing.

Secondly, there is the consideration already referred to, that improvement in diagnosis would probably raise the recorded rates if mortality itself remained stationary.

Thirdly, the increase in proportion of deaths occurring in institutions is of importance both because of their greater facilities for diagnosis, and, in the case of syphilis, still more on account of the greater freedom with which the true cause of death is certified. The remarkable increase in proportion of institutional deaths from 1869 onwards is shown in Table 4. It has been much more rapid during the past twelve years than previously.

Fourthly, in view of the excess of mortality from syphilis and aneurism in the great towns, shown in Table 1, it follows that mortality from these causes would have risen, other conditions being equal, during the time it has been falling, on account of the increasing proportion in the population of the inhabitants of cities. This increase is recorded in Table 6.

Fifthly, the large contemporaneous fall in the curves showing prevalence of syphilis in the Army and Navy must be referred to.

Infant Mortality.

The special tabulation of infant mortality undertaken by the Registrar-General during the past six or eight years affords information as to both the geographical and the social incidence of this very important portion of the total mortality from syphilis supplemental to that already dealt with.

Table 5 shows for the five or six years up to 1910 the infant mortality referred to syphilis for two contrasted groups of registration counties, one mainly urban and the other mainly rural in character. The great and constant excess of urban mortality accords with facts already noted. The same table distinguishes the mortality of legitimate and illegitimate, the latter being 8—10 times as high as that of the legitimate. Probably the excess is largely a real one, but it must be remembered that freedom of certification is much greater in the case of the illegitimate. The children of domestic servants form 45 per cent. of the total illegitimates. These, as well as the children of other working women, are often put out to nurse, and die where there are no relatives to be shocked by the wording of the certificate. Even where the parents are present their susceptibilities, as well as their importance as patients, are probably on average lower than those of married parents.

The same facts are shown in greater detail for 1911 and 1912 in the Registrar-General's reports for those years (Table 29, 1911). The classes of area dealt with in this table are much more precisely differentiated and the excess of urban mortality over rural, shown in this case by the large towns, rises accordingly from twice to four times in the case of legitimate infants, and no less than eight times in that of the illegitimate.

Table 28B of the report for 1911 classifies the deaths of legitimate infants into the same social groups as used in Table 3 the distinction being founded upon the father's occupation. Mortality rises with descent of the social scale in a proportion not very much greater than that obtaining for most other causes of infant mortality, but it would be very unsafe to assume that the low mortality of group I implies a correspondingly low prevalence of syphilis. For in the first place it is probable both that parents in this rank of life are more susceptible of offence by the return of syphilis on a death certificate, and that the consequences of such an offence would be more serious for the practitioner; in the second place the chances of survival of a syphilitic infant are greatly promoted by efficient treatment intelligently carried out by its nurses; and thirdly, persons in this rank of life are presumably more likely to refrain from procreation while in a condition liable to transmit the disease to their children.

The mortality shown in the same table for the infants of textile operatives is high in comparison with the low death rate shown in Table 3 for adult males in this occupation. It may be suggested that as these infants are often put out to nurse while their mothers work in the mills, their conditions to some extent approximate to those of illegitimate infants. As in Table 3, the rates for miners and agricultural labourers are low.

It will be seen that the tables dealing with infant mortality are in general agreement with those referring to all ages and to the parasymphilitic diseases.

Proposed Confidential Certification.

The unreliability of the registration mortality data for venereal disease is only an extreme example of a very general effect of the present system of registering causes of death. There is ample evidence in the possession of the Registrar-General to prove that it is impossible to hope for anything like complete returns of deaths from venereal disease so long as the present system is maintained of handing an open certificate of

the cause of death to the relatives. This statement also applies in greater or less degree to many other causes of death, partly for the reasons operative in the case of syphilis, and partly from considerations affecting life insurance. Copies of six replies from certifying practitioners to requests for additional information as to cause of death are appended, three of them illustrating the special difficulty in regard to venereal disease, which applies also to other causes, such as alcoholism, and three others showing the operation of insurance considerations.

Under these circumstances the only effective remedy appears to consist in a change in the system of registration which will permit of the certificate of cause of death being treated as confidential. This matter has during the past twelve months been considered in great detail by the Registrar-General and members of his staff in connection with the elaboration of a detailed scheme for registration reform which it is felt should be kept in readiness for any opportunity of securing much needed legislation on the subject.

The scheme contemplated would provide for the transmission by post of the certificate of the cause of death to the registrar, who would be attached to the public health instead of, as at present, to the poor law authority. Practitioners would find themselves under practical compulsion to transmit the certificates promptly, as the permit for burial, which the scheme would render necessary, would not be issued until the certificate of cause of death had been received by the registrar. Failure to transmit this certificate would accordingly cause inconvenience to his patients and the doctor would therefore have a strong incentive to business-like promptitude in carrying out this necessary duty.

It is believed that many practitioners would welcome this change of system, which would relieve them from the present embarrassing situation—see reply to medical inquiry No. 3 appended. The question arises whether a fee would have to be paid for this service. At present none is paid for the same certificate, and the only extra service required would be that of putting it into the franked and addressed envelope supplied with the book of blank forms and putting it in the post. It is not improbable that an attempt would be made to take advantage of the change of system to claim payment for a service which some medical men resent being called upon to perform gratuitously, but whatever view be taken of the rights of this question it is submitted that the suggested change does not involve sufficient new work to establish an equitable claim for a fee unless it is equitable that this should be paid at present. I believe that a large proportion of practitioners feel that in certifying the cause of death they are performing an important public service, which they take some pains to discharge efficiently so far as the circumstances under which the service is performed permit them. Men of this type would, I feel confident, welcome the change of system even without the payment of a fee.

In this connection the following quotation is of interest. It is taken from a recent American publication advocating registration, and issued with the approval of the Bureau of the Census, the title being "Why should births and deaths be registered?" "In spite of the fact that no personal benefit accrues to any physician from a law requiring registration of births and deaths, and that most of the labor falls on the physician (to a far greater extent than in England. T.H.C.S.) the activity and prominence of the medical profession in securing the passage of such laws has created the impression in the public mind that these measures are in some way of personal benefit to physicians and are of no particular interest to the general public." It would surely be unfair to the medical profession in this country to rate its public spirit so low as to expect opposition from it as a whole to the gratuitous discharge of a public service when the profession in the United States is eagerly advocating the passage of laws enforcing upon it the gratuitous discharge of similar but more onerous duties.

However this may be, the full scheme prepared by the Registrar-General would ask for no gratuitous service in the matter. It would provide for verification of the fact of death by inspection of the corpse at a fee which would include the issue of the two certificates which would then be required, one, merely stating the fact of death, to be handed to the relatives, and the other, stating its cause, to be posted to the registrar. The grounds for advocating a certificate of the fact of death need not be stated here, but it is believed that the financial objection to the complete scheme (it would be unreasonable to demand a special visit without payment, and the cost, at an average fee of 2s. 6d. in private practice would amount to 50,000l. to 60,000l. a year) should not apply to that portion of it which is required in order to obtain a candid statement of the cause of death.

Another objection to the confidential certificate is that raised in the name of the insurance companies. It is said that the methods of industrial life insurance would have to be changed if the companies were no longer to have access to the certified cause of death. This is no doubt largely true, but it is also true that the change is desirable. At present apparently many companies issue small policies without medical examination, relying on a declaration by the insured of freedom from certain diseases, and on their power to check this when death occurs by means of the registered cause. The result is that many of these declarations are deliberately falsified in order to secure insurance, and when death occurs pressure is brought to bear on the doctor to suppress reference to the disease in question (see replies to medical inquiries). On the other hand there is reason to believe that the sharp practice is not all on one side. There seems to be a practice on the part of some insurance agents of relying on the ignorance or carelessness of the persons they insure, who take out policies without understanding the conditions as to freedom from disease. If the agent can afterwards establish the fact that at the time of insurance the deceased person was suffering from one of the diseases catalogued the policy is worthless, to the great profit of the company.

It should be stated that these ideas express no first-hand knowledge of the subject. They are compounded from the views of others, largely practitioners who have experienced the difficulties referred to, and may, of course, be wrong. If they are not I think that from this particular point of view it may be said of the present system that the sooner it is changed the better. The object of death registration is not to lead the way to the shadier paths of industrial insurance, and if these paths are being pursued at the cost of efficiency in registration they should be blocked. The effect of confidential certification would presumably be that the company would be obliged either to pay for medical selection of its risks, or to charge rates which would enable it to insure unselected lives. Either alternative would be a great improvement on the system replaced.

A second objection from the point of view of insurance relates to a very different class of insurance practice. It is stated with much truth that certain offices in tabulating the causes of death of their clients are doing work of value not only to themselves but to the community. This work, however, need not be arrested by a change of system. The Registrar-General would be prepared, at a trifling cost to the company, to supply it with a statistical statement of the causes of death in which it might be interested. Such a statement, of course, would contain no particulars regarding

individuals. Alternatively it would be open to the company to obtain a statement of the cause of death, as at present, from the physician. There would be no objection to its issue which does not apply now, and it would presumably be just as candid as the present certified cause of death.

In conclusion it should be stated that the open certificate of cause incorporated in a register accessible to the public, is confined, so far as the Registrar-General has ascertained, to the British Empire and the United States, the latter a country where registration is still very imperfectly developed. The laws of European States seem all to provide for a confidential certificate, and if this is included in the entry of the death in registration no copy may include the cause of death except one required for its information by a court of law (Swiss law). Similar provision as to entry of the cause in the register would of course be needed under a reformed system in this country. Whether the cause was entered in the register or forwarded separately to the General Register office for statistical use there it would have to be treated as strictly confidential except at the order of a competent court.

Replies by certifying medical practitioners to inquiries respecting indefinitely certified causes of death (see page 1).

1. Male, 34 years. Certified cause of death, "arteritis." *Reply.*—Cause—"syphilis"—not stated (as in almost all deaths from syphilis) owing to death certificate being non-confidential.

2. Male, 34 years. Certified cause of death, "cerebral tumour." *Reply.*—"Gumma." None of his family ever knew he was a syphilitic subject, and it was most undesirable that they should—they would have done if I had certified more definitely.

3. Female, 62 years. Certified cause of death, "paraplegia." *Reply.*—Syphilis, gummata, spastic paraplegia. One cannot put down the cause of death under the existing disgusting system when a certificate is hawked about among relatives for the delectation of prudes.

4. Female, 32 years. Certified cause of death, "hæmoptysis." *Reply.*—This patient had suffered from pulmonary tuberculosis for some time, but owing to her being insured, and as a proviso against consumption inserted in small print in some forms vitiates the policy, it is not wise to put in the certificate the fact of tuberculosis being the cause of death.

I put on a certificate this year that a lady had suffered from Bright's disease for 20 years and a fibroid uterus for 12 years, and it was held to void the policy after paying premiums for six years in all good faith by a son.

5. Male, 55 years. Certified cause of death, "stricture of œsophagus." *Reply.*—The cause of death in this case was cancer of œsophagus, but it was not specified because the deceased had been recently insured and the insurance company would have declined to pay up.

6. Female, 67 years. Certified cause of death, "pyloric obstruction." *Reply.*—I believe the disease was carcinomatous, but if I can help it I do not state in a certificate "malignant disease," as it militates against members of the family who wish to insure their lives.

TABLE 1.

Mortality from Syphilis and certain of its consequences. Death Rates per 1,000,000 living in England and Wales, 1911-1912.

	North.	Midlands.	South.	South, less London.	Wales.	England and Wales.
London :—						
Syphilis	—	—	73	—	—	—
L. A. and G. P. I.	—	—	113	—	—	—
Aneurism	—	—	54	—	—	—
Total of above	—	—	240	—	—	—
County Boroughs :—						
Syphilis	75	73	70	—	78	74
L. A. and G. P. I.	96	95	99	—	96	100
Aneurism	34	31	63	—	30	36
Total of above	205	199	232	—	204	210
Other Urban Districts :—						
Aneurism	22	28	39	—	17	27
Syphilis	43	44	41	—	36	43
L. A. and G. P. I.	70	69	75	—	61	70
Total of above	135	141	155	—	114	140
Rural Districts :—						
Syphilis	21	22	23	—	17	22
L. A. and G. P. I.	65	52	54	—	44	54
Aneurism	16	20	29	—	16	21
Total of above	102	94	106	—	77	97
All areas :—						
Syphilis	56	47	57	44	44	52
L. A. and G. P. I.	82	69	90	72	62	80
Aneurism	27	26	46	41	19	32
Total of above	165	142	193	157	125	164

TABLE 2.

Congenital Debility, &c., including Premature Birth, 1911 and 1912.

Both Sexes: Mortality per 1,000 Births.

	North.	Midlands.	South.	Wales.	England and Wales.
London	—	—	34·0	—	—
County Boroughs	40·5	44·0	35·4	33·6	40·8
Other Urban Districts	40·8	37·4	33·1	37·7	37·9
Rural Districts	40·5	35·8	31·2	35·1	35·8
All areas	40·6	39·1	33·4	36·1	37·9

TABLE 3.

Syphilis, Locomotor Ataxy, General Paralysis of the Insane and Aneurism (1911-1912). Death Rates per 1,000,000 in Social Classes (on 1911 Census Pop.), England and Wales.

	All Ages over 15 (Stan- dardised).	15.	20.	25.	35.	45.	55.	65.	75.
<i>Syphilis.</i>									
All classes - . . .	28	4	9	23	37	53	58	56	36
Class 1	22	—	3	13	24	37	55	62	42
" 2	31	14	11	32	33	60	43	35	21
" 3	25	—	9	11	33	40	77	72	31
" 4	31	4	15	26	38	73	47	41	52
" 5	56	2	18	46	72	74	103	110	114
" 6	12	—	—	16	31	17	—	31	—
" 7	12	—	4	15	8	31	25	63	—
" 8	9	—	—	4	11	35	8	11	—
<i>Locomotor Ataxy.</i>									
All classes - . . .	37	—	—	6	40	98	147	134	87
Class 1	65	—	—	10	46	167	186	255	167
" 2	40	2	—	2	39	105	169	90	55
" 3	40	—	—	4	35	89	123	156	92
" 4	40	—	—	6	32	85	164	143	35
" 5	56	—	—	11	59	113	175	127	182
" 6	34	—	—	5	43	91	87	124	—
" 7	22	—	—	8	25	54	82	84	—
" 8	19	—	—	4	32	18	48	64	115
<i>General Paralysis of the Insane.</i>									
All classes - . . .	137	5	10	78	274	331	229	122	65
Class 1	152	—	3	47	287	419	304	139	62
" 2	137	17	15	69	241	362	181	118	28
" 3	131	2	3	68	257	288	257	160	122
" 4	137	—	9	92	293	275	268	92	70
" 5	205	4	21	146	420	476	230	121	114
" 6	103	—	32	47	153	249	202	155	—
" 7	96	7	4	47	185	229	172	21	103
" 8	50	—	6	35	54	118	95	118	57
<i>Aneurism.</i>									
All classes - . . .	81	2	2	20	93	178	205	188	150
Class 1	62	—	—	11	56	95	219	278	271
" 2	72	5	4	20	73	178	200	166	90
" 3	65	5	—	14	65	168	211	148	214
" 4	96	2	—	33	148	202	223	210	174
" 5	115	—	5	32	168	294	244	265	205
" 6	37	—	—	5	18	100	159	124	228
" 7	47	—	4	6	48	135	123	189	—
" 8	31	—	—	9	48	47	111	54	29
<i>The above four Causes together.</i>									
All classes - . . .	283	11	21	127	444	660	639	500	338
Class 1	302	—	6	81	413	718	763	734	542
" 2	280	37	30	123	386	705	593	409	194
" 3	264	7	12	97	390	585	673	536	459
" 4	304	6	24	157	512	635	702	486	331
" 5	429	6	44	235	719	957	752	623	615
" 6	186	—	32	73	245	458	448	435	228
" 7	177	7	12	76	266	449	402	357	103
" 8	108	—	6	52	145	217	262	247	201

Note as to Classification.

Classes 6-8 represent the three largest single industries, class 6 consisting of textile workers, class 7 of miners, and class 8 of agricultural labourers. The first five classes represent a grading of the remainder of the population by social class as inferred from the returns of occupation. Class 1 consists of the upper and middle class, and is sufficiently comprehensive to include clerks and insurance agents. Class 3 represents skilled, and class 5 unskilled labour. Many occupational headings in the census classification include both skilled and unskilled workers. Class 4 is formed of these and so is intermediate between classes 3 and 5, and for a similar reason class 2 has been inserted between classes 1 and 3. The total adult male population is distributed over the eight classes, for details of the composition of which reference must be made to the Report of the Registrar-General for 1911, page xli and Table 28A.

TABLE 4.

England and Wales.

Proportion per cent. of Deaths in Institutions to Total Deaths, 1869-1912.

Year.	Proportion Per Cent.	Year.	Proportion Per Cent.
1869 .	8.3	1891 .	11.7
1870 .	8.3	1892 .	11.9
1871 .	9.0	1893 .	12.4
1872 .	8.7	1894 .	13.1
1873 .	9.0	1895 .	12.6
1874 .	8.7	1896 .	13.0
1875 .	8.8	1897 .	13.3
1876 .	9.0	1898 .	13.6
1877 .	10.0	1899 .	14.1
1878 .	9.5	1900 .	14.6
1879 .	10.1	1901 .	15.1
1880 .	9.4	1902 .	16.5
1881 .	10.8	1903 .	16.7
1882 .	10.2	1904 .	16.5
1883 .	10.6	1905 .	17.6
1884 .	10.3	1906 .	18.2
1885 .	10.8	1907 .	18.8
1886 .	10.7	1908 .	19.3
1887 .	10.8	1909 .	20.0
1888 .	11.4	1910 .	20.5
1889 .	11.2	1911 .	20.1
1890 .	11.6	1912 .	21.4

TABLE 5

Mortality of Infants from Syphilis,
England and Wales.

(Deaths per 1,000 Births)

Year.	All Infants.		Legitimate Infants.	
	Urban Counties.	Rural Counties.	Urban Counties.	Rural Counties.
1905 .	1.54	.73	—	—
1906 .	1.47	.64	1.10	.43
1907 .	1.40	.80	1.11	.58
1908 .	1.44	.83	1.10	.60
1909 .	1.48	.73	1.13	.61
1910 .	1.34	.69	1.05	.49

—continued.

Year.	Illegitimate Infants		All Areas.	
	Urban Counties.	Rural Counties.	Legitimate Infants.	Illegitimate Infants.
1905 .	—	—	—	—
1906 .	11.00	4.36	.93	9.71
1907 .	8.75	4.72	.95	8.15
1908 .	10.02	4.95	.92	9.22
1909 .	10.18	2.88	.91	8.64
1910 .	8.53	4.24	.88	7.37

TABLE 6.

URBAN AND RURAL POPULATIONS.

Proportion Per Cent. to total Population of
England and Wales. (Census of England and Wales,
1911, Vol. 1, p. XVI.)

Census.	Urban Districts.	Rural Districts.
1851* .	50.2	49.8
1861* .	54.6	45.4
1871* .	61.8	38.2
1881 .	67.9	32.1
1891 .	72.0	28.0
1901 .	77.0	23.0
1911 .	78.1	21.9

* The percentages for these censuses are approximations.

APPENDIX II.

STATISTICS OF MORTALITY FROM VENEREAL DISEASES IN SCOTLAND.

TABLES handed in by DR. DUNLOP, SUPERINTENDENT OF STATISTICS, to the REGISTRAR-GENERAL for SCOTLAND.

TABLE 1.

DEATHS certified as due to SYPHILIS, GONORRHOEA, and PARASYPHILITIC DISEASES in Scotland, 1855-1911.

	Syphilis.		Gonorrhœa and Stricture of Urethra.		Locomotor Ataxy.		General Paralysis of Insane.	
	Observed Number.	Adjusted to 1911 Population.	Observed Number.	Adjusted to 1911 Population.	Observed Number.	Adjusted to 1911 Population.	Observed Number.	Adjusted to 1911 Population.
1855	79	126	8	13	—	—	—	—
1856	81	128	2	3	—	—	—	—
1857	90	142	4	6	—	—	—	—
1858	86	135	8	13	—	—	—	—
1859	90	141	6	9	—	—	—	—
1860	96	149	3	5	—	—	—	—
1861	122	189	16	25	—	—	—	—
1862	126	193	6	9	—	—	—	—
1863	139	211	17	26	—	—	—	—
1864	125	188	22	33	—	—	—	—
1865	158	236	10	15	—	—	—	—
1866	156	231	16	24	—	—	—	—
1867	156	228	16	23	—	—	—	—
1868	185	268	21	30	—	—	—	—
1869	215	309	15	22	—	—	—	—
1870	186	265	12	17	—	—	—	—
1871	227	320	15	21	—	—	—	—
1872	193	269	14	20	—	—	—	—
1873	180	249	18	25	—	—	—	—
1874	193	264	13	18	—	—	—	—
1875	212	287	13	18	—	—	—	—
1876	210	281	18	24	—	—	—	—
1877	222	294	19	25	—	—	—	—
1878	207	271	22	29	—	—	—	—
1879	225	292	20	26	—	—	—	—
1880	228	292	13	17	—	—	—	—
1881	225	286	15	19	—	—	—	—
1882	244	307	28	35	—	—	—	—
1883	240	300	22	28	—	—	—	—
1884	276	343	16	20	—	—	—	—
1885	243	299	16	20	—	—	—	—
1886	248	303	24	29	—	—	—	—
1887	244	296	19	23	—	—	—	—
1888	229	276	16	19	—	—	—	—
1889	226	270	21	25	—	—	—	—
1890	196	233	14	17	—	—	—	—
1891	214	252	21	25	—	—	—	—
1892	204	238	20	23	—	—	—	—
1893	181	209	32	37	—	—	—	—
1894	164	187	32	36	—	—	—	—
1895	208	235	27	30	—	—	—	—
1896	217	242	34	38	—	—	—	—
1897	200	221	31	34	—	—	—	—
1898	229	250	26	28	—	—	—	—
1899	202	219	41	44	—	—	—	—
1900	215	230	35	37	—	—	—	—
1901	206	219	35	37	65	69	195	207
1902	180	190	†	†	54	57	164	173
1903	213	223	3	3	71	74	206	216
1904	184	192	—	—	63	66	175	182
1905	248	257	1	1	78	81	240	248
1906	245	252	1	1	72	74	265	272
1907	226	231	3	3	75	77	261	267
1908	230	234	—	—	94	95	230	234
1909	246	248	1	1	63	64	241	243
1910	199	200	1	1	66	66	227	228
1911	210	210	4	4	83	83	255	255

† Gonorrhœa only, 1902-1911.

TABLE 2.

DEATHS from SYPHILIS, from GENERAL PARALYSIS of INSANE, and from LOCOMOTOR ATAXY, at various Age-Periods in SCOTLAND, 1901-1911.

	All Ages.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75 and over.
<i>Syphilis.</i>												
1901	206	157	9	1	2	2	8	11	6	8	—	2
1902	180	133	2	2	2	4	9	11	11	4	1	1
1903	213	153	19	—	1	5	7	9	8	7	2	2
1904	184	137	9	—	—	5	8	11	5	5	3	1
1905	248	177	26	—	—	4	8	8	14	7	2	2
1906	245	186	18	2	—	3	10	15	7	1	2	1
1907	226	164	13	2	1	7	8	14	8	7	2	—
1908	230	176	4	—	1	5	15	12	9	5	1	2
1909	246	187	13	—	—	2	8	15	13	5	1	2
1910	199	156	11	—	2	—	6	8	9	5	2	—
Total 1901-10	2,177	1,626	124	7	9	37	87	114	90	54	16	13
1911	210	169	9	2	1	2	6	8	7	4	2	—
<i>General Paralysis of Insane.</i>												
1901	195	—	—	1	—	1	30	70	60	23	9	1
1902	164	—	—	—	1	2	27	69	46	18	1	—
1903	206	—	—	—	2	1	23	93	74	11	2	—
1904	175	—	—	—	—	5	27	81	47	10	5	—
1905	240	—	—	—	1	2	23	95	77	30	10	2
1906	265	—	—	—	—	3	25	90	88	44	12	3
1907	261	—	—	—	—	2	35	110	72	35	7	—
1908	230	—	—	—	—	1	28	91	75	27	3	5
1909	241	—	—	—	—	—	26	89	81	36	8	1
1910	227	—	—	—	—	1	30	87	63	40	4	2
Total 1901-10	2,204	—	—	1	4	18	274	875	683	274	61	14
1911	255	—	—	—	—	—	33	84	94	30	12	2
<i>Locomotor Ataxy.</i>												
1901	65	—	—	—	—	1	4	15	16	14	12	3
1902	54	—	—	—	—	—	3	12	14	16	7	2
1903	71	—	—	—	—	1	3	12	24	17	12	2
1904	63	—	—	—	—	—	4	15	19	16	6	3
1905	78	—	—	—	—	1	2	19	25	23	5	3
1906	72	—	—	—	—	—	1	16	24	17	10	4
1907	75	—	—	—	—	—	2	12	24	25	10	2
1908	94	—	—	—	—	—	2	18	29	36	8	1
1909	63	—	2	—	—	1	5	9	15	24	6	1
1910	66	—	1	—	—	—	2	12	16	22	9	4
Total 1901-10	701	—	3	—	—	4	28	140	206	210	85	25
1911	83	—	—	—	—	2	5	12	27	24	10	3

AGE in COMPLETED MONTHS of CHILDREN of under One Year who died from SYPHILIS in 1911.

Total under 1 year.	0	1	2	3	4	5	6	7	8	9	10	11
169	46	40	37	17	7	4	3	3	6	—	4	2

TABLE 3.

DEATHS FROM ANEURISM IN SCOTLAND, 1855-1911.

Year.	Number.		Death-rate per Million.	Year.	Number.		Death-rate per Million.
	Observed.	Adjusted to Population of 1911.			Observed.	Adjusted to Population of 1911.	
1855	45	72	15	1884	119	148	31
1856	66	105	22	1885	129	159	33
1857	70	110	23	1886	133	163	34
1858	78	122	26	1887	127	154	32
1859	75	117	25	1888	105	126	27
1860	88	137	29	1889	139	166	35
1861	69	107	23	1890	115	136	29
1862	89	137	29	1891	115	135	28
1863	75	114	24	1892	120	140	29
1864	97	146	31	1893	136	157	33
1865	80	119	25	1894	99	113	24
1866	85	126	27	1895	115	130	27
1867	81	119	25	1896	123	137	29
1868	96	139	29	1897	112	124	26
1869	93	134	28	1898	122	133	28
1870	84	120	25	1899	111	120	25
1871	91	128	27	1900	126	135	28
1872	103	144	30	1901	205	217	46
1873	113	156	33	1902	132	139	29
1874	113	154	32	1903	127	133	28
1875	116	157	33	1904	116	121	25
1876	140	187	39	1905	141	146	31
1877	126	167	35	1906	149	153	32
1878	122	160	34	1907	155	158	33
1879	113	146	31	1908	140	142	30
1880	156	200	42	1909	156	157	33
1881	126	160	34	1910	169	169	36
1882	116	146	31	1911	161	161	34
1883	128	160	34				

APPENDIX III.

MORTALITY FROM VENEREAL DISEASES IN IRELAND.

STATEMENT handed in by Sir WILLIAM THOMPSON,
M.D., Registrar-General for Ireland.

As the figures for locomotor ataxy and general paralysis of the insane are not available before the year 1901, in making a comparison with the earlier years it will be necessary to confine the list to venereal diseases only.

From Tables 1 and 2 it appears that the average yearly number of deaths in the decade 1871-1880 was 99, corresponding to a rate of 18 per million of the population; in the decade 1880-1890 the average was 84, corresponding to a rate of 17 per million; in the following decade, 1891-1900, the average was 87 and the rate 19; and in the decade 1901-1910, the number was 121 and the rate was 27. In the years 1911 and 1912 the numbers were 104 and 103 and the rates 22 and 23 respectively.

In Table 3, a statement shows for each decennium from 1871 to 1900 and annually up to the end of the year 1912 the number of deaths from syphilis of infants under one year, sub-divided into three age-periods for the last 12 years. It appears that in the decennial period 1871-80 the rate was 35 per 100,000 births

registered, rising to 38 in the following decade, to 47 in the decade 1891-1900, to 72 in the decade 1901-1910, declining to 59 in the year 1911 and rising to 63 in the year 1912, the last year for which records are available.

In Table 4 a numerical statement is given for the deaths from venereal diseases in the Dublin Registration Area from the year 1901 to 1912 inclusive. This shows that the yearly average number of deaths was 54 with a rate of 140 per million of the population in the ten years 1901-1910; the rate declined to 93 in 1911, but rose to 107 in 1912. From Table 2 it will be seen that the corresponding rates per million for the whole of Ireland for these periods were 27, 22 and 23 respectively, showing a preponderance of mortality from venereal diseases in the Dublin Registration Area as compared with the rest of Ireland.

The total deaths from venereal and allied diseases in Ireland in 1912 numbered 339, equivalent to a rate of 78 per million of the population; 118 were registered in Dublin county borough and 60 in Belfast county borough, or, in other words, the mortality from the diseases referred to in Dublin and Belfast was more than 50 per cent. of the mortality of the whole of Ireland. In Dublin the rate per million was 385, the corresponding rate for the remainder of Ireland being 54.

TABLE 1.

STATEMENT showing, by SEXES, the NUMBER of DEATHS registered in IRELAND from SYPHILIS and certain other Diseases for the Years 1871-1912, by Decennial and yearly Periods.

Periods.	Syphilis.			Stricture of Urethra and Gonorrhœa.			Phagadœna.			Locomotor Ataxy.*			General Paralysis of Insane.*			Aneurism		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1871-80	476	440	916	77	—	77	†	†	†	—	—	—	—	—	—	761	237	998
1881-90	405	354	759	81	1	82	5	6	11	—	—	—	—	—	—	588	216	804
1891	44	30	74	11	—	11	—	1	1	—	—	—	—	—	—	64	20	84
1892	36	33	69	7	—	7	1	—	1	—	—	—	—	—	—	51	7	58
1893	32	21	53	24	—	24	—	1	1	—	—	—	—	—	—	42	18	60
1894	45	27	72	11	—	11	2	3	5	—	—	—	—	—	—	38	11	49
1895	41	36	77	9	—	9	1	1	2	—	—	—	—	—	—	36	14	50
1896	29	27	56	13	—	13	2	—	2	—	—	—	—	—	—	65	20	85
1897	51	42	93	16	—	16	—	2	2	—	—	—	—	—	—	47	17	64
1898	54	49	103	7	—	7	—	—	—	—	—	—	—	—	—	46	21	67
1899	41	38	79	11	—	11	—	1	1	—	—	—	—	—	—	45	12	57
1900	35	43	78	7	—	7	—	—	—	—	—	—	—	—	—	54	10	64
1891-1900	408	346	754	116	—	116	6	9	15	—	—	—	—	—	—	488	150	638
1901	53	33	86	9	1	10	—	—	—	34	9	43	36	4	40	48	10	58
1902	52	40	92	16	—	16	2	—	2	28	8	36	65	14	79	41	10	51
1903	58	46	104	14	—	14	—	2	2	33	4	37	67	13	80	51	19	70
1904	60	49	109	7	2	9	4	2	6	32	6	38	66	22	88	53	21	74
1905	88	57	145	8	—	8	—	—	—	43	3	46	55	12	67	56	12	68
1906	69	60	129	5	—	5	2	3	5	42	4	46	53	14	67	36	15	51
1907	75	49	124	6	4	10	2	1	3	41	11	52	69	19	88	50	9	59
1908	68	38	106	8	—	8	—	3	3	30	10	40	61	19	80	43	10	53
1909	74	56	130	6	—	6	—	—	—	36	6	42	78	19	97	35	12	47
1910	63	34	97	3	—	3	1	2	3	33	12	45	62	13	75	39	8	47
1901-1910	660	462	1,122	82	7	89	11	13	24	352	73	425	612	149	761	452	126	578
1911	55	41	96	7	1	8	—	—	—	44	9	53	69	20	89	50	7	57
1912	49	50	99	3	1	4	—	—	—	33	10	43	97	26	123	54	16	70

* Figures for locomotor ataxy and general paralysis of the insane are not available before 1901.
† Figures not available.

TABLE 2.

STATEMENT showing by SEXES, the ANNUAL RATES represented by the NUMBER of DEATHS registered in Ireland from SYPHILIS and certain other Diseases per 10,000 of the Population by Decennial and Yearly Periods as under :—

Periods.	Syphilis.			Stricture of Urethra and Gonorrhœa.			Phagadœna.			Locomotor Ataxy.			General Paralysis of Insane.			Aneurism.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1871-1880	0.18	0.16	0.17	0.03	—	0.01	*	*	*	*	*	*	*	*	*	0.29	0.09	0.19
1881-1890	0.17	0.14	0.15	0.03	0.00	0.02	0.00	0.00	0.00	*	*	*	*	*	*	0.24	0.09	0.16
1891-1900	0.18	0.15	0.16	0.05	—	0.03	0.00	0.00	0.00	*	*	*	*	*	*	0.22	0.06	0.14
1901-1910	0.30	0.21	0.25	0.04	0.00	0.02	0.00	0.00	0.00	0.16	0.03	0.10	0.28	0.07	0.17	0.21	0.06	0.13
1911	0.25	0.29	0.22	0.00	0.00	0.00	—	—	—	0.20	0.04	0.12	0.32	0.09	0.20	0.23	0.00	0.13
1912	0.22	0.23	0.23	0.00	0.00	0.00	—	—	—	0.15	0.05	0.10	0.44	0.12	0.28	0.25	0.07	0.16

* Figures not available.

TABLE 3.

STATEMENT showing the NUMBER of DEATHS registered in IRELAND of INFANTS under One Year of Age from SYPHILIS, and the NUMBER of such DEATHS per 1,000 BIRTHS registered during the Decennial and Yearly Periods as under:—

Periods.	Deaths from Syphilis.							
	0-3 months.		3-6 months.		6-12 months.		Total under One Year	
	No. of Deaths.	No. in every 1,000 Births.	No. of Deaths.	No. in every 1,000 Births.	No. of Deaths.	No. in every 1,000 Births.	No. of Deaths.	No. in every 1,000 Births.
1871-80	—	—	—	—	—	—	496	0·35
1881-90	—	—	—	—	—	—	440	0·38
1891-1900	—	—	—	—	—	—	492	0·47
1901	33	0·33	13	0·13	11	0·11	57	0·57
1902	37	0·36	14	0·14	10	0·10	61	0·60
1903	45	0·44	17	0·17	13	0·13	75	0·74
1904	53	0·51	11	0·10	9	0·09	73	0·70
1905	56	0·54	27	0·26	13	0·13	96	0·93
1906	35	0·34	21	0·20	18	0·17	74	0·71
1907	51	0·50	23	0·22	15	0·15	89	0·87
1908	36	0·35	25	0·25	5	0·05	66	0·65
1909	59	0·58	22	0·21	12	0·12	93	0·91
1910	38	0·37	8	0·08	9	0·09	55	0·54
1901-1910	443	0·43	181	0·18	115	0·11	739	0·72
1911	44	0·43	13	0·13	3	0·03	60	0·59
1912	41	0·40	15	0·15	8	0·08	64	0·63

TABLE 4.

STATEMENT showing the NUMBER of DEATHS from VENEREAL AFFECTIONS registered in the DUBLIN REGISTRATION AREA during the Years 1901-1912, and the ANNUAL RATE per 10,000 of the ESTIMATED POPULATION represented thereby.

Years.	Deaths from Venereal Affections.	
	Number of Deaths.	Rate per 10,000 of Estimated Population.
1901	46	1·22
1902	33	0·87
1903	50	1·32
1904	52	1·36
1905	80	2·08
1906	63	1·63
1907	61	1·57
1908	49	1·25
1909	72	1·83
1910	35	0·88
1901-1910	541	1·40
1911	37	0·93
1912	43	1·07

TABLE 5.

STATEMENT showing the NUMBER of DEATHS from some of the PRINCIPAL CAUSES registered in IRELAND during the Year 1912, with the RATE per 10,000 of the POPULATION represented thereby.

Cause of Death.	Number of Deaths.	Death Rate per 10,000 of Population.
Tuberculous disease	9,437	21·52
Bronchitis	6,696	15·27
Pneumonia	4,233	9·65
Cancer	3,734	8·52
Whooping-cough	1,045	2·38
Influenza	1,025	2·34
Syphilis and allied diseases.	339	0·78

TABLE 6.

STATEMENT showing the RATES per MILLION of the Estimated Population for MALES and FEMALES and for MALES only, represented by the NUMBER of DEATHS registered from SYPHILIS and ANEURISM during the Forty-nine years 1864-1912.

Year	Rate per Million Living.				Year.	Rate per Million Living.			
	Syphilis		Aneurism.			Syphilis.		Aneurism.	
	Male and Females.	Males only.	Male and Females.	Males only.		Male and Females.	Males only.	Male and Females.	Males only.
1864	23	28	16	24	1888	15	19	13	16
1865	34	28	18	29	1889	15	16	20	32
1866	25	24	18	30	1890	16	16	14	21
1867	24	29	17	28	1891	16	19	18	28
1868	21	22	20	31	1892	15	16	13	22
1869	21	20	20	36	1893	12	14	13	19
1870	22	19	18	28	1894	16	20	11	17
1871	20	20	20	35	1895	17	18	11	16
1872	15	17	17	26	1896	12	13	19	29
1873	19	20	19	27	1897	21	23	14	21
1874	17	19	19	31	1898	23	24	15	21
1875	19	20	19	28	1899	18	18	13	20
1876	17	18	20	33	1900	17	16	14	24
1877	16	19	22	35	1901	19	24	13	22
1878	16	17	21	28	1902	21	24	12	19
1879	17	16	17	27	1903	24	26	16	23
1880	18	18	15	25	1904	25	27	17	24
1881	18	17	19	27	1905	33	40	15	26
1882	16	18	15	21	1906	29	32	12	16
1883	16	17	18	28	1907	28	34	13	23
1884	16	18	15	23	1908	24	31	12	20
1885	15	18	14	22	1909	30	34	11	16
1886	16	16	17	27	1910	22	29	11	18
1887	12	12	17	17	1911	22	25	13	23
					1912	23	22	16	25

Registrar-General.

General Register Office,
Charlemont House,
Dublin, January 1914.

APPENDIX IV.

STATISTICS OF VENEREAL DISEASES IN THE ROYAL NAVY.

(Tables handed in by Surgeon-General May, C.B., B.N.)

YEAR 1905.—AVERAGE STRENGTH, 111,020.

—	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Eight Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venerae diseases - - -	13,490	333,313	913·16	121·49	8·21	124·33	9·14
Total disease and injury - -	81,568	1,228,419	3365·53	734·71	30·31	854·0	35·75
<i>Cases Differentiated.</i>							
Chancroid - - - -	1,174	22,329	61·17	10·57	·55		
Syphilis I. - - - -	2,729	78,462	214·96	24·58	1·93		
Syphilis II. - - - -	2,703	93,830	257·06	24·34	2·31		
Gonorrhœa - - - -	6,884	133,692	379·97	62·0	3·42		

Invalidings and Deaths.

—	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Eight Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	—	—	—	—	—	—
Syphilis I. - - - -	8	—	·07	—	—	—
Syphilis II - - - -	126	3	1·13	·02	1·51	·05
Gonorrhœa - - - -	75	—	·67	—	·53	—
Totals - - - -	209	3	1·87	·02	2·04	·05

YEAR 1906.—AVERAGE STRENGTH, 108,190.

	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratios for previous Nine Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - - -	13,193	316,631	867.46	121.93	7.99	122.62	8.95
Total disease and injury - -	77,842	1,147,843	3144.77	719.49	29.06	838.79	35.06
<i>Cases Differentiated.</i>							
Chancroid - - - -	1,672	31,984	87.62	15.45	.8		
Syphilis I. - - - -	1,888	59,505	163.02	17.45	1.5		
Syphilis II. - - - -	3,153	104,559	286.46	29.14	2.64		
Gonorrhœa - - - -	6,480	120,583	330.36	59.89	3.05		

Invalidings and Deaths.

	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Nine Years.		
			Invalidings.	Deaths.	Invalidings.	Deaths.	
Chancroid - - - -	13	—	.12	—	} .01	—	
Syphilis I. - - - -	10	—	.09	—		1.46	.04
Syphilis II. - - - -	163	4	1.5	.03		.55	—
Gonorrhœa - - - -	93	2	.85	.01			
Totals - - - -	279	6	2.56	.04	2.02	.04	

YEAR 1907.—AVERAGE STRENGTH, 108,740.

	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - - -	13,522	329,936	903.9	124.33	8.29	112.91	8.04
Total disease and injury - -	75,351	1,138,219	3118.4	692.94	28.67	778.17	32.19
<i>Cases Differentiated.</i>							
Chancroid - - - -	1,905	46,117	126.34	17.51	1.16		
Syphilis I. - - - -	1,461	43,150	118.21	13.43	1.08		
Syphilis II. - - - -	3,215	114,551	313.83	29.56	2.88		
Gonorrhœa - - - -	6,941	126,118	345.52	63.83	3.17		

Invalidings and Deaths.

	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	—	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	163	6	1.49	.05	.71	.03
Gonorrhœa - - - -	50	2	.45	.01	.43	—
Totals - - - -	213	8	2.24	.06	1.14	.03

YEAR 1908.—AVERAGE STRENGTH, 109,210.

—	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - -	13,379	325,432	889·15	122·49	8·13	120·03	8·33
Total disease and injury -	75,608	1,132,336	3093·81	692·31	28·32	745 8	30·9
<i>Cases Differentiated.</i>							
Chancroid - - - -	1,952	51,167	139·8	17·87	1·28		
Syphilis I. - - - -	1,037	22,109	60·4	9·49	·55		
Syphilis II. - - - -	3,055	116,432	318·12	27·97	2·91		
Gonorrhœa - - - -	7,335	135,724	370·83	67·16	3·39		

Invalidings and Deaths.

—	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	—	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	89	6	·81	·05	·82	·04
Gonorrhœa - - - -	40	—	·36	—	·45	—
Totals - - - -	129	6	1·17	·05	1·27	·04

YEAR 1909.—AVERAGE STRENGTH, 112,700.

—	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - -	13,474	325,889	892·82	119·53	7·9	120·19	8·18
Total disease and injury -	72,540	1,100,568	3015·25	643·65	26·75	718·99	29·59
<i>Cases Differentiated</i>							
Chancroid - - - -	2,364	55,515	152·09	20·97	1·34		
Syphilis I. - - - -	954	20,987	57·49	8·46	·51		
Syphilis II. - - - -	3,278	120,442	329·97	29·08	2·92		
Gonorrhœa - - - -	6,878	128,945	353·27	61·02	3·13		

Invalidings and Deaths.

—	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	1	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	107	7	·94	·06	·87	·05
Gonorrhœa - - - -	47	1	·41	—	·46	—
Totals - - - -	155	8	1·35	·06	1·33	·05

YEAR 1910.—AVERAGE STRENGTH, 113,530.

—	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - -	13,402	321,323	880·32	118·03	7·73	121·93	8·1
Total disease and injury -	74,233	1,140,568	3124·84	653·86	27·52	696·37	28·63
<i>Cases Differentiated.</i>							
Chancroid - - - -	2,338	56,697	155·33	20·59	1·36		
Syphilis I. - - - -	621	12,903	35·35	5·46	·31		
Syphilis II. - - - -	3,271	118,760	325·36	28·81	2·86		
Gonorrhœa - - - -	7,172	132,963	364·28	63·17	3·2		

Invalidings and Deaths.

—	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	—	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	80	6	·7	·05	·93	·04
Gonorrhœa - - - -	68	—	·59	—	·46	—
Totals - - - -	148	6	1·29	·05	1·39	·04

YEAR 1911.—AVERAGE STRENGTH, 117,100.

—	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - -	13,461	308,917	846·33	114·92	7·21	121·23	8·01
Total disease and injury -	76,463	1,157,172	3170·33	652·97	27·07	679·93	28·07
<i>Cases Differentiated.</i>							
Chancroid - - - -	2,349	52,252	143·15	20·05	1·22		
Syphilis I. - - - -	658	10,024	27·46	5·61	·23		
Syphilis II. - - - -	2,959	111,162	304·55	25·26	2·6		
Gonorrhœa - - - -	7,495	135,479	371·17	64·0	3·16		

Invalidings and Deaths.

—	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	1	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	61	3	·52	·02	·94	0·5
Gonorrhœa - - - -	58	1	·49	—	·51	—
Totals - - - -	120	4	1·01	·02	1·45	0·5

YEAR 1912.—AVERAGE STRENGTH, 119,540.

---	Number of Cases.	Total Number of Days lost.	Average Number Sick Daily.	Ratio per 1,000.		Average Ratio for previous Five Years.	
				Cases.	Sick Daily.	Cases.	Sick Daily.
Venereal diseases - -	12,667	269,210	735·53	105·95	6·14	119·78	7·84
Total disease and injury -	76,815	1,101,013	3008·23	642·58	25·16	666·68	27·67
<i>Cases Differentiated.</i>							
Chancroid - - - -	2,321	46,042	125·79	19·41	1·05		
Syphilis I. - - - -	715	15,439	42·18	5·98	·35		
Syphilis II. - - - -	2,744	91,706	250·56	22·95	2·09		
Gonorrhœa - - - -	6,887	116,023	317·0	57·61	2·65		

Invalidings and Deaths.

---	Invalidings.	Deaths.	Ratio per 1,000.		Average for previous Five Years.	
			Invalidings.	Deaths.	Invalidings.	Deaths.
Chancroid - - - -	—	—	—	—	—	—
Syphilis I. - - - -	—	—	—	—	—	—
Syphilis II. - - - -	83	4	·69	·03	·89	·04
Gonorrhœa - - - -	58	—	·48	—	·46	—
Totals - - - -	141	4	1·17	·03	1·35	·04

VENEREAL DISEASE—COMPARATIVE TABLE A.

RATIO OF CASES PER 1,000 OF FORCE ON VARIOUS STATIONS.

Year.	Home Station.	Home Fleet.	Channel Fleet.	Atlantic.	Mediterranean.	North America and W.I.	China.	E. Indies.	Australia.	Cape.	Irregular.	Total Force.
1905	(3) 137·28	—	86·36	126·89	92·31	92·6	130·5	116·45	(1) 156·18	58·73	(2) 142·43	121·49
1906	(4) 138·13	—	81·15	110·91	97·84	107·3	(2) 170·8	(3) 138·74	(1) 214·75	68·04	(3) 130·66	121·93
1907	(5) 133·22	—	81·91	109·78	93·52	(4) 150·33	(2) 183·08	102·67	(1) 196·9	70·06	(3) 172·97	124·33
*1908	(2) 152·77	124·16	79·7	112·68	101·61	96·8	150·6	103·48	(1) 153·08	106·12	(2) 134·91	122·49
†1909	(3) 143·33	107·94	—	106·3	109·96	111·59	(1) 164·16	72·32	(1) 111·25	127·41	(2) 163·46	119·53
1910	(2) 143·57	110·41	—	108·98	103·53	81·56	(1) 154·37	97·0	103·27	98·08	118·04	118·03
1911	(2) 131·24	104·16	—	123·85	110·74	106·05	(1) 147·45	103·89	(2) 112·15	67·57	105·82	114·92
1912	(4) 109·54	98·54	—	—	82·57	(3) 113·52	(1) 168·55	106·94	(2) 124·38	82·21	107·7	105·95

* Police Offences Amendment Act (N.S.W.) in New South Wales.

† Prisoners Detention Act (N.S.W.) in force 1st January 1909 in New South Wales.

VENEREAL DISEASES, YEARS 1905-1912, COMPARATIVE TABLE B.

Year.	Total Number of Cases.	Total Number of Days lost.	Average Number of Sick Daily.	Average Strength.
1905 . .	13,490	333,313	913·16	111,020
1906 . .	13,193	316,631	867·46	108,190
1907 . .	13,522	329,936	903·9	108,740
1908 . .	13,379	325,432	889·15	109,210
1909 . .	13,474	325,889	892·82	112,700
1910 . .	13,402	321,323	880·32	113,530
1911 . .	13,661	308,917	846·33	117,100
1912 . .	12,667	269,210	735·53	119,540

VENEREAL DISEASES, YEARS 1905-1912, COMPARATIVE TABLE C.

RATIO OF CASES OF DISEASE PER 1,000 OF TOTAL FORCE.

Year.	Chancroid.	Syphilis 1.	Syphilis 2.	Total syphilis.	Gonorrhœa.	Total Venereal Diseases.	Total of all Diseases and Injury.
1905	10·57	24·58	24·34	48·92	62·0	121·49	734·71
1906	15·45	17·45	29·14	46·59	59·89	121·93	719·49
1907	17·51	13·43	29·56	42·99	63·83	124·33	692·94
1908	17·87	9·49	27·97	37·46	67·16	122·49	692·31
1909	20·97	8·46	29·08	37·54	61·02	119·53	643·65
1910	20·59	5·46	28·81	34·27	63·17	118·03	653·86
1911	20·05	5·61	25·26	30·87	64·0	114·92	652·97
1912	19·41	5·98	22·95	28·93	57·61	105·95	642·95

AGES of OFFICERS and MEN INVALIDED out of the SERVICE on account of SYPHILIS SECONDARY and GONORRHOEA.

Year.	Disease.	Total Invalided.	Age under									25 to 35.	35 to 45.	45 and upwards
			17.	18.	19.	20.	21.	22.	23.	24.	25.			
1905	Syph. II.	78	1	—	2	3	12	3	6	10	13	25	2	1
	Gon.	42	—	—	2	3	—	3	4	1	8	19	2	—
1906	Syph. II.	86	—	—	3	7	4	9	12	9	6	33	3	—
	Gon.	79	—	—	2	5	10	3	7	8	10	32	2	—
1907	Syph. II.	169	—	—	2	14	13	15	25	20	18	59	3	—
	Gon.	51	—	—	—	1	2	7	6	9	5	21	—	—
1908	Syph. II.	94	—	—	4	3	6	4	12	14	6	37	8	—
	Gon.	43	—	—	—	—	—	5	4	3	2	27	2	—
1909	Syph. II.	113	—	—	2	14	8	10	9	13	6	42	8	1
	Gon.	50	—	—	1	—	5	6	4	5	5	21	3	—
1910	Syph. II.	84	—	1	3	2	6	6	7	7	6	44	2	—
	Gon.	70	—	1	3	8	5	5	2	7	4	34	1	—
1911	Syph. II.	61	—	2	1	1	1	7	7	6	2	31	3	—
	Gon.	61	1	—	3	4	6	4	3	4	8	27	1	—
1912	Syph. II.	87	—	1	3	2	3	9	6	4	12	38	9	—
	Gon.	60	—	1	2	5	5	1	6	2	3	32	2	1

APPENDIX V.

STATISTICS OF VENEREAL DISEASES IN THE ARMY.

Tables handed in by Lt.-Col. B. H. Scott.

TABLE I.—VENEREAL DISEASE IN THE ARMY IN THE UNITED KINGDOM.

ADMISSIONS.											
Year	1888.	1889.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.
Strength	101,695	100,790	100,120	99,368	100,302	100,105	99,360	99,795	99,821	96,526	96,631
Primary syphilis	6,737 <i>66.2</i>	6,225 <i>61.8</i>	6,924 <i>69.1</i>	6,263 <i>63.1</i>	6,692 <i>66.7</i>	5,694 <i>56.9</i>	4,737 <i>47.7</i>	4,292 <i>43.0</i>	4,344 <i>43.5</i>	3,218 <i>33.3</i>	2,960 <i>30.0</i>
Secondary syphilis	4,095 <i>40.3</i>	3,601 <i>35.7</i>	3,734 <i>37.3</i>	3,493 <i>35.2</i>	3,392 <i>33.8</i>	3,188 <i>31.8</i>	3,456 <i>34.8</i>	3,478 <i>34.9</i>	3,225 <i>32.3</i>	2,919 <i>30.2</i>	2,570 <i>26.0</i>
Soft chancre	2,742 <i>26.9</i>	2,189 <i>21.7</i>	1,656 <i>16.5</i>	1,392 <i>14.0</i>	1,248 <i>12.4</i>	1,764 <i>17.6</i>	2,071 <i>20.8</i>	2,030 <i>20.3</i>	1,365 <i>13.7</i>	1,177 <i>12.2</i>	1,100 <i>11.0</i>
Gonorrhœa	9,268 <i>91.1</i>	9,362 <i>92.9</i>	8,948 <i>89.4</i>	8,455 <i>85.1</i>	8,856 <i>88.3</i>	8,838 <i>88.3</i>	7,858 <i>79.1</i>	7,546 <i>75.6</i>	6,567 <i>66.8</i>	6,176 <i>64.0</i>	6,130 <i>64.0</i>
Ulcer of penis	—	—	—	—	—	—	—	—	—	122 <i>1.3</i>	130 <i>1.3</i>
Total	22,842 <i>224.5</i>	21,377 <i>202.1</i>	21,262 <i>212.4</i>	19,603 <i>197.4</i>	20,188 <i>201.2</i>	19,484 <i>194.6</i>	18,122 <i>182.4</i>	17,346 <i>173.8</i>	15,801 <i>158.3</i>	13,612 <i>141.0</i>	12,900 <i>134.0</i>
Total of all diseases	75,345 <i>740.9</i>	73,620 <i>730.4</i>	81,159 <i>810.6</i>	76,693 <i>772.2</i>	76,364 <i>761.3</i>	75,234 <i>751.6</i>	65,168 <i>655.9</i>	70,132 <i>702.8</i>	64,395 <i>645.1</i>	61,841 <i>640.6</i>	62,700 <i>649.0</i>
Percentage of venereal	30.7	29.1	26.2	25.5	26.4	25.9	27.8	24.7	24.5	22.0	20.0

CONSTANTLY SICK.

Primary syphilis	630.53 <i>6.20</i>	583.95 <i>5.79</i>	646.90 <i>6.46</i>	543.92 <i>5.53</i>	614.40 <i>6.12</i>	579.26 <i>5.79</i>	486.93 <i>4.90</i>	417.54 <i>4.18</i>	428.96 <i>4.30</i>	327.42 <i>3.39</i>	301.00 <i>3.00</i>
Secondary syphilis	399.32 <i>3.93</i>	332.63 <i>3.30</i>	349.13 <i>3.49</i>	326.54 <i>3.29</i>	334.54 <i>3.34</i>	331.59 <i>3.31</i>	386.32 <i>3.89</i>	390.28 <i>3.91</i>	348.93 <i>3.49</i>	316.11 <i>3.27</i>	303.00 <i>3.00</i>
Soft chancre	203.56 <i>2.00</i>	163.57 <i>1.62</i>	115.59 <i>1.15</i>	96.98 <i>.97</i>	89.95 <i>.90</i>	133.13 <i>1.33</i>	181.19 <i>1.82</i>	177.73 <i>1.78</i>	111.62 <i>1.12</i>	96.79 <i>1.00</i>	84.00 <i>.84</i>
Gonorrhœa	616.59 <i>6.06</i>	629.95 <i>6.25</i>	597.73 <i>5.97</i>	551.38 <i>5.55</i>	611.37 <i>6.10</i>	626.04 <i>6.25</i>	577.62 <i>5.81</i>	539.97 <i>5.41</i>	501.84 <i>5.03</i>	464.99 <i>4.82</i>	440.00 <i>4.40</i>
Ulcer of penis	—	—	—	—	—	—	—	—	—	10.37 <i>.11</i>	7.00 <i>.07</i>
Total	1,850.00 <i>18.19</i>	1,710.10 <i>16.97</i>	1,709.35 <i>17.07</i>	1,523.82 <i>15.34</i>	1,650.26 <i>16.46</i>	1,670.02 <i>16.68</i>	1,632.06 <i>16.42</i>	1,525.52 <i>15.28</i>	1,391.35 <i>13.94</i>	1,215.68 <i>12.59</i>	1,137.00 <i>11.00</i>
Total of all diseases	4,520.11 <i>44.45</i>	4,180.78 <i>41.48</i>	4,434.69 <i>44.29</i>	4,137.19 <i>41.66</i>	4,287.89 <i>42.75</i>	4,414.49 <i>44.10</i>	4,064.64 <i>40.91</i>	4,167.25 <i>41.76</i>	3,844.93 <i>38.52</i>	3,662.96 <i>37.95</i>	3,657.00 <i>37.00</i>
Percentage of venereal	40.9	40.9	38.5	36.8	38.5	38.0	40.1	36.5	36.1	33.2	31.0

INVALIDS.

Primary syphilis	—	—	.4 <i>.04</i>	—	—	—	1 <i>.01</i>	1 <i>.01</i>	—	—	—
Secondary syphilis	.96 <i>.93</i>	107 <i>1.05</i>	78 <i>.77</i>	73 <i>.72</i>	72 <i>.70</i>	76 <i>.74</i>	84 <i>.82</i>	108 <i>1.04</i>	134 <i>1.30</i>	102 <i>1.04</i>	130 <i>1.30</i>
Gonorrhœa	3 <i>.03</i>	7 <i>.07</i>	3 <i>.03</i>	4 <i>.04</i>	7 <i>.07</i>	4 <i>.04</i>	12 <i>.12</i>	2 <i>.02</i>	10 <i>.10</i>	16 <i>.16</i>	—
Total	.99 <i>.96</i>	114 <i>1.12</i>	85 <i>.84</i>	77 <i>.76</i>	79 <i>.77</i>	80 <i>.78</i>	97 <i>.95</i>	111 <i>1.07</i>	144 <i>1.40</i>	118 <i>1.20</i>	130 <i>1.30</i>
Total of all diseases	1,641 <i>15.91</i>	1,622 <i>15.59</i>	1,702 <i>16.72</i>	1,466 <i>14.51</i>	1,470 <i>14.38</i>	1,605 <i>15.70</i>	1,737 <i>17.06</i>	1,719 <i>16.57</i>	2,173 <i>21.20</i>	1,953 <i>19.87</i>	1,700 <i>17.00</i>
Percentage of venereal	6.0	7.0	5.0	5.3	5.4	5.0	5.6	6.5	6.6	6.0	7.0

Figures in *italics* denote ratios per 1,000 of strength.

TABLE I.—VENEREAL DISEASE IN THE ARMY IN THE UNITED KINGDOM.

ADMISSIONS.

1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	
99,832	132,921	100,811	93,665	110,565	116,043	118,224	113,532	107,760	107,392	110,492	108,614	109,399	107,582	
2,666 <i>26.7</i>	2,492 <i>18.7</i>	1,938 <i>19.2</i>	2,077 <i>22.2</i>	1,957 <i>17.7</i>	4,035 <i>34.8</i>	3,234 <i>27.4</i>	3,030 <i>26.7</i>	2,554 <i>23.7</i>	2,158 <i>20.1</i>	2,409 <i>21.8</i>	2,374 <i>21.9</i>	2,169 <i>19.8</i>	2,007 <i>18.7</i>	
2,459 <i>24.6</i>	1,941 <i>14.6</i>	1,909 <i>18.9</i>	2,230 <i>23.8</i>	3,158 <i>28.6</i>		2,203 <i>19.0</i>	1,955 <i>16.5</i>	1,563 <i>13.8</i>	1,224 <i>11.4</i>	1,256 <i>11.7</i>	1,232 <i>11.2</i>	1,073 <i>9.9</i>	1,021 <i>9.3</i>	891 <i>8.3</i>
1,115 <i>11.2</i>	976 <i>7.3</i>	988 <i>9.8</i>	1,182 <i>12.6</i>	1,764 <i>16.0</i>		2,203 <i>19.0</i>	1,955 <i>16.5</i>	1,563 <i>13.8</i>	1,224 <i>11.4</i>	1,256 <i>11.7</i>	1,232 <i>11.2</i>	1,073 <i>9.9</i>	1,021 <i>9.3</i>	891 <i>8.3</i>
5,978 <i>59.9</i>	6,993 <i>52.6</i>	5,796 <i>57.5</i>	6,001 <i>64.1</i>	6,947 <i>62.5</i>	6,240 <i>53.8</i>	5,504 <i>46.6</i>	4,693 <i>41.3</i>	3,965 <i>36.8</i>	3,934 <i>36.6</i>	3,645 <i>33.0</i>	3,664 <i>33.7</i>	3,425 <i>31.3</i>	3,170 <i>29.5</i>	
115 <i>1.2</i>	235 <i>1.8</i>	150 <i>1.5</i>	130 <i>1.4</i>	136 <i>1.2</i>	—	—	—	—	—	—	—	—	—	
12,333 <i>123.5</i>	12,637 <i>95.0</i>	10,781 <i>106.9</i>	11,620 <i>124.1</i>	13,826 <i>126.2</i>	12,478 <i>107.6</i>	10,693 <i>90.5</i>	9,286 <i>81.8</i>	7,743 <i>71.9</i>	7,348 <i>68.4</i>	7,286 <i>66.0</i>	7,111 <i>65.5</i>	6,615 <i>60.4</i>	6,068 <i>56.5</i>	
66,948 <i>670.6</i>	87,078 <i>655.1</i>	75,319 <i>747.1</i>	66,617 <i>711.2</i>	64,892 <i>585.9</i>	58,804 <i>506.7</i>	53,057 <i>448.8</i>	50,715 <i>446.7</i>	47,197 <i>438.0</i>	45,960 <i>428.0</i>	41,809 <i>378.4</i>	37,576 <i>346.0</i>	37,886 <i>346.3</i>	37,267 <i>346.4</i>	
18.4	14.5	14.3	17.4	21.3	21.2	20.2	18.3	16.4	16.0	17.4	18.9	17.5	16.3	

CONSTANTLY SICK

249.68 <i>2.50</i>	216.81 <i>1.63</i>	205.75 <i>2.04</i>	192.23 <i>2.05</i>	205.02 <i>1.86</i>	475.12 <i>4.09</i>	371.62 <i>3.14</i>	315.36 <i>2.78</i>	279.65 <i>2.59</i>	232.78 <i>2.17</i>	240.59 <i>2.18</i>	239.38 <i>2.20</i>	219.98 <i>2.01</i>	185.34 <i>1.72</i>	
267.58 <i>2.68</i>	193.98 <i>1.46</i>	216.18 <i>2.14</i>	245.43 <i>2.62</i>	389.94 <i>3.53</i>		196.37 <i>1.69</i>	175.68 <i>1.49</i>	117.29 <i>1.03</i>	94.33 <i>.88</i>	114.02 <i>1.06</i>	100.09 <i>.91</i>	96.12 <i>.88</i>	84.10 <i>.77</i>	77.86 <i>.72</i>
84.26 <i>.84</i>	74.49 <i>.56</i>	71.04 <i>.70</i>	100.12 <i>1.07</i>	146.09 <i>1.32</i>		196.37 <i>1.69</i>	175.68 <i>1.49</i>	117.29 <i>1.03</i>	94.33 <i>.88</i>	114.02 <i>1.06</i>	100.09 <i>.91</i>	96.12 <i>.88</i>	84.10 <i>.77</i>	77.86 <i>.72</i>
400.21 <i>4.01</i>	429.67 <i>3.23</i>	425.12 <i>4.22</i>	394.69 <i>4.21</i>	566.97 <i>5.13</i>	503.76 <i>4.35</i>	466.96 <i>3.95</i>	387.82 <i>3.42</i>	362.06 <i>3.36</i>	357.11 <i>3.33</i>	343.95 <i>3.11</i>	369.12 <i>3.40</i>	367.02 <i>3.35</i>	330.04 <i>3.07</i>	
5.81 <i>.06</i>	11.79 <i>.09</i>	8.65 <i>.09</i>	8.57 <i>.09</i>	10.95 <i>1.00</i>	—	—	—	—	—	—	—	—	—	
1,007.54 <i>10.09</i>	926.74 <i>6.97</i>	926.74 <i>9.14</i>	941.03 <i>10.04</i>	1,308.02 <i>11.94</i>	1,175.25 <i>10.13</i>	1,014.26 <i>8.58</i>	820.47 <i>7.23</i>	736.04 <i>6.78</i>	703.91 <i>6.56</i>	684.63 <i>6.20</i>	704.62 <i>6.43</i>	671.10 <i>6.13</i>	593.24 <i>5.51</i>	
3,687.02 <i>36.93</i>	4,564.01 <i>34.34</i>	4,395.01 <i>43.60</i>	3,901.02 <i>41.65</i>	3,895.20 <i>35.23</i>	3,395.34 <i>29.26</i>	3,120.08 <i>26.39</i>	2,822.23 <i>24.86</i>	2,655.42 <i>24.64</i>	2,570.61 <i>23.94</i>	2,399.50 <i>21.72</i>	2,218.08 <i>20.42</i>	2,197.26 <i>20.08</i>	2,097.42 <i>19.50</i>	
27.3	20.3	21.0	24.1	32.7	34.6	32.5	29.1	27.7	27.4	28.5	31.8	30.5	28.3	

INVALIDS.

—	1 <i>.01</i>	—	—	—	118 <i>.92</i>	74 <i>.66</i>	52 <i>.42</i>	30 <i>.25</i>	36 <i>.30</i>	29 <i>.23</i>	35 <i>.28</i>	19 <i>.15</i>	10 <i>.08</i>	
110 <i>1.06</i>	126 <i>.82</i>	119 <i>.90</i>	159 <i>1.27</i>	117 <i>.88</i>		24 <i>.19</i>	18 <i>.14</i>	7 <i>.06</i>	20 <i>.17</i>	16 <i>.13</i>	17 <i>.14</i>	23 <i>.21</i>	11 <i>.09</i>	15 <i>.12</i>
7 <i>.07</i>	8 <i>.05</i>	12 <i>.09</i>	13 <i>.10</i>	12 <i>.09</i>		142 <i>1.11</i>	92 <i>.80</i>	59 <i>.48</i>	50 <i>.42</i>	52 <i>.43</i>	44 <i>.37</i>	61 <i>.49</i>	30 <i>.24</i>	25 <i>.20</i>
1,876 <i>18.12</i>	5,074 <i>32.85</i>	5,613 <i>42.26</i>	4,598 <i>36.69</i>	2,888 <i>21.83</i>	2,778 <i>21.59</i>	2,314 <i>18.22</i>	1,792 <i>14.40</i>	1,685 <i>14.22</i>	1,486 <i>12.54</i>	1,308 <i>10.51</i>	1,365 <i>11.07</i>	1,209 <i>9.78</i>	1,154 <i>9.37</i>	
6.2	2.7	2.3	3.7	4.5	5.1	4.0	3.3	3.0	3.5	3.4	4.5	2.5	2.2	

Figures in italics denote ratios per 1,000 of strength.

TABLE II.—VENEREAL DISEASE IN THE ARMY IN INDIA

ADMISSIONS.

Year - - - -	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.
Strength - - -	67,456	66,178	68,045	69,865	70,983	68,331	70,484	64,531	65,397	67,697
Primary syphilis - -	9,208 <i>136·5</i>	6,949 <i>105·0</i>	6,990 <i>102·7</i>	9,060 <i>129·6</i>	12,295 <i>173·2</i>	12,208 <i>178·7</i>	11,228 <i>159·3</i>	8,108 <i>125·6</i>	5,288 <i>80·9</i>	3,884 <i>57·4</i>
Secondary syphilis -	4,478 <i>66·4</i>	4,008 <i>60·6</i>	3,940 <i>57·9</i>	4,314 <i>61·7</i>	5,299 <i>74·6</i>	5,929 <i>86·8</i>	6,888 <i>97·7</i>	6,853 <i>106·2</i>	5,771 <i>88·2</i>	4,866 <i>71·9</i>
Soft chancre - - -	5,765 <i>85·5</i>	3,690 <i>55·8</i>	3,985 <i>58·6</i>	5,907 <i>84·6</i>	5,339 <i>75·2</i>	4,565 <i>66·8</i>	4,733 <i>67·1</i>	5,500 <i>85·2</i>	4,439 <i>67·9</i>	4,271 <i>63·1</i>
Ulcer of penis - - -	—	—	—	—	—	—	—	76 <i>1·2</i>	102 <i>1·6</i>	146 <i>2·2</i>
Gonorrhœa - - - -	11,709 <i>173·6</i>	10,048 <i>151·8</i>	10,826 <i>159·1</i>	12,777 <i>182·9</i>	13,401 <i>188·8</i>	13,979 <i>204·6</i>	13,209 <i>187·4</i>	12,307 <i>190·7</i>	8,788 <i>134·4</i>	8,196 <i>121·1</i>
Total - - - -	31,160 <i>461·9</i>	24,695 <i>373·2</i>	25,741 <i>378·3</i>	32,058 <i>458·8</i>	36,334 <i>511·8</i>	36,681 <i>536·9</i>	36,058 <i>511·6</i>	32,844 <i>509·0</i>	24,388 <i>372·9</i>	21,363 <i>315·7</i>
Total all diseases - -	102,337 <i>1,517·1</i>	91,811 <i>1,387·3</i>	103,070 <i>1,514·7</i>	98,983 <i>1,416·8</i>	106,967 <i>1,506·9</i>	99,766 <i>1,460·0</i>	97,738 <i>1,386·7</i>	96,824 <i>1,500·4</i>	95,103 <i>1,454·2</i>	77,765 <i>1,148·7</i>
Percentage of venereal -	30·45	26·90	24·97	32·39	33·97	36·77	36·89	33·92	25·64	27·34

CONSTANTLY SICK.

Primary syphilis - -	788·39 <i>11·69</i>	596·87 <i>9·02</i>	588·33 <i>8·65</i>	775·26 <i>11·10</i>	1,061·52 <i>14·95</i>	1,115·54 <i>16·34</i>	1,022·14 <i>14·50</i>	781·79 <i>12·11</i>	508·56 <i>7·78</i>	381·39 <i>5·63</i>
Secondary syphilis -	434·40 <i>6·44</i>	418·68 <i>6·32</i>	397·77 <i>5·85</i>	457·84 <i>6·55</i>	536·42 <i>7·56</i>	603·79 <i>8·84</i>	738·22 <i>10·47</i>	751·74 <i>11·65</i>	621·65 <i>9·51</i>	510·63 <i>7·54</i>
Soft chancre - - -	411·09 <i>6·09</i>	258·03 <i>3·90</i>	274·01 <i>4·03</i>	440·04 <i>6·30</i>	454·90 <i>6·41</i>	374·95 <i>5·49</i>	365·85 <i>5·19</i>	448·22 <i>6·95</i>	373·36 <i>5·71</i>	324·15 <i>4·79</i>
Ulcer of penis - - -	—	—	—	—	—	—	—	5·00 <i>·08</i>	6·92 <i>·16</i>	9·24 <i>·14</i>
Gonorrhœa - - - -	848·21 <i>12·57</i>	722·58 <i>10·92</i>	780·41 <i>11·47</i>	946·34 <i>13·54</i>	1,009·34 <i>14·22</i>	1,070·92 <i>15·67</i>	1,036·22 <i>14·70</i>	1,009·84 <i>15·65</i>	698·24 <i>10·68</i>	635·14 <i>9·38</i>
Total - - - -	2,482·09 <i>36·79</i>	1,996·16 <i>30·16</i>	2,040·52 <i>29·99</i>	2,619·48 <i>37·49</i>	3,062·18 <i>43·14</i>	3,164·84 <i>46·31</i>	3,162·43 <i>44·87</i>	2,996·59 <i>46·44</i>	2,208·73 <i>33·77</i>	1,860·55 <i>27·46</i>
Total all diseases - -	5,865·97 <i>86·96</i>	5,308·78 <i>80·22</i>	5,707·81 <i>83·88</i>	6,050·05 <i>86·60</i>	6,509·83 <i>91·71</i>	6,396·35 <i>93·61</i>	6,614·74 <i>93·85</i>	6,541·90 <i>101·38</i>	5,934·90 <i>90·75</i>	4,942·13 <i>73·00</i>
Percentage of venereal -	42·31	37·60	35·75	43·30	47·04	49·48	47·81	45·81	37·22	37·65

INVALIDS.

Primary syphilis - -	—	—	—	—	—	—	—	3 <i>·05</i>	—	—
Secondary syphilis -	71 <i>1·05</i>	112 <i>1·69</i>	125 <i>1·84</i>	24 <i>·34</i>	100 <i>1·41</i>	119 <i>1·74</i>	134 <i>1·90</i>	356 <i>5·52</i>	290 <i>4·44</i>	154 <i>2·28</i>
Gonorrhœa - - - -	1 <i>·01</i>	—	6 <i>·09</i>	3 <i>·04</i>	11 <i>·15</i>	11 <i>·16</i>	8 <i>·12</i>	23 <i>·35</i>	17 <i>·26</i>	10 <i>·15</i>
Total - - - -	72 <i>1·06</i>	112 <i>1·69</i>	131 <i>1·93</i>	27 <i>·38</i>	111 <i>1·56</i>	130 <i>1·90</i>	142 <i>2·02</i>	382 <i>5·92</i>	307 <i>4·69</i>	164 <i>2·42</i>
Total all diseases - -	1,146 <i>16·99</i>	1,026 <i>15·54</i>	1,280 <i>18·81</i>	734 <i>10·06</i>	1,077 <i>15·17</i>	821 <i>12·01</i>	1,966 <i>28·49</i>	1,301 <i>20·16</i>	1,304 <i>19·94</i>	968 <i>14·30</i>
Percentage of venereal -	6·2	10·9	10·2	3·7	10·3	15·8	7·2	29·4	23·7	16·9

Figures in *italics* denote ratios per 1,000 of strength.

TABLE II.—VENEREAL DISEASE IN THE ARMY IN INDIA.

ADMISSIONS.

1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.
60,553	60,838	60,540	69,613	70,413	70,994	70,193	69,332	68,522	71,556	72,491	72,371	71,001
2,597 <i>42.9</i>	2,021 <i>33.2</i>	2,128 <i>35.2</i>	2,334 <i>33.5</i>	3,485 <i>49.5</i>	2,535 <i>35.7</i>	1,945 <i>27.7</i>	1,542 <i>22.2</i>	1,085 <i>15.8</i>	1,163 <i>16.3</i>	1,048 <i>14.5</i>	860 <i>11.9</i>	824 <i>11.6</i>
3,786 <i>62.5</i>	3,544 <i>58.3</i>	3,019 <i>49.9</i>	3,248 <i>46.7</i>									
4,042 <i>66.8</i>	3,921 <i>64.4</i>	4,350 <i>71.9</i>	4,334 <i>62.3</i>	3,851 <i>54.7</i>	3,090 <i>43.5</i>	2,005 <i>28.6</i>	1,369 <i>19.7</i>	1,104 <i>16.1</i>	994 <i>13.9</i>	792 <i>10.9</i>	689 <i>9.5</i>	703 <i>9.9</i>
108 <i>1.8</i>	178 <i>2.9</i>	100 <i>1.6</i>	96 <i>1.4</i>	—	—	—	—	—	—	—	—	—
7,624 <i>125.9</i>	7,303 <i>120.0</i>	7,539 <i>124.5</i>	7,456 <i>107.1</i>	6,770 <i>96.2</i>	5,332 <i>75.1</i>	4,287 <i>61.1</i>	3,325 <i>48.0</i>	2,597 <i>37.9</i>	2,697 <i>37.7</i>	2,432 <i>33.5</i>	2,293 <i>31.7</i>	2,416 <i>34.0</i>
18,157 <i>299.8</i>	16,967 <i>278.9</i>	17,136 <i>220.1</i>	17,372 <i>250.9</i>	14,106 <i>200.4</i>	10,957 <i>154.3</i>	8,237 <i>117.4</i>	6,236 <i>89.9</i>	4,786 <i>69.8</i>	4,854 <i>67.9</i>	4,272 <i>58.9</i>	3,842 <i>53.1</i>	3,943 <i>55.5</i>
69,225 <i>1,143.2</i>	67,181 <i>1,104.3</i>	65,288 <i>1,078.4</i>	72,081 <i>1,035.5</i>	63,163 <i>897.0</i>	59,178 <i>833.6</i>	61,138 <i>871.0</i>	52,440 <i>756.4</i>	57,301 <i>836.2</i>	51,301 <i>716.9</i>	41,793 <i>576.5</i>	37,970 <i>524.7</i>	38,901 <i>547.9</i>
26.23	25.25	26.25	24.1	22.3	18.5	13.4	11.8	8.4	9.5	10.2	10.1	10.1

CONSTANTLY SICK.

262.77 <i>4.34</i>	205.99 <i>3.39</i>	210.91 <i>3.48</i>	231.05 <i>3.32</i>	383.47 <i>5.45</i>	340.42 <i>4.80</i>	249.27 <i>3.55</i>	209.43 <i>3.02</i>	162.66 <i>2.37</i>	159.85 <i>2.23</i>	145.43 <i>2.01</i>	130.46 <i>1.80</i>	104.90 <i>1.48</i>
399.06 <i>6.59</i>	366.55 <i>6.03</i>	293.40 <i>4.85</i>	350.66 <i>5.04</i>									
347.29 <i>5.74</i>	300.15 <i>4.93</i>	365.56 <i>6.04</i>	407.26 <i>5.85</i>	322.21 <i>4.58</i>	286.24 <i>4.05</i>	208.56 <i>2.97</i>	135.72 <i>1.96</i>	114.79 <i>1.68</i>	93.40 <i>1.31</i>	85.86 <i>1.18</i>	68.22 <i>.94</i>	66.44 <i>.94</i>
7.97 <i>.13</i>	13.01 <i>.21</i>	6.24 <i>.10</i>	6.11 <i>.09</i>	—	—	—	—	—	—	—	—	—
621.21 <i>10.26</i>	543.35 <i>8.93</i>	560.97 <i>9.27</i>	578.72 <i>8.31</i>	535.32 <i>7.60</i>	462.61 <i>6.52</i>	406.96 <i>5.80</i>	390.12 <i>5.63</i>	328.68 <i>4.80</i>	356.17 <i>4.98</i>	333.69 <i>4.60</i>	314.94 <i>4.35</i>	329.60 <i>4.64</i>
1,638.30 <i>27.05</i>	1,429.05 <i>23.49</i>	1,437.08 <i>23.73</i>	1,342.75 <i>22.61</i>	1,241.00 <i>17.63</i>	1,089.27 <i>15.37</i>	864.79 <i>12.32</i>	735.27 <i>10.61</i>	606.13 <i>8.85</i>	609.42 <i>8.52</i>	564.98 <i>7.79</i>	513.62 <i>7.09</i>	500.94 <i>7.05</i>
4,342.21 <i>71.71</i>	4,069.90 <i>66.90</i>	3,995.76 <i>66.00</i>	4,397.17 <i>63.17</i>	4,023.15 <i>57.14</i>	3,721.10 <i>52.41</i>	3,612.98 <i>51.47</i>	3,215.61 <i>46.38</i>	3,139.08 <i>45.81</i>	2,880.56 <i>40.26</i>	2,314.94 <i>31.93</i>	2,085.34 <i>28.81</i>	2,049.28 <i>28.86</i>
37.73	35.11	35.96	30.5	30.9	29.3	23.9	22.9	19.3	21.2	24.4	24.6	24.4

INVALIDS.

—	2 <i>.03</i>	—	—	48 <i>.68</i>	57 <i>.80</i>	32 <i>.46</i>	26 <i>.38</i>	33 <i>.48</i>	16 <i>.22</i>	17 <i>.23</i>	11 <i>.15</i>	12 <i>.17</i>
59 <i>.97</i>	44 <i>.72</i>	86 <i>1.42</i>	71 <i>1.02</i>									
5 <i>.08</i>	2 <i>.03</i>	4 <i>.07</i>	6 <i>.09</i>	9 <i>.13</i>	6 <i>.08</i>	3 <i>.04</i>	3 <i>.04</i>	9 <i>.13</i>	4 <i>.06</i>	7 <i>.10</i>	2 <i>.03</i>	2 <i>.03</i>
64 <i>1.05</i>	48 <i>.78</i>	90 <i>1.49</i>	77 <i>1.11</i>	57 <i>.81</i>	63 <i>.88</i>	35 <i>.50</i>	29 <i>.42</i>	42 <i>.61</i>	20 <i>.28</i>	24 <i>.33</i>	13 <i>.18</i>	14 <i>.20</i>
677 <i>11.18</i>	523 <i>8.60</i>	821 <i>13.56</i>	909 <i>13.06</i>	1,211 <i>17.20</i>	873 <i>12.30</i>	659 <i>9.39</i>	613 <i>8.84</i>	573 <i>8.36</i>	433 <i>6.05</i>	472 <i>6.51</i>	449 <i>6.20</i>	422 <i>5.94</i>
9.4	9.2	11.0	8.5	4.7	7.2	5.3	4.7	7.3	4.6	5.1	2.9	3.3

Figures in *italics* denote ratios per 1,000 of strength.

TABLE III.—VENEREAL DISEASE IN THE ARMY IN THE COLONIES.

ADMISSIONS.										
Year - - - -	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	
Strength - - -	30,738	32,192	33,167	32,598	32,893	33,389	41,819	34,659	33,394	
Primary syphilis - -	1,545 <i>50·3</i>	1, 4 <i>46·3</i>	1,656 <i>49·9</i>	1,696 <i>52·0</i>	1,959 <i>59·6</i>	1,982 <i>51·6</i>	1,585 <i>37·9</i>	1,213 <i>35·0</i>	531 <i>15·9</i>	
Secondary syphilis -	1,056 <i>34·4</i>	1,091 <i>33·9</i>	1,214 <i>36·6</i>	1,320 <i>40·5</i>	1,262 <i>38·4</i>	1,570 <i>40·9</i>	1,395 <i>33·4</i>	1,007 <i>29·1</i>	652 <i>19·5</i>	
Soft chancre - - -	1,239 <i>40·3</i>	2,191 <i>68·1</i>	2,259 <i>68·1</i>	1,732 <i>53·1</i>	1,374 <i>41·8</i>	1,682 <i>43·8</i>	1,918 <i>45·9</i>	1,613 <i>46·5</i>	1,099 <i>32·9</i>	
Gonorrhœa - - -	3,748 <i>121·9</i>	4,283 <i>133·0</i>	4,094 <i>123·4</i>	4,023 <i>123·4</i>	4,173 <i>126·9</i>	4,133 <i>107·7</i>	4,754 <i>113·7</i>	3,764 <i>108·6</i>	3,168 <i>94·9</i>	
Total venereal -	7,588 <i>246·9</i>	9,056 <i>281·3</i>	9,223 <i>278·1</i>	8,771 <i>269·1</i>	8,768 <i>266·6</i>	9,367 <i>244·0</i>	9,652 <i>230·8</i>	7,597 <i>219·2</i>	5,450 <i>163·2</i>	
Total of all diseases	26,600 <i>865·4</i>	30,038 <i>933·1</i>	28,342 <i>854·5</i>	29,414 <i>902·3</i>	29,330 <i>893·2</i>	33,989 <i>885·4</i>	40,628 <i>971·5</i>	28,491 <i>822·0</i>	30,981 <i>927·7</i>	

AVERAGE CONSTANTLY SICK.

Primary syphilis - -	98·75 <i>3·21</i>	112·78 <i>3·50</i>	111·82 <i>3·37</i>	130·33 <i>4·00</i>	154·57 <i>4·70</i>	172·24 <i>4·49</i>	127·02 <i>3·04</i>	83·62 <i>2·41</i>	34·98 <i>1·05</i>	
Secondary syphilis -	98·11 <i>3·19</i>	101·69 <i>3·16</i>	118·96 <i>3·59</i>	133·15 <i>4·03</i>	122·17 <i>3·71</i>	162·87 <i>4·24</i>	140·72 <i>3·36</i>	84·49 <i>2·44</i>	57·09 <i>1·71</i>	
Soft chancre - - -	92·22 <i>3·00</i>	148·24 <i>4·60</i>	181·54 <i>5·47</i>	144·74 <i>4·44</i>	114·24 <i>3·47</i>	124·77 <i>3·25</i>	135·53 <i>3·24</i>	119·41 <i>3·45</i>	74·02 <i>2·22</i>	
Gonorrhœa - - -	212·11 <i>6·90</i>	269·66 <i>8·38</i>	251·83 <i>7·59</i>	256·69 <i>7·87</i>	272·83 <i>8·29</i>	290·44 <i>7·57</i>	322·94 <i>7·72</i>	215·21 <i>6·21</i>	166·06 <i>4·97</i>	
Total venereal -	501·19 <i>16·31</i>	632·37 <i>19·64</i>	664·15 <i>20·02</i>	664·91 <i>20·40</i>	663·81 <i>20·18</i>	750·32 <i>19·55</i>	726·21 <i>17·37</i>	502·73 <i>14·50</i>	332·15 <i>9·95</i>	
Total of all diseases	1,407·26 <i>45·78</i>	1,678·73 <i>52·15</i>	1,687·40 <i>50·88</i>	1,738·89 <i>53·34</i>	1,717·98 <i>52·23</i>	1,993·77 <i>51·94</i>	2,254·61 <i>53·91</i>	1,382·77 <i>39·90</i>	1,143·45 <i>34·24</i>	

INVALIDS.

Primary syphilis - -	—	1 <i>·03</i>	—	—	—	1 <i>·03</i>	—	—	—	
Secondary syphilis -	7 <i>·23</i>	13 <i>·40</i>	19 <i>·57</i>	15 <i>·46</i>	11 <i>·33</i>	34 <i>·89</i>	37 <i>·88</i>	13 <i>·33</i>	7 <i>·21</i>	
Gonorrhœa - - -	2 <i>·07</i>	—	3 <i>·09</i>	3 <i>·09</i>	1 <i>·03</i>	2 <i>·05</i>	6 <i>·14</i>	3 <i>·09</i>	—	
Total venereal -	9 <i>·29</i>	14 <i>·43</i>	22 <i>·66</i>	18 <i>·55</i>	12 <i>·36</i>	37 <i>·96</i>	43 <i>1·03</i>	16 <i>·46</i>	7 <i>·21</i>	
Total of all diseases	315 <i>10·25</i>	341 <i>10·59</i>	283 <i>8·53</i>	310 <i>9·51</i>	251 <i>7·63</i>	365 <i>9·51</i>	435 <i>10·40</i>	346 <i>9·98</i>	222 <i>6·65</i>	

Figures in *italics* denote ratios per 1,000 of strength.

TABLE III.—VENEREAL DISEASE IN THE ARMY IN THE COLONIES.

ADMISSIONS.

1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.
35,711	100,612	62,414	57,969	50,857	46,404	40,752	39,553	38,142	37,302	37,103	37,986
533 <i>14.9</i>	1,107 <i>11.0</i>	794 <i>12.7</i>	1,699 <i>30.0</i>	1,270 <i>25.0</i>	983 <i>21.2</i>	937 <i>23.0</i>	894 <i>22.6</i>	751 <i>19.7</i>	637 <i>17.1</i>	572 <i>15.4</i>	590 <i>15.5</i>
629 <i>17.6</i>	1,167 <i>11.6</i>	1,177 <i>18.9</i>		1,928 <i>33.3</i>	1,757 <i>34.5</i>	1,411 <i>30.4</i>	966 <i>23.7</i>	1,113 <i>28.1</i>	983 <i>25.8</i>	1,001 <i>26.8</i>	1,129 <i>30.4</i>
1,003 <i>28.1</i>	2,029 <i>20.2</i>	1,902 <i>30.5</i>	4,411 <i>76.1</i>	3,583 <i>70.5</i>	2,975 <i>64.1</i>	2,521 <i>61.9</i>	2,418 <i>61.1</i>	2,276 <i>59.7</i>	2,117 <i>56.8</i>	1,990 <i>53.6</i>	1,988 <i>52.3</i>
4,958 <i>138.8</i>	9,835 <i>97.8</i>	8,281 <i>132.7</i>	8,038 <i>138.7</i>	6,610 <i>130.0</i>	5,369 <i>115.7</i>	4,424 <i>108.6</i>	4,425 <i>111.9</i>	4,010 <i>105.1</i>	3,755 <i>100.7</i>	3,691 <i>99.5</i>	3,668 <i>96.6</i>
30,408 <i>851.5</i>	59,345 <i>589.8</i>	46,625 <i>747.0</i>	37,677 <i>650.0</i>	29,614 <i>582.3</i>	24,500 <i>528.0</i>	20,806 <i>510.6</i>	20,220 <i>511.2</i>	18,001 <i>471.9</i>	17,405 <i>466.6</i>	16,368 <i>441.2</i>	16,156 <i>425.3</i>

AVERAGE CONSTANTLY SICK.

36.66 <i>1.03</i>	73.39 <i>.73</i>	69.37 <i>1.11</i>	177.70 <i>3.07</i>	121.27 <i>2.38</i>	88.15 <i>1.90</i>	98.14 <i>2.41</i>	96.40 <i>2.44</i>	72.77 <i>1.91</i>	62.67 <i>1.68</i>	65.19 <i>1.76</i>	82.22 <i>2.16</i>
49.62 <i>1.39</i>	98.04 <i>.97</i>	120.12 <i>1.92</i>		140.49 <i>2.42</i>	126.35 <i>2.48</i>	117.46 <i>2.53</i>	87.96 <i>2.16</i>	96.62 <i>2.44</i>	74.35 <i>1.95</i>	83.65 <i>2.24</i>	101.53 <i>2.74</i>	91.58 2.41
71.36 <i>2.00</i>	109.61 <i>1.09</i>	142.56 <i>2.28</i>	291.57 <i>5.03</i>	274.93 <i>5.41</i>	223.77 <i>4.82</i>	200.19 <i>4.91</i>	216.99 <i>5.49</i>	215.79 <i>5.66</i>	203.38 <i>5.45</i>	195.02 <i>5.26</i>	186.54 <i>4.91</i>
143.14 <i>4.01</i>	238.08 <i>2.37</i>	298.92 <i>4.79</i>	609.76 <i>10.52</i>	522.55 <i>10.27</i>	429.38 <i>9.25</i>	386.29 <i>9.48</i>	410.01 <i>10.37</i>	362.91 <i>9.51</i>	349.70 <i>9.38</i>	361.74 <i>9.75</i>	360.34 <i>9.49</i>
1,276.96 <i>35.76</i>	2,985.65 <i>29.67</i>	2,963.99 <i>47.48</i>	2,194.70 <i>37.86</i>	1,734.46 <i>34.10</i>	1,401.16 <i>30.19</i>	1,226.12 <i>30.09</i>	1,155.35 <i>29.20</i>	991.07 <i>25.98</i>	943.94 <i>25.33</i>	976.50 <i>26.32</i>	922.02 <i>24.27</i>

INVALIDS.

—	—	—	28 <i>.48</i>	17 <i>.33</i>	2 <i>.04</i>	9 <i>.22</i>	7 <i>.18</i>	4 <i>.10</i>	8 <i>.21</i>	4 <i>.11</i>	3 <i>.08</i>
9 <i>.25</i>	13 <i>.13</i>	24 <i>.38</i>		6 <i>.10</i>	6 <i>.12</i>	2 <i>.04</i>	4 <i>.10</i>	2 <i>.05</i>	2 <i>.05</i>	4 <i>.11</i>	5 <i>.13</i>	3 .08
9 <i>.25</i>	15 <i>.15</i>	26 <i>.42</i>	34 <i>.59</i>	23 <i>.45</i>	4 <i>.09</i>	13 <i>.32</i>	9 <i>.23</i>	6 <i>.16</i>	12 <i>.32</i>	9 <i>.24</i>	6 <i>.16</i>
343 <i>9.60</i>	495 <i>4.92</i>	1,125 <i>18.02</i>	789 <i>13.61</i>	513 <i>10.09</i>	379 <i>8.17</i>	337 <i>8.27</i>	251 <i>6.35</i>	260 <i>6.82</i>	263 <i>7.06</i>	210 <i>5.66</i>	314 <i>8.27</i>

Figures in *italics* denote ratios per 1,000 of strength.

Number of fresh cases of syphilis, 1910 - 306.
 " " " 1911 - 277.
 " " " 1912 - 310.

TABLE IV.—RECRUITS.

NUMBERS REJECTED ON INSPECTION ON ACCOUNT OF SYPHILIS.

Year.	Total Number Inspected.	Number of Rejections.			Number of Rejections for Syphilis.			Percentage of Rejections.			Percentage of Rejections for Syphilis.		
		On Inspection.	Under Three Months.	Total Inspected.	On Inspection.	Under Three Months.	Total	On Inspection.	Under Three Months.	Total.	On Inspection.	Under Three Months.	Total
1911-12	47,008	10,519	662	11,181	56	11	67	22.38	1.41	23.79	.12	.02	.14
1911	48,178	11,876	527	12,403	81	8	89	24.65	1.09	25.74	.17	.02	.18
1910	45,671	13,492	632	14,124	64	7	71	29.54	1.38	30.93	.14	.02	.16
1909	50,298	15,041	526	15,567	81	8	89	29.90	1.05	30.95	.16	.02	.18
1908	61,273	17,293	644	17,937	106	7	113	28.22	1.05	29.27	.17	.01	.18
1907	59,393	16,906	607	17,513	101	6	107	28.46	1.02	29.49	.17	.01	.18
1906	62,371	19,916	661	20,577	157	13	170	31.93	1.06	32.99	.25	.02	.27
1905	66,703	23,681	1,207	24,888	140	16	156	35.50	1.81	37.31	.21	.02	.23
1904	70,346	23,790	992	24,782	162	16	178	33.82	1.41	35.23	.23	.02	.25
1903	69,553	22,382	1,022	23,404	194	17	211	32.18	1.47	33.65	.28	.02	.30
1902	87,609	26,913	1,597	28,510	218	20	238	30.72	1.82	32.54	.25	.02	.27
1901	76,750	21,522	1,014	22,536	170	7	177	28.04	1.32	29.36	.22	.01	.23
1900	84,402	23,105	640	23,745	187	1	188	27.37	.76	28.13	.22	.00	.22
1899	68,087	22,071	433	22,504	178	4	182	32.42	.64	33.05	.26	.01	.27
1898	66,502	22,983	387	23,370	256	2	258	34.56	.58	35.14	.39	.00	.39
1897	59,986	22,370	575	22,945	208	1	209	37.29	.96	38.25	.35	.00	.35
1896	54,574	22,698	413	23,111	200	2	202	41.59	.76	42.35	.37	.00	.37
1895	55,698	22,548	368	22,916	194	—	194	40.48	.66	41.14	.35	—	.35
1894	61,985	24,705	369	25,074	314	1	315	39.86	.60	40.45	.51	.00	.51
1893	64,110	25,999	342	26,341	312	2	314	40.55	.53	41.09	.49	.00	.49
1892	68,761	25,955	394	26,349	317	1	318	37.85	.57	38.32	.46	.00	.46
1891	61,322	22,910	321	23,231	299	1	300	37.36	.52	37.88	.49	.00	.49
1890	55,367	21,712	293	22,005	348	3	351	39.21	.53	39.74	.63	.01	.63

APPENDIX VI.

Memorandum by Dr. Newsholme, Medical Officer to the Local Government Board.

This memorandum gives the personal views of the writer. It has not been submitted to the Local Government Board.

Part A. has been written for purposes of reference.

Part B. deals with the subject of notification of disease in general, of acute infectious diseases, and of tuberculosis.

Part C. deals with the notification and diagnosis of venereal diseases.

Part D. deals with the organisation of the treatment of venereal diseases.

ADDENDA.

1. Statement as to official Pathological Facilities for Diagnosis of Venereal Diseases provided by Public Health Authorities.

2. Statistics as to Notification of Ophthalmia Neonatorum in complete years since adoption of Compulsory Notification.

3. List of Towns with a population over 20,000 (1911) which have no General Hospital.

4. Legislation as to Venereal Diseases in the United States of America.

A.—Outline of the Present Law as to Notification and Prevention of Infectious Diseases:—

Acute Infectious Diseases:—

Tuberculosis.

Ophthalmia Neonatorum.

Notification by members of the General Public.

Rules as to Midwives.

Notification of Births.

B.—As to the Notification of Diseases:—

Disease in General.

Infectious Diseases:—

Typhus Fever.

Enteric Fever.

Small Pox.

Scarlet Fever and Diphtheria.

Measles and Whooping Cough.

Tuberculosis.

C.—As to the Notification and Diagnosis of Venereal Diseases:—

(a) Value of Notification for Statistical purposes.

(b) Value of Notification for preventive action.

Diagnosis as bearing on Notification.

The Notification of Ophthalmia Neonatorum.

Indirect Notification of Syphilis.

The Notification of Dead-Births.

Possibilities of Administrative Action through

Indirect Notification.

Summary as to Notification.

D.—Organisation of the Treatment of Venereal Diseases:—

Unqualified practitioners.

General practitioners.

Panel doctors.

Hospitals, Poor Law and Public Health Authorities.

Treatment under the National Insurance Act.

Treatment by Public Health Authorities.

Difficulty in securing continued treatment.

A.—OUTLINE OF THE PRESENT LAW AS TO NOTIFICATION AND PREVENTION OF INFECTIOUS DISEASES.

The chief enactments in regard to infectious diseases provide as follows:

As to Notification.—Section 3 of the Infectious Disease (Notification) Act, 1889, is as follows:—

“Where an inmate of any building used for human habitation within a district to which this Act extends is suffering from an infectious disease to which this Act applies, then, unless such building is a hospital in which persons suffering from an infectious disease are received, the following provisions shall have effect, that is to say:—

“(a) The head of the family to which such inmate belongs, and in his default, the nearest relatives of the patient present in the building or being in attendance on the patient, and, in default of such

relatives, every person in charge of or in attendance on the patient; and in the default of any such person the occupier of the building shall, as soon as he becomes aware that the patient is suffering from an infectious disease to which this Act applies, send notice thereof to the medical officer of health of the district:

“(b) Every medical practitioner attending on or called in to visit the patient shall forthwith, on becoming aware that the patient is suffering from an infectious disease to which this Act applies, send to the medical officer of health for the district a certificate stating the name of the patient, the situation of the building, and the infectious disease from which, in the opinion of such medical practitioner, the patient is suffering.”

Section 6 enumerates the infectious diseases to which the Act applies*; and Section 7 gives the local authority power to extend the list to any other infectious disease after due legal notice, and with the approval of the Local Government Board.

An alternative method of securing compulsory notification exists in Section 130 of the Public Health Act, 1875; this section states that—

“The [Local Government Board may from time to time make, alter, and revoke such regulations as to the said Board may seem fit, with a view to the treatment of persons affected with cholera, or any other epidemic, endemic, or infectious disease, and preventing the spread of cholera and such other diseases, as well on the seas, rivers, and waters of the United Kingdom, and on the high seas within three miles of the coasts thereof, as on land; and may declare by what authority or authorities such regulations shall be enforced and executed.”

The method of notification set out in Section 3 of the Infectious Disease (Notification) Act would apply to any diseases added under that Act to the list, and, in my opinion, syphilis and gonorrhœa could be thus added as being infectious diseases, by any individual authority wishing to do so, subject to the consent of the Local Government Board.

Under Section 130 of the Public Health Act, 1875, the initiative to enforce notification can be taken by the Local Government Board, who, under this section can modify as they think fit the procedure of notification, and, if they desire, require to be furnished to the medical officer of health, information beyond what can be legally demanded under the Infectious Disease (Notification) Act.

The notification of infectious diseases in London is provided for under Section 55 of the Public Health (London) Act, 1891, and under this section the age and sex of the patient are required, as well as the information required under the Infectious Disease (Notification) Act. There are certain other minor differences in procedure.

The Local Government Board could, in my opinion, add syphilis and gonorrhœa to the list of notifiable diseases in the Metropolis under regulations, as in the Provinces.

As to General Preventive Measures.—Irrespective of notification, the Public Health Act, 1875, gives general powers against infectious diseases. These could be applied against syphilis and gonorrhœa, subject to the conditions set out in the sections enumerated below. The powers are as follows.

Section 120 of the Public Health Act, 1875, makes it the duty of a local authority to cause premises to be cleansed and disinfected when they are of opinion on the certificate of their medical officer of health or of any other legally qualified medical practitioner that the cleansing and disinfecting of a house or any part of it, and of any articles therein, would tend to prevent or check infectious disease.

* These are smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, and the fevers known by any of the following names: typhus, typhoid, enteric, relapsing, continued, or puerperal.

By section 121 a local authority may direct the destruction of bedding, clothing, &c., under similar conditions. In this section the phrase “dangerous infectious disorder” is used, instead of the phrase “infectious disease” (section 120); both syphilis and gonorrhœa could be brought under either of these designations.

Section 122 authorises a local authority to provide means of disinfection.

Section 123 authorises a local authority to provide for the conveyance of infected persons to a hospital or other place of destination.

By section 124 a person suffering from a dangerous infectious disease, who is without proper lodging or accommodation, may be removed to a hospital by order of a justice.

Section 125 gives similar powers with regard to the removal of infected persons from ships.

Section 126 provides a penalty for exposure of infected persons and things, in streets, shops, public conveyance, &c.

Section 127 provides a penalty for failure to provide for disinfection of a public conveyance used by a person suffering from a dangerous infectious disorder.

Section 128 provides a penalty for letting a house, room, or part of a house, in which an infected person has been lodged.

By section 129 a person who, when questioned, makes a false statement as to this point is liable to a penalty.

The Infectious Disease (Prevention) Act, 1890, an adoptive Act, gives further powers as to cleansing and disinfecting of premises, as to disinfection of bedding, and as to detention in a hospital for infectious disease by order of a justice of a person suffering from any infectious disease, who would not on leaving such hospital be provided with lodging and accommodation in which proper precautions could be taken to prevent the spreading of the disorder by such person.

The terms of this Act only apply to diseases which have become notifiable under the Infectious Disease (Notification) Act, but the Act may also be applied to any other infectious disease in the same manner as that Act may be applied to such diseases.

The Public Health Acts Amendment Act, 1907, is also an adoptive Act; it can be adopted as a whole or in part by local authorities. In section 52 any person who knows he is suffering from infectious disease is prohibited from engaging in any occupation or carrying on any trade or business unless he can do so without risk of spreading the infectious disease.

By section 55 of the same Act, bedding, clothes, &c., which have been exposed to infection of any infectious disease may not be sent to a laundry.

Infectious disease in this Act means only a disease which has been made notifiable under the Infectious Disease (Notification) Act.

In London the powers as to prevention of infection are similar to those contained in the above-mentioned clauses. They are embodied in the Public Health (London) Act, 1891.

As to Treatment.—The power to make regulations for the treatment and prevention of epidemic and endemic diseases is provided by section 130 as set out above.

By section 131, any local authority—

“may provide for the use of the inhabitants of their district hospitals or temporary places for the reception of the sick, and for that purpose may—

“Themselves build such hospital or places of reception; or

“Contract for the use of any such hospital or part of a hospital or place of reception; or

“Enter into any agreement with any person having the management of any hospital, for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed on.

“Two or more local authorities may combine in providing a common hospital.”

By section 132 a local authority may recover the cost of maintenance of a patient in a hospital.

Section 133 gives power to provide a temporary supply of medicine and medical assistance. Its terms are as follows—

“Any local authority may, with the sanction of the Local Government Board, themselves provide or contract with any person to provide a temporary supply of medicine and medical assistance for the poorer inhabitants of their district.”

Prevention and Treatment of Tuberculosis.—The Local Government Board has used its powers under Section 130 of the Public Health Act in arranging for preventive measures against Tuberculosis. On 18th September, 1908, the Board issued an Order enforcing the compulsory notification to the Medical Officer of Health of all cases of pulmonary tuberculosis occurring in Poor Law medical practice.

Article IX (2) of these Regulations ran as follows—

“A Council, on the advice of their Medical Officer of Health, in the case of a poor person in relation to whom a notification in pursuance of these Regulations has been posted to the Medical Officer of Health, may, for the purpose of preventing the spread of infection from Pulmonary Tuberculosis,—

- (i) take all such measures, or do all such things as are authorised, in any case of infectious disease, or of dangerous infectious disease, by any enactment relating to public health, and as have reference to the destruction and disinfection of infected articles, or the cleansing or disinfecting of premises;
- (ii) take all such measures or do all such things as are appropriate and necessary for the safe disposal or destruction of infectious material, produced and discharged, as a result of Pulmonary Tuberculosis, and otherwise for the prevention of the spread of infection from any such material;
- (iii) afford or supply all such assistance, facilities, or articles as, within such reasonable limits as the circumstances of the case require and allow, will obviate, or remove, or diminish the risk of infection arising from the conditions affecting the use or occupation of any room, when used or occupied by the poor person as a sleeping apartment, and
- (iv) furnish, for the use of the poor person, on loan, or otherwise, any appliance, apparatus or utensil which will be of assistance for the purpose of any precaution against the spread of infection.”

On 22nd March, 1911, the duty of notification of cases of pulmonary tuberculosis was extended to apply to all patients at or in hospitals and dispensaries.

On 15th November, 1911, a general Order was issued enforcing the notification of all cases of pulmonary tuberculosis. The duty of notification was imposed upon medical practitioners generally, including school medical inspectors. An executive duty was placed upon the Medical Officer of Health on receipt of these notifications. It is set out as follows in Article VIII.—

“Upon receipt of a notification under these Regulations or under the Poor Law Regulations or under the Hospital Regulations the Medical Officer of Health, or an Officer acting under the instructions of the Medical Officer of Health, shall make inquiries and take such steps as may appear to him to be necessary or desirable for preventing the spread of infection and for removing conditions favourable to infection.”

On 19th December, 1912, a further Order was issued by the Board making obligatory the notification of all forms of tuberculosis throughout England and Wales. By Article XII the following duties are imposed on the Medical Officer of Health.—

“Upon receipt of a notification under these Regulations the Medical Officer of Health, or an

Officer of the Local Authority acting under the instructions of the Medical Officer of Health, shall make such inquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection, and for removing conditions favourable to infection.”

Under Article XIII the special powers and duties of local authorities are set out as follows—

“For the purposes of these Regulations—

- (1) A Local Authority on the advice of their Medical Officer of Health may supply all such medical or other assistance, and all such facilities and articles as may reasonably be required for the detection of tuberculosis, for preventing the spread of infection and for removing conditions favourable to infection, and for that purpose may appoint such officers, do such acts and make such arrangements as may be necessary:

Provided that nothing in this subdivision of this Article shall be deemed to authorise a Local Authority to take any of the measures herein mentioned at any Institution other than one belonging to the Local Authority.

- (2) A Local Authority on the advice of their Medical Officer of Health, may provide and publish or distribute suitable summaries of information and instruction respecting tuberculosis, and the precautions to be taken against the spread of infection from that disease.”

By Section 2 of the Public Health (Prevention and Treatment of Disease) Act, 1913, the Local Government Board is empowered with the consent of each county council to make the county council one of the authorities to execute enforced Regulations made by the Board under Section 130 of the Public Health Act, 1875.

Section 3 of the same Act makes it lawful for the Council of any County or for any sanitary authority to make any such arrangements as may be sanctioned by the Local Government Board for the treatment of tuberculosis.

Local Government Board Regulations, as to other Diseases.—Under Section 133, Public Health Act, 1875, the Board have made an Order providing for the free distribution of diphtheria antitoxin and for medical assistance in connection with this supply.

In 1912 the Board issued a special Order under Section 130 of the Public Health Act as to the notification and treatment of cerebro-spinal fever and acute poliomyelitis. This Order is interesting, because in regard to these diseases for the first time the obligation was imposed on every medical practitioner to state not only the age and sex of the patient but also the date of onset of disease.

A number of Local Authorities before 1914 obtained the consent of the Local Government Board to make ophthalmia neonatorum a compulsorily notifiable disease under the Infectious Disease (Notification) Act.

On 25th February 1914 the Board, under Section 130 of the Public Health Act, issued regulations requiring the notification of ophthalmia neonatorum in every sanitary area throughout England and Wales.* This was defined as a purulent discharge from the eyes of an infant, commencing within 21 days from the date of its birth. In the majority of instances this means the compulsory notification of gonorrhoea, when affecting the eyes of new-born babies. The Order imposed upon every medical practitioner, on first becoming aware that a child under his care was thus suffering, to send in a certificate, giving the same information as was required under Section 3 of the Infectious Disease (Notification) Act, 1889, and at the same time adding information as to the date of birth of the child, the name and address of the parent or other person, if any, having charge of the child, and the date of onset of the disease.

* The General Order embodying these regulations is printed on page 115.

By Article VI. of the Order the duty was imposed upon the midwife of notifying cases of this disease occurring in the course of her practice, unless the case had been already notified by a medical practitioner.

Notification by members of the general Public—The imposition of the duty of notification on the midwife, raises the general question of the desirability of enforced notification of diseases by others than medical practitioners. Such notification was made obligatory under Section 3 of the Infectious Disease (Notification) Act, on the head of the family, the nearest relative, or the person in charge of the patient. It has been universally a dead letter; sanitary authorities contenting themselves with the notification of the medical practitioner. When no doctor has been in attendance, attempts have been made to prosecute the parent or other responsible person for not notifying, but the prosecution has generally failed, owing to the impossibility of proving that these persons were, in fact, aware that the patient was suffering from a notifiable disease.

It may be mentioned that several towns have recently obtained by local Acts powers to make it obligatory on parents to send to the head teachers of the school attended by members of their family information of any suspected infectious disease in their family. No information is yet available as to the extent to which this procedure has succeeded.

Under the Tuberculosis Regulations as to Poor Law cases the Board made it obligatory on the relieving officer to notify to the medical officer of health changes of addresses of Poor Law tuberculous patients, but this duty did not involve any medical knowledge on the part of the relieving officer, as his duty merely consisted in keeping in touch with patients already notified.

Rules as to Midwives.—It is convenient at this stage to set out the Rules of the Central Midwives Board bearing on the question of venereal diseases.

The examination of the Midwives Board includes in its syllabus the following items:—

“ The management (including the feeding) of infants, and the signs of the diseases which may develop during the first ten days.

“ Some knowledge of the local manifestations of venereal disease in its effects on the newly-born.”

In certain emergencies the midwife is under an obligation to hand to the husband or the nearest relative or friend present at the confinement, a form for sending for medical help, properly filled in and signed by her, in order that this may be immediately forwarded to a medical practitioner. Among the conditions requiring that a doctor should be sent for are the following:—

- (a) Pregnancy:
 - Purulent discharge.
 - Sores of the genitals.
- (b) Labour:
 - Purulent discharge,
 - Sores of the genitals.
- (c) Child:
 - Inflammation of, or discharge from, eyes; however slight.
 - Serious skin eruptions.

The midwife further is under an obligation to notify any dead-birth occurring in her practice to the local supervising authority.

The above Regulations of the Central Midwives Board show that the midwife is regarded as occupying an intermediate position between that of the medical practitioner and that of the general public; and this intermediate position is recognised by the Local Government Board's Order as to notification of ophthalmia neonatorum. The Board have, however, made it clear that the chief and usually the sole duty of the midwife as to notification of ophthalmia neonatorum is to notify under the rules of the Central Midwives Board to the local supervising authority any inflammation or discharge from the eyes, however slight, and when this done, occasion for her to notify under the Board's Regulations will only arise in the very rare instances in which no doctor was available.

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Notification of Births.—In 1907 the Notification of Births Act was passed. This is an adoptive Act, the primary initiative resting with local authorities, who can adopt it with the approval of the Local Government Board. It has already been applied to nearly 70 per cent. of the population of England and Wales, including all the chief urban centres in the country. It enforces the notification of all births, alive or dead, after the expiration of the 28th week of pregnancy. This duty of notifying is imposed upon the father of the child, or any person in attendance on the mother at the time of birth. The notification must be made within 36 hours of birth to the medical officer of health. The Local Government Board can take the initiative, and put the Act in force in the area of any local authority, if they think it expedient, having regard to the circumstances of the area.

Local authorities, including county councils, have utilised the information given by this Act by providing “health visiting” by women, more or less qualified for this purpose, to infants within a few days of birth, followed in many areas by visits at intervals during the first year of life, the intervals being determined where there is an adequate staff by the needs of each infant. Some local authorities also have established infant consultations, at which doctors attend on certain hours and days weekly, babies being sent to these consultations on the advice of health visitors. The ideal is to secure for each infant the personal prevention of disease, and the earliest application of preventive treatment. In a number of areas health visiting has been extended to the second and third year of life. So far systematic visitation has not generally been undertaken in connection with dead births. The information has however, been utilised by medical officers of health to ascertain excessive incidence of dead births in the practice of individual practitioners or midwives. Midwives not infrequently are interviewed when they have an excessive number of such dead births in their practice.

So far local health authorities have appointed about 600 health visitors, and this works out at something like one health visitor to 4,000 children under five in the areas in which the Notification of Births Act has been adopted. This number does not include the many voluntary workers in connection with baby weighings, schools for mothers, &c.

From the above summary it appears that public health authorities can—

- (1) Provide facilities for the diagnosis of venereal diseases by laboratory means or otherwise,
- (2) Make it a compulsory duty of medical practitioners to notify cases of these diseases, and
- (3) Provide facilities for their treatment.

The facilities for treatment in hospitals, including dispensaries, can be provided under Section 131 of the Public Health Act, 1875, by all local sanitary authorities,

Section 133 would enable any local sanitary authority, with the Board's consent, to provide temporary medical assistance for the poorer inhabitants of their district. Such medical assistance might be given at home as well as at hospitals or dispensaries. Section 130 of the Public Health Act gives the Local Government Board power to issue Regulations to all sanitary authorities for the treatment of venereal diseases.

It is desirable that an authoritative opinion should be obtained on behalf of the Commission on the above points, in order that definite recommendations for legislation, if needed, may be made.

B.—AS TO THE NOTIFICATION OF DISEASE IN GENERAL.

My views on the general question were set out in a paper on “A National system of Notification of Sickness” (Journal Royal Statist. Soc. March 1896) from which the following remarks are extracted:

1. All cases of sickness occurring among the parochial poor in each district should be periodically reported to the medical officer of health, and tabulated statements concerning them forwarded to a central office in London, in which such statistics, along with those from

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other sources, should be analysed, summarised and published.

Schedules might easily be arranged similar to those in force in Christiania or Berlin, in which a weekly return of the new cases of sickness among the poor could be made by the Poor Law medical officer with a minimum of trouble. The cases in the workhouse infirmaries and in industrial schools should be similarly scheduled. Care would be required to prevent the same cases from being entered more than once.

2. All cases of sickness, whether out-patients or in-patients, at hospitals (general and special) and at public dispensaries should be reported weekly to the medical officer of health, and by him forwarded to the central office in London, to be there treated like the pauper statistics. The hospitals and dispensaries of this country are supported by subscriptions or bequests, and they owe it to the State to furnish the fullest particulars which the latter may require. Every public institution for the treatment of the sick should, I maintain, be required to give to the medical officer of health a weekly statement of the number of new in-patients and out-patients treated during the week, specifying the age, sex and nature of the illness of patients; also a quarterly or annual statement of the total cases, and the number of days spent by each patient in the hospital. The statistics of large general hospitals, especially those to which medical schools are attached, are of great value, the diagnosis and certification being exceptionally accurate.

It should be made obligatory on the managing bodies of all general and special hospitals, and all public dispensaries, to keep accurate entries of all cases treated at these institutions, and to report on special schedules these cases to the medical officer of health at stated intervals. What has been done in Germany can be done here; and as they followed our lead in respect of registration of deaths, it is for us now to follow them in registration of hospital and other forms of sickness.

3. All friendly societies, and all sickness insurance societies of every description should be required to furnish weekly or monthly returns of the number of new cases of sickness in their experience, classified according to a specified schedule, and a yearly statement of the total number of subscribing members, classified according to age.

Such friendly societies are already under some degree of control as regards their financial condition, and there is no reason why accurate statistics should not be required in the interest of the community. These would furnish a very valuable means of estimating the relative amount of yearly sickness at different ages in the industrial classes, the relative incidence of special diseases at certain ages and in special occupations, and so on.

4. An attempt should be made to obtain accurate returns of sickness in the great industries.

In 1904 the Inter-Departmental Committee on Physical Deterioration made a similar recommendation, as follows :—

It appears to the Committee in the highest degree desirable that a register of sickness, not confined to infectious diseases, should be established and maintained. For this purpose the official returns of poor law medical officers could, with very little trouble and expense, be modified so as to secure a record of all diseases treated by them. And, further, it ought not to be difficult to procure the co-operation of hospitals and other charitable institutions throughout the country, so as to utilise for the same purpose the records of sickness kept by such institutions.

Systematic returns of sickness in the general community, and particularly in that part of it treated partially or entirely at the public expense were advocated in the above paper because such knowledge is of economic value, and because "information as to

"the relationship to the incidence of disease of "season, locality, occupation, social conditions, &c." is likely to throw new light on its origin and lead to increased activity in its prevention.

It would, in my opinion, be a mistake to attempt to make such returns obligatory in respect of venereal diseases on practitioners not attached to institutions under public control, except in connection with a scheme for weekly or monthly returns of the number of new cases of a selected list of diseases (*e.g.*, pneumonia and rheumatic fever).

Notification of Infectious Diseases.

From the standpoint of preventive measures against infectious diseases notification is indicated (1) where the collected information as to all the cases of a disease in a given area will enable the source or sources of infection to be discovered more easily than when information is only partial; (2) where the notification of each individual case will make more certain the carrying out of precautionary measures, than if the control were left solely in the hands of the private practitioner or the patient.

It is evident, therefore, that the advisability of notification is conditional on the associated circumstances.

1st. Are the sources of the disease in question well known in the absence of notification? This was so for typhus and enteric fever; and by hospital segregation of cases, removal of rookeries, improved water and milk supplies, these diseases had been enormously reduced before notification was enforced. It was so also for tuberculosis, the death-rate from which as the result of humanitarian treatment of a large proportion of advanced cases of the disease in infirmaries and hospitals, of correlative improvement in housing, of increased cleanliness of habits, and of improved nutrition of the population had declined enormously before notification of all cases was enforced in 1912.

2nd. In the majority of infectious diseases experience shows that official supervision enables more adequate measures against infection to be taken than if the practitioner alone controls these measures. The practitioner himself is usually glad to be relieved of his responsibility in this respect, or in giving his advice to have the moral backing of possible official compulsion.

The possible influence of notification may be illustrated in the experience of the chief infectious diseases.

1. *Typhus Fever.*—This has become almost extinct in Great Britain, the main diminution having occurred before notification commenced. Hospital segregation of known cases, the abolition of crowded slums, and increased cleanliness of the population have been the chief factors in ensuring this result. It almost disappeared, before the first attempt at compulsory notification was made in one or two towns in 1876-77 and long before notification became general.

At the present time small outbreaks occasionally occur, usually traceable to overlooked imported cases or cases infected from these. These are discovered as the result of systematic tracing back from later notified cases. Notification undoubtedly now aids in preventing recrudescence of typhus fever. This disease would become absolutely extinct in this country, were it not for the difficulty in recognising atypical imported cases.

2. *Enteric Fever.*—This was known to be spread chiefly by means of infected water or milk, and by the retention of excremental matter about houses. The remedies in a large part of the country were applied before notification was enforced with the result that between—

1871-80 and 1881-90 the death-rate from this disease declined 39 per cent.; between 1881-90 and 1891-1900 the decline was 15 per cent.; between 1891-1900 and 1901-10, 47 per cent.; between 1901-10 and 1913, 56 per cent.

The facts as to this disease are consistent with the view that the possibilities of prevention without accurate knowledge of individual cases were becoming exhausted during the decade 1891-1900, and that the rapid decline of the disease since then, while ascribable

in part to the more general provision of improved water and milk supplies is due also to additional factors. These additional factors would have been partially lacking, had there been no compulsory notification of each case of disease. This had led to (1) careful investigation of sources of infection, including the large amount of enteric fever caused by shell-fish; (2) the giving of precautionary instructions as to nursing, and the avoidance of multiple cases in the same household; (3) the increased use of isolation and other hospitals for the treatment of this disease.

No experienced medical officer of health would doubt the great value of notification in controlling enteric fever. Apart from the points just named such notifications have led to the early discovery of outbreaks due to water or milk, thus preventing epidemics from these sources assuming greater magnitude.

Treatment and the subsequent supervision of patients apart from notification may be made a means of still further reducing the incidence of enteric fever in the population. It has been shown that persons having had enteric fever, may carry and occasionally eliminate typhoid bacilli during subsequent months or years. Hence the importance of bacteriological examination of the discharges of such patients before they leave hospital. Recent work done for the Local Government Board indicates that if patients discharged from an isolation hospital have no typhoid bacilli in their excreta they will not be likely subsequently to become infectious; the necessary observation over discharged patients being thus limited within practicable limits.

3. *Small-pox*.—The utility and the limitations of the utility of notification are well illustrated in this disease. Prompt notification of cases, and the vaccination or re-vaccination of all contacts, including those engaged in investigation, disinfection, and nursing of the patient, enable small-pox to be controlled with certainty. But notification not infrequently fails at first, owing to the rash being confused with the rashes of chicken pox, syphilis, or some other skin disease. This happened recently at a London hospital, an outbreak comprising 63 cases being associated with the failure to recognise the first patient. The same outbreak illustrates the value of notification. It enabled subsequent cases to be recognised at an early stage, their prompt isolation to be secured, and all contacts kept under frequent supervision. In other outbreaks notification has led to inquiries revealing unnotified cases of small-pox. It can safely be said that without notification and the active sanitary administration rendered practicable by it, the risks of the public from small-pox would become very serious, except under vaccinal conditions of the population which do not obtain in this country.

4. *Scarlet Fever and Diphtheria*.—Scarlet fever varies greatly in severity. Its severity as well as its prevalence are subject to cyclical variations, irrespective of human control, thus rendering it difficult to state to what extent sanitary administration—comprising notification of cases, isolation, disinfection and the tracing and removal of sources of infection—has reduced the prevalence of this disease. Such notification, and the inquiries following on notification in numerous instances, however, have led to earlier and more complete detection and removal of special sources of infection, as, for instance, infected milk or the attendance at school of infected children, than would otherwise have been practicable.

Similar remarks apply in the case of diphtheria.

5. *Measles and Whooping Cough*.—Notification of these diseases has been tried in a number of districts, in some towns for a long series of years. There is no evidence that it has succeeded in diminishing their epidemic prevalence. The chief reasons for this failure are that—

- (1) Both diseases are infectious, and probably chiefly infectious during the days preceding the onset of their most characteristic symptoms.
- (2) In a very high proportion of the total cases no doctor is called in, and either a definite diagnosis is not made, or it is difficult to prove that the disease has been recognised.

The Local Government Board in a recent circular letter have pointed out to local authorities the importance of employing additional medical and nursing assistance for home visiting during measles, in order to minimise the fatality of the disease

6. *Tuberculosis*.—Tuberculosis being, like syphilis, an infective disease in which there are possibilities of infection over a protracted period, a consideration of the value of its notification is important. Notification has been found to be necessary for the following among other reasons:—

- (1) Often the doctor, especially the doctor in busy industrial practice, does not give the requisite hygienic advice; and experience shows that even when he does so this counsel needs to be repeated at intervals, and its observance checked by home visits by the Medical Officer of Health or his assistant.
- (2) Notification of recognised cases has led to the examination of "suspects" and "contacts." For this there is now an established official machinery in most county and county borough areas; and by this means early treatment is being secured for a large number of patients who might otherwise drift into an irrecoverable condition.
- (3) Notification enables the insanitary domestic and industrial conditions which favour and propagate tuberculosis to be investigated. Visits to factories &c. are not made in connection with any individual patient, but only as part of a general inquiry.
- (4) The visit of a sympathetic officer encourages the patient to continue treatment, and often brings him into touch with organisations for care or after-care, through which material help or suitable occupation can be secured.

The completeness with which notification of cases of tuberculosis has been secured varies greatly in different districts. It is likely that a large proportion of cases occurring among the well-to-do fail to be notified, and that this is especially so as regards cases of non-pulmonary tuberculosis

If it be assumed that the proportion of actual cases to deaths from pulmonary tuberculosis is fairly equal in different towns, the following table gives some indication as to the extent to which notification has been secured in a number of large towns.

Proportion between Cases notified and Deaths registered from Pulmonary Tuberculosis during the year 1912 and 1913.

(Deaths = 100.)

	1912.	1913.
Birmingham - - -	427	384
Liverpool - - -	281	266
Manchester - - -	209	215
Bradford - - -	223	244
Sheffield - - -	166	173
Portsmouth - - -	407	350
Brighton - - -	255	265
Nottingham - - -	282	205

Two difficulties render these figures not strictly comparable—

- (1) In the first year of general compulsory notification (1912) the number of cases notified would be greater in towns in which there had not previously been in operation a local system of voluntary or compulsory notification.
- (2) The deaths for 1912 were used as the basis of comparison, those for 1913 not being available.

C.—AS TO THE NOTIFICATION AND DIAGNOSIS OF VENEREAL DISEASES.

The notification now under consideration is the separate intimation by the practitioner of each case of venereal disease, not such weekly or monthly statistical statements of new cases of these and of other

diseases coming under the practitioner's care as is suggested on page 102.

(a) *Value of Notification for statistical purposes.*—If the notification of individual cases be anonymous, the statistics obtained are likely to be almost as defective as are death-certificates relating to these diseases. They may occasionally be misleading also, owing to repeated notification of one case. If the name and address of the patient is required, it is likely that for statistical purposes the returns will be even more defective. I see no possibility, except in rare instances, of rendering compulsory notification effective by means of prosecution in the event of default to notify.

Notification by unqualified Practitioners.—A further reason rendering notification statistics unsatisfactory is the following.—If notification by medical practitioners could be made effective, it would be impracticable,—even if it be admitted to be desirable,—to enforce notification by pharmaceutical chemists and charlatans who commonly treat these diseases, especially in their earlier stages. Experience as regards the acute infectious diseases shows that the duty of notification by relatives and laymen generally has been inoperative.

To meet this difficulty it is a subject for consideration whether, in view of the extreme importance in the public interest of the rapid reduction of venereal diseases, chemists and other unqualified practitioners ought not to be forbidden to treat any disease or disorder of the genito-urinary organs, and to have the duty imposed on them of notifying to the Medical Officer of Health the name and address of any person applying to them for treatment of any such conditions. This is the only form of notification which could, I think, properly be imposed on unqualified practitioners. Such a prohibition of treatment of genito-urinary diseases by unqualified practitioners, if practicable, would have great public health importance, as a skilled medical diagnosis could then be obtained at a stage of disease when it is extremely important in the interest of the patient and of the public. Such a prohibition should only apply in districts in which satisfactory gratuitous treatment for these diseases is available. It would not, I think, be practicable to extend the inhibition to diseases, such as skin diseases, sore throat, &c., which may be syphilitic; but the inhibition to the extent recommended above, if secured, would be most valuable. If such an enactment in respect of unqualified practitioners could be obtained, the question of notification by doctors might be further considered after a year or two's experience of active provision of means for free diagnosis and treatment. Meanwhile, the statistics of numbers of new cases, of duration of treatment, of patients treated at each official Treatment Centre would give a valuable indication of the prevalence of venereal diseases.

(b) *Value of Notification for Preventive Action.*—It will presumably be agreed that notification by the patient himself could not be enforced. He presents himself for treatment, and any notification to be made must be by the doctor treating the patient.

The decision as to the administrative value of notification of each individual case of venereal disease depends on an appreciation of the natural history of these diseases. For convenience the facts are stated in terms of syphilis, but similar considerations apply to gonorrhoea.

A comparison may be made between three groups of infectious diseases communicable from man to man—

- (1) Diseases like enteric fever, the great majority of cases of which have not been directly infected from previous patients, but through human contamination of water, milk, shell-fish, &c. Here notification can be of great value. Its value is still greater in the cases in which treatment is carried out under unsatisfactory conditions, or in which the possibility of continued infection after recovery is not safeguarded.
- (2) Tuberculosis is intermediate between the last group and syphilis. In a minority of cases in children it may be caused by infected milk. In most instances it is spread from man to man by expectoration, either direct "spray" infection or by means of desiccated sputum.

It is most prevalent in crowded houses and under insanitary conditions; and resistance to attack is also seriously lowered by malnutrition. In this disease, also, notification enables help to be brought to the patient and preventive measures to be adopted which would not otherwise be secured.

- (3) The exact method of spread of syphilis is known. Its action is not only well known, but is also circumscribed. Its infection can be stopped in a few hours by treatment, though it may subsequently recur. This being so, it is evident that we have to deal with a disease differing in important particulars from other diseases which call for public health control.

In syphilis, given a patient known to suffer from the disease, the one essential thing is to secure his continued disinfection. Treatment by mercury, and, still more rapidly, treatment by salvarsan, secures this, so far as superficial lesions are concerned, though infection may recur; spirochaetes being demonstrable as dead in lesions previously containing living and extremely infectious spirochaetes.

Apart from the wider questions as to the prevention of immorality, including prostitution, with which this memorandum does not deal, the essentials for the treatment and prevention of this disease are:—

- A.—Prompt diagnosis.
- B.—Prompt treatment.
- C.—Systematically continued treatment to prevent or curtail recrudescences of the disease.

The efficacy of personal notification as a means for diminishing the prevalence of syphilis must be judged by the extent to which, if any, it will secure A, B, and C.

It is evident that the interests of the patient and of the public are inseparable, as regards this disease. Disinfection of the patient implies disappearance of his symptoms, if not permanent cure. It means also disappearance,—temporary, if not permanent,—of the risk to which his family and friends are otherwise exposed.

Diagnosis as bearing on Notification.—The main difficulty in securing adequate and satisfactory treatment is the failure to recognise the disease. There is also a large amount of inadequate treatment after recognition, the blame for which must attach chiefly to the patient, though there is evidence that many doctors do not sufficiently explain to their patients the need for systematic treatment in syphilis and gonorrhoea, and do not point out the serious personal, family, and social consequences of neglected treatment.

But the main difficulty is failure of diagnosis. Notification would not remedy this, as diagnosis must precede notification. Any benefit obtainable from notification will result from action which the medical officer of health may take after receiving each notification. It is conceivable that this action might include—as it does in regard to acute infectious diseases in sanitary administration,—(a) investigation of the source of infection of the notified case, (b) inquiry as to cases in the same household, who may have been infected from the notified case, (c) advice as to precautionary measures to be taken by the patient.

I assume that under present circumstances in civil life the first line of inquiry cannot be followed. Research in this direction, if permissible, would not be likely to be effective. It may be argued, however, that following on the notification the Medical Officer of Health might make domestic inquiries, even undertake a personal examination of the patient's wife and family, and thus secure prompt treatment of such of these as were found to be infected. The statement of the case in this crude form appears to me to show its present impracticability. Modified action on allied lines is suggested later in this memorandum.

First place must then be given to facilities for improved and prompter diagnosis.

The satisfactory training of medical students at hospitals and of doctors by post-graduate courses in the clinical diagnosis of venereal diseases has great importance.

The provision of gratuitous examination of material from patients for the detection of spirochaetes or gonococci, and for the Wassermann test is among the most immediately urgent needs. Such examinations should be free for all, the only condition being that the specimen is sent by the practitioner who is in charge of the patient.

Some sanitary authorities including county councils have already begun to provide these facilities, and in many hospitals similar facilities are provided. In a few months it is hoped that the inauguration of these facilities in public pathological laboratories will have become general. That a considerable amount of such work is already being done by, or on behalf of, public health authorities, is shown by the tabular statement in Addendum I. (page 110).

These laboratories will, I assume, be organised by county councils and by county borough councils. There are 62 county councils and 80 county borough councils in England and Wales. In some instances these councils will doubtless combine to provide joint laboratories, and where practicable will utilise laboratories already existing at various university centres. It will be important also to utilise well-organised laboratories already at work at large hospitals.

At these laboratories the examination of products of conception, with a view to the detection of congenital syphilis, will also be encouraged.

It is suggested that these laboratories should be subsidised at first to the extent of 75 per cent. of their

total cost by the Exchequer, the local rates bearing the remainder of the cost.

It is also most desirable that the pathologist at work in these laboratories should be available for consultation with practitioners.

In Glasgow a small fee has been paid to practitioners for sending detailed information as to the clinical condition of patients when specimens are forwarded for examination. This may be regarded as a variety of anonymous notification of the cases. Some method of securing that an excessive number of specimens is not sent from the same patient will need to be devised.

The Notification of Ophthalmia Neonatorum.—The majority of cases of this disease are due to maternal gonorrhoea. Ophthalmia neonatorum is now compulsorily notifiable throughout England and Wales, so that one form of gonorrhoea has already been made notifiable. A copy of the Local Government Board's regulations enforcing the notification of Ophthalmia Neonatorum is appended.

Prior to April 1, 1914, when this order came into force, a considerable number of sanitary authorities had obtained the sanction of the Board to add this disease to the local list of diseases notifiable under the Infectious Disease (Notification) Act.

The experience of these authorities in respect of ophthalmia neonatorum is summarised in the table below.

OPHTHALMIA NEONATORUM.

Summary of Notifications in complete Years since adoption of Notification.

	Notification in Force during							
	4 Years (1910-1913).				3 Years (1911-1913)†			
	Population, 1911.	Average No. of Births per Annum, 1910-12.	Total Notifi- cations.	Average Annual Case- Rate per 1,000 Births.	Population, 1911.	Average No. of Births per Annum, 1910-12.	Total Notifi- cations.	Average Annual Case- Rate per 1,000 Births.
Urban Districts* -	751,197 (3 Districts).	19,590	1,617	20·6	6,647,008 (76 Districts).	167,700	4,225	8·7
Rural Districts -	—	—	—	—	77,465 (6 Districts).	1,720	8	1·6
Total -	751,197 (3 Districts).	19,590	1,617	20·6	6,724,473 (82 Districts).	169,420	4,233	8·7

(continued.)

	Notification in Force during							
	2 Years (1912-1913).				1 Year (1913).			
	Population, 1911.	Average No. of Births per Annum, 1910-12.	Total Notifi- cations.	Average Annual Case- Rate per 1,000 Births.	Population, 1911.	Average No. of Births per Annum, 1910-12.	Total Notifi- cations.	Average Annual Case- Rate per 1,000 Births.
Urban Districts* -	8,883,195 (118 Dis- tricts).	230,395	3,810	8·3	10,809,196 (162 Dis- tricts).	279,921	1,898	6·8
Rural Districts -	360,454 (24 Districts).	8,199	17	1·0	687,374 (53 Districts).	15,063	15	1·0
Total -	9,243,649 (144 Dis- tricts).	238,594	3,827	8·0	11,496,570 (215 Dis- tricts).	294,984	1,913	6·5

* Including county and other boroughs.

† See footnote † on page 112.

In addition to the above districts, 77 others, with a population of 1,342,745, have adopted notification of ophthalmia neonatorum since the beginning of 1913. The total number of districts having adopted such notification is 292, having a population of 12,839,315, or 35·6 per cent. of the total population of England and Wales. In February 1914 this disease was made notifiable throughout England and Wales the Order coming into operation on the 1st April, 1914.

It will be noted that a very large number of notifications per 1,000 births is recorded for the three districts having had notification for four years. This is owing to the exceptional experience of Manchester. Of the districts having had notification for three years 76 urban districts had a case-rate of 8·4, and six rural districts a case-rate of 1·6 per 1,000 births. In the districts having two year's experience, the case-rate was 8·3 in the urban and 1·0 in the rural districts; the corresponding rates being 6·8 and 1·0 for the urban and rural districts having only one year's experience.

In the detailed tables in the Appendix (page 112) is given the experience of individual districts. Some of the case-rates are based on very scanty data, and may be disregarded.

It is probable that the differences between urban and rural rates correspond to real differences in the incidence of this disease.

It is not clear that the differences in the case-rates of the great towns can similarly be regarded as corresponding to real differences.* The following may be compared.—

Cases per 1,000 births.

Manchester, 21·4 (four years' experience).
London, 6·1 (2½ years' experience).
Stoke-upon-Trent, 28·1 (three years' experience).
Birmingham, 9·9 (two years' experience).
Nottingham, 11·2 (two years' experience).
Southwark, 11·6 (2½ years' experience).
Finsbury, 2·7 (2½ years' experience).

Indirect Notification of Syphilis.—Apart from the notification of syphilis or other venereal diseases as such, other means of securing the treatment of syphilis and its results are at once available. Much use could be made of systematic examination of all children and adults when, for any reason, they come under public charge. This would enable adequate treatment to be recommended for patients who come into hospitals of public health and poor law authorities or into asylums for children and adults.

The Notification of Dead-births.—Under the Notification of Births Act, 1907, any still-birth occurring after the 28th week of pregnancy is required to be notified. Midwives are also required to notify still-births under the rules of the Central Midwives Board. There is no definition of "still-birth" in these rules.

I sent a circular letter of inquiry to the medical officers of health of the 29 metropolitan boroughs, of the 74 county boroughs and large towns in England and Wales with a population exceeding 50,000 and of the 67 smaller towns with a population between 20,000 and 50,000 in which the Notification of Births Act was then in force, and the results of this inquiry are summarised below.

The completeness of notification of births, whether of living or dead children, varies considerably in different towns, commonly not more than 90 per cent. of the registered births having been notified previously. Births attended by midwives are notified in a higher proportion than those attended by doctors.

The average results as to notification of still-births are shown in the following table, which gives the average percentage of still-births to registered (live) births in Towns and County Boroughs and in London where the Notification of Births Act, 1907, is in force.

	1910.	1911.	1912.	1908 to 1912 or other Period.	Range of Percentages for 3 Years 1910-12.
In 74 County Boroughs and Towns with over 50,000 population.	3·01	3·18	2·98	3·06	1·08 to 5·52
In 67 Towns with Populations between 20,000 and 50,000.	3·21	3·07	3·34	3·34	1·19 to 7·82
In the 29 Metropolitan Boroughs.	2·14	2·21	2·46	2·18	0·31 to 5·83

In the following table the range of variation of notifications in each group of towns is given separately for each year from 1909 onwards.

	No. of Areas.	Average Percentage of Still-births to Registered Births.	Range.
			1908
Metropolitan Boroughs	7	1·43	0·36-2·54.
Large Towns - - -	17	3·04	0·72-5·06.
Smaller Towns - - -	12	4·02	1·17-7·31.
			1909.
Metropolitan Boroughs	17	2·08	0·61-3·34
Large Towns - - -	46	3·10	0·63-9·65.
Smaller Towns - - -	24	3·61	1·58-8·07.
			1910.
Metropolitan Boroughs	28	2·14	0·73-3·33.
Large Towns - - -	52	3·01	1·18-7·65.
Smaller Towns - - -	34	3·21	1·65-6·70.
			1911.
Metropolitan Boroughs	27	2·21	0·69-3·44.
Large Towns - - -	58	3·18	1·24-5·95.
Smaller Towns - - -	40	3·07	0·96-7·01.
			1912.
Metropolitan Boroughs	27	2·46	0·31-3·30.
Large Towns - - -	60	2·98	1·24-5·32.
Smaller Towns - - -	54	3·40	0·92-8·40.

Possibilities of Administrative Action through Indirect Notification of Venereal Diseases.

(a) *Deaths Registered as due to these Diseases or some of their Results.*—As a rule the information will be belated as well as incomplete; and it is not likely that advice to relatives could be given on the strength of death certificates under present conditions. If the direct transmission of the death certificate to the registrar were arranged, its accuracy would be greatly increased; but the difficulty of following up this secret information, except by means of the practitioner would remain.

(b) The notification of such diseases as meningitis and interstitial keratitis would bring a number of cases of congenital syphilis to official knowledge. It is open to question whether, at present, such notification is advisable or would increase efficiency of treatment. Given efficient gratuitous treatment, it is open to question whether such notification will be found to be needed.

(c) Action may be taken when any patient under public charge is found to be suffering from venereal disease or some sequela of this. There are many

* In Glasgow in the period from 1st August 1911, to 31st December, 1912, the cases notified numbered 145 per 1,000 births

neglected opportunities for this in the treatment of children at various children's hospitals, including the hospitals of public authorities at which cases of fever and of tuberculosis are treated, in the treatment of patients in general hospitals in poor law infirmaries, in special hospitals for eye and ear diseases, in maternity hospitals, and in hospitals or wards of hospitals for gynaecological diseases and in asylums. It is noteworthy in this connection that in England and Wales there are about 215,000 to 220,000 hospital beds. Of this number about 110,000 are asylum beds, 30,000 beds in general hospitals, 28,000 beds in hospitals for infectious diseases, nearly 6,000 in children's hospitals, 12,000 in institutions for the feeble minded and 15,000 in convalescent homes (figures approximate).

The institutional doctor, owing to the limitations of his functions, generally deals only with the patient actually in hand; and unlike the family practitioner, has little or no opportunity of examining and advising other members of the same family. When any system of notification becomes practicable, this linking up of hospital and private medical work is a chief desideratum.

(d) The notification of births, especially of premature and dead-births, offers opportunities for valuable work for the medical officer of health. It would be a mistake to assume that prematurity of birth or dead-birth justifies an assumption that it is due to congenital syphilis. This is only one of a number of causes. Much of the excess of mortality among illegitimate infants is caused by syphilis.

Notification of Dead-births.—Two classes of cases arise when a dead-birth is notified.

(1) *A doctor has been medically in charge.*—There is risk that the doctor will resent inquiry concerning his patient, but this risk will diminish with time. The doctor may furthermore feel the difficulty that he will be liable to be considered to be seeking for further medical work. This difficulty will continue so long as private practice continues, but will diminish with increased education of the public.

The doctor may resent the suggestion that a specimen of the mother's blood should be taken for the Wassermann test. It may be desirable to consider the advisability of paying for each specimen. A better specimen would be thus secured. This has been done in Glasgow.

A line of possible subsequent action might be as follows:—If the Wassermann reaction is positive a letter would be sent to the doctor, adding that reliance was placed upon him to initiate the necessary treatment either under his own care, or by referring the patient to a special Treatment Centre. It might be added that at the end of two months, the local authority would be prepared to pay a fee for a report on the progress of the patient. This certificate would need to specify the number and character of doses, &c. In the majority of cases the patient would come under care at the Treatment Centre.

(2) *A midwife has been in charge.*—In such cases the medical officer of health or the assistant medical officer of health might be able to persuade the mother to allow a specimen of blood to be taken. In some instances the miscarriage or abortion has been intentionally produced, and the patient would ignorantly fear that examination of the blood would detect what she had been doing.

If there is doubt as to obtaining a specimen of blood, the fetus should be retained. In its liver and spleen spirochaetes can easily be found, if the miscarriage is due to syphilis. It would be possible to secure even under present conditions that midwives would not dispose of the fetus, until it had been seen by the assistant medical officer of health*; and if necessary the rules of the Central Midwives Board might be altered to this effect.

Given the diagnosis of syphilis, the case might be referred to the family doctor if there is one; or failing this to the Treatment Centre.

In addition to miscarriages, some abortions are notified by midwives; similarly a number of cases of

"hæmorrhage" are notified by midwives, and on investigation of these by the inspector of midwives, evidence pointing to syphilis may be discovered.

(e) *Centres for Ante-natal and Post-natal Treatment.*—In many towns infant consultations and baby clinics have been inaugurated, and these probably will shortly be further encouraged by special Treasury Grants. To these clinics infants are brought for medical advice, health visitors visiting infants in connection with the Notification of Births Act usually sending a large proportion of the mothers and infants who attend the clinic.

At such clinics syphilis can be recognised and its treatment begun at an early stage of the disease.

The baby clinic and the home visits of the health visitor in conjunction will enable advice to be given to the mother in the light of past miscarriages, and by this means anti-syphilitic treatment can be begun in the interval between two pregnancies.

At St. Thomas's Hospital, and to a less extent elsewhere, organised visiting of pregnant women between the seventh month of pregnancy (when their names are commonly entered on the hospital maternity list) and confinement has been arranged. There will be no serious difficulty in extending such ante-natal visiting with the assistance of midwives. This will need to have associated with it an ante-natal clinic to which expectant mothers (including mothers who have had previous miscarriages or other indication suspicious of syphilis) may be sent for medical advice and treatment.

With the development of Maternity Centres, including ante-natal and post-natal clinics, the control of congenital syphilis will be greatly facilitated. In my view, this forms the immediately open line of administrative action most promising in good results for the control of congenital syphilis.

(f) *Syphilis in Illegitimate Infants.*—In 1912, the births of 37,528 illegitimate infants were registered in England and Wales, forming 4.3 per cent. of the total number of births. The death-rate of illegitimate infants is much higher than that of legitimate infants, as shown below:—

At Ages	Death-rate of Illegitimate Infants per 1000 Births.	Excess over the Death-rate among Legitimate Infants.
		per cent.
under 1 month -	69.6	88
1-3 months -	38.8	132
3-6 months -	39.6	140
6-9 months -	22.5	87
9-12 months -	16.8	50
Total 1st year -	181.3	99
From syphilis -	7.8	641

A high proportion of the births of illegitimate infants occur in the lying-in wards of workhouses and other institutions, and mothers and infants commonly leave these institutions within a fortnight of the confinement. It is important that systematic examination of such mothers and infants should be made for syphilis and attempts made to secure their continued treatment. The present state of matters, in which commonly mother and infant are lost sight of within a fortnight of birth, is a serious cause of excessive disease both in infant and mother.

The number of births in the workhouses of England and Wales is stated to be about 11,000, of whom about 70 per cent. are illegitimate (Min. Rep. Royal Commission on the Poor Laws, p. 778).

Summary as to Notification.

1. It is desirable that each medical institution should supply a weekly or monthly statement of the number, age, and sex of new patients suffering from a specified short list of diseases, (including venereal diseases, rheumatic fever, pneumonia, &c.

* This is actually done at present in some towns.

which have come under treatment during the specified period.

2. Notification of individual cases of disease is not a sanitary measure in itself. It may be a means to this end, and from this standpoint must be judged by its capacity to assist in preventing the spread of infection and in securing adequate treatment.

3. It is unlikely that direct notification of single cases of venereal disease, either with or without the names and addresses of the patients would, under present circumstances be useful or even practicable.

4. The first proposal above would enable the medical officer of health to obtain statistics of new cases of such diseases as meningitis and interstitial keratitis, and to arrange with the institutional authorities for the carrying out of such inquiries as could properly be made.

5. The notification of births enables important work to be done in the prevention of syphilis. It is especially important that dead-births and the births of illegitimate infants should form the starting point of administrative action.

6. Notification of individual cases of venereal diseases might be attempted, if after a fair trial of the provision of gratuitous means for diagnosis and for treatment of these diseases, it is found that notification would enable additional preventive action to be taken. Such notification of individual cases might first be begun for cases treated at public institutions, at which information as to patients may already be possessed by the physician in charge.

7. Meanwhile every medical practitioner under whose care a case of venereal disease comes should be urged to give exact advice as to the infectiousness of the disease and as to the precautions to be carried out. I suggest that some form of statement might be adopted and recommended to the whole medical profession on the authority of the Royal College of Physicians. This statement should embody a statement to the following effect.—

You are suffering from a disease due to infection, liable if you are not systematically treated over a long period to have most deleterious effects on you and on your present or future wife and children.

This disease may already have affected other members of your family.

It is your duty to arrange for them and especially for your wife } to be seen by a doctor,
husband }
and this card shown to him.

This can be done gratuitously at the nearest Treatment Centre which has been arranged for this purpose.

It would strengthen the hands of medical practitioners if the giving of advice and a statement to the above effect to each patient were made a statutory duty; but this would, I believe, need legislation. The above rule should apply not only to cases of gonorrhœa and to syphilis in the primary and secondary stages, but also to tertiary syphilis and to all well-marked later results of syphilis.

D.—ORGANISATION OF THE TREATMENT OF VENEREAL DISEASES.

There is abundant evidence that a large proportion of cases of syphilis and gonorrhœa do not receive treatment adequate to secure cure of the disease or to prevent spread of infection.

Such treatment as is now obtained is supplied by—

1. Pharmaceutical chemists, herbalists, &c.;
2. General medical practitioners;
3. Panel doctors under the National Insurance Act;
4. Voluntary hospitals and dispensaries, general and special;
5. Poor Law Authorities (domiciliary and institutional treatment);
6. Public Health Authorities (aid to treatment by diagnosis, treatment of ophthalmia neonatorum)

Unqualified Practitioners.—Suggestions as to these are given on page 104. It is likely that the general

provision of gratuitous treatment by qualified practitioners will greatly reduce unqualified and incompetent treatment. As many patients will, however, prefer to have treatment which they regard as specially secret, it may be considered to be desirable to secure the powers set out on p. 104.

General Practitioners.—These come roughly within two classes: the family doctor, and the doctor who attends the majority of the poorer wage-earners. The former is sometimes able, without fear of misinterpretation of his motives, to use the knowledge obtained in treating a gonorrhœal or syphilitic patient to secure examination and if necessary treatment of other members of the family. The latter commonly is not in this position; among other reasons because his visits or consultations often are hurried in character. Most patients under this second category would gravitate to the Treatment Centre, from which examination and treatment of "contacts" will need to be organised.

Panel Doctors.—Panel doctors under the National Insurance Act treat nearly one-third of the population, being required to provide for insured persons such treatment as is within the competence of a practitioner of ordinary competence and skill. The treatment thus given can only be regarded as satisfactory if linked up with the special treatment which can be provided at a Treatment Centre.

Hospitals.—The treatment of syphilis at voluntary hospitals is probably almost always more completely satisfactory than can be secured by the wage-earning classes under present conditions of domiciliary medical practice.

Poor Law Institutions.—The treatment of syphilis and gonorrhœa in these institutions is stated to vary greatly in quality. In a certain number of such institutions the most modern methods of treatment have been begun.

Public Health Authorities.—Public Health Authorities, with rare exceptions, have not hitherto undertaken the treatment of syphilis or gonorrhœa. As already indicated, some public health authorities have done excellent work in the treatment of gonorrhœal ophthalmia.

The need for largely increased facilities for the treatment of Venereal Diseases.—Dr. Johnstone's report to the Local Government Board (July 1913) shows clearly "the paucity of the indoor accommodation (in general hospitals) for venereal diseases in the infective stages. . . . As a rule no beds were reserved for such cases. No beds or wards were reserved for infective venereal cases in any of the 30 general hospitals I visited whether in London or the provinces."

It is evident that a large part of the treatment of venereal diseases, and especially of syphilis, will need to be undertaken for some time to come by specialists, "hence," as Dr. Johnstone states, "for a large section of the population it would be practically necessary to resort to institutions where they can, if necessary, be received as in-patients, if only for a day or two, besides obtaining systematic attention as out-patients."

So far as insured patients are concerned, it may be practicable to arrange for the panel doctor to undertake systematic treatment by mercury as required, the patient being referred to a Treatment Centre for treatment by salvarsan as required.

The essential point is to provide adequate and readily available facilities for the best treatment of these diseases, available to all applicants without cost, and without fear of publicity. Such a provision offers the best, and apparently, the only possible prospect of efficient treatment and the resultant diminution or prevention of infection of others.

The authorities to undertake treatment.—The majority of the population will not be thus adequately treated under present conditions. This applies also to patients under the National Insurance Act. It cannot be expected that the majority of the authorities of voluntary hospitals will be able or willing to meet the need, even in the centres of population where such hospitals exist, although some of these hospitals are already doing most valuable work in this direction.

It is generally agreed, however, that the needs of the case can only be met adequately out of public funds. Development of poor law organisation for treatment may be excluded from consideration in this connection. There remain the possibility of treatment under the National Insurance Act or more general action by public health authorities.

Treatment under the National Insurance Act.—Section 8 of the National Insurance Act, 1911, defines "Sanatorium Benefit" as—

treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis, or such other diseases as the Local Government Board with the approval of the Treasury may appoint,

and Section 16 of the Act makes it the duty of insurance committees to arrange—

for the treatment of insured persons suffering from tuberculosis or any other such disease as aforesaid in sanatoria and other institutions, with persons or local authorities (other than poor law authorities) having the management of sanatoria or other institutions approved by the Local Government Board

and for treatment by the same authorities "otherwise than in sanatoria or other institutions." Section 17 of the act enables the insurance committee of any county or county borough, if it thinks fit, to extend sanatorium benefits to the dependents of the insured persons in the area; and the council of the county or county borough may, if they think fit, pay half the expenses of this extension of sanatorium benefits.

From the above statement it is evident that the local authorities of counties or county boroughs may contribute towards the expense of treating insured tuberculous patients or of patients from any other disease to which the Local Government Board may decide to extend sanatorium benefit.

In view of the recent history of the treatment of tuberculosis, this extension of sanatorium benefit appears to be an unlikely contingency. After the passing of the National Insurance Act several insurance committees extended sanatorium benefit to the dependents of insured patients in their areas; but it was found that the available funds did not suffice for this, or even in some instances for the treatment of insured tuberculous patients. It was, further, pointed out that tuberculosis being an infective disease, it was irrational to neglect it when occurring among the non-insured. The Treasury then offered to county councils and county borough councils to refund half the cost of schemes for the treatment of tuberculosis in the entire population, the other half being paid by local authorities, who on their part receive from insurance committees contributions in respect of each insured person usually amounting to 7*d.* or 8*d.* per annum. When complete schemes are organised throughout the country, it is unlikely that the contributions for insured persons will cover the complete cost of their treatment. The Treasury grant is given for poor law tuberculosis patients when the care of these is transferred from the Boards of Guardians to the county or county borough councils.

It will be seen that, unless large additional Treasury grants are given, there is no reason to expect that the Local Government Board will be asked to add venereal diseases to the list of diseases to which "sanatorium benefit" applies. If this were done, it would imply that the total cost of treating venereal disease occurring among insured persons would be borne by public funds. If, as has happened in the case of tuberculosis, the cost of treatment of syphilis for the entire community is to be borne partly out of Treasury and partly out of local authorities' funds, future provision of official arrangements for the treatment of venereal diseases will need to be organised by the public health authorities.

Treatment by Public Health Authorities.—It is assumed that this will be the future method adopted. The only alternative appears to be for the Local Government Board to adopt a centralised system of treatment, making local arrangements with voluntary hospitals or otherwise. This should, I think, only be entertained if it is found to be impracticable to secure local management by local health authorities, who already have much similar work to do. In order,

however, that every inducement may be offered to secure prompt and adequate treatment for everyone asking for it, it is suggested that the central grant in aid of such treatment should be made not less than 75 per cent. of the approved local expenditure, and that in view of this large grant, no residential conditions or inquiries as to the home address or name should be instituted on behalf of the local authority. This may involve in certain city areas a grant of 75 per cent. for a population larger than that residing within the areas in question; but this, it is believed, could be adjusted. If the refunding of the total local expenditure out of central funds is not, in experience, found to be incompatible with economical and efficient administration, grants to this extent would prove most valuable in securing the rapid organisation of adequate treatment. The same remark applies to the provision of pathological laboratories.

The organisation of treatment by public health authorities involves difficulties both in respect of institutional and of domiciliary treatment. Domiciliary treatment would probably be limited to such treatment as the patient receives from his panel or private doctor, but these practitioners should be enabled to send specimens for diagnosis, or patients for diagnosis or treatment to a Treatment Centre.

For a high proportion of the wage-earning classes the treatment will be best carried through at a Treatment Centre, which will usually consist of a dispensary or out-patient department, with beds available for salvarsan treatment, or for complicated cases, with the possibility of evening attendance at the Centre, and with protection against attempts to pry into the identity of the patient.

In towns in which general or special hospitals are available, it is most important to utilise these, the hospital committee being paid the full cost of treatment of patients. So far as concerns venereal diseases, the hospital would thus be relieved of all expense, and salaries would be paid to their staff as arranged. This plan is now being pursued in regard to tuberculosis at a number of general hospitals; and it may be useful to place here a form of letter sent by the Local Government Board when approving the arrangements for sanatorium benefit for tuberculosis.

Local Government Board,
Whitehall, S.W.,
1913.

- * * * *
- (a) That the hospital will be open to inspection at any time by any of the Board's officers or inspectors;
- (b) that such records will be kept in connection with the hospital as the Board, after consultation with the Insurance Commissioners, may from time to time require; and
- (c) that patients admitted for the treatment of pulmonary tuberculosis shall not be received into general wards of the hospital in which persons suffering from other diseases than tuberculosis are treated.

With regard to condition (c), I am to state that it is not intended to preclude the admission for a short period of cases of pulmonary tuberculosis requiring urgent operative treatment, or of patients who on account of such an emergency as hæmoptysis require to be received temporarily into the hospital, or of patients sent to the hospital for observation, with a view to diagnosis, who have no expectoration or only a small amount of expectoration which, on repeated examination, has been found to be free from tubercle bacilli.

* * * *

In Addendum III. (page 117) is given a list of 81 towns, each with a population of over 20,000 and with an aggregate population of 3,006,746, which appear to have no general hospital accommodation. In a number of these instances it is clear that the areas could be served by a Treatment Centre in a neighbouring large town. The extent to which separate clinics would need to be started for the treatment of venereal

diseases cannot at present be stated. It is desirable to avoid, so far as practicable, clinics for these diseases at institutions where no other diseases are treated.

Reference should also be made to the arrangements already suggested for the treatment of congenital syphilis.

Difficulty in securing continued treatment.—It has been suggested that if a patient refuses to continue treatment until he or she is free from infection, the case should be notified to the medical officer of health. If such a notification were followed by an expostulatory visit from this officer, the future resort of other patients to the particular doctor or to the Treatment Centre would be likely to suffer. Under present conditions of public education, it is essential that confidence in the secrecy of treatment should be secured; and during the first period of organised national treatment of these diseases every effort should be made to secure and maintain this confidence.

Attempts to detain patients compulsorily in hospital would similarly be likely to defeat the end in view. In regard to syphilis, the need for compulsory detention in hospital or for compulsory continuance of treatment at a treatment centre, has been reduced by the rapid temporary abolition of infectivity by means of salvarsan.

Although it is not suggested that similar action should be taken for venereal diseases, it may be mentioned that several towns have obtained special powers for the compulsory isolation of certain cases of pulmonary tuberculosis.

The powers were first given to St. Helens (Section 93, St. Helens Corporation Act, 1911). They are as follows—

- (1) If the Medical Officer certifies in writing that any person is suffering from pulmonary tuberculosis and is in an infectious state and that the lodging or accommodation with which such person is provided is such that proper precautions to prevent the spread of infection cannot be taken or that such precautions are not being taken the Medical Officer may make application to a Court of Summary Jurisdiction, and such Court upon oral proof of the allegations in such certificate may, if they think fit, make an order for the removal of such person to a suitable hospital or place for the reception of the sick provided within the borough or within a convenient distance of the borough and for the detention and maintenance of such person therein for such period not exceeding three months as may be determined by such order: Provided that if the person so suffering is in receipt of union or parochial relief the hospital or place shall be one provided and maintained by the guardians of the poor of the Prescot Union in the County of Lancaster or a hospital or place to the support and maintenance of which such guardians contribute.
- (2) The medical officer shall give the person so suffering, or some person being in charge of the person so suffering, three clear days' notice of his intention to make such application, and of the time and place when and where such application will be made.
- (3) The corporation may in their discretion make good any probable financial loss falling upon the relatives of or those actually dependent upon any person so suffering occasioned by the removal of any such person to a suitable hospital or place as aforesaid, whether voluntarily or in pursuance of an order made by the court as aforesaid, and on the hearing of any application under this section, the court shall take into consideration the before-mentioned loss and shall not make an order unless they are satisfied that the Corporation will make good such loss.
- (4) An order under this section may be addressed to such constable or officer of the corporation as the court making the same may think expedient, and any person who wilfully disobeys or obstructs the execution of such

order shall be liable to a penalty not exceeding ten pounds.

- (5) At any time after, but not before, the expiration of six clear weeks from the making of the order, an application may be made to the court by, or on behalf of, the person in respect of whom the order was made for the rescission of the order and the court may make a rescission order accordingly if having regard to the circumstances of the case, they are of opinion that it is right and proper that the order should be made. Such person or other person making the application shall give to the medical officer not less than three clear days' notice of his intention to make the application and of the time and place when and where the application will be made.
- (6) The provisions of this section shall cease to be in force within the borough at the expiration of five years from the date of the passing of this Act unless they shall have been continued by Act of Parliament or by Provisional Order made by the Local Government Board and confirmed by Parliament, which order the Local Government Board are hereby empowered to make in accordance with the provisions of the Public Health Act, 1875.

The medical officer of health of St Helens in his annual report for 1913 states that "although proceedings under this section have been instituted only " in one instance, the powers conferred have on many " occasions been found to be very valuable."

A similar clause was refused to Sheffield in 1912, but given to Liverpool, Bradford, and East Ham in 1913.

Public Health Control apart from Treatment.—Public health control of venereal diseases, apart from measures for the prevention of prostitution which do not come within the scope of this memorandum, consists chiefly in efficient treatment, made possible by the provision of facilities for diagnosis and free access to a competent doctor in every area.

It is not practicable, in my view, to enforce treatment or continuance in treatment under present conditions. With the advance in education which is rapidly proceeding neglect of treatment will become exceptional.

A. NEWSHOLME.

June 24th, 1914.

ADDENDUM I.

STATEMENT AS TO OFFICIAL PATHOLOGICAL FACILITIES FOR DIAGNOSIS OF VENEREAL DISEASES PROVIDED BY PUBLIC HEALTH AUTHORITIES.

Name of Place.	Number of Specimens examined.			Charge to Practitioner, if any.
	(a) Serum-Wassermann Reaction.	(b) Spirochaetes.	(c) For Gonococci.	
<i>Counties:—</i>				
Derby - -	—	—	2	—
Essex - -	—	—	2	(c) 5s.
Hereford - -	—	—	1	(c) 2s. 6d.
Kent - -	—	—	20	—
Monmouth - -	—	—	2	—
Rutland - -	—	—	1	—
Somerset - -	—	—	1	—
Southampton - -	—	—	1	—
Worcester - -	—	30	20	(b) Nil. (c) 2s.
Yorks, W.R. - -	—	—	13	—
<i>Wales:</i>				
Glamorgan - -	—	—	1	—

Name of Place.	Number of Specimens examined.			Charge to Practitioner, if any.
	(a) Serum-Wassermann Reaction.	(b) Spirochaetes.	(c) For Gonococci.	
<i>County Boroughs :—</i>				
Birmingham	—	—	11	—
Bootle	—	—	1	—
Bradford	—	—	17	—
Brighton	—	—	3	—
Burnley	1	—	2	(a) Nil. (c) Nil.
Carlisle	—	—	1	—
Chester	—	1	1	(b) Nil. (c) Nil.
Croydon	—	—	5	—
Devonport	—	—	3	—
Hastings	—	3	About 12	—
Halifax	—	—	1	—
Huddersfield	—	—	1	—
Hull	—	—	10	2s. 6d.
Lincoln	—	—	3	—
Liverpool	—	—	22	(a) 2l. 2s. (b) Nil. (c) Nil.
Manchester	—	—	5	—
Nottingham	175	2	30	(a) 15s. (b) Nil. (c) 2s. 6d.
Rochdale	—	—	6	—
St. Helens	1	—	1	—
Sheffield	20	—	5	—
Southampton	—	—	1	—
Portsmouth	—	—	9	—
Southend-on-Sea	—	—	16	—
South Shields	—	—	4	—
Stoke on Trent	—	—	4	—
Tynemouth	—	—	6	—
West Ham	—	—	8	—
West Hartlepool.	—	—	3 to 4 doz.	3s. 6d.
Worcester	—	—	1	—
York	—	—	9	—
<i>Metropolitan Boroughs :—</i>				
Fulham	—	—	1	—
Holborn	—	—	2	—
Kensington	—	—	1	—
Lambeth	—	—	28	—
Paddington	—	—	6	—
<i>Districts :—</i>				
Acton	—	—	2	—
Aldershot	—	—	2	Small fee.
Barnes	—	—	2	—
Beckenham	—	—	5	—
Colchester	—	—	2	—
East Ham	—	—	4	—
Enfield	3	—	11	—
Hornsey	—	—	3 or 4	—
Lancaster	—	—	1	—
Leigh	—	—	1	—
Tunbridge Wells.	1	—	1	—
<i>University :—</i>				
Manchester	136	4	27	(a) — (b) 10s. 6d. (c) 7s. 6d.

A.—In addition to the places mentioned above, in which specimens of Serum for Wassermann Reaction were made in 1913, the public health authorities of the following places have arrangements for the examination of such specimens, although none were examined during 1913 :—

Counties (5).—Kent; Suffolk East; Worcester; Denbigh; Glamorgan.

County Boroughs (5).—Birkenhead; Liverpool; Plymouth; Smethwick; Southampton.*

Metropolitan Boroughs (3).—Greenwich; Kensington; Lambeth.

Other Districts (7).—Brighouse; Doncaster; Gosport and Alverstoke; Keighley; Salisbury; Shipley, Wimbledon.

University :—Leeds.

B.—In addition to places mentioned above, in which examinations for *Spirochaetes* were made in 1913, the public health authorities of the following places have arrangements for the examination of such specimens, although none were examined during 1913 :—

Counties (2).—Denbigh; Glamorgan.

County Boroughs (6).—Liverpool; Plymouth; St. Helens; Smethwick; Southampton; South Shields.

Metropolitan Boroughs (3).—Greenwich; Kensington; Lambeth.

Other Districts (7).—Aldershot, Abertillery; Brighouse, Doncaster; Keighley; Mansfield; Shipley.

University :—Leeds.

C.—In addition to the places mentioned above, in which examinations for *Gonococci* were made in 1913, the public health authorities of the following places have arrangements for the examination of such specimens, although none were examined during 1913 :—

Counties (4).—Durham; Lincs. (Lindsey); Suffolk, West; Denbigh.

County Boroughs (14).—Birkenhead; Bolton, Bury; Dewsbury; Eastbourne; Gateshead; Gloucester; Great Yarmouth; Ipswich, Newcastle on Tyne, Smethwick; Stockport; Walsall; Warrington.

Metropolitan Boroughs (4).—Bermondsey; Bethnal Green; Greenwich; Westminster.

Other Districts (24).—Abertillery; Abersychan, Barking Town; Bedford; Brighouse; Chiswick; Doncaster; Eccles; Finchley; Gosport and Alverstoke; Harrogate; Hyde; Keighley; Mansfield, Nuneaton, Salisbury; Shipley; Shrewsbury; Wakefield; Watford; Wimbledon; Worthing, Barry; Llanelly.†

University :—Leeds. (Charge to practitioners, 5s. and 2ls, forensic).

Note—The Kent County Council has established a laboratory where examinations are made for Serum (Wassermann Reaction, Spirochaetes, and Gonococci) free of charge, for the whole of the county.

* Charge to practitioners, 2l. 2s.
† Charge to practitioners, 1s. 6d.

ADDENDUM II.

Ophthalmia Neonatorum.

Notification by Medical Practitioners in years prior to the issue of the Order of the Local Government Board in April 1914. (This earlier notification was compulsory under local powers)*

A—Urban Areas.

District.	Population, 1911.	Average Number of Births per annum 1910-12.	Number of Notifications during				Total	Average Annual Case- rate per 1,000 Births.
			1910.	1911.	1912.	1913		
<i>Districts having four years' notification.</i>								
<i>Total population, 751,197.—</i>								
Leek U.	16,663	355	2	1	1	2	6	4.2
Manchester C.B.	714,333	18,655	246	438	527	385	1,596	21.4
Newcastle-under-Lyme B.	20,201	580	10	4	—	1	15	6.5
<i>Urban Districts having only three years' notification. Total population (1) excluding London, 1,374,126, (2) including London, 5,895,811.—</i>								
Abram U.	6,893	199	—	—	1	—	1	1.7
Accrington B.	45,029	855	—	2	1	2	5	2.0
Ashton in Makerfield U.	21,543	671	—	1	4	4	9	4.5
Aspull U.	8,276	259	—	4	2	1	7	9.0
Atherton U.	18,982	520	—	2	3	1	6	3.8
Audenshaw U.	7,977	180	—	1	—	—	1	1.8
Blackrod U.	3,896	102	—	—	—	—	—	—
Chester C. B.	39,028	946	—	6	3	3	12	4.2
Chorley B.	30,315	730	—	—	—	—	—	—
Crompton U.	14,750	328	—	—	1	2	3	3.1
Croston U.	2,041	36	—	—	—	—	—	—
Denton U.	16,877	396	—	—	—	—	—	—
Eccles B.	41,944	950	—	2	2	1	5	1.8
Failsworth U.	15,998	415	—	3	3	4	10	8.0
Farnworth U.	28,131	668	—	5	—	3	8	4.0
Fulwood, U.	6,578	63	—	—	—	5	5	26.5
Great Crosby U.	12,273	247	—	—	—	—	—	—
Haslingden B.	18,719	347	—	—	2	3	5	4.8
Hindley U.	24,100	707	—	10	5	3	18	8.5
Horwich U.	16,285	367	—	1	—	—	1	0.9
Huddersfield C. B.	107,281	2,114	—	—	—	12	12	1.9
Hurst U.	7,858	194	—	—	2	—	2	3.4
Kearsley U.	9,669	259	—	2	—	—	2	2.6
Lathom and Burscough U.	7,235	177	—	—	1	1	2	3.8
Lees U.	3,650	90	—	—	—	—	—	—
Leigh B.	44,103	1,248	—	2	10	14	26	6.9
Little Hulton U.	8,103	204	—	—	—	—	—	—
London Admin. Co †	4,521,685	112,322	—	575	697	641	1,913	6.1
Macclesfield B.	34,797	688	—	6	2	3	11	5.3
Middleton B.	27,980	643	—	5	1	4	10	5.2
Newton in Makerfield U.	18,451	524	—	1	6	2	9	5.7
Norwich C. B.	121,478	2,761	—	14	27	23	64	7.7
Oswaldtwistle U.	15,714	349	—	4	1	3	8	7.6
Padiham U.	13,635	305	—	2	—	—	2	3.3
Prescot U.	8,154	248	—	3	—	—	3	4.0
Ramsbottom U.	15,146	267	—	—	—	—	—	—
Rawtenstall B.	30,516	607	—	3	1	1	5	2.7
Rotherham C. B.	62,483	1,853	—	3	10	8	21	3.8
St. Helens (Lancs) C. B.	96,551	3,181	—	8	14	7	29	3.0
Stoke-upon-Trent C. B.	234,534	7,449	—	238	237	154	629	28.1
Stretford U.	42,496	774	—	4	2	4	10	4.3
Walton le Dale U.	12,350	275	—	—	—	—	—	—
Waterloo with Seaforth U.	26,396	634	—	3	2	1	6	3.2
Wimbledon B.	54,966	1,138	—	—	3	1	4	1.2
Wolstanton United U.	27,335	820	—	—	1	1	2	0.6
<i>Urban Districts having only two years' notification. Total population 2,236,187:—</i>								
Ashton under Lyne B.	45,172	1,060	—	—	12	6	18	8.5
Bacup B.	22,318	450	—	—	1	3	4	4.4
Bilston U.	25,681	821	—	—	8	8	16	9.7
Birmingham C.B. (part)	605,067	22,147	—	—	222	218	440	9.9
Bolton C. B.	180,851	4,224	—	—	22	5	27	3.2
Brierley Hill U.	12,263	334	—	—	—	—	—	—
Burton on Trent C.B.	48,266	1,090	—	—	15	15	30	13.8
Cannock U.	28,586	941	—	—	4	1	5	2.7
Chadderton U.	28,299	710	—	—	5	4	9	6.3
Chiswick U.	38,697	920	—	—	7	3	10	5.4
Colne B.	25,689	541	—	—	3	2	5	4.6
Croydon C.B.	169,551	3,806	—	—	26	18	44	5.8
Darlaston U.	17,107	563	—	—	1	—	1	0.9
Droitwich B.	4,146	90	—	—	—	—	—	—

* Compiled from weekly statement of notifications sent to the Local Government Board by each Medical Officer of Health
† The figures for London in 1911 relate to 12 weeks only. See separate sheet for Metropolitan Boroughs.

District.	Population 1911.	Average Number of Births per annum, 1910-12.	Number of Notifications during				Total.	Average Annual Case- rate per 1,000 Births.
			1910.	1911.	1912.	1913.		
<i>Urban Districts having only two years' notification—cont</i>								
Evesham B.	8,340	213	—	—	—	—	—	—
Exeter C.B.	48,664	992	—	—	7	4	11	5.5
Heath Town U.	12,276	356	—	—	—	2	2	2.8
Ince-in-Makerfield U.	22,034	734	—	—	1	2	3	2.0
Kidderminster B.	24,333	528	—	—	5	2	7	6.6
Kidsgrove U.	9,012	273	—	—	—	—	—	—
Lancaster B.	41,410	866	—	—	1	5	6	3.5
Lichfield B.	8,616	191	—	—	3	6	9	23.6
Malvern U.	16,513	240	—	—	—	—	—	—
Milnrow U.	8,534	170	—	—	—	—	—	—
North Bromsgrove U.	7,210	145	—	—	—	—	—	—
Nottingham C.B.	259,904	6,376	—	—	48	95	143	11.2
Oldbury U.	32,232	1,031	—	—	—	—	—	—
Preesall U.	1,718	37	—	—	—	—	—	—
Reading C.B.	87,693	1,725	—	—	8	9	17	5.0
Sedgley U.	16,527	466	—	—	—	1	1	1.1
Shortheath U.	4,075	138	—	—	—	—	—	—
Smethwick C.B.	70,694	1,946	—	—	15	13	28	7.4
Stourbridge U.	17,312	420	—	—	2	—	2	2.4
Tamworth B.	7,738	204	—	—	2	—	2	4.9
Tettenhall U.	5,381	105	—	—	1	1	2	9.5
Tipton U.	31,756	1,057	—	—	—	1	1	0.5
Walsall C.B.	92,115	2,747	—	—	14	14	28	5.1
Wednesbury B.	28,103	840	—	—	7	5	12	7.1
Wednesfield U.	6,488	194	—	—	—	—	—	—
Willenhall U.	18,844	563	—	—	1	4	5	4.4
Wolverhampton C.B.	95,328	2,413	—	—	23	27	50	10.4
Woodstock B.	1,594	28	—	—	—	—	—	—
<i>Urban Districts having only one year's notification. Total population 1,926,001:—</i>								
Alsager U.	2,743	53	—	—	—	—	—	—
Barking Town U.	31,294	946	—	—	—	8	8	8.5
Barrowford U.	5,527	111	—	—	—	—	—	—
Bath C.B.	69,173	1,076	—	—	—	1	1	0.9
Brighton C.B.	131,237	2,571	—	—	—	4	4	1.6
Burnham U.	3,948	64	—	—	—	—	—	—
Bury C.B.	59,040	1,218	—	—	—	5	5	4.1
Chard B.	4,568	104	—	—	—	—	—	—
Dawley U.	7,701	207	—	—	—	—	—	—
Frome U.	10,901	183	—	—	—	1	1	5.5
Glastonbury B.	4,250	92	—	—	—	—	—	—
Golborne U.	6,931	218	—	—	—	—	—	—
Haydock U.	9,649	305	—	—	—	—	—	—
Ilminster U.	2,467	42	—	—	—	—	—	—
Liverpool C.B.	746,421	22,552	—	—	—	15	15	0.7
Midsomer Norton U.	7,299	179	—	—	—	1	1	5.6
Morecambe B.	12,131	199	—	—	—	1	1	5.0
Mossley B.	13,205	269	—	—	—	1	1	3.7
Neath B.	17,586	509	—	—	—	—	—	—
Nelson B.	39,479	686	—	—	—	2	2	2.9
Norden U.	3,797	78	—	—	—	—	—	—
Oldham C.B.	147,483	3,540	—	—	—	13	13	3.7
Oswestry B.	9,991	218	—	—	—	—	—	—
Quarry Bank U.	7,393	215	—	—	—	1	1	4.7
Rainford U.	3,503	96	—	—	—	—	—	—
Redditch U.	15,463	325	—	—	—	3	3	9.2
Royton	17,069	435	—	—	—	3	3	6.9
Shepton Mallet U.	5,011	89	—	—	—	2	2	22.5
Shrewsbury B.	29,389	655	—	—	—	6	6	9.2
Southport C.B.	51,643	903	—	—	—	7	7	7.8
Stockton-on-Tees B.	52,154	1,536	—	—	—	5	5	3.3
Stourport U.	4,432	95	—	—	—	—	—	—
Street U.	4,235	83	—	—	—	—	—	—
Swinton and Pendlebury U.	30,759	761	—	—	—	5	5	6.6
Taunton B.	22,561	465	—	—	—	1	1	2.2
Wakefield B.	51,511	1,171	—	—	—	4	4	3.4
Wellington (Salop) U.	7,820	181	—	—	—	—	—	—
Wellington (Som.) U.	7,633	145	—	—	—	—	—	—
Widnes B.	31,541	987	—	—	—	4	4	4.1
Wigan C.B.	89,152	2,594	—	—	—	16	16	6.2
Wirksworth U.	3,888	69	—	—	—	—	—	—
Worcester C.B.	47,982	1,058	—	—	—	6	6	5.7
Yeovil B.	13,759	300	—	—	—	3	3	1.0
York C.B.	82,282	1,942	—	—	—	6	6	3.1

B.—Rural Areas.

District.	Population, 1911.	Average Number of Births per annum, 1910-12.	Number of Notifications during			Total.	Average Annual Case- rate per 1,000 Births.
			1911.	1912.	1913.		
<i>Rural Districts having three years' notification.</i>							
<i>Total Population, 77,465 :—</i>							
Barton-upon-Irwell R.	9,270	209	—	—	1	1	1.6
Bury R.	9,043	184	—	—	—	—	—
Chorley R.	21,493	489	—	1	—	1	0.7
Limehurst R.	10,566	252	—	1	1	2	2.6
Newcastle-under-Lyme R.	6,410	144	—	—	4	4	9.3
West Lancashire R.	20,683	442	—	—	—	—	—
<i>Rural Districts having only two years' notification.</i>							
<i>Total population, 282,989 :—</i>							
Bath R.	30,860	519	—	—	—	—	—
Cannock R.	19,786	509	—	—	1	1	1.0
Claypole R.	7,968	160	—	—	—	—	—
Droitwich R.	12,975	252	—	—	—	—	—
Evesham R.	9,095	208	—	—	—	—	—
Feckenham R.	5,456	102	—	—	—	—	—
Foleshill R.	22,999	734	—	4	2	6	4.1
Gnosall R.	4,765	98	—	—	—	—	—
Kidderminster R.	10,493	199	—	—	—	—	—
Lichfield R.	28,718	706	—	—	—	—	—
Newark R.	8,335	199	—	—	—	—	—
Newport (Sal.) R.	6,005	131	—	—	—	—	—
Pershore R.	13,235	278	—	—	—	—	—
Repton R.	16,133	362	—	—	—	—	—
Southwell R.	19,573	393	—	—	—	—	—
Tamworth R.	21,148	597	—	—	—	—	—
Tutbury R.	9,087	209	—	—	1	1	2.4
Upton-on-Severn R.	14,596	270	—	—	1	1	1.9
Walsall R.	10,991	316	—	—	—	—	—
Woodstock R.	10,771	237	—	—	—	—	—
<i>Rural Districts having only one year's notification.</i>							
<i>Total population, 326,920 :—</i>							
Atcham R.	21,770	490	—	—	1	1	2.0
Axbridge R.	23,063	458	—	—	1	1	2.2
Brailles R.	6,046	116	—	—	—	—	—
Bridgewater R.	18,202	378	—	—	—	—	—
Bromsgrove R.	13,132	269	—	—	—	—	—
Campden R.	5,597	126	—	—	—	—	—
Chard R.	13,389	285	—	—	—	—	—
Church Stretton R.	4,797	95	—	—	—	—	—
Clun R.	6,565	143	—	—	—	—	—
Dulverton R.	4,837	93	—	—	—	—	—
Frome R.	11,171	244	—	—	—	—	—
Garstang R.	10,691	231	—	—	—	—	—
Halesowen R.	25,760	736	—	—	—	—	—
Lancaster R.	9,085	179	—	—	—	—	—
Langport R.	13,347	265	—	—	—	—	—
Lunesdale R.	6,882	135	—	—	—	—	—
Martley R.	13,063	279	—	—	—	—	—
Pebworth R.	3,239	80	—	—	—	—	—
Preston R.	20,933	395	—	—	—	—	—
Shepton Mallet R.	10,183	232	—	—	—	—	—
Shipston-on-Stour R.	4,711	100	—	—	1	1	1.0
Stafford R.	11,777	271	—	—	—	—	—
Taunton R.	17,834	313	—	—	1	1	3.2
Tenbury R.	4,727	87	—	—	—	—	—
Ulverston R.	17,019	316	—	—	—	—	—
Williton R.	12,661	227	—	—	—	—	—
Wincanton R.	16,439	321	—	—	—	—	—

C.—London.*

City of London	19,657	213	1	—	1	2	3.1
<i>Metropolitan Boroughs :—</i>							
Battersea	167,743	4,371	17	28	31	76	6.1
Bermondsey	125,903	3,929	19	42	24	85	7.6
Bethnal Green	128,183	4,046	24	28	19	71	6.3
Camberwell	261,328	6,493	33	32	31	96	5.3
Chelsea	66,385	1,293	8	3	3	14	4.1
Deptford	109,496	2,967	15	28	19	62	7.4

* See footnote † on page 112.

C.—London—cont.

District.	Population, 1911.	Average Number of Births per annum, 1910-12.	Number of Notifications during			Total.	Average Annual Case- rate per 1,000 Births.
			1911.	1912.	1913.		
<i>Metropolitan Boroughs—cont.</i>							
Finsbury -	87,923	2,691	7	7	6	20	2.7
Fulham -	153,284	4,212	14	14	20	48	4.0
Greenwich -	95,968	2,400	15	20	16	51	7.6
Hackney -	222,533	5,263	15	22	31	68	4.6
Hammersmith -	121,521	2,951	16	17	23	56	6.8
Hampstead -	85,495	1,299	5	5	11	21	5.6
Holborn -	49,357	956	5	5	3	13	4.9
Islington -	327,403	8,203	35	32	40	107	4.7
Kensington -	172,317	3,265	18	22	17	57	6.2
Lambeth -	298,058	7,196	62	74	65	201	10.0
Lewisham -	160,834	3,405	11	5	11	27	2.9
Paddington -	142,551	3,048	19	31	22	72	8.4
Poplar -	162,442	5,057	37	35	47	119	8.4
St. Marylebone -	118,160	2,317	17	18	9	44	6.9
St. Pancras -	218,387	5,549	26	18	24	68	4.4
Shoreditch -	111,390	3,569	30	21	22	73	7.5
Southwark -	191,907	5,718	57	73	55	185	11.6
Stepney -	279,804	8,845	14	48	24	86	3.4
Stoke Newington -	50,659	1,021	4	1	1	6	2.3
Wandsworth -	311,360	6,828	29	35	37	101	5.3
Westminster -	160,261	2,420	16	13	16	45	6.8
Woolwich -	121,376	2,797	6	20	13	39	4.8

60,088.

(5th February 1914.)

NOTIFICATION OF OPHTHALMIA NEONATORUM.

General Order.

- To the mayor, aldermen, and commons of the City of London in Common Council assembled;—
 To the councils of the several metropolitan boroughs, municipal boroughs, and other urban districts in England and Wales;—
 To the councils of the several rural districts in England and Wales;—
 To all medical practitioners;—
 To all certified midwives;—
 And to all others whom it may concern.

WHEREAS we, the Local Government Board, are empowered by section 130 of the Public Health Act, 1875, as amended by the Public Health Act, 1896, from time to time, to make, alter, and revoke regulations with a view to the treatment of persons affected with any endemic or infectious disease and for preventing the spread of the disease; and to provide for the enforcement and execution of the regulations.

And whereas Ophthalmia Neonatorum as herein-after defined is an endemic and an infectious disease.

Now therefore, we, by this our Order and in the exercise of the powers conferred upon us by the Public Health Act, 1875, the Public Health (London) Act, 1891, and the Public Health Act, 1896, and of every other power enabling us in that behalf, do hereby make the following regulations, that is to say:—

Definitions.

Article I.—In these regulations, unless the contrary intention appears:—

- (a) Words importing the masculine gender include females;
 (b) Words in the singular include the plural, and words in the plural include the singular;
 (c) Expressions referring to writing include references to printing, and to other modes of representing or reproducing words in a visible form, and references to printing include references to other mechanical modes of so representing or reproducing words;
 (d) The expression "Local Authority" means, as the case may be, the mayor, aldermen, and commons of the City of London in common

council assembled, the council of a metropolitan borough, the council of a municipal borough or other urban district, or the council of a rural district;

- (e) The expression "District" means the district subject to the jurisdiction of the local authority for the purposes of the Public Health (London) Act, 1891, or of the Public Health Act, 1875, as the case may be;
 (f) The expression "Medical Officer of Health" means officer of health of a local authority;
 (g) The expression "Medical Practitioner" means any person for the time being registered under the Medical Acts;
 (h) The expression "Certified Midwife" means a woman certified under the Midwives Act, 1902;
 (i) The expression "Ophthalmia Neonatorum" means a purulent discharge from the eyes of an infant commencing within twenty-one days from the date of its birth.

Commencement of Regulations.

ARTICLE II.—These regulations shall come into operation on the 1st day of April 1914, and shall then and thereafter apply and have effect throughout England and Wales, and shall be enforced and executed by every local authority.

Supply of Forms of Notification.

ARTICLE III.—For the purposes of these regulations every local authority shall provide and maintain a sufficient supply of printed copies of the form set out in the schedule to these regulations, and shall as soon as practicable after these regulations come into operation, and afterwards from time to time when application is made to them, furnish printed copies of the said form to every certified midwife resident or practising within the district of the local authority.

Notice of Provisions of Regulations.

ARTICLE IV.—The local authority shall forthwith cause notice to be given to all medical practitioners and to all certified midwives resident or practising within the district of the local authority of the duties imposed upon them by these regulations.

Notification by Medical Practitioners.

ARTICLE V.—(1) Subject to the provisions of these regulations every medical practitioner, on first becoming aware that a child upon whom he is in professional attendance is suffering from ophthalmia neonatorum, shall forthwith make and sign a notification of the case in the form prescribed for the purpose of certificates under Section 3 of the Infectious Disease (Notification) Act 1889, at the same time stating in writing, either on the form or on a separate sheet attached to the form, the date of birth of the child, the name and address of the parent or other person, if any, having charge of the child, and the date of the onset of the disease, and shall transmit the notification and statement aforesaid to the medical officer of health for the district within which the place of residence of the parent or other person, if any, having charge of the child is situate at the date of notification :

Provided that a medical practitioner shall not be required to notify a case of ophthalmia neonatorum under these regulations in any of the following cases, that is to say,—

- (a) If the case is notifiable or has been notified under the Infectious Disease (Notification) Act, 1889, Section 55 of the Public Health (London) Act, 1891, or under the provisions of any local act or order made thereunder ; or
- (b) If the case has been notified by a certified midwife as herein-after provided.

(2) Every medical practitioner who transmits to a medical officer of health a notification of a case of ophthalmia neonatorum under the Infectious Disease (Notification) Act, 1889, Section 55 of the Public Health (London) Act, 1891, or under the provisions of any local Act or order made thereunder, shall at the same time state in writing, either on the form or on a separate sheet attached to the form, the date of birth of the child, the name and address of the parent or other person, if any, having charge of the child, and the date of the onset of the disease.

Notification by Certified Midwives.

ARTICLE VI.—Subject to the provisions of Article X. of these regulations every certified midwife who has reasonable grounds for supposing that a child upon whom she is in attendance or whom she is called in to visit in the course of her practice is suffering from ophthalmia neonatorum, shall, unless the case has been already notified by a medical practitioner, forthwith make and sign a notification of the case in the form set out in the schedule to these regulations, and shall transmit the notification to the medical officer of health for the district within which the place of residence of the parent or other person, if any, having charge of the child is situate at the date of notification.

Transmission of Notification.

ARTICLE VII.—A notification to be transmitted to a medical officer of health in pursuance of these regulations shall be enclosed in a sealed envelope addressed to that officer and may be transmitted by being delivered to him or by being delivered at his office or residence, or may be sent by prepaid letter post addressed to him at his office or at his residence.

Fees for Notification.

ARTICLE VIII.—(1) The local authority shall pay to every medical practitioner a fee of 2s. 6d. for each notification duly made, signed and transmitted by him under these regulations if the case occurs in his private practice, and of 1s. if the case occurs in his practice as medical officer of any public body or institution.

(2) The local authority shall pay to every certified midwife a fee of 1s. for each notification duly made, signed and transmitted by her under these regulations.

(3) Every fee shall be paid as soon as practicable after the end of the quarter during which the notification was sent, and the local authority shall not require before payment an account of fees claimed under these regulations.

(4) The said fees shall in each case be deemed to cover all expenses, including the cost of transmission.

Duties of Medical Officers of Health.

ARTICLE IX.—The duties assigned to the medical officer of health by the Sanitary Officers (London) Order, 1891, or the Sanitary Officers (Outside London) Order, 1910, as the case may be, shall be deemed to extend to and to include all action by the Medical Officer of Health in the execution of these Regulations.

Notification not required in certain cases.

ARTICLE X.—Nothing in these regulations shall be deemed to require a notification to be transmitted to a medical officer of health in respect of the child of an inmate of any building, ship, vessel, boat, tent, van, shed or similar structure belonging to His Majesty the King.

Short Title.

ARTICLE XI.—These regulations may be cited as "The Public Health (Ophthalmia Neonatorum) Regulations, 1914."

SCHEDULE.

PUBLIC HEALTH (OPHTHALMIA NEONATORUM)
REGULATIONS, 1914. **Form of Notification by Certified Midwife.*

To the Medical Officer of Health for the
of _____

(Address) _____

I, the undersigned, being a midwife holding the Certificate No. _____ of the Central Midwives Board, hereby notify that the infant child of—*

_____ who was born on
(state date of birth) _____, 19____,

is in my opinion suffering from Ophthalmia Neonatorum, and that I first noticed that the child was suffering from this disease

(state the time and date) _____

Name of midwife _____

Address of midwife _____

Date _____, 19____.

Note.—The address, &c. of the medical officer of health should be filled in by the Local Authority before the forms are furnished to the midwife.

Given under the Seal of Office of the Local Government Board, this Fifth day of February, in the year One thousand nine hundred and fourteen.

(L.S.) JOHN BURNS. *President.*
H. C. MONRO. *Secretary.*

Date of publication in the London Gazette,
6th February, 1914.

* State name and address of parent or other person, if any, having charge of the child.

ADDENDUM III.

LIST OF TOWNS, WITH A POPULATION OVER 20,000 (1911 CENSUS), WHICH HAVE NO GENERAL HOSPITAL (ACCORDING TO THE MEDICAL DIRECTORY AND BUEDETT'S HOSPITAL DIRECTORY).

Town.	Population.	Remarks.
Chepping Wycombe (Bucks.)	20,390	Has cottage hospital.
Crewe (Cheshire) - -	44,970	" "
Hyde (Cheshire) - -	33,444	" "
Stalybridge (Cheshire) -	26,514	" "
Wallasey (Cheshire) -	78,514	Has cottage hospital. [?] Also use of Victoria Hospital at Lis-card.
Glossop (Derbyshire) -	21,688	" "
Ilkeston (Derbyshire) -	31,673	Has cottage hospital.
Gateshead (Durham) -	116,928	" "
Blaydon (Durham) -	31,148	" "
Felling (Durham) -	25,020	" "
Hebburn (Durham) -	21,766	Has accident infirmary.
Stanley (Durham) -	23,300	" "
Barking Town (Essex) -	31,302	" "
Ilford (Essex) - -	78,205	Has emergency hospital.
Chatham (Kent) - -	42,250	[?] Use of St. Bartholomew's Hospital at Rochester.
Gillingham (Kent) -	52,252	" "
Margate (Kent) - -	27,086	Has cottage hospital.
Beckenham (Kent) -	31,693	" "
Erith (Kent) - -	27,755	" "
Penge (Kent) - -	22,331	" "
Bacup (Lancs.) - -	22,324	" "
Colne (Lancs.) - -	25,693	Has cottage hospital.
Darwen (Lancs) - -	40,344	" "
Heywood (Lancs) - -	26,698	" "
Middleton (Lancs) -	27,983	" "
Nelson (Lancs) - -	39,485	" "
Rawtenstall (Lancs.) -	30,516	" "
Widnes (Lancs) - -	31,544	" "
Ashton - in - Makerfield (Lancs.)	21,540	" "
Chadderton (Lancs) -	28,305	" "
Farnworth (Lancs.) -	28,142	" "
Hindley (Lancs.) - -	24,106	" "
Ince - in - Makerfield (Lancs.)	22,038	" "
Radcliffe (Lancs.) -	25,692	" "
Stretford (Lancs.) -	42,496	" "
Swinton and Pendlebury (Lancs.)	30,759	" "
Waterloo-with - Seaforth (Lancs.)	26,399	" "
Cleethorpe-with - Thruscoe (Lincs.)	21,419	" "
Hornsey (Middlesex) -	84,602	Has cottage hospital.
Acton (Middlesex) -	57,523	" "
Edmonton (Middlesex) -	64,820	" "
Enfield (Middlesex) -	56,344	Has cottage hospital.
Finchley (Middlesex) -	39,425	" "
Heston and Isleworth (Middlesex.)	43,316	" "
Southall-Norwood (Middlesex.)	26,327	" "
Southgate (Middlesex) -	33,613	" "
Tottenham (Middlesex) -	137,457	" "
Aberyschan (Monmouth)	24,661	" "
Abertillery (Monmouth)	35,425	" "
Bedwelty (Monmouth) -	22,551	" "

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Town.	Population.	Remarks.
Tredegar (Monmouth) -	23,604	Has cottage hospital.
Wallsend (Northumberland).	41,464	" "
Ashington (Northumberland).	24,583	" "
Bedlingtonshire (Northumberland).	25,253	" "
Sutton - in - Ashfield (Notts.)	21,707	" "
Smethwick (Staffs.) -	70,681	[?] Use of Birmingham General Hospitals.
Newcastle-under - Lyme (Staffs.)	20,204	" "
Wednesbury (Staffs) -	28,108	" "
Bilston (Staffs) - -	25,681	" "
Cannock (Staffs) - -	28,588	" "
Coseley (Staffs) - -	22,841	" "
Rowley Regis (Staffs) -	37,000	" "
Tipton (Staffs) - -	31,763	" "
Wolstanton United (Staffs.)	27,341	" "
Barnes (Surrey) - -	30,379	" "
Hove (Sussex) - -	42,173	Royal Sussex County Hospital at Brighton.
Sutton Coldfield (Warwickshire).	20,132	Has cottage hospital.
Oldbury (Worcestershire).	32,240	" "
Brighouse (Yorks, W.R.)	20,845	" "
Morley (Yorks, W.R.) -	24,285	" "
Todmorden (Yorks, W.R.)	25,455	" "
Castleford (Yorks, W.R.)	23,101	" "
Goole (Yorks, W.R) -	20,334	Has cottage hospital.
Aberdare (Glamorgan) -	50,844	" "
Caerphilly (Glamorgan)	32,850	" "
Gelligaer (Glamorgan) -	35,521	" "
Maesteg (Glamorgan) -	24,977	" "
Mountain Ash (Glamorgan).	42,256	Has cottage hospital.
Ogmore and Garw (Glamorgan).	26,747	" "
Pontypridd (Glamorgan)	43,215	Has cottage hospital.
Rhondda (Glamorgan) -	152,798	" "
Total - -	3,006,746	

COUNTY WITHOUT A GENERAL HOSPITAL.

Flintshire - - -	92,705	Has two cottage hospitals—Holywell and Mold.
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ADDENDUM IV.

LEGISLATION AS TO VENEREAL DISEASES IN THE UNITED STATES OF AMERICA.

Extract from the Public Health Bulletin, No. 62, July 1913, of the Treasury Department, United States Public Health Service. (Published 1914.)

A beginning has been made in various States to prevent the spread of venereal diseases. In only five States (California, Iowa, Utah, Vermont, Wisconsin) is the notification of such diseases required by law, although in one Territory (Porto Rico) cases of cutaneous syphilis are to be reported, and in two States (Indiana, Michigan) reports of both syphilis and gonorrhœa are

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required by regulation of the State Board of Health. In one State (Vermont) the State Board of Health is required to provide at the expense of the State free laboratory diagnosis of both syphilis and gonorrhoea, free vaccine treatment of gonorrhoea, and treatment at cost of syphilis together with educational literature. The employment of persons with venereal diseases in food-handling establishments is forbidden in 12 States (California, Colorado, Connecticut, Illinois, Indiana, Iowa, Minnesota, Missouri, Nebraska, North Dakota, Tennessee, Wyoming) by law, and in five (Arkansas, Kansas, New Hampshire, Ohio, Oklahoma) by regulation of the State health or food authorities; in bakeries in five States (New York, Oklahoma, Pennsylvania, Washington, Wisconsin); in bakeries, confectioneries, and ice-cream establishments in two (New Jersey, Rhode Island), and in meat-handling establishments in one (Utah). In 17 States (Arkansas, Colorado, Connecticut, Illinois, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Hampshire, North Dakota, Oregon, Rhode Island, Texas, Utah, Washington, Wisconsin) provisions have been made to prevent the spread of syphilis in barber shops by forbidding the exercise of the trade to persons with the disease, requiring sterilisation of tools and knowledge on the part of the barber of the most common manifestations of skin disease, &c.

In one State (Massachusetts) the law specifies that venereal patients must be furnished hospital facilities,

and that prisoners with syphilis must be isolated, their retention in prison until cured being required in two States (Massachusetts and Connecticut). Marriage of persons with venereal disease in a communicable stage is interdicted in seven States (Indiana, Michigan, North Dakota, Oregon, Utah, Washington, Wisconsin), sterilisation of syphilitic patients in public institutions being required in one (Iowa). In various States (Pennsylvania) certificates showing the absence of communicable disease on the part of the applicants are made a condition to the issue of a marriage license.

Employment of venereal patients as janitors in schools or as teachers is forbidden in one State (Indiana), and their attendance as pupils at schools is interdicted in one State (West Virginia).

Dissemination of information relative to these diseases or to remedies therefor is forbidden by the laws of four States (Massachusetts, Minnesota, Ohio, Oregon), while in two States (Connecticut and Tennessee) laws contain provisos exempting venereal diseases from being considered as "communicable" and therefore subject to control by health authorities. The laws of two States (Iowa, Oklahoma) penalise the wilful communication of either syphilis or gonorrhoea.

An appropriation of 20,000 dollars was made recently in Oregon in favour of the State Social Hygiene Society for the instruction of the public in sex hygiene.

APPENDIX VII.

VENEREAL DISEASES IN POOR LAW ESTABLISHMENTS.

TABLE HANDED IN BY SIR ARTHUR DOWNES.

Summary of Returns furnished by Medical Officers of the under-mentioned Unions.

Name of Union.	Population, 1911.	Average Number of Cases under Treatment.				Approximate Total of Cases in past 12 months	Whether Wassermann reaction is used.	Whether Salvarsan or Neo-Salvarsan is used.	Whether Special Wards for Venereal Cases are provided.	Remarks as to Prevalence	
		Gonorrhoea.	Syphilis.								
			Primary.	Secondary.	Tertiary.						Total.
Ashton-under-Lyne.	181,704		9		6	15	44	No	No	Yes§	Not to any extent.
Birkenhead	210,470	2	2	2	6	10	127	No	Yes (in some cases).	Yes	Normal.
Birmingham	842,286	66	94		135	229 (approx)	Not stated	Yes	Yes	Yes	Slight.
Blackburn	235,545	1	3	—	20	23	100	No	No	Yes	—
Bolton	275,927	—	—	—	1	1	116	Yes	No	Yes	Less than formerly.
Bradford	235,436	8	5	6	7	18	121	Yes (in a few cases).	Yes	Yes	Fewer cases of gonorrhoea a primary syphilis—these being treated in special lock ward
Bristol	357,048	3	10	4	120	134	200	No	No	—	Not great for size of area.
Burnley	222,165	1	—	1	—	1	43	No	Yes	Yes	Not so prevalent.
Bury	149,354	25	20	25	6	51	76	No	No	Yes	—
Canterbury	24,626	1-2	1-2	1-2	1-2	4-8	12	No	No	No	Less than formerly.
Cardiff	264,710	4	—	6	30-40	36-46	169	No	Yes	Yes§	Very prevalent.
Coventry	106,931	3	—	1	4	5	85	No	No	Yes (for females).	Syphilis not so prevalent
Dewsbury	174,719	—	—	—	20	20	40	No	Yes (in one case).	No	gonorrhoea fairly so.
Dover	51,944	—	—	—	20	20	40	No	No	Yes	Fewer cases.
Edmonton	445,875	—	—	—	—	—	24	Yes	Yes	No	Prevalent, but cases most treated by chemists. Ca only enter workhouse w symptoms are obvious.
Farnham	76,473	1	—	—	15	16	40	No	Yes (in a few cases.)	No	Not at all prevalent.
Gateshead	204,362	3	8 in 12 months	14	40	62	213	No	Yes	Yes (for males).	Only few cases come to infirm for treatment.
Grimsby	106,705	3	1-2	8-10	25-30	34-42	80	No	Yes	Yes	More prevalent. Estim 20 per cent. of population.
Halifax	138,989	2	2	5	12	19	100	No	Yes	Yes (for females).	Very prevalent.

§ Venereal cases accommodated in special wards with scabies, offensive skin cases, &c.

Name of Union.	Population, 1911.	Average Number of Cases under Treatment.					Approximate Total of Cases in past 12 months.	Whether Wassermann reaction is used.	Whether Salvarsan or Neo-Salvarsan is used.	Whether Special Wards for Venereal Cases are provided.	Remarks as to Prevalence	
		Gonorrhoea.	Syphilis.			Total.						
			Primary.	Secondary.	Tertiary.							
Kingston-on-Hull	79,400	2		2	40	44	114	No	No	Yes	10 per cent. of population; 70 per cent. of young men; foreign seamen responsible for introduction of certain proportion of the disease	
Sculcoates	217,614	3-4	2	4	10	16	60	No	No	Yes	Variable.	
Liverpool	266,792	11	1	8	2	11	213	No	Yes	Yes	Very prevalent.	
Liverpool	128,673		Not stated				333	Yes	Yes	Yes	Exceedingly prevalent; worst cases are those infected abroad	
Toxteth Park	136,140	2		3		12	20	No	Yes	Yes	Fairly prevalent.	
West Derby	613,255	10	1	34	15	50	295	Yes	Yes	Yes	Very prevalent.	
Manchester	113,765	6	3	7	2	12	130	No	Yes (in a few cases)	Yes	Less than might be expected.	
South Manchester.	392,244	5	1	8	5	14	143	No	Yes	Special wards in lunacy blocks.	Diminishing	
Prestwich	241,517	2	—	3	4	7	40	No	Yes (occasionally).	No (males). Yes (females).	Not abnormal	
Salford	241,323	2-3	—	3	2	5	71	No	Yes	Yes	Slight.	
Oldham	112,458	3	—	2	9	11	45	No	No	Yes	Great decrease in recent years.	
North Tyndal	174,147	2	—	6	20	25	60	No	No	Yes	Gonorrhoea very prevalent. Syphilis not very prevalent. Great reduction in number of cases admitted to poor law infirmary during last 2-3 years.	
Newcastle-on-Tyne.	250,325	7	2	4	11	17	180	No	No	Yes	No very marked change.	
Newport (Mon.)	152,529		Not stated				85	No	No	Yes	Less than in similar seaport towns.	
Nottingham	259,904	8	6	5	25	36	195	No	Yes	Yes	Not very prevalent less so than 20 years ago.	
Oldham	235,581	4	2	3	20	25	146	No	Yes	Yes	No statistics available.	
Devonport	81,678	2 per annum.	2	1	4	7	20	No	No	Yes§	Very prevalent in union, but few cases admitted to work house	
East Stonehouse.	13,748	—	—	—	—	—	6†	No	Yes	Yes	Increase in recent years	
Plymouth	112,030	8	9	7	22	38	189	Yes (occasionally).	Yes (occasionally).	Yes	Decidedly prevalent	
Portsmouth	231,141	9	3	6	18	27	262	No	Yes	Yes	Little difference, but type of case milder	
Weston	161,289	1	1	—	2	3	20	No	Yes	Yes	No definite information as to union; fewer cases than formerly at workhouse.	
Widale	129,098	2	2	2	26	30	101	No	Yes	Yes	Very prevalent, increase during past 15-20 years.	
Sheffield; Ecclesall Bierlow.	205,617	4	1	1	25	27	40	Yes	Yes (in a few cases)	Yes	"Always a fair number of cases"	
Sheffield	267,132	13	—	10	15	25	215	Yes	Yes	Yes	Less prevalent than in other large towns known to medical officer	
Southampton	119,012	Only percentage for 12 months given						60	No	Yes (in recent cases).	Yes†	Frequency of disease in earlier forms not so great as 8 years ago
Walsley	157,025	22	4	9	23	36	58	No	Yes	Yes	Diminishing gradually for last 3 years at rate of about 5 per cent. to 10 per cent.	
Warrington	114,011	2	2	1	12	15	25	Yes	Yes	Yes	Uniform average.	
Wolverhampton	162,892	4	—	3	9	12	77	No	Yes (in a few cases).	Yes	Decrease as compared with 10 years ago.	

† This number, though given in the return, is obviously incorrect.
‡ Tertiary lesions treated in general wards.

Local Government Board
January 1914.

APPENDIX VIII.

Statement handed in by Dr. T. C. Parsons, Medical Superintendent of the Fulham Infirmary.

SUMMARY of RETURNS received from POOR LAW INFIRMARIES as regards VENEREAL CASES.

London.

Enquiries were made at all the 29 separately administered infirmaries in London. No reply was received from three of them. Of the 26 infirmaries from which answers were received 15 have small lock wards with accommodation for 121 male patients and for 154 female. In five of these 15 infirmaries, cases other than venereal are also admitted to the lock wards, in three infirmaries a female lock ward alone is provided, and in one a male lock ward only. In the latter infirmary the female cases are placed on one side of the phthisis ward. In three infirmaries the venereal cases are placed in the general wards. In the other infirmaries the venereal cases are sent to the workhouses of the unions, to the lock hospitals or in the case of men to the Bow Institution, temporary treatment being provided in the general wards pending removal. At the Bow Institution there is a special department with 30 beds for male cases of syphilis and gonorrhœa. Nine infirmaries send all or some of their cases to the lock hospitals or the Bow Institution.

In addition to the accommodation in the infirmaries, lock wards are provided in many of the workhouses.

Salvarsan or neo-salvarsan is used in 14 of the infirmaries. In seven infirmaries salvarsan is used in five neo-salvarsan or both salvarsan and neo-salvarsan, and in two the preparation used is not stated. The routine adopted varies considerably. The intravenous method is nearly always employed, and a course of mercury by the mouth, by inunction, or by injection given in addition. In one infirmary one dose of salvarsan is given; in three, two doses; in four, three doses, as a rule; in one, eight doses, and in one alternate injections of mercury and salvarsan until the Wassermann reaction is negative. The interval between the doses is usually one or two weeks. In two infirmaries a course of 10 weekly injections of mercury is given with two or three doses of neo-salvarsan during this period.

The Wassermann test is used in 13 of the infirmaries in nearly all cases the test is carried out by friends of the medical superintendent or in private laboratories. The fee paid varies from 10s. 6d. to 2l. 2s. per test.

Lock patients in the infirmaries are not subject to any special restrictions, apart from isolation, except that in some cases visiting is either prohibited or curtailed.

The following statistics of the admissions of venereal cases during last year have been supplied :—

Central London Sick Asylum, Cleveland Street.—Gonorrhœa, 8; syphilis, 15 (in three months only).

Fulham.—Secondary syphilis, 26; tertiary syphilis, 27; congenital syphilis, 23; parasymphylis 16; soft chancres, 2; gonorrhœa, 19.

Hackney.—Primary and secondary syphilis, 13; soft sores, 3; gonorrhœa, 19.

Lambeth.—Syphilis, 45; gonorrhœa, 53.

The Provinces.

Enquiries were sent out to 18 of the chief provincial infirmaries. Replies were received from 16. Eleven of these 16 infirmaries have separate lock wards in the infirmary with accommodation for 153 women and 93 men. In the case of five of these eleven infirmaries female lock wards only are provided in the infirmary, the men being sent to the workhouses. When salvarsan or neo-salvarsan is used the men are, however, admitted to the infirmary, as a rule, for two days. Four infirmaries send some or all of their cases to lock hospitals.

Salvarsan or neo-salvarsan is employed in 11 of the infirmaries. The intravenous method is most commonly used and mercury by the mouth, by inunction or by injection given also. The routine adopted varies, but usually only one or two doses are given. In two infirmaries one dose is given, and the patient advised to return in three months' time for a second dose. In one infirmary a dose is given every month until all signs have disappeared and then one more dose. In another infirmary two or three doses are given at intervals of ten days.

The Wassermann test is used in five of the infirmaries, the test usually being carried out in outside laboratories.

As in London, no restrictions beyond isolation and the curtailment or prohibition of visiting by friends are applied to lock cases.

In Birmingham arrangements are being made to send all male poor law venereal cases within the Union to the Western Road House, where a new block is being put in order for their treatment. The block consists of two wards of 13 beds, each with bathroom and lavatory and a large courtyard for exercise. It is also proposed to treat all the female venereal cases at one centre. The Wassermann test is carried out by the guardians' own pathologist, and has been applied in over 500 cases.

The following statistics of the admissions of venereal cases during last year have been supplied :—

West Ham.—52 venereal cases.

Birmingham.—Gonorrhœa, 32 males, 28 females; syphilis, 41 males, 53 females.

Birkenhead.—Gonorrhœa, 23; syphilis, 43

Bradford.—Gonorrhœa, 33 males, 40 females; gonorrhœa arthritis, 8 males, 3 females; buboes, 21 males, 4 females; epididymitis, 9 males, syphilis, 69 males, 34 females.

Leeds.—Gonorrhœa, 60; syphilis, 54.

Portsmouth.—262 venereal cases, including tabes 9; syphilitic ulcers, 27; general paralysis, 18.

Salford.—Gonorrhœa, 30; syphilis, 26; parasymphylis, 15.

Sheffield.—Gonorrhœa, 46 males, 53 females; syphilis, 62 males, 54 females.

Middlesbrough.—Gonorrhœa, 35; soft chancres, 10; syphilis, 17.

APPENDIX IX.

STATISTICS OF VENEREAL DISEASES IN PRISONS IN ENGLAND AND WALES.

(Tables handed in by Sir Herbert Smalley.)

Percentage of Total Receptions suffering from Venereal Disease.

TABLE 1.

Incidence of venereal diseases in local prisons for the period from 1st November 1913 to 28th February 1914 classified in three groups.

Group 1.—Prisons to which prisoners are committed from large towns, manufacturing or mining districts.

Group 2.—Prisons to which prisoners are committed from smaller towns and districts where no extensive manufactures are carried on.

Group 3.—Prisons to which prisoners are committed from agricultural and sparsely inhabited districts.

	Group 1.	Group 2.	Group 3.
<i>Males—</i>			
Gonorrhœa - - -	·84	·73	·35
Syphilis - - -	·98	·58	·17
TOTAL - - -	1·82	1·31	·52
<i>Females—</i>			
Gonorrhœa - - -	·56	·39	—
Syphilis - - -	1·43	·39	—
TOTAL - - -	1·99	·77	—

TABLE 2.

Summary of Returns received from Local Prisons for five months ended the 31st March 1914.

	November 1913.	December 1913.	January 1914.	February 1914.	March 1914.	Total.
<i>Number of receptions—</i>						
Male - - - - -	9,747	10,728	10,275	10,607	11,707	53,064
Female - - - - -	2,944	2,937	2,629	2,632	3,227	14,369
<i>Number of prisoners received suffering from venereal disease—</i>						
<i>Males—</i>						
Gonorrhœa, acute - - -	61	48	44	48	53	254
" chronic - - -	48	43	21	24	35	171
Soft chancre - - - - -	14	13	10	9	6	52
Syphilis, primary - - -	15	10	5	9	11	50
" secondary - - -	37	30	31	38	38	174
" tertiary - - - -	56	38	26	27	25	172
<i>Females—</i>						
Venereal discharge - - -	24	12	12	13	29	90
Syphilis, primary - - -	1	1	4	—	1	7
" secondary - - -	23	26	26	13	22	110
" tertiary - - - -	34	14	9	5	16	78
<i>Number of prisoners discharged in an infectious condition—</i>						
<i>Males—</i>						
Gonorrhœa, acute - - -	12	22	20	22	25	101
" chronic - - - -	30	29	16	23	27	125
Soft chancre - - - - -	4	9	1	4	1	19
Syphilis - - - - -	28	42	26	34	46	176
<i>Females—</i>						
Venereal discharge - - -	13	15	4	11	12	55
Syphilis - - - - -	16	23	22	21	14	96
<i>Percentage of receptions found to be suffering from venereal disease—</i>						
<i>Males—</i>						
Gonorrhœa - - - - -	1·12	·85	·63	·68	·75	·80
Syphilis - - - - -	1·25	·85	·70	·78	·68	·84
TOTAL - - - - -	2·37	1·70	1·33	1·46	1·44	1·65
<i>Females—</i>						
Gonorrhœa - - - - -	·82	·41	·46	·49	·90	·63
Syphilis - - - - -	1·97	1·40	1·48	·68	1·21	1·36
TOTAL - - - - -	2·79	1·80	1·94	1·18	2·11	1·98
<i>Percentage of prisoners suffering from venereal disease discharged in an infectious state—</i>						
<i>Males—</i>						
Gonorrhœa - - - - -	38·53	56·04	55·38	62·5	59·09	53·18
Syphilis - - - - -	26·23	56·04	37·50	45·78	58·75	43·53
TOTAL - - - - -	32·03	56·04	46·00	53·55	58·93	48·22
<i>Females—</i>						
Gonorrhœa - - - - -	54·17	100	33·33	84·61	41·38	61·11
Syphilis - - - - -	27·59	56·10	56·41	100	35·90	49·23
TOTAL - - - - -	35·36	71·70	50·98	100	38·24	52·98

TABLE 3.

Summary of Returns from Borstal Institutions.

Borstal Institution.	Number of Inmates examined.	Congenital Syphilis.		Acquired Syphilis.	
		Cases.	Percentage of total Inmates examined.	Cases.	Percentage of total Inmates examined.
Aylesbury (females)	87	3	3.45	2	2.30
Borstal -	428	70	16.36	1	.23
Feltham -	390	79	20.26	2	.51
Canterbury	36	1	2.78	—	—
Total -	941	153	16.26	5	.53

NOTE.—In the examination and recording of the inmates for inherited syphilis, the following seven points were borne in mind by the various medical officers:—

- (1) Sunken bridge of the nose.
- (2) Linear scars at angles of the mouth.
- (3) Protuberent eminences (bosses) consequent on old periositis and nodes on the long bones.
- (4) Hutchinson's teeth.
- (5) Defects of vision.
- (6) Deafness from chronic otorrhœa which from the history of the case may be syphilitic
- (7) Extreme pallor and stunted growth.

A fairly comprehensive view was taken. It will be seen by the following list of the number of signs presented by the 153 inmates considered to have suffered from inherited syphilis no very rigid line, excluding any but the most pronounced cases, was adopted.

4	presented	1	sign
28	"	2	signs
56	"	3	"
40	"	4	"
21	"	5	"
4	"	6	"
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153			

As regards the different indications

Under (1)	were recorded	87	instances.
" (2)	"	67	"
" (3)	"	95	"
" (4)	"	104	"
" (5)	"	20	"
" (6)	"	27	"
" (7)	"	97	"

APPENDIX X.

STATEMENT of Evidence handed in by Dr. SIDNEY COUPLAND and Dr. C. HUBERT BOND, Commissioners in Lunacy.

We propose to submit statistical information concerning syphilis in insane persons, based on data furnished by the statutory records kept by the medical officers of institutions in England and Wales and forwarded to our office. Some of the facts thus obtained are tabulated in the Annual Reports of the Commissioners in Lunacy, but for the purpose of the present inquiry we have compiled more detailed information from the registers of the five years 1908-12.

At the close of the year 1912 there were in England and Wales 145 institutions for the insane, exclusive of idiot establishments, namely, 72 county and district asylums, 23 borough asylums, 14 registered hospitals and 36 licensed houses.

The number of patients (exclusive of criminal lunatics) resident therein at that time was 109,682, of whom 50,559 were males and 59,123 females.

The males consisted of 3,706 private and 46,853 pauper patients; whilst of the females 5,577 were of the private and 53,546 of the pauper class.

Note.—The distinction between a "private" and a "pauper" patient is somewhat arbitrary, the latter term in the Lunacy Acts being applied to any insane person whose maintenance is wholly or partially chargeable to the rates. In some asylums (notably those of the county of London) any case for whom these charges are wholly refunded to the guardians by relatives or friends is classed as a "private" patient. Again every patient in a registered hospital is classed as private, although in no small proportion the cost of maintenance is far in excess of the payment made to the institution, whilst in certain cases such patients are received gratuitously.

I.—*Syphilis and Insanity*

In the 31st Report of the Commissioners in Lunacy there was printed for the first time a table of the *Causes of Insanity*. It was prepared from information supplied from institutions, and embodied the results of the investigation and observation of the cases admitted during the year 1876. Amongst the assigned "causes" was "venereal disease," which is recorded as obtaining in the proportion of about 0.4 per cent. of the total admissions for the year, the percentage for the male sex being 0.6, for the female 0.2. It is noteworthy that whereas amongst the male patients the ratio was higher in those of the "private" class (1.6 per cent) than in those of the "pauper" class (0.3 per cent.), the converse obtained among the females.

In the 44th Report the yearly average percentages for the ten years 1879-88 are given. They were: males 0.8, females 0.2; the percentage for male private patients being 1.8 and for male pauper patients 0.6.

In the 48th Report the yearly average ratios for the five years 1888-92 were published, and from that date until the 62nd Report (1902-06) such quinquennial averages were regularly given every year.

The adoption in 1907 of a revised (and more scientific) classification of the "Causes and Associated Factors of Insanity" has afforded opportunity for more precise information, as well as for the study of the correlation of one ætiological factor with another. In the new schedule a separation was made between "acquired" and "congenital" syphilis; whilst in respect to each recorded factor the opinion was invited

as to whether it should be regarded as a "principal" or merely a "contributory" cause of the attack of insanity. This distinction, based on the apparently paramount importance of one out of several aetiological conditions, may, we think, be disregarded in the present inquiry, which will deal solely with the fact of the insane subject having suffered from syphilitic infection at some time of life.

It will be seen from these published figures that there has been a gradual rise in the recorded proportion of syphilitics amongst patients admitted to care. It must not be inferred that such an increase, obtaining in each sex and in each class, denotes an increasing incidence in actual prevalence of syphilis in the insane community; since the fact that the percentage proportion of syphilitics, which was only 0·8 in the yearly average of the ten years 1879-88 and 5·0 of that of the five years 1908-12, may mean nothing beyond more thorough investigation and observation in respect to this particular. Throughout the whole period there has obtained the preponderance in the proportion of male cases in the private over the pauper class, and (generally) a similar, but less markedly, higher incidence in females of the pauper than in those of the private class.

	Males.		Females.	
	1879-88.	1908-12.	1879-88.	1908-12.
Private -	1·8	11·8	0·2	0·7
Pauper -	0·6	8·7	0·2	1·4

It is obvious that, owing to imperfection of the records, the figures above quoted must necessarily fall below those of the actual ratio of syphilis amongst the insane. If one could ensure that only those cases should be considered in which, after fullest inquiry and examination, there was either positive knowledge of syphilitic infection or an entire lack of this, then the statistical results limited to these cases ought to have some reliability. The plan adopted in 1907 of making returns in respect to the aetiological factors of insanity enables this to be done with fairly accurate result, except in so far as they are affected by the personal equation of the reporter. For it is now possible entirely to eliminate from the calculation every case in which either (1) "no aetiological factor was ascertained, or the history was too imperfect to allow of this," or in which (2) "no such factor could be definitely assigned in spite of full history and observation."

The total number of pauper patients directly admitted into the 95 county and borough asylums during the five years 1908-12 was 96,060, but amongst these there were 16,299 whose cases in respect to aetiological investigation fall into one or other of the above-mentioned categories. There remain, therefore, 79,761 cases of insane persons concerning whom definite information on this head was obtained and recorded. Of this number 38,074 were males, and amongst them 3,943, or 10·3 per cent., were ascertained to have a history of syphilis or to present evidence of such antecedent. The female cases numbered 41,687, and of them 673, or 1·6 per cent., were similarly ascertained to have had this disease. The addition to these numbers of 279 cases (127 males, 152 females) of congenital syphilis would raise these percentages to 10·6 and 2·0 respectively.

Much variation in the degree of incidence appears in the inmates of different asylums, but speaking generally those institutions that receive inmates from industrial districts with their populous towns show higher ratios than those which deal mainly with an agricultural and rural community. The borough asylums show comparatively high rates of incidence, and amongst them the towns of Portsmouth, Plymouth, Newcastle and Cardiff show returns of high proportion of syphilitics to the total admissions.

Collating these asylum returns, as to include those of boroughs in their respective counties, we find that the higher rates, especially as regards male patients, prevail mostly in the metropolis and adjoining counties,

in counties such as Hampshire and Devon having large seaport towns, and those with mining as well as seafaring population, such as Glamorgan and Northumberland, and such industrial counties as Staffordshire, Worcestershire and the West Riding. On the other hand the more agricultural counties of Wales,* Cornwall, Wilts, Dorset, Cambridge and Suffolk yielded low rates. But notable exceptions occur to this general statement, and perhaps a more reliable indication of the comparative prevalence of syphilis is that afforded by the returns of general paralysis, which are given below.

From an examination of the returns in respect to the various forms of insanity from which patients are suffering when admitted to care, it would appear that the incidence of general paralysis is disproportionately great amongst those patients who are known to have been the subjects of syphilis, congenital or acquired. Thus, of the 4,895 cases known to be syphilitics amongst the 96,060 pauper patients admitted into asylums in 1908-12, 2,943, or about 60 per cent., were general paralytics, whereas the percentage of this form of insanity to the total admissions was only one-tenth of this figure, *i.e.*, 6·1 per cent. Similarly, amongst the syphilitic, insanity associated with gross brain lesions occurred in 3 per cent. of the total cases, but amongst the whole number of admissions it formed less than 1·2 per cent. On the other hand, cases of mania and melancholia, which amounted respectively to 28·7 and 26·8 per cent. of the total admissions, occurred in only 11·5 and 8·8 per cent. of those known to have been the subjects of syphilis.

It hardly needs to be stated that the congenital and infantile forms of mental deficiency, such as idiocy and imbecility, were more numerous amongst individuals with a history of congenital syphilis than of those who had acquired the disease. Such cases formed 47·3 per cent. amongst the former, and less than 0·6 per cent. amongst the latter; whilst amongst the whole number of admissions the 6,620 cases of this class constitute but 6·8 per cent.

This table† also affords means of comparison between the known syphilitics and the remaining patients admitted during these five years in respect to each form of insanity; but the comparison would be made more accurate if every case were eliminated in which the history was too imperfect to satisfy the investigator of the aetiological significance of any special factor in the case.

It is not possible to affirm that syphilis plays no part in the production of mental disorder, even in those cases where the association is comparatively infrequent. Indeed our returns show that in the opinion of the medical officers, it is often the chief factor amongst all that can be assigned in connection with the insanity. At any rate, it is given as the "principal" factor in 60 per cent. of cases known to have acquired syphilis and in about 52 per cent. of the subjects of congenital syphilis. Amongst the forms of insanity in those subjects, syphilis was regarded as a principal cause in 76 per cent. of the cases of general paralysis, 45 per cent. of those with brain lesions, 43 per cent. of secondary dementia, 34 per cent. of melancholia, 31 per cent. of mania, and 21 per cent. of the cases of primary dementia and of insanity with epilepsy.

From a study of the table dealing with the correlation of the various aetiological factors in insanity, published in the Reports of the Commissioners in Lunacy, it would appear that the antecedents to the attack of insanity which have been most frequently associated with syphilis (acquired) are such as alcoholic intemperance, states of destitution and privation, injuries, degenerative changes of blood-vessels and gross cerebral disease. The last two conditions are

* This is not refuted by the fact of the exceptionally high rate assigned to Brecon and Radnor, since during the period under review the county asylum was receiving male patients direct from the borough of Swansea, and for a short period also from Cardiff. What proportion of them had a history of syphilis we are unable to say; but it will be seen later that they furnished more than five-sixths of the total number of the male general paralytics admitted in the five years, and in each such instance there was a history or evidence of acquired syphilis.

† This table has not been reproduced.

doubtless in most cases dependent on syphilis. It is further important to note that in cases of insanity with the antecedents of syphilis, the ætiological factor of mental stress is not infrequently present.

II.—General Paralysis of the Insane.

Number under Care—We have no available information of the total number of cases of general paralysis amongst all the certified insane in England and Wales; but we can state what this is amongst the inmates of the 95 county and borough asylums who, on January 1st, 1913, amounted to 103,842 persons—or nearly four-fifths of all known insane.

We receive annually a return from each asylum, which contains amongst its particulars a statement of the number of such cases under care at the end of the year. The average number from the returns for the three years 1910-1912 was 2,307; and the ratio borne by this number to that of the daily average number of patients was 2.3 per cent. (or 22.9 per 1,000). Of the total in residence—100,488—there were 46,171 males and 53,797 females, the number of male paralytics being 1,775, of female 532. So that the ratio of male cases of general paralysis was 3.8 per cent. (or 38 per 1,000), and of female cases 1 per cent. (or 9.7 per 1,000).

Comparative Incidence of General Paralysis of the Insane.

To arrive at a more accurate estimate of the distribution of cases of general paralysis of the insane in England and Wales than is obtained by comparison of the number of such cases admitted into asylums to the total admissions, the proportion of such cases to the population has been calculated.

For this purpose the census returns (1911) have been utilised, as recorded for six age-periods in each sex in the administrative counties and county boroughs.

The number of pauper patients admitted into asylums during the five years 1908-12 for their first attack of insanity, and the subjects of general paralysis chargeable to unions within the areas of the respective counties and boroughs, have been similarly distributed in the same age-periods.

The ratio per 10,000 of population of such cases has then been estimated.

Note.—To obtain the requisite information, lists were sent to asylum authorities of all such cases admitted during the five years, in order that the unions to which they were chargeable should be recorded. It will be seen that the total number of cases in the present return is somewhat lower than that previously stated to the Royal Commission,* owing mainly to the fact that the present figures are derived directly from the registers and not from summaries sent to the office.

The results are embodied in the five tables herewith submitted, the sexes being in each dealt with separately.

- A shows the incidence of general paralysis in each of the administrative counties.
- B. gives like information regarding the county boroughs.
- C shows for the administrative counties the ratios obtained by limiting the calculations to the three age-periods, 25-34, 35-44, 45-54 combined, these being the ages of highest incidence of general paralysis.
- D. gives the same information for the county boroughs.
- E. is based on a combination of C. and D., whereby the boroughs are included in their respective counties.

Of the whole number of such cases of general paralysis it appears that there were 5,352 males and 1,028 females, which, on the basis of the population of 17,445,608 males and 18,624,884 females, give a proportion per 10,000 of males 3.07, and females 0.55.

* The original return has not been reproduced; the present statement on the Comparative Incidence of General Paralysis of the Insane, which was prepared at the request of the Royal Commission, being substituted.

For the age-period 25 to 54 years the figures are:—

—	Population.	General Paralysis.	Ratio per 10,000.
Males -	6,862,596	4,885	7.12
Females -	7,467,889	920	1.23

It will be seen that whereas at this age-period the number in population was, for males, 39.3, and for females, 40.1 per cent. of the total, the cases of general paralysis amounted to 91.3 per cent. of the total male cases, and 89.5 per cent. of the female.

A.—Administrative Counties.

Males.—England (excluding London), 2,063 cases of general paralysis admitted in the five years, 1908 to 1912, or 2.2 per 10,000 of the population at the census (1911). In Wales, 148 cases, or 1.8 per 10,000; whilst for London (including city of London) there were 1,231 cases, or 5.8 per 10,000.

In all the counties of England and Wales (including London) there were only 8 cases under 15 years of age, and 42 from 15 to 24.

Next to London the highest ratios were those yielded by Middlesex (3.5), Essex (3.4), Warwick (3.3), and the West Riding (3.0).

Although the small administrative county of the Soke of Peterborough gave a ratio of 6 per 10,000, but when combined with the figures for Northamptonshire the ratio is 2.5.

Of the Welsh counties, Cardigan and Glamorgan gave the highest ratios, viz., 2.6 in each instance.

There were no cases admitted during the five years from the counties of Merioneth and Radnor.

Females.—England (excluding London), 392 cases, or 0.4 per 10,000 of the census population. Wales, 17 cases, or 0.2 per 10,000. London, 215 cases, or 0.9 per 10,000.

Berkshire and the East Riding of Yorkshire each gave a ratio of 1.0 per 10,000, the next in order being Kent, Northants (and the Soke of Peterborough), and the West Riding, each having a ratio of 0.7. Of the Welsh counties, Cardigan was the highest, viz., 0.6.

No cases were admitted during the five years from the counties of Cambridgeshire, Isle of Ely, Huntingdon, Rutland, Westmorland, Worcester, Anglesey, Carnarvon, Denbigh, Flint, Merioneth, Montgomery, and Radnor.

B.—County Boroughs.

Males.—England, a total of 1,797 cases, giving a ratio of 3.6 per 10,000. Wales, 113 cases, or a ratio of 5.9 per 10,000.

The highest ratios were those of Bath (8.2), Grimsby (7.7), Rotherham (7.7), West Ham (7.3), Cardiff (7.3), Swansea (7.1).

No cases occurred during the five years in Bournemouth and Dudley.

Females.—The ratio for the boroughs of England and those of Wales were the same, viz., 0.7 per 10,000. The highest ratios are those of Burnley (1.7), West Ham (1.6), Newcastle (1.4), Plymouth, Tynemouth, and Bath (each 1.3), Cardiff (1.2), Devonport, Gloucester, Liverpool, Manchester, Walsall, Brighton (each 1.1).

No cases in Chester, Exeter, Barrow, Southport, Bournemouth, Burton, Smethwick, Wolverhampton, Eastbourne, Dudley, Worcester, Middlesbrough, and Huddersfield.

C. and D.—In these tables dealing with the administrative counties and county boroughs respectively, a better conception of the comparative prevalence of general paralysis is obtained, since the figures dealt with concern only those years of life when the disease is most liable to manifest itself.

In Table C. the administrative counties have been reduced to 56, by collating the Isle of Ely with Cambridge, the Isle of Wight with the county of Southampton, and the Soke of Peterborough with Northamptonshire. The three divisions of Lincolnshire are also here combined. Amongst the males there are two

counties, and amongst the females 12 counties, in which no cases of general paralysis occurred during 1908-12. The ratio for the whole series is, for males, 5·2 per 10,000; for females, 0·9. The counties have been ranged in the order of the degree of incidence of general paralysis, the highest ratios amongst males being yielded by Warwick, Essex, Middlesex, Oxford, Cardigan, Kent, Northumberland, West Riding, Cambridge, and Glamorgan; and, for females, Berkshire, East Riding, Northants, Cardigan, Kent, West Riding, Notts, Northumberland, Oxford, and Essex.

In Table D. the ratio for all the county boroughs is 8·31 for males, and 1·56 for females. The figures for the county of London, including the city, are inserted here for comparison. It appears that the ratio for the metropolis was, for males, 12·9; for females, 1·9. There were nine boroughs in which the male ratio exceeded that of London, viz., Bath, West Ham, Rotherham, Grimsby, Newcastle, Cardiff, Swansea, Middlesbrough, and Brighton. The female ratio was higher than that of London in 20 boroughs, of which the highest ratios were given by Grimsby, Reading, West Ham, Newcastle, Plymouth, Gloucester, and Cardiff.

E.—In this table the figures of the administrative counties and county boroughs are added together, and

the comparative prevalence of general paralysis in the counties of England and Wales thereby indicated.

Occupations of Persons suffering from General Paralysis—A table has been compiled to show the various professions and occupations followed by the patients admitted during 1908-12, who were suffering from general paralysis, viz., 5,352 males, 1,028 females. Much labour has been expended to prepare this table, which, however, does not appear to be very informing, especially as regards *female* subjects, of whom more than 70 per cent. are returned as having no specific occupations.

Amongst the most noticeably high ratios for individual occupations are:—

	Males.	
Pensioners - - -	37·1	} Ratio per 10,000 of the numbers admitted, as above, in each occupation to the total of that occupation in the whole population.
Commercial or business clerks - - -	27·1	
Civil and mining engineers - - -	26·2	
General labourers - - -	19·7	
Merchant Service—Seamen, &c. - - -	15·4	
Costermongers, hawkers, street sellers - - -	12·4	

A. 1.—MALES.

TABLE showing PROPORTION of CASES of GENERAL PARALYSIS (PAUPER ADMISSIONS) to POPULATION in ADMINISTRATIVE COUNTIES of ENGLAND and WALES, 1908-12.

Administrative Counties (including Boroughs in Schedule IV. of L.A. 1890).	Population.—Census.							Cases of General Paralysis, 1908-12.							Proportion of Cases of General Paralysis per 10,000 of Population.						
	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total	Under 15.	15-	25-	35- .	45-	55 and over	Total	Under 15.	15-	25-	35-	45-	55 and over.	Total
ENGLAND.																					
Bedfordshire	23,785	17,354	14,209	11,676	9,026	11,956	93,006	—	—	1	8	5	1	15	—	—	0·7	6·8	5·5	0·9	1·6
Berkshire	28,889	17,117	14,050	12,210	9,944	13,400	95,610	—	1	5	11	5	3	25	—	0·6	3·6	9·0	5·0	2·2	2·6
Buckinghamshire	33,611	18,530	16,113	14,038	10,789	14,245	107,326	—	1	5	13	3	1	23	—	0·5	3·1	9·2	2·8	0·7	2·1
Cambridgeshire	18,401	10,941	8,798	7,886	6,384	9,266	61,676	—	—	2	7	9	—	18	—	—	2·3	8·3	14·1	—	2·9
Cheshire	98,936	53,714	52,926	44,712	31,999	34,474	321,761	1	—	14	25	21	8	69	0·1	—	2·6	5·5	6·6	2·3	2·1
Cornwall	46,099	23,904	20,799	18,358	16,017	21,437	151,614	—	—	1	8	7	2	18	—	—	0·5	4·3	4·4	0·9	1·2
Isles of Scilly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cumberland	42,245	24,336	19,060	15,711	12,546	15,885	129,783	—	—	2	6	4	—	12	—	—	1·0	3·8	3·2	—	0·9
Derbyshire	95,551	52,499	45,863	36,091	25,341	27,620	282,965	—	—	11	22	12	8	53	—	—	2·4	6·1	4·7	2·9	1·8
Devonshire	61,281	39,680	30,963	27,309	22,943	32,110	214,286	—	—	10	23	11	1	45	—	—	3·2	8·4	4·8	0·3	2·1
Dorsetshire	31,236	21,303	18,209	14,167	10,901	14,489	110,805	—	—	3	9	1	3	16	—	—	1·6	6·3	0·9	2·1	1·4
Durham	167,838	89,330	74,843	58,865	40,558	43,828	475,262	1	2	17	41	39	9	109	0·06	0·2	2·3	7·0	9·6	2·0	2·3
Isle of Ely	10,878	6,083	5,282	4,415	3,408	5,157	35,223	—	—	2	2	2	—	6	—	—	3·8	4·5	5·8	—	1·7
Essex	171,189	89,703	80,726	70,678	50,181	55,447	517,924	—	5	35	74	46	15	175	—	0·5	4·3	10·5	9·1	2·7	3·4
Gloucestershire	49,176	27,584	21,681	19,685	16,043	22,105	156,274	—	—	4	7	10	1	22	—	—	1·8	3·5	6·2	0·4	1·4
Hereford	17,051	9,013	7,199	7,069	5,978	8,858	55,169	—	—	—	1	2	—	3	—	—	—	1·4	3·3	—	0·5
Hertfordshire	46,569	26,258	23,209	19,908	14,482	18,206	148,632	1	—	7	10	5	2	25	0·2	—	3·0	5·0	3·4	1·1	1·7
Huntingdonshire	8,584	4,697	3,884	3,403	2,855	4,110	27,533	—	—	1	—	2	—	3	—	—	2·6	—	7·0	—	1·1
Kent	153,620	90,028	78,344	64,374	48,088	60,698	495,152	—	1	33	65	35	6	140	—	0·1	4·2	10·1	7·3	1·0	2·8
Lancashire	255,628	155,985	140,304	116,967	83,828	82,979	835,691	—	3	23	56	54	15	151	—	0·2	1·6	4·8	6·4	1·8	1·8
Leicestershire	39,239	22,077	19,121	15,343	11,658	15,003	122,441	—	—	—	6	3	—	9	—	—	—	3·9	2·6	—	0·7
Lincs. —Holland	13,003	6,941	6,027	5,070	3,799	6,074	40,914	—	1	—	1	2	1	5	—	—	—	—	—	—	—
Kesteven	16,631	9,807	8,580	6,929	5,673	7,935	55,555	—	—	2	4	2	—	8	—	0·3	2·4	4·5	5·6	0·6	1·6
Lindsey	56,815	20,611	18,162	14,820	11,879	16,432	118,719	—	—	6	7	8	1	22	—	—	—	—	—	—	—
Middlesex	175,318	86,772	90,228	75,257	49,418	48,438	525,431	—	3	34	82	47	17	153	—	0·3	3·7	10·9	9·5	3·5	3·5
Monmouth	56,211	31,173	27,887	21,895	14,041	14,048	165,255	—	—	3	13	12	—	29	—	—	1·1	6·0	3·5	—	1·7
Norfolk	49,315	27,487	21,820	18,803	17,007	24,949	159,381	—	1	4	12	5	2	24	—	0·4	1·8	6·4	2·9	0·8	1·5
*Northamptonshire	32,601	18,759	15,837	14,022	10,895	14,095	106,209	—	—	1	10	7	1	19	—	—	0·6	7·1	6·4	0·7	1·8
Northumberland	61,967	34,444	29,980	24,078	17,035	18,978	186,482	—	1	5	19	24	4	53	—	0·3	1·7	7·9	14·0	2·1	2·8
Nottinghamshire	57,424	31,161	27,414	21,831	15,543	17,946	171,319	—	—	3	22	10	1	36	—	—	1·1	10·1	6·4	0·6	2·1
Oxfordshire	21,989	12,615	10,057	8,615	7,456	10,793	71,525	—	—	3	8	9	1	21	—	—	3·0	9·3	12·1	0·9	2·9
*Peterborough, Soke of	6,503	3,749	3,363	2,798	2,283	2,966	21,662	—	—	1	5	6	1	13	—	—	2·9	17·9	26·2	3·3	6·0
Rutland	8,081	2,033	1,419	1,259	1,105	1,417	10,314	—	—	—	—	2	—	2	—	—	—	—	18·1	—	1·9
Shropshire	38,171	21,349	17,428	15,530	12,338	17,019	121,835	—	—	2	6	1	—	9	—	—	1·1	3·9	0·8	—	0·7
Somerset	59,944	34,524	27,103	24,017	19,666	26,728	191,982	—	—	5	21	5	2	33	—	—	1·8	8·7	2·5	0·7	1·6
Southampton	63,806	33,430	36,545	26,959	19,937	24,898	225,573	—	2	13	27	13	2	57	—	—	—	—	—	—	—
Isle of Wight	11,772	7,113	6,405	5,643	4,316	6,150	41,399	—	—	—	7	5	2	14	—	—	0·3	3·0	10·4	7·4	2·6
Staffordshire	124,912	68,180	57,596	46,918	33,155	38,364	369,125	2	2	16	31	22	1	74	0·2	0·3	2·8	6·6	6·6	0·3	2·0
Suffolk, East	31,831	18,413	14,332	11,653	9,941	14,281	100,451	—	—	2	3	4	1	10	—	—	1·4	2·6	4·0	0·7	1·0
" West	17,799	10,209	8,030	7,076	6,114	8,717	57,945	—	—	1	1	—	—	2	—	—	1·2	1·4	—	—	0·3

Surrey - - - - -	95,905	51,976	51,185	44,982	32,311	36,977	313,336	—	—	14	37	21	3	75	—	—	2 7	8·2	6·5	0 8	2 4
Sussex, East - - - - -	33,489	18,493	16,500	14,462	11,808	15,993	110,745	—	1	4	13	6	2	26	—	0 5	2 4	9·0	5 0	1 2	2 3
" West - - - - -	25,747	13,712	12,165	10,611	8,626	12,422	81,283	1	—	5	7	5	1	19	0·4	—	4 1	6 6	5 8	0 8	2 3
Warwickshire - - - - -	63,455	35,187	32,411	25,963	18,362	22,378	197,756	—	1	17	21	23	3	65	—	0 3	5 2	8 1	12 5	1·3	3 3
Westmorland - - - - -	8,817	5,413	4,224	3,817	3,232	4,602	30,105	—	—	—	—	1	1	2	—	—	—	—	3 1	2·1	0·7
Wiltshire - - - - -	43,323	26,674	21,495	18,268	14,440	18,937	143,137	—	—	3	11	6	4	24	—	—	1·4	6 0	4·1	2 1	1·7
Worcestershire - - - - -	65,781	35,062	31,410	27,627	19,764	23,540	203,184	—	—	7	9	6	—	22	—	—	2·2	3 2	3 0	—	1 8
Yorkshire, East Riding - - - - -	22,712	14,163	10,881	9,212	7,614	11,242	75 824	—	—	1	7	8	1	17	—	—	0 9	7·6	10·5	0 9	2 2
" North Riding - - - - -	48,798	27,722	24,090	19,518	15,027	20,231	155,386	—	1	6	14	6	3	30	—	0 3	2 5	7·2	4·0	1·5	1 9
" West Riding - - - - -	245,183	141,454	130,889	108,163	76,293	80,025	782 007	1	2	42	95	74	19	233	0·04	0 1	3·2	8 8	9 7	2·4	3 0
LONDON - - - - -	649,501	384,275	363,607	293,943	214,011	221,004	2,126,341	1	14	294	537	294	91	1,231	0·01	0 3	8 1	18 3	13 7	4 1	5 3
*Northamptonshire (including Soke of Peterborough).	39,104	22,508	19,200	16,820	13,178	17,061	127,871	—	—	2	15	13	2	32	—	—	1 0	9·0	9·9	1·2	2 5
WALES.																					
Anglesey - - - - -	7,781	4,104	3,290	3,080	2,584	3,759	24,598	—	—	—	1	2	—	3	—	—	—	3 2	7·7	—	1 2
Brecon - - - - -	9,507	5,461	4,820	4,074	2,948	3,556	30,366	—	—	—	4	2	1	7	—	—	—	9 8	6·8	2·8	2 3
Cardigan - - - - -	7,804	5,017	3,369	3,149	2,921	4,658	26,918	—	—	1	6	—	—	7	—	—	3·0	19 0	—	—	2 6
Carmarthen - - - - -	24,780	16,089	13,043	10,296	7,278	8,559	80,045	—	—	—	—	4	—	4	—	—	—	—	5 5	—	0 9
Carnarvon - - - - -	17,753	9,862	8,787	8,089	6,388	8,500	59,379	—	—	2	2	4	—	8	—	—	2·3	2·5	6 2	—	1 3
Denbigh - - - - -	22,955	13,117	10,993	9,575	7,075	8,493	72,208	—	—	1	4	1	—	6	—	—	0·9	4 2	1·4	—	0 8
Flint - - - - -	14,836	8,279	6,860	5,902	4,313	5,590	46,780	—	—	—	—	1	—	1	—	—	—	—	1·7	—	0 2
Glamorgan - - - - -	131,645	73,612	69,753	54,412	33,578	28,573	391,573	—	—	23	57	23	1	104	—	—	3 3	10 5	6 8	0 3	2 6
Merioneth - - - - -	6,341	3,755	3,037	2,852	2,344	3 473	21,802	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Montgomery - - - - -	8,185	4,532	3,427	3,178	2,751	4,159	26,232	—	—	—	1	1	—	2	—	—	—	—	—	—	—
Pembroke - - - - -	13,601	8,406	6,302	5,150	4,185	5,818	43,462	—	—	—	4	2	—	6	—	—	—	7·7	4·8	—	1 4
Radnor - - - - -	3,385	1 964	1,585	1,456	1,129	1,821	11,340	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Summary.</i>																					
England (Administrative Counties) excluding London.	2,937,109	1,679,262	1,459,046	1,218,661	903,047	1,077,846	9,273,971	7	28	376	887	616	149	2,063	—	—	2·6	7·8	6·3	1·4	2 2
Wales (Administrative Counties).	268,573	154,198	135,266	111,213	77,494	86,959	833,703	—	—	27	79	40	2	148	—	—	2 0	7·1	5 1	0 2	1 8
London, County and City	649,501	384,275	363,607	293,943	214,011	221,004	2,126,341	1	14	294	537	294	91	1,231	0·01	0 3	8 1	18 3	13·7	4 1	5 8
Total - - - - -	3,855,183	2,217,735	1,957,919	1,623,817	1,193,552	1,385,809	12,234,015	8	42	697	1,503	950	242	3,442	-	-	3 5	9 2	7 9	1 7	2 8

A. 2.—FEMALES.

TABLE showing PROPORTION of CASES of GENERAL PARALYSIS (PAUPER ADMISSIONS, 1908-12) to POPULATION in ADMINISTRATIVE COUNTIES of ENGLAND and WALES admitted into ASYLUMS.

Administrative Counties (including Boroughs in Schedule IV. of L.A. 1890).	Population—Census, 1911.							Cases of General Paralysis, 1908-12.							Proportion of Cases of General Paralysis per 10,000 of Population.						
	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total
ENGLAND.																					
Bedfordshire	28,149	18,081	15,985	13,270	10,704	15,443	101,582	—	—	2	2	1	—	5	—	—	1 25	1 5	0 9	—	0 5
Berkshire	28,068	16,388	15,755	13,389	10,927	15,674	100,201	—	—	1	4	5	—	10	—	—	0 6	3 0	4 6	—	1 0
Buckinghamshire	32,725	18,026	17,444	15,269	11,861	16,900	112,225	—	1	—	2	—	—	3	—	0 6	—	1 3	—	—	0 3
Cambridgeshire	18,369	11,090	9,881	8,846	7,054	11,406	66,646	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cheshire	98,974	64,670	62,358	50,500	35,641	42,371	354,514	—	1	—	2	—	—	5	—	0 15	0 3	0 4	—	—	0 15
Cornwall	46,083	30,444	26,281	23,218	19,985	30,473	176,484	—	—	—	1	—	1	2	—	—	—	0 4	—	—	0 1
Cumberland	41,446	24,948	21,551	16,942	13,420	17,656	135,963	—	1	—	1	—	1	5	—	0 4	0 5	1 2	0 75	—	0 4
Derbyshire	94,663	48,977	44,672	34,958	24,728	29,050	277,048	—	—	—	1	8	4	16	—	—	0 2	2 3	1 6	1 0	0 6
Devonshire	61,036	41,984	33,105	32,928	27,701	41,291	243,045	—	—	—	3	1	2	6	—	—	0 8	0 3	0 7	—	0 25
Dorsetshire	30,696	19,109	17,450	14,978	12,401	17,827	112,461	—	—	—	—	1	—	1	—	—	—	0 6	—	—	0 1
Durham	166,937	84,449	71,353	54,515	36,714	39,984	453,952	—	—	—	4	8	5	18	—	—	0 6	1 5	1 4	0 25	0 4
Isle of Ely	10,451	5,825	5,021	4,299	3,315	5,618	34,529	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Essex	169,064	92,113	88,155	75,162	52,991	66,442	543,927	1	1	10	11	8	2	33	0 06	0 1	1 1	1 4	1 5	0 3	0 6
Gloucestershire	48,833	29,600	25,384	22,496	18,657	27,765	172,740	—	—	—	2	1	1	4	—	—	0 7	0 45	0 55	—	0 2
Hereford	16,948	9,787	8,391	7,618	6,317	10,040	59,101	—	—	—	—	1	—	1	—	—	—	1 2	—	—	0 2
Hertfordshire	45,450	28,575	26,865	22,281	16,481	23,000	162,652	—	—	—	1	4	3	8	—	—	0 4	1 8	1 8	—	0 5
Huntingdonshire	8,632	4,297	3,882	3,522	2,970	4,741	28,044	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kent	150,359	90,023	86,057	72,025	54,342	73,007	525,813	—	2	9	13	11	—	35	—	0 1	1 0	1 8	2 0	—	0 7
Lancashire	256,659	167,926	158,167	127,501	91,715	101,661	903,629	—	1	10	12	7	1	31	—	0 06	0 6	0 94	0 76	0 1	0 3
Leicestershire	39,232	22,684	20,505	16,149	11,982	16,338	126,890	—	—	—	1	—	—	1	—	—	—	0 6	—	—	0 8
Lincs. —Holland	12,886	7,079	6,231	5,186	3,923	6,680	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kesteven	16,640	9,038	8,414	7,111	5,656	8,910	216,823	—	—	—	—	3	2	5	—	—	—	—	1 4	0 6	0 2
Lindsey	36,766	19,892	18,427	15,009	11,675	17,355	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Middlesex	175,200	107,704	109,223	85,452	56,993	66,462	601,034	—	—	—	2	14	7	24	—	—	0 2	1 6	1 2	0 15	0 4
Monmouth	55,121	26,472	23,038	17,579	11,502	13,061	146,773	—	—	—	1	4	—	5	—	—	0 4	2 3	—	—	0 34
Norfolk	48,530	25,199	22,713	20,184	17,448	23,278	162,352	—	—	—	1	4	2	7	—	—	0 44	1 9	1 15	—	0 4
Northamptonshire	32,563	17,996	16,493	14,013	10,951	15,508	107,524	—	—	—	2	3	1	6	—	—	—	—	—	—	—
Soke of Peterborough	6,465	4,095	3,509	3,034	2,420	3,533	23,056	—	—	—	—	—	2	3	—	—	1 0	1 7	2 2	0 5	0 7
Northumberland	61,265	33,933	30,277	23,812	16,335	19,370	184,992	—	—	—	2	4	1	11	—	—	0 6	1 7	2 4	0 5	0 6
Nottingham	57,616	31,602	27,823	21,603	15,283	18,948	172,875	—	—	—	2	5	3	11	—	—	0 7	2 3	1 9	0 5	0 6
Oxford	21,789	12,060	10,818	9,630	8,052	12,347	74,696	—	—	—	2	1	—	4	—	—	1 8	1 0	1 2	—	0 5
Rutland	2,879	1,654	1,445	1,348	1,086	1,620	10,032	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shropshire	38,147	20,454	17,816	16,118	12,736	19,201	124,472	—	—	—	—	1	1	2	—	—	—	—	0 8	0 5	0 16
Somerset	58,804	37,211	33,015	28,424	22,899	34,966	215,322	—	—	—	—	2	1	4	—	—	—	0 7	0 4	—	0 2
Southampton	62,260	34,018	34,285	28,088	21,312	28,110	207,993	—	1	—	2	4	2	8	—	—	—	—	—	—	—
Isle of Wight	11,394	7,796	7,767	6,652	5,242	7,986	46,787	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Staffordshire	124,775	63,977	58,663	46,828	33,312	42,310	369,865	—	—	—	3	5	4	14	—	0 16	0 5	1 07	1 2	0 2	0 4
Suffolk, East	31,600	16,606	15,106	12,710	10,702	16,048	102,772	—	—	—	1	—	1	2	—	—	0 6	—	0 9	—	0 2
West	17,567	9,224	8,343	7,391	6,373	10,062	58,960	—	—	—	—	1	—	1	—	—	—	1 6	—	—	0 17

1848

Surrey - - - - -	93,849	64,330	65,802	53,638	37,877	47,185	362,691	—	—	1	1	1	—	3	—	—	0·15	0·19	0·26	—	0·08	
Sussex, East - - - - -	32,900	22,544	21,937	18,734	14,809	20,477	131,401	—	—	1	2	1	1	5	—	—	0·46	1·07	0·7	0·5	0·4	
" West - - - - -	24,399	14,862	14,709	13,268	10,354	15,433	93,025	—	—	—	3	2	—	5	—	—	—	2·2	1·9	—	0·5	
Warwickshire - - - - -	63,144	37,185	35,145	27,813	20,136	27,048	210,471	—	—	4	6	1	—	11	—	—	1·1	2·16	0·5	—	0·5	
Westmorland - - - - -	8,679	6,282	5,364	4,367	3,667	5,111	33,470	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wiltshire - - - - -	42,777	23,079	21,734	18,886	15,294	21,915	143,685	—	—	—	—	2	—	1	—	—	—	1·06	—	—	0·46	0·2
Worcestershire - - - - -	65,547	39,789	37,216	30,181	22,015	29,094	223,842	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yorkshire, East Riding - - - - -	25,537	13,790	12,208	10,208	8,062	12,139	78,944	—	—	—	2	4	2	8	—	—	—	2·0	5·0	1·6	1·0	
" North Riding - - - - -	48,092	27,777	25,587	20,591	15,839	21,507	159,393	—	—	1	3	2	1	7	—	—	0·4	1·4	1·26	0·46	0·44	
" West Riding - - - - -	246,095	141,662	135,027	108,858	78,766	92,465	802,873	1	1	14	13	18	6	58	0·04	0·07	1·0	1·65	2·3	0·65	0·7	
LONDON (including City) - - - - -	653,532	450,213	432,392	333,138	240,895	285,174	2,395,344	—	10	43	93	58	13	215	—	0·2	1·0	2·8	2·3	0·45	0·9	
<i>WALS.</i>																						
Anglesey - - - - -	7,309	4,266	3,920	3,435	2,938	4,462	26,330	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brecon - - - - -	9,316	5,242	4,399	3,649	2,632	3,683	28,921	—	—	—	—	1	—	1	—	—	—	—	—	—	—	0·35
Cardigan - - - - -	7,905	5,681	4,781	4,294	3,762	6,538	32,961	—	—	—	1	1	—	2	—	—	—	—	2·3	2·6	—	0·6
Carmarthen - - - - -	25,200	14,994	12,569	9,949	7,395	10,262	80,361	—	—	—	1	—	—	1	—	—	—	—	1·0	—	—	0·1
Carnarvon - - - - -	17,780	10,572	10,507	9,141	7,177	10,479	65,664	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denbigh - - - - -	22,755	11,857	11,365	9,908	7,162	9,528	72,575	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fhnt - - - - -	14,776	7,763	7,091	6,247	4,544	6,504	46,925	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glamorgan - - - - -	131,501	64,365	56,993	43,781	26,975	27,810	351,425	—	—	1	9	2	—	12	—	—	0·2	2·0	0·7	—	—	0·34
Merioneth - - - - -	6,545	3,705	3,596	3,228	2,638	4,051	23,763	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Montgomery - - - - -	7,944	4,641	3,822	3,369	2,862	4,276	26,914	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pembroke - - - - -	13,373	8,352	7,078	5,751	4,877	7,067	46,498	—	—	—	1	—	—	1	—	—	—	—	1·7	—	—	0·2
Radnor - - - - -	3,237	2,081	1,700	1,460	1,102	1,670	11,250	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Summary.</i>																						
England (excluding London) - - - - -	2,913,015	1,706,209	1,591,397	1,306,502	970,635	1,269,816	9,757,574	2	10	65	158	110	27	392	—	—	0·5	1·2	1·1	—	—	0·4
Wales - - - - -	267,641	143,519	127,821	104,212	74,064	96,330	813,587	—	—	1	12	4	—	17	—	—	—	1·15	0·5	—	—	0·2
LONDON (County and City) - - - - -	653,532	450,213	432,392	333,138	240,895	285,174	2,395,344	—	10	43	93	58	13	215	—	0·2	1·0	2·8	2·3	0·45	0·9	
	3,834,188	2,299,941	2,151,610	1,743,852	1,285,594	1,651,320	12,960,505	2	20	129	263	170	40	624	—	—	0·6	1·5	1·3	—	—	0·5

APPENDICES.

B. 1.—MALES.

TABLE showing PROPORTION of CASES of GENERAL PARALYSIS (PAUPER ADMISSIONS, 1908-12) to POPULATION of COUNTY BOROUGHs.

County Boroughs.	Population—Census 1911.							Cases of General Paralysis, 1908-12.							Proportion of Cases of General Paralysis per 10 000 of Population.							
	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	
ENGLAND.																						
Berks - Reading	10,929	6,348	5,899	4,936	3,749	4,338	36,199	—	—	3	17	5	—	15	—	—	5.1	14.2	13.3	—	4.1	
Cheshire - Chester	5,729	3,343	3,115	2,554	1,822	1,881	18,444	—	—	2	—	—	—	4	—	—	6.4	—	11.0	—	2.2	
Stockport	15,826	9,133	8,710	7,270	5,124	4,849	50,912	—	—	1	5	6	—	12	—	—	1.1	6.9	11.7	—	2.3	
Birkenhead	21,333	11,525	10,864	8,475	5,699	5,705	63,601	—	1	6	10	5	—	22	—	—	0.9	5.5	11.8	8.8	3.4	
Derbyshire - Derby	18,627	10,276	10,119	8,411	6,019	6,547	59,999	—	—	2	11	8	—	21	—	—	2.0	13.1	13.3	—	3.5	
Devon - Devonport	11,069	11,799	9,381	5,528	3,365	3,327	44,469	—	—	2	14	6	3	25	—	—	2.1	25.3	17.2	9.0	5.6	
Exeter	6,620	4,177	3,406	2,895	2,377	2,920	22,395	—	—	—	5	3	2	10	—	—	—	17.3	12.6	6.8	4.4	
Plymouth	15,930	8,595	8,165	7,244	5,464	6,265	51,663	—	1	3	18	1	4	30	—	1.2	9.8	22.1	1.8	6.4	5.8	
Durham - Gateshead	20,631	10,375	9,086	7,462	5,163	5,096	57,813	—	1	4	9	7	4	21	—	1.0	4.4	12.1	13.5	—	3.6	
South Shields	19,963	9,634	8,078	6,454	4,493	4,664	53,286	—	—	2	6	3	—	11	—	—	2.5	9.3	6.6	—	2.0	
Sunderland	26,259	12,747	11,036	8,997	6,342	7,183	72,564	—	2	7	11	—	—	20	—	1.6	6.3	12.2	—	—	2.7	
West Hartlepool	11,177	5,579	4,964	4,099	2,913	2,784	31,514	—	—	1	4	—	1	6	—	—	2.0	2.4	—	3.6	1.9	
Essex - West Ham	52,234	25,458	21,661	18,057	13,045	12,283	142,738	—	3	24	47	26	5	105	—	1.2	11.1	26.0	20.0	4.1	7.3	
Gloucester - Bristol	53,313	29,135	25,512	32,051	15,568	17,993	163,572	—	—	17	22	17	6	62	—	—	1.2	11.1	6.6	10.9	3.3	3.8
Gloucester	7,763	4,050	3,684	3,081	2,405	2,776	23,759	—	—	3	2	5	—	10	—	—	8.1	6.6	20.8	—	4.2	
Kent - Canterbury	3,418	2,352	1,778	1,528	1,087	1,555	11,718	—	—	1	2	1	1	5	—	—	5.6	13.1	9.2	6.4	4.2	
Lancaster - Barrow	10,694	6,133	5,818	4,761	2,902	3,066	33,374	—	—	3	2	1	2	8	—	—	—	—	—	—	—	
Blackburn	18,218	11,438	10,790	8,591	6,614	6,137	61,788	—	—	6	6	7	2	21	—	—	—	—	—	—	—	
Blackpool	7,164	3,838	4,038	4,096	3,055	3,234	25,425	—	—	2	2	9	—	13	—	—	—	—	—	—	—	
Bolton	26,888	16,141	14,063	11,997	8,455	7,623	85,167	—	—	4	13	12	8	37	—	—	—	—	—	—	—	
Bootle	12,023	6,205	5,508	4,454	3,210	3,008	34,408	—	—	3	3	1	—	7	—	—	—	—	—	—	—	
Burnley	15,063	9,276	8,822	7,865	5,263	4,763	50,252	—	—	1	3	3	2	12	—	1.1	3.4	4.2	5.7	4.2	2.4	
Bury	7,415	5,203	4,927	4,229	2,909	3,036	27,719	—	—	1	4	1	—	6	—	—	—	—	—	—	—	
Liverpool	124,244	62,669	58,141	47,649	32,621	32,756	358,080	—	1	37	63	35	9	145	—	0.2	6.3	13.2	10.7	2.7	4.0	
Manchester	108,341	62,756	60,758	49,173	32,708	29,611	343,347	—	5	24	50	27	14	120	—	0.8	3.9	10.2	8.2	4.7	3.5	
Oldham	20,481	13,074	12,743	10,351	7,443	6,572	70,664	—	1	2	5	1	2	11	—	0.7	1.6	4.8	1.3	3.0	1.5	
Preston	17,387	10,004	8,844	7,383	5,318	4,979	53,915	—	—	2	9	5	1	19	—	—	—	—	—	—	—	
Rochdale	12,459	7,448	7,494	6,632	4,608	4,012	42,653	—	—	4	2	2	1	7	—	—	—	—	—	—	—	
St. Helens	17,789	9,920	8,272	6,447	4,341	3,530	50,309	—	—	2	6	3	—	11	—	—	—	—	—	—	—	
Salford	36,779	20,583	19,310	15,432	10,306	9,263	111,673	—	—	2	8	10	1	36	—	—	—	—	—	—	—	
Southport	5,860	3,572	3,402	2,934	2,336	2,972	21,076	—	1	4	20	10	1	36	—	0.6	2.1	12.9	9.7	1.0	3.2	
Warrington	13,497	7,196	6,047	4,773	3,108	2,720	36,341	—	—	2	3	2	—	7	—	—	—	—	—	—	—	
Wigan	14,813	8,551	7,222	5,655	3,836	3,505	43,582	—	—	2	7	2	2	13	—	—	—	—	—	—	—	
Leicester - Leicester	33,307	18,691	17,389	14,670	10,674	11,181	105,913	—	1	7	14	8	7	37	—	0.5	4.0	9.5	7.4	6.2	3.5	
Lincs. - Grimsby	6,969	3,671	5,074	3,687	3,573	3,752	37,582	—	—	4	10	12	3	29	—	—	—	—	—	—	—	
Lincoln	7,869	5,196	5,364	3,992	2,745	3,343	28,509	—	—	6	3	2	1	12	—	—	—	—	—	—	—	
Monmouth - Newport	13,586	7,900	7,348	5,691	4,013	3,636	42,174	—	—	3	2	2	1	8	—	—	—	—	—	—	—	
Norfolk - Great Yarmouth	8,417	4,238	3,743	3,148	2,507	3,554	25,607	—	—	3	2	1	—	6	—	—	—	—	—	—	—	
Norwich	17,932	10,239	8,527	7,090	5,608	6,778	56,171	—	—	2	9	9	4	24	—	—	—	—	—	—	—	
Northants - Northampton	12,919	8,129	7,028	5,793	4,313	4,788	42,970	—	1	5	3	6	1	16	—	1.2	7.1	5.2	13.9	2.1	3.7	

Northumbd.	Newcastle	43,510	24,058	21,789	17,609	12,058	12,160	131,184	—	1	17	41	28	6	93	—	0.4	7.9	23.3	23.2	4.9	7.1	
	Tynemouth	10,257	5,191	4,475	3,720	2,492	2,912	29,047	—	—	4	4	4	1	13	—	—	9.0	10.7	16.0	3.4	4.4	
Notts.	Nottingham	37,435	21,184	20,135	15,955	12,426	13,266	120,401	—	3	12	20	20	6	61	—	1.4	5.9	12.5	16.3	4.5	5.0	
Oxon.	Oxford	8,861	4,239	3,789	2,936	2,479	3,108	23,412	—	—	—	3	1	1	5	—	—	—	10.2	4.0	3.2	2.1	
Somerset	Bath	6,001	3,448	3,095	2,753	2,251	3,202	20,750	—	1	2	7	6	1	17	—	2.9	6.4	25.4	26.6	3.1	8.2	
Hants	Bournemouth	8,343	5,337	5,036	3,983	3,307	4,558	30,564	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Portsmouth	32,751	23,791	22,758	14,661	9,913	11,286	115,160	—	—	12	23	18	7	60	—	—	5.3	15.7	18.1	6.2	5.2	
	Southampton	18,312	9,205	9,328	8,241	6,072	6,247	57,406	—	—	6	13	5	4	28	—	—	6.4	15.8	8.2	6.4	4.6	
Staffs.	Burton-upon Trent	7,651	4,129	3,879	3,500	2,455	2,807	24,221	1	—	1	2	1	—	5	1.3	—	2.6	6.0	4.1	—	2.0	
	Smethwick	11,883	6,426	5,726	4,674	2,988	2,729	34,426	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Stoke-on-Trent	40,599	21,269	18,266	15,377	10,142	9,411	114,764	1	—	5	22	12	4	44	0.2	—	2.7	14.3	11.8	4.4	3.8	
	Walsall	15,770	8,113	7,210	5,902	4,191	4,189	45,375	—	—	1	—	2	1	4	—	—	1.4	—	4.8	2.4	0.8	
	West Bromwich	12,167	6,102	5,370	4,378	3,030	3,324	34,871	—	—	—	3	3	—	6	—	—	—	6.8	9.9	—	1.7	
	Wolverhampton	15,207	8,366	7,508	6,237	4,536	4,560	46,412	—	—	1	2	4	—	7	—	—	1.3	3.2	8.8	—	1.5	
Suffolk, E.	Ipswich	11,336	6,043	5,560	4,613	3,334	4,094	34,980	—	—	3	5	4	1	13	—	—	5.4	10.8	12.0	2.4	3.7	
Surrey	Croydon	25,264	12,306	12,778	11,004	7,542	8,165	77,059	—	—	1	14	4	1	20	—	—	0.8	12.7	5.3	1.2	2.6	
Sussex, E.	Brighton	17,158	9,934	9,162	7,850	6,446	7,820	58,370	—	—	6	9	16	—	31	—	—	6.5	11.5	24.5	—	5.3	
	Eastbourne	6,833	3,807	3,460	2,824	2,217	2,668	21,809	—	—	—	7	—	—	7	—	—	—	24.8	—	—	3.2	
	Hastings	7,162	4,049	3,566	3,314	2,803	4,087	24,981	—	—	—	2	2	2	6	—	—	—	6.0	7.1	4.9	2.4	
Warwick	Birmingham	84,804	44,750	43,494	34,794	23,404	22,977	253,723	2	—	17	43	30	2	94	0.2	—	3.9	12.4	12.8	0.9	3.7	
	Coventry	16,458	10,355	11,223	7,640	4,452	4,100	54,258	—	—	2	6	5	3	16	—	—	1.8	7.8	11.2	7.3	2.9	
Worcea.	Dudley	8,663	4,579	4,089	3,103	2,145	2,432	25,011	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Worcester	7,002	3,884	3,371	2,900	2,291	2,803	22,251	—	—	1	2	2	1	6	—	—	—	2.9	7.0	8.7	3.5	2.7
Yorks; E R.	Hull	46,018	23,488	22,634	17,373	12,372	13,421	136,006	—	1	17	29	15	1	63	—	0.4	7.5	16.2	12.1	0.7	4.6	
"	N.R. Middlesbro'	17,906	9,412	9,483	7,389	4,834	4,533	53,557	—	—	11	12	8	3	34	—	—	11.6	16.2	16.5	6.6	6.3	
"	W.R. Bradford	36,178	24,087	23,432	20,185	14,997	14,591	133,470	—	—	6	12	8	1	27	—	—	2.5	5.9	5.3	0.7	2.0	
	Halifax	12,372	8,232	7,652	7,215	5,409	5,464	46,344	—	—	2	2	—	—	4	—	—	2.6	2.8	—	—	0.8	
	Huddersfield	14,271	8,064	9,092	7,951	5,592	5,064	50,034	—	—	—	5	2	—	7	—	—	—	5.5	2.5	—	1.4	
	Leeds	65,462	37,968	34,894	30,360	21,624	21,439	211,747	—	—	3	11	9	3	26	—	—	0.8	3.6	4.1	1.4	1.2	
	Rotherham	10,840	5,639	5,558	4,438	2,739	3,061	32,275	—	—	1	9	12	3	25	—	1.7	—	20.3	43.8	9.8	7.7	
	Sheffield	73,881	38,987	38,725	31,889	20,967	19,854	224,303	—	—	6	42	28	2	78	—	—	1.5	13.1	13.3	1.0	3.5	
City of York		12,419	7,465	6,602	5,453	3,838	4,192	39,969	—	—	4	5	1	—	10	—	—	6.0	9.1	2.6	—	2.5	
WALES.																							
Glamorgan	Cardiff	28,808	16,729	14,900	12,708	9,043	8,142	89,728	—	1	14	30	16	5	68	—	0.6	9.4	24.8	17.7	6.1	7.3	
"	Merthyr Tydfil	14,162	7,991	7,529	6,101	3,747	3,496	43,026	—	—	2	4	—	—	6	—	—	2.6	6.5	—	—	1.4	
	Swansea	15,035	11,059	10,443	7,839	5,430	5,047	57,853	—	—	10	21	8	2	41	—	—	9.6	26.8	14.7	3.9	7.1	
Summary.																							
ENGLAND		1,614,863	904,033	840,864	686,643	482,561	492,032	5,020,986	4	26	355	768	507	137	1,797	0.02	0.3	4.2	11.2	10.5	2.8	3.6	
WALES		61,003	35,779	32,872	26,048	18,220	16,685	190,607	—	1	26	55	24	7	113	—	0.3	7.9	21.1	13.2	4.2	5.9	
Total		1,675,866	939,812	873,736	712,691	500,781	508,717	5,211,593	4	27	381	823	531	144	1,910	0.02	0.29	4.35	11.55	10.60	2.83	3.66	

B. 2.—FEMALES.

TABLE showing PROPORTION of CASES of GENERAL PARALYSIS admitted into ASYLUMS (PAUPER PATIENTS ONLY) in 1908-12, from the COUNTY BOROUGHs of ENGLAND and WALES, calculated on POPULATION (1911) in each AGE PERIOD

County Boroughs.	Population—Census 1911.							Cases of General Paralysis, 1908-12.							Proportion of Cases of General Paralysis per 10,000 of Population.						
	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.	Under 15.	15- .	25- .	35- .	45- .	55 and over.	Total.
ENGLAND.																					
Berks - Reading . . .	10,882	6,929	6,434	5,234	4,198	5,322	38,999	1	—	3	2	3	1	10	0.9	—	4.7	3.8	7.1	1.8	2.6
Cheshire - Chester . . .	16,143	10,531	10,234	8,340	5,950	6,572	57,770	—	—	1	2	1	—	4	—	—	1.0	2.4	1.6	—	0.7
Derby - Derby . . .	21,180	11,876	12,025	8,986	6,165	6,951	67,193	—	—	—	1	—	—	1	—	—	—	1.1	—	—	0.15
Devon - Devonport . . .	18,550	11,818	10,933	8,511	6,293	7,306	63,411	—	—	—	2	1	—	3	—	—	—	2.3	1.6	—	0.16
Durham - Gateshead . . .	11,121	6,149	6,859	5,133	3,628	4,299	37,209	—	1	1	—	2	—	4	—	1.6	1.4	—	5.5	—	1.1
Essex - West Ham . . .	6,408	5,000	4,164	3,568	2,909	4,220	26,269	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gloucester - Gloucester . . .	16,209	10,919	9,955	8,869	6,275	6,640	60,367	—	—	1	4	3	—	8	—	—	1.0	4.8	4.8	—	1.3
Leicester - Leicester . . .	20,806	10,922	9,333	7,472	5,169	5,402	59,104	—	—	—	1	1	1	3	—	—	—	1.3	1.9	1.8	0.5
Lincs. - Lincoln . . .	19,514	10,306	8,827	6,803	4,814	5,097	55,361	—	—	—	—	—	—	1	—	—	—	1.5	—	—	0.18
Man. - Manchester . . .	26,369	15,022	12,650	9,489	6,957	8,118	78,595	—	—	—	2	1	—	3	—	—	—	2.1	1.4	—	0.4
Norfolk - Norwich . . .	11,114	6,070	5,220	4,217	2,806	2,980	32,407	—	—	—	1	—	—	1	—	—	—	2.4	—	—	0.3
Nottingham - Nottingham . . .	51,953	26,211	22,905	18,325	13,145	13,753	146,292	1	3	2	9	8	—	23	0.2	1.1	0.9	4.9	6.1	—	1.6
Sheff. - Sheffield . . .	53,751	38,039	32,322	25,839	18,900	24,625	193,476	—	—	—	2	4	—	6	—	—	—	0.8	2.1	—	0.3
Sunderland - Sunderland . . .	7,715	4,816	4,149	3,410	2,678	3,508	26,276	—	—	2	—	1	—	3	—	—	4.8	—	3.7	—	1.1
W. Yorks. - Wakefield . . .	3,469	2,171	2,069	1,703	1,359	2,137	12,905	—	—	—	—	1	—	1	—	—	—	—	7.3	—	0.7
W. Yorks. - Bradford . . .	10,325	5,213	5,304	4,086	2,561	2,907	30,396	—	—	—	—	—	—	—	—	—	—	—	—	—	—
W. Yorks. - Leeds . . .	18,310	13,853	13,100	10,161	7,879	7,961	71,264	—	—	—	1	1	1	3	—	—	—	1.0	1.3	1.2	0.14
W. Yorks. - Huddersfield . . .	7,398	5,446	5,840	5,203	4,180	4,879	32,946	—	—	3	—	—	—	3	—	—	5.1	—	—	—	0.3
W. Yorks. - Halifax . . .	26,963	18,329	16,877	13,638	9,854	10,023	95,684	—	—	—	2	—	—	3	—	—	—	1.5	—	1.0	0.1
W. Yorks. - Barnsley . . .	11,864	6,568	5,995	4,645	3,146	3,250	35,468	—	1	—	1	1	—	3	—	1.5	—	2.1	3.1	—	0.8
W. Yorks. - Doncaster . . .	15,345	11,015	10,277	7,930	5,823	5,680	56,070	—	—	2	1	1	2	6	—	—	2.0	1.2	1.7	3.5	1.7
W. Yorks. - Rotherham . . .	7,410	5,670	5,785	4,588	3,484	3,992	30,929	—	—	—	1	—	—	1	—	—	—	2.1	—	—	0.3
W. Yorks. - Dewsbury . . .	124,136	70,630	67,264	51,758	35,442	39,111	388,341	—	2	8	21	13	1	45	—	0.3	1.2	4.0	3.7	0.25	1.15
W. Yorks. - Wakefield . . .	108,818	69,105	68,056	52,325	35,424	37,258	370,986	—	—	8	20	8	4	40	—	—	1.2	3.8	2.2	1.0	1.1
W. Yorks. - Barnsley . . .	20,781	14,329	13,864	11,170	8,257	8,418	76,819	—	—	1	1	1	—	4	—	—	0.7	0.9	1.2	—	0.4
W. Yorks. - Bradford . . .	17,924	12,085	10,979	8,706	6,466	7,013	63,173	—	—	2	1	1	—	3	—	—	—	1.8	1.1	1.5	0.6
W. Yorks. - Leeds . . .	12,613	8,509	8,749	7,441	5,484	5,979	48,775	—	—	1	2	2	—	5	—	—	1.1	2.7	5.6	—	1.0
W. Yorks. - Wakefield . . .	17,384	8,496	7,203	5,567	3,844	3,738	46,242	—	—	—	—	1	—	1	—	—	—	—	2.6	—	0.2
W. Yorks. - Bradford . . .	37,261	22,522	21,039	16,047	11,106	11,689	119,684	—	—	2	3	—	—	5	—	—	0.9	1.8	—	—	0.4
W. Yorks. - Wakefield . . .	5,957	5,763	5,595	4,599	3,704	4,949	30,567	—	—	—	—	—	—	—	—	—	—	—	—	—	—
W. Yorks. - Bradford . . .	12,796	6,886	5,796	4,318	2,987	3,042	35,825	—	—	—	1	—	—	1	—	—	—	2.3	—	—	0.3
W. Yorks. - Wakefield . . .	15,296	9,250	7,556	5,728	3,829	3,911	45,570	—	—	1	—	—	1	2	—	—	1.9	—	—	2.5	0.4
W. Yorks. - Wakefield . . .	33,871	24,149	21,164	16,609	11,891	13,726	121,310	—	—	1	—	—	—	3	—	—	0.5	1.2	—	—	0.25
W. Yorks. - Wakefield . . .	11,588	6,897	6,456	4,921	3,502	3,713	37,077	—	—	1	6	2	—	9	—	—	1.6	12.2	5.7	—	2.4
W. Yorks. - Wakefield . . .	7,854	5,173	5,293	3,826	2,920	3,710	28,776	—	—	—	1	1	—	2	—	—	—	2.6	3.4	—	0.7
W. Yorks. - Wakefield . . .	13,839	8,233	6,927	5,317	3,582	3,619	41,517	—	—	1	2	1	—	4	—	—	1.4	3.7	2.8	—	0.9
W. Yorks. - Wakefield . . .	8,456	5,623	4,723	3,806	3,017	4,673	30,293	—	—	1	—	—	—	1	—	—	2.1	—	—	—	0.33
W. Yorks. - Wakefield . . .	18,384	12,453	10,422	8,315	6,671	9,092	66,307	—	—	—	2	2	1	5	—	—	—	2.4	3.0	1.1	0.7

Northants.	Northampton	13,174	9,768	7,822	6,023	4,638	5,669	47,094	—	—	—	1	1	—	2	—	—	—	1.6	2.1	—	0.4
Northumbd.	Newcastle	43,384	26,033	23,220	17,587	11,994	13,201	135,419	—	1	9	5	3	1	19	—	0.4	3.9	2.8	2.5	0.7	1.4
	Tynemouth	9,792	5,588	4,989	2,578	2,958	2,963	29,769	—	—	1	—	2	1	4	—	—	2.0	—	7.7	3.4	1.3
Notts.	Nottingham	38,565	27,346	24,407	18,473	14,365	16,347	139,503	—	—	2	3	4	1	10	—	—	0.7	1.6	2.7	0.8	0.7
Oxon.	Oxford	7,141	5,838	4,951	3,975	3,217	4,514	29,636	—	—	—	—	—	—	3	—	—	—	6.0	—	—	1.0
Somerset.	Bath	6,132	5,604	4,730	4,007	3,559	5,939	29,971	—	—	—	4	—	—	4	—	—	—	10.0	—	—	1.3
Hants.	Bournemouth	8,463	9,731	8,955	7,137	5,862	7,962	48,110	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Portsmouth	33,055	20,335	21,185	15,668	11,493	14,245	115,981	—	—	2	2	6	1	11	—	—	0.9	1.3	5.2	0.7	0.95
	Southampton	18,186	10,764	10,140	8,565	6,169	7,782	61,606	—	—	1	1	1	—	3	—	—	1.0	1.2	1.6	—	0.5
Staffs.	Burton-on-Trent	7,401	4,009	3,869	3,217	2,501	3,048	24,045	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Smethwick	12,396	6,791	5,991	4,771	3,054	3,265	36,268	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Stoke-on-Trent	41,249	23,103	19,477	15,264	10,171	10,506	119,770	—	1	1	4	2	—	8	—	0.4	0.5	2.6	2.0	—	0.66
	Walsall	15,581	8,867	7,652	5,868	4,084	4,688	46,740	—	1	—	1	2	1	5	—	1.1	—	1.7	4.9	2.1	1.07
	West Bromwich	11,766	6,006	5,319	4,249	2,945	3,676	33,961	—	—	—	1	1	—	2	—	—	—	2.3	3.4	—	0.6
	Wolverhampton	15,319	9,128	7,897	6,326	4,764	5,482	48,916	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffolk, E.	Ipswich	11,284	6,953	6,189	5,272	3,877	5,377	38,952	—	—	—	2	—	—	2	—	—	—	—	3.8	—	0.5
Surrey	Croydon	25,761	15,450	16,562	13,457	9,176	12,086	92,492	—	—	2	—	—	—	5	—	—	1.2	2.2	—	—	0.5
Sussex, E.	Brighton	17,198	12,683	12,330	8,461	11,531	72,867	—	—	1	3	3	1	8	—	—	—	0.8	2.8	3.5	0.8	1.1
	Eastbourne	6,445	6,330	5,812	4,597	3,455	4,094	30,733	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Hastings	7,479	6,318	5,653	5,232	4,475	7,007	36,164	—	—	1	—	1	—	2	—	—	—	—	—	—	—
Warwick	Birmingham	84,339	51,931	47,134	35,953	24,759	27,994	272,110	—	1	6	9	5	1	22	—	0.2	1.3	2.5	2.0	0.35	0.8
	Coventry	16,302	9,458	9,919	7,028	4,458	4,926	52,091	—	—	1	1	3	—	5	—	—	1.0	1.4	6.7	—	0.96
Worcester	Dudley	8,896	4,921	4,086	3,151	2,171	2,843	26,068	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Worcester	7,071	4,792	4,053	3,419	2,750	3,646	25,731	—	—	—	—	—	—	—	—	—	—	—	—	—	—
York, E.R.	Hull	45,845	25,993	24,062	18,334	12,691	15,060	141,985	—	—	3	4	3	1	11	—	—	1.2	2.2	2.4	0.66	0.77
"	N.R. Middlesbro'	17,983	9,433	8,735	6,508	4,300	4,251	51,210	—	—	—	—	—	—	—	—	—	—	—	—	—	—
"	W.R. Bradford	86,600	29,103	28,415	23,330	17,571	19,969	154,988	—	1	5	5	4	—	15	—	0.34	1.76	2.1	2.3	—	0.96
	Halfax	12,789	10,039	9,694	8,333	6,493	7,861	55,209	—	—	—	2	1	—	3	—	—	—	2.4	1.5	—	0.5
	Huddersfield	14,389	10,204	10,655	8,824	6,564	7,150	57,787	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Leeds	67,025	44,491	40,363	33,033	23,348	25,543	233,803	—	—	1	2	3	—	6	—	—	0.25	0.6	1.3	—	0.25
	Rotherham	10,926	5,128	4,975	3,842	2,470	2,867	30,208	—	1	—	—	1	—	2	—	—	1.9	—	4.0	—	0.66
	Sheffield	74,470	41,711	39,387	31,041	28,887	22,833	230,329	—	6	2	3	3	3	17	—	—	1.4	0.5	0.9	1.4	1.3
City of York		12,300	7,871	7,005	5,765	4,158	5,214	42,313	—	—	—	—	1	—	1	—	—	—	—	2.4	—	0.2
WALES.																						
Glamorgan	Cardiff	29,503	18,251	15,546	11,989	8,565	8,677	92,531	—	1	2	6	2	—	11	—	0.55	1.3	5.0	2.3	—	1.2
	Merthyr Tydfil	14,000	7,000	6,049	4,758	2,953	3,204	37,964	—	—	—	1	1	—	2	—	—	—	2.1	5.4	—	0.5
	Swansea	17,981	11,159	9,738	7,210	4,968	5,754	56,810	—	—	1	—	—	—	1	—	—	1.0	—	—	—	0.17
Summary.																						
ENGLAND		1,624,156	1,018,441	941,637	741,564	531,856	613,420	5,471,074	2	19	80	154	111	24	390	—	0.2	0.8	2.1	2.1	0.4	0.7
WALES		61,484	36,410	31,333	23,957	16,486	17,635	187,305	—	1	3	7	3	—	14	—	0.3	0.9	2.9	1.8	—	0.7
		1,685,640	1,054,851	972,970	765,521	548,342	631,055	5,658,379	2	20	83	161	114	24	404	—	0.19	0.85	2.10	2.08	0.38	0.71

C.—ADMINISTRATIVE COUNTIES.

CASES of GENERAL PARALYSIS at Ages 25 to 54 inclusive.

BASED ON TOTAL PAUPER ADMISSIONS (1st Attacks) of this CLASS into ASYLUMS, 1908-12,
and the PROPORTION per 10,000 of POPULATION at this AGE-PERIOD.

	Males at Ages 25 to 54 inclusive.				Females at Ages 25 to 54 inclusive.		
	Population 25-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.		Population 25-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.
1. Warwick	76,736	61	7.9	1. Berks	40,071	10	2.49
2. Essex	201,585	155	7.7	2. Yorks, E.R.	30,478	6	1.97
3. Middlesex	214,903	163	7.6	3. Northants (c)	50,420	8	1.58
4. Oxford	26,128	20	7.6	4. Cardigan	12,837	2	1.56
5. Cardigan	9,429	7	7.4	5. Kent	212,424	33	1.55
6. Kent	190,806	133	6.9	6. Yorks, W.R.	322,651	50	1.55
7. Northumberland	71,093	48	6.7	7. Notts	64,709	10	1.54
8. Yorks, W.R.	315,345	211	6.7	8. Northumberland	70,424	10	1.42
9. Cambridge (a)	36,173	24	6.6	9. Oxford	28,500	4	1.40
10. Glamorgan	157,743	103	6.5	10. Essex	216,308	29	1.34
11. Hants (b)	99,805	65	6.5	11. Warwick	83,094	11	1.32
12. Northants (c)	49,198	30	6.1	12. Sussex, W.	38,331	5	1.30
13. Yorks, E.R.	27,707	16	5.8	13. Beds	39,959	5	1.25
14. Berks	36,204	21	5.7	14. Derby	104,358	13	1.25
15. Surrey	128,478	72	5.6	15. Herts	65,627	8	1.23
16. Durham	174,266	97	5.5	16. Norfolk	60,345	7	1.16
17. Devon	81,215	44	5.4	17. Durham	162,582	17	1.04
18. Notts	64,788	35	5.4	18. Yorks, N.E.	62,017	6	0.97
19. Sussex, E.	42,770	23	5.4	19. Monmouth	52,119	5	0.96
20. Sussex, W.	31,402	17	5.4	20. Glamorgan	127,749	12	0.94
21. Rutland	3,783	2	5.3	21. Brecon	10,680	1	0.93
22. Bucks	40,940	21	5.1	22. Middlesex	251,668	23	0.91
23. Staffs	137,669	69	5.0	23. Hants (b)	103,266	9	0.89
24. Brecon	11,842	6	5.0	24. Staffs	138,803	12	0.87
25. Cheshire	129,637	60	4.6	25. Cumberland	51,913	4	0.77
26. Monmouth	63,823	28	4.4	26. Lancs	377,383	29	0.77
27. Somerset	70,786	31	4.4	27. Sussex, E.	55,480	4	6.72
28. Yorks, N.E.	58,635	26	4.4	28. Devon	98,734	6	0.61
29. Derby	107,295	45	4.2	29. Gloucester	66,537	4	0.60
30. Beds	34,911	14	4.0	30. Pembroke	17,706	1	0.56
31. Lancs	341,099	133	3.9	31. Suffolk, E.	38,518	2	0.52
32. Lincs (d)	80,939	32	3.9	32. Bucks	44,574	2	0.45
33. Herts	57,599	22	3.8	33. Hereford	22,326	1	0.45
34. Pembroke	15,637	6	3.8	34. Suffolk, W.	22,107	1	0.45
35. Wilts	54,203	20	3.7	35. Lincs (d)	81,632	3	0.37
36. Gloucester	57,409	21	3.6	36. Wilts	55,914	2	0.36
37. Norfolk	57,630	21	3.6	37. Somerset	84,338	3	0.35
38. Carnarvon	23,264	3	3.4	38. Carmarthen	29,905	1	0.33
39. Anglesey	8,954	3	3.3	39. Cheshire	148,499	4	0.27
40. Dorset	43,277	13	3.0	40. Dorset	44,829	1	0.22
41. Hunts	10,142	3	2.9	41. Salop	46,670	1	0.21
42. Cornwall	55,174	16	2.8	42. Leicester	48,636	1	0.20
43. Worcester	78,801	22	2.8	43. Surrey	157,327	3	0.19
44. Cumberland	47,317	12	2.5	44. Cornwall	69,484	1	0.14
45. Suffolk, E.	35,926	9	2.5	45. Cambridge (a)	38,416	—	—
46. Denbigh	27,643	6	2.2	46. Hunts	10,374	—	—
47. Montgomery	9,356	2	2.1	47. Rutland	3,879	—	—
48. Leicester	46,122	9	1.9	48. Westmorland	13,398	—	—
49. Salop	45,296	9	1.9	49. Worcester	89,412	—	—
50. Hereford	20,246	3	1.5	50. Anglesey	10,293	—	—
51. Carmarthen	30,617	4	1.3	51. Carnarvon	26,833	—	—
52. Suffolk, W.	21,220	2	0.9	52. Denbigh	28,435	—	—
53. Westmorland	11,273	1	0.9	53. Flint	17,882	—	—
54. Flint	17,075	1	0.6	54. Merioneth	9,462	—	—
55. Merioneth	8,233	—	—	55. Montgomery	10,053	—	—
56. Radnor	4,170	—	—	56. Radnor	4,262	—	—
Total	3,903,727	2,025	5.18	Total	4,174,631	370	0.89

- (a) Including Administrative Counties of Cambridge and Isle of Ely.
(b) Including Administrative Counties of Southampton and Isle of Wight.
(c) Including Administrative Counties of Northampton and Soken of Peterborough.
(d) Including Administrative Counties of Holland, Kesteven, and Lindsey.

D.—COUNTY BOROUGHES.

CASES of GENERAL PARALYSIS at Ages 25 to 54 inclusive.

Based on TOTAL PAUPER ADMISSIONS (1st Attacks) of this Class into ASYLUMS, 1908-12, giving the PROPORTION per 10,000 of POPULATION at those AGES.

	Males at Ages 25 to 54 inclusive.				Females at Ages 25 to 54 inclusive.		
	Population 25-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.		Population 25-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.
1. Bath - - - -	8,099	15	18.5	1. Grimsby - - -	14,879	9	6.2
2. West Ham - - -	52,763	97	18.4	2. Reading - - -	15,866	8	5.0
3. Rotherham - - -	12,735	21	17.0	3. West Ham - - -	54,375	19	3.5
4. Grimsby - - - -	15,432	26	16.8	4. Bath - - - -	12,296	4	3.2
5. Newcastle - - -	51,456	86	16.7	5. Newcastle - - -	52,801	17	3.2
6. Cardiff - - - -	36,051	60	16.6	6. Plymouth - - -	24,599	8	2.9
7. Swansea - - - -	23,712	39	16.4	7. Gloucester - - -	10,237	3	2.9
8. Middlesbrough -	21,706	31	14.3	8. Cardiff - - - -	36,100	10	2.8
9. Brighton - - - -	23,458	31	13.2	9. Liverpool - - -	154,464	42	2.7
10. Devonport - - -	18,274	22	12.0	10. Tynemouth - - -	11,426	3	2.6
11. Plymouth - - - -	20,873	25	12.0	11. Newport - - - -	15,826	4	2.5
12. Blackpool - - -	11,189	13	11.6	12. Oxford - - - -	12,143	3	2.5
13. Hull - - - -	52,879	61	11.5	13. Coventry - - -	21,405	5	2.3
14. Portsmouth - - -	47,332	53	11.2	14. Manchester - - -	155,805	36	2.3
15. Tynemouth - - -	10,687	12	11.2	15. Rochdale - - -	21,674	5	2.3
16. Gloucester - - -	9,170	10	10.9	16. Brighton - - - -	31,455	7	2.2
17. Nottingham - - -	48,516	52	10.7	17. Hull - - - -	45,087	10	2.2
18. Reading - - - -	14,584	15	10.3	18. Portsmouth - - -	48,346	10	2.1
19. Southampton - - -	23,641	24	10.1	19. Blackpool - - -	15,223	3	2.0
20. Liverpool - - - -	138,411	135	9.7	20. Bradford - - - -	69,316	14	2.0
21. Norwich - - - -	21,225	20	9.4	21. Canterbury - - -	5,131	1	1.9
22. Exeter - - - -	8,678	8	9.2	22. Devonport - - -	15,640	3	1.9
23. Gateshead - - -	21,711	20	9.2	23. Birmingham - - -	107,846	20	1.8
24. Canterbury - - -	4,393	4	9.1	24. Burnley - - - -	24,030	4	1.7
25. Lincoln - - - -	12,101	11	9.1	25. Lincoln - - - -	12,039	2	1.7
26. Ipswich - - - -	13,507	12	9.0	26. Walsall - - - -	17,604	3	1.7
27. Stoke on Trent -	43,785	39	9.0	27. Norwich - - - -	25,408	4	1.6
28. Birmingham - - -	101,692	90	8.8	28. Nottingham - - -	57,245	9	1.6
29. Bristol - - - -	63,131	56	8.8	29. Stockport - - -	24,524	4	1.6
30. Derby - - - -	24,549	21	8.5	30. Stoke on Trent -	44,912	7	1.6
31. Birkenhead - - -	25,038	21	8.4	31. West Bromwich -	12,513	2	1.6
32. Bolton - - - -	34,515	29	8.4	32. Preston - - - -	26,151	4	1.5
33. Preston - - - -	21,545	18	8.3	33. Bootle - - - -	13,786	2	1.4
34. Sheffield - - - -	91,581	76	8.3	34. Merthyr Tydfil -	13,760	2	1.4
35. Eastbourne - - -	8,501	7	8.2	35. Croydon - - - -	39,195	5	1.3
36. Northampton - -	17,134	14	8.2	36. Hastings - - - -	15,360	2	1.3
37. Salford - - - -	45,048	34	7.5	37. Ipswich - - - -	15,338	2	1.3
38. Blackburn - - - -	25,995	19	7.3	38. Halifax - - - -	24,520	3	1.2
39. Manchester - - -	142,639	101	7.1	39. Southampton - -	24,874	3	1.2
40. Leicester - - - -	42,733	29	6.8	40. Derby - - - -	25,737	3	1.1
41. Sunderland - - -	26,375	18	6.8	41. Northampton - -	18,483	2	1.1
42. Wigan - - - -	16,713	11	6.6	42. Salford - - - -	48,212	5	1.0
43. Great Yarmouth -	9,398	6	6.4	43. Sunderland - - -	29,096	3	1.0
44. York - - - -	15,893	10	6.3	44. Gateshead - - -	21,974	2	0.9
45. Croydon - - - -	31,324	19	6.0	45. Great Yarmouth -	11,546	1	0.9
46. Worcester - - - -	8,562	5	5.8	46. Oldham - - - -	33,291	3	0.9
47. St. Helens - - -	19,060	11	5.7	47. Rotherham - - -	11,287	1	0.9
48. South Shields - -	19,025	11	5.7	48. Sheffield - - - -	91,315	8	0.9
49. Stockport - - - -	21,104	12	5.7	49. Bristol - - - -	77,061	6	0.8
50. Coventry - - - -	23,315	13	5.5	50. West Hartlepool -	12,243	1	0.8
51. Bootle - - - -	13,172	7	5.3	51. Bury - - - -	13,857	1	0.7
52. Chester - - - -	7,491	4	5.3	52. Warrington - - -	13,101	1	0.7
53. Bury - - - -	12,065	6	5.0	53. Blackburn - - -	31,140	2	0.6
54. Warrington - - -	13,928	7	5.0	54. Leeds - - - -	96,744	6	0.6
55. West Bromwich - -	12,778	6	4.7	55. Leicester - - - -	49,564	3	0.6
56. Barrow - - - -	13,481	6	4.4	56. St. Helens - - -	16,624	1	0.6
57. Bradford - - - -	58,614	26	4.4	57. Wigan - - - -	17,113	1	0.6
58. Oxford - - - -	9,204	4	4.3	58. York - - - -	16,928	1	0.6
59. West Hartlepool -	11,976	5	4.2	59. Bolton - - - -	40,369	2	0.5
60. Burnley - - - -	21,150	9	4.2	60. Birkenhead - - -	27,176	1	0.4
61. Burton-on-Trent -	9,634	4	4.1	61. South Shields - -	20,444	1	0.4
62. Hastings - - - -	9,683	4	4.1	62. Swansea - - - -	21,916	1	0.4
63. Newport - - - -	17,052	7	4.1	63. Barrow - - - -	11,951	—	—
64. Wolverhampton - -	18,279	7	3.8	64. Bournemouth - - -	21,954	—	—
Carried forward -	1,829,745	1,675		Carried forward -	2,132,325	358	

	Males at Ages 25 to 54 inclusive.				Females at Ages 25 to 54 inclusive.		
	Population 24-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.		Population, 25-54 Years (Census, 1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.
Brought forward -	1,829,745	1,675		Brought forward -	2,132,325	358	
65. Southport -	8,672	3	3.5	65. Burton on Trent -	9,587	—	—
66. Merthyr Tydfil -	17,377	6	3.4	66. Chester -	8,498	—	—
67. Rochdale -	18,734	6	3.2	67. Dudley -	9,408	—	—
68. Huddersfield -	22,635	7	3.1	68. Eastbourne -	13,864	—	—
69. Oldham -	30,537	8	2.6	69. Exeter -	10,641	—	—
70. Leeds -	86,878	23	2.6	70. Huddersfield -	26,044	—	—
71. Halifax -	20,276	4	1.9	71. Middlesbrough -	19,543	—	—
72. Walsall -	17,303	3	1.7	72. Smethwick -	13,816	—	—
73. Bournemouth -	12,326	—	—	73. Southport -	13,898	—	—
74. Dudley -	9,337	—	—	74. Wolverhampton -	18,987	—	—
75. Smethwick -	13,388	—	—	75. Worcester -	10,222	—	—
Total—Co. Boroughs	2,087,208	1,735	8.31	Total—Co. Boroughs	2,286,833	358	1.56
LONDON (Co. and City) -	871,561	1,125	12.91	LONDON (Co. and City) -	1,006,425	192	1.91

E.—ENGLAND AND WALES—COUNTIES (including County Boroughs).

CASES of GENERAL PARALYSIS of the INSANE amongst PAUPER PATIENTS of AGES 25-54 years, admitted into Asylums during 1908-12, and the RATIO of their NUMBERS per 10,000 of POPULATION (CENSUS 1911), at the same AGE PERIOD.

Males.				Females.			
Counties (including County Boroughs.)	Population 25-54 Years (1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.	Counties (including County Boroughs.)	Population 25-54 Years (1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.
1. Northumberland -	133,236	146	10.96	1. Berks -	55,937	18	3.22
2. Essex -	254,348	252	9.91	2. Northumberland -	134,651	30	2.33
3. Yorks, E.R. (and Goole City).	80,586	77	9.55	3. Yorks, E.R. (and Goole City).	85,565	16	1.87
4. Glamorgan -	234,883	208	8.86	4. Essex -	270,683	48	1.77
5. Warwick -	201,743	164	8.13	5. Oxford -	40,643	7	1.72
6. Sussex, E. -	84,412	65	7.70	6. Warwick -	212,345	36	1.69
7. Notts -	113,304	87	7.68	7. Cardigan -	12,837	2	1.56
8. Devon -	129,040	99	7.67	8. Kent -	217,555	34	1.56
9. Middlesex -	214,903	163	7.59	9. Notts -	121,954	19	1.56
10. Cardigan -	9,439	7	7.41	10. Northants -	68,903	10	1.45
11. Hants (and I. of W.) -	183,104	142	7.21	11. Lancs -	1,028,072	141	1.37
12. Berks -	50,788	36	7.09	12. Monmouth -	67,945	9	1.32
13. Kent -	195,199	137	7.02	13. Sussex, W. -	38,331	5	1.30
14. Yorks, N.R. -	96,234	67	6.95	14. Lincs -	108,550	14	1.29
15. Oxford -	35,332	24	6.79	15. Yorks, W.R. -	641,877	82	1.28
16. Gloucester -	129,710	87	6.71	16. Beds -	39,959	5	1.25
17. Cambridge -	36,173	24	6.63	17. Glamorgan -	199,525	25	1.25
18. Northants -	66,332	44	6.63	18. Derby -	130,095	16	1.23
19. Lincs -	108,472	69	6.36	19. Norfolk -	97,299	12	1.23
20. Yorks, W.R. -	608,064	368	6.05	20. Herts -	65,627	8	1.22
21. Lancs -	927,953	556	5.99	21. Devon -	149,614	17	1.14
22. Durham -	253,353	151	5.96	22. Sussex, E. -	116,159	13	1.12
23. Somerset -	78,885	46	5.82	23. Hants -	198,440	22	1.11
24. Surrey -	159,802	91	5.69	24. Durham -	246,339	24	0.97
25. Sussex, W. -	31,402	17	5.41	25. Brecon -	10,680	1	0.94
26. Norfolk -	88,253	47	5.32	26. Staffs -	256,222	24	0.94
27. Cheshire -	183,270	97	5.29	27. Middlesex -	251,668	23	0.91
28. Rutland -	3,783	2	5.28	28. Gloucester -	153,836	13	0.84
29. Bucks -	40,940	21	5.13	29. Cumberland -	51,913	4	0.77
30. Staffs -	252,836	128	5.06	30. Suffolk, E. -	53,856	4	0.74
31. Brecon -	11,842	6	5.06	31. Somerset -	96,634	7	0.72
32. Derby -	131,844	66	5.00	32. Yorks, N.R. -	98,488	7	0.71
33. Monmouth -	80,875	35	4.33	33. Pembroke -	17,706	1	0.56
34. Leicester -	88,855	38	4.27	34. Bucks -	44,574	2	0.45
35. Suffolk, E. -	49,433	21	4.25	35. Hereford -	22,326	1	0.45

Males.				Females.			
Counties (including County Boroughs).	Population 25-54 Years (1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.	Counties (including County Boroughs).	Population 25-54 Years (1911).	General Paralysis Admissions, 1908-12.	Proportion of G.P.I. per 10,000 Population.
36. Beds - - -	34,911	14	4.01	36. Suffolk, W. - - -	22,107	1	0.45
37. Herts - - -	57,599	22	3.82	37. Cheshire - - -	203,697	9	0.43
38. Pembroke - - -	15,637	6	3.80	38. Leicester - - -	98,200	4	0.41
39. Wilts - - -	54,203	20	3.69	39. Surrey - - -	196,522	8	0.41
40. Carnarvon - - -	23,264	8	3.44	40. Wilts - - -	55,914	2	0.36
41. Anglesey - - -	8,954	3	3.35	41. Carmarthen - - -	29,905	1	0.33
42. Dorset - - -	43,277	13	3.00	42. Dorset - - -	44,829	1	0.22
43. Hunts - - -	10,142	3	2.95	43. Salop - - -	46,670	1	0.21
44. Cornwall - - -	55,174	16	2.90	44. Cornwall - - -	69,484	1	0.14
45. Worcester - - -	96,700	27	2.79	45. Cambridge - - -	38,416	—	—
46. Cumberland - - -	47,317	12	2.54	46. Hunts - - -	10,374	—	—
47. Denbigh - - -	27,643	6	2.17	47. Rutland - - -	3,879	—	—
48. Montgomery - - -	9,356	2	2.14	48. Westmorland - - -	13,398	—	—
49. Salop - - -	45,296	9	1.98	49. Worcester - - -	109,042	—	—
50. Hereford - - -	20,246	3	1.48	50. Anglesey - - -	10,293	—	—
51. Carmarthen - - -	30,617	4	1.36	51. Carnarvon - - -	26,833	—	—
52. Suffolk, W. - - -	21,220	2	0.94	52. Denbigh - - -	23,435	—	—
53. Westmorland - - -	11,273	1	0.88	53. Flint - - -	17,882	—	—
54. Flint - - -	17,075	1	0.58	54. Merioneth - - -	9,462	—	—
55. Merioneth - - -	8,233	—	—	55. Montgomery - - -	10,053	—	—
56. Radnor - - -	4,170	—	—	56. Radnor - - -	4,262	—	—
Total - - -	5,990,935	3,760	6.27	Total - - -	6,461,464	728	1.13
LONDON (Co. and City) -	871,561	1,125	12.91	LONDON (Co. and City) -	1,006,425	192	1.91

APPENDIX XI.

STATISTICS OF DEMENTIA PARALYTICA (GENERAL PARALYSIS OF THE INSANE) IN LONDON COUNTY COUNCIL ASYLUMS.

Tables handed in by Dr. Mott, F.R.S., Hon. LL.D. (Edin.).

TABLE I.

SHOWING A COMPARISON OF THE INCIDENCE OF INSANITY AND OF DEMENTIA PARALYTICA IN THE ADMISSIONS TO THE LONDON COUNTY ASYLUMS DURING THE YEARS 1911-12, FROM THE PARISHES NORTH OF THE THAMES, WEST AND EAST RESPECTIVELY.

Parish.	Population.	Total Admissions, 1911-12.	Admissions per 1,000 Inhabitants	Male Admissions	Male G.P.I.	Percentage G.P.I.	Female Admissions	Female G.P.I.	Percentage G.P.I.
<i>West.</i>									
St. Pancras - - -	218,453	393	1.80	201	30	15.0	192	3	1.5
Hampstead - - -	85,510	89	1.04	41	6	14.6	48	1	2.0
St. Marylebone - - -	118,221	220	1.86	93	18	19.3	127	3	2.3
Holborn - - -	112,247	174	1.42	87	17	19.5	87	2	2.3
Paddington - - -	142,576	168	1.18	82	17	20.7	86	4	4.6
Hammersmith - - -	121,603	228	1.87	106	18	17.0	122	4	3.2
Fulham - - -	153,325	276	1.80	111	25	22.5	165	1	0.6
Kensington - - -	172,402	271	1.57	125	23	18.4	146	4	2.7
Chelsea - - -	66,404	121	1.82	50	6	10.2	62	2	3.2
St. George's - - -	117,968	178	1.51	83	24	29.0	95	5	5.2
Westminster - - -	25,451	57	2.24	39	6	15.4	18	—	—
Bloomsbury - - -	25,065	113	4.51	58	6	10.3	55	1	1.8
Strand - - -	16,858	131	7.77	98	9	8.9	33	1	3.8
	1,376,083	2,419	1.75	1,183	205	17.3	1,236	31	2.5
Total percentage G.P.I. = 9.7									
<i>East.</i>									
Islington - - -	327,423	435	1.33	193	36	18.6	242	6	2.4
Shoreditch - - -	111,463	141	1.26	69	16	23.2	72	2	2.7
Hackney - - -	273,270	457	1.67	215	20	9.3	242	10	4.1
St. George's - - -	47,101	67	1.42	33	4	12.1	34	2	5.9
Bethnal Green - - -	128,282	115	0.89	63	3	4.8	52	1	1.9
Stepney - - -	53,798	83	1.54	45	4	8.8	38	1	2.0
Poplar - - -	162,449	305	1.88	166	15	9.0	139	5	4.6
Mile End - - -	111,375	169	1.52	84	10	12.0	85	4	4.7
Whitechapel - - -	67,750	439	2.05	62	15	24.2	77	3	3.9
	1,282,911	1,911	1.49	930	123	13.2	981	34	3.4
Total percentage G.P.I. = 8.2									

TABLE II.

SHOWING a COMPARISON of the INCIDENCE of INSANITY and of DEMENTIA PARALYTICA in the ADMISSIONS to the LONDON COUNTY COUNCIL ASYLUMS during the YEARS 1911-12, from the PARISHES SOUTH of the THAMES, WEST and EAST respectively.

Parish.	Population.	Total Admissions, 1911-12.	Admissions per 1,000 Inhabitants	Male Admissions.	Male G.P.I.	Per-centage G.P.I.	Female Admissions.	Female G.P.I.	Per-centage G.P.I.
<i>West.</i>									
Wandsworth - -	479,195	727	1.52	300	55	18.3	427	11	2.5
Lambeth - -	298,126	451	1.51	237	43	18.1	214	9	4.2
	777,321	1,178	1.51	537	98	18.3	641	20	3.1
Total percentage G.P.I. = 10.0.									
<i>East.</i>									
Camberwell - -	261,357	398	1.52	195	27	13.8	203	2	0.9
Bermondsey - -	125,960	159	1.26	85	11	13.0	74	4	5.4
Lewisham - -	174,296	197	1.13	78	11	14.1	119	1	0.8
Greenwich - -	185,688	260	1.40	128	17	13.2	132	5	3.8
Woolwich - -	127,737	195	1.52	94	16	17.0	101	2	1.9
Southwark - -	191,951	357	1.86	161	20	12.4	196	9	4.6
	1,066,989	1,566	1.46	741	102	13.7	825	23	2.7

Total percentage G.P.I. = 7.9.

A little over 8 per cent. of the total admissions are G.P.

A little over 15.5 per cent. of the total male admissions are G.P.

<i>Western Parishes.</i>			<i>Eastern Parishes.</i>		
Total admissions, 1911-12.	Male G.P.	Female G.P.	Total admissions, 1911-12.	Male G.P.	Female G.P.
3,597	303	51	3,477	225	57
	6 : 1			4 : 1	

Approximately 3,537 annual admissions to the Asylums of the County of London, of these 264 are male cases of Dementia Paralytica, and 54 are female, being a proportion of nearly 5 males to 1 female.

TABLE III.

TABLE showing the PERCENTAGE INCIDENCE of MALE DEMENTIA PARALYTICA among the MALE ADMISSIONS from the various LONDON PARISHES to the LONDON COUNTY ASYLUMS during the YEARS 1911-12

1. St. George's, W.	29.0
2. Whitechapel	24.2
3. Shoreditch	23.2
4. Fulham	22.5
5. Paddington	20.7
6. Holborn	19.5
7. St. Marylebone	19.3
8. Islington	18.6
9. Kensington	18.4
10. Wandsworth	18.3
11. Lambeth	18.1
12. Woolwich	17.0
13. Hammersmith	17.0
14. Westminster	15.4
15. St. Pancras	15.0
16. Hampstead	14.6
17. Lewisham	14.1
18. Camberwell	13.8
19. Greenwich	13.2
20. Bermondsey	13.0
21. Southwark	12.4
22. St. George's, E.	12.1

23. Mile End	12.0
24. Bloomsbury	10.3
25. Chelsea	10.2
26. Hackney	9.3
27. Poplar	9.0
28. Strand	8.9
29. Stepney	8.8
30. Bethnal Green	4.8

TABLE IV.

ADMISSIONS to L.C.C. ASYLUMS, 1911-12, and SYPHILIS.

Total Lunacy.

3,597 admissions to western parishes. Population, 2,153,404. Of these 354 were general paralytics; males, 303; females, 51. Proportion of males to females, 6 : 1.

3,477 admissions to eastern parishes. Population, 2,349,900. Of these 282 were general paralytics; males, 225; females, 57. Proportion of males to females, 4 : 1.

A little over 8 per cent. of the total admissions are general paralytics.

A little over 15 per cent. of the male admissions are general paralytics.

A little less than 3 per cent. of the female admissions are general paralytics.

APPENDIX XII.

REPORT to the ROYAL COMMISSION ON VENEREAL DISEASES upon the prevalence of SYPHILIS among APPARENTLY HEALTHY ADULT INHABITANTS of the EAST END of LONDON, by PAUL FILDES, M.B., B.C. Cantab. Assistant Bacteriologist to the London Hospital.

(From the Bacteriological Laboratory of the London Hospital—Prof. William Bulloch, F.R.S.)

The object of this investigation was to determine the prevalence of syphilis among persons of the class served by the London Hospital.

For this purpose it was deemed satisfactory to perform the Wassermann test upon a purely random sample of the inhabitants, that is to say, random so far as syphilis is concerned, and therefore it was considered essential to exclude all persons who came to the hospital for reasons connected with syphilis.

Under these circumstances the results are an index of "latent syphilis," that is, syphilis which for the moment is giving rise to no symptoms, but clearly the whole sum of syphilis among the population will be somewhat greater owing to the existence of persons with "manifest" syphilis. Such cases are, however, very few when spread over a whole population, and therefore the figures arrived at for "latent" syphilis will be very little smaller than the complete total.

The Nature and Selection of the Material Investigated.

As is well known the London Hospital is situated in the western area of the "East End" of London, and draws not only upon the residents of Whitechapel and the surrounding districts, but also upon the remoter communities reaching far into Essex. Although patients may also come to the hospital from all over England, it is probable that the great majority of the persons tested were residents of the immediate neighbourhood, since most of them suffered from various accidents which would preclude extensive travelling.* They may be said to belong to the "working classes."

An abnormal element is, however, introduced by the large alien element which distinguishes this part of London from others, and the presence of these aliens may exert a considerable influence upon the results, since it is sometimes stated that the incidence of syphilis among Jews is small. Were this indeed the case, it would argue that the amount of syphilis among the British should really be greater than is here recorded, but, as a matter of fact, the incidence of the disease among the two nationalities does not appear to differ materially. The proportion of aliens to British may be estimated, roughly, by determining the number of alien names together with their British modifications, and in this way it was found that about 1/5 were aliens. The number of positive reactions among these was found to approximate, roughly, to the figure found for the British.

The investigation was concerned only with acquired syphilis, and, therefore, it was confined to those persons who by reason of age might readily be open to infection. It is, of course, not uncommon, especially among the aliens, to see cases of acute syphilis sexually acquired among quite young boys, but this class was considered to be of too little importance to justify inclusion in the series. It was, therefore, determined to limit the investigation to persons aged 19 years and upwards.

It might be supposed that an error is introduced by assuming that every case of positive Wassermann reaction among adults is due to acquired syphilis. It is often suggested that a congenital infection may account for syphilis discovered in an adult who "has not exposed himself to infection." This may indeed be so, but, on the other hand, it is so uncommon to find active lesions of undoubted congenital syphilis

among adults and, even when inactive sequelæ (scars, &c.) are discovered, it is so rare to demonstrate a positive Wassermann reaction, that the possibility of a persistence of congenital syphilis to adult years may be excluded for the purposes of this investigation. It may, therefore, be assumed that the figures given represent truly the prevalence of acquired syphilis.

In actually selecting the patients for the test, it was rigidly remembered that only those might be taken who had come to the hospital for reasons wholly unconnected with syphilis.

It is known that many internal diseases are due to syphilis, and since it is not possible to diagnose the nature of internal diseases without a certain amount of error, it was decided to exclude all such cases from the series.

The great majority of the patients were suffering from the results of accidents, fractures, contusions, wounds, both septic and non-septic. Other conditions included "teeth"; carbuncle (when typical and bacteriologically examined); anthrax; orthopædic malformations; undoubted tuberculous joint disease, carcinoma (operation and histological examination); hernia, varicose veins, and other minor surgical conditions which have never in the course of a wide experience been associated with syphilis. A number of visitors to the hospital (relatives of patients) were also included.

It may be noted that the following cases which gave a positive Wassermann reaction were excluded:—

- (1) Supposed traumatic synovitis of the knees, probably congenital syphilis.
- (2) Attempted suicide, cut throat. Excluded on the grounds that suicide may have a relation to syphilis.
- (3) Ulcer of neck. Excluded on the grounds that it may have been a gumma.
- (4) Fractured arm. Excluded when shown histologically to be due to a gummatous process.

It is thus claimed that great care has been taken to ensure that the number of positive reactions is not swollen by the introduction of more or less obscure conditions which may have a remote connection with syphilis, and that only *bonâ fide* "non-syphilitic" persons have been included.

The period of the investigation extended from May 11th to July 2nd, 1914.

It may be remarked that the provision of the blood for the purposes of the test was a purely voluntary act on the part of the patients and visitors. They were accosted in the receiving room or out-patient department and invited to supply a drop of blood "for research purposes." So lightly was the matter treated and so great was the faith of the patients in the administration of the hospital that refusals were few; indeed some of the male volunteers were so pressing that they were refused on the ground that they were possibly aware of the nature of the investigation.

The Technique and Reliability of the Test.

As is well known there are many varieties of the Wassermann reaction, some of which enjoy more confidence than others. The details of the original test are now no longer followed, many improvements and elaborations having been introduced. Although some follow the principles of the original method, the modifications are so numerous that it is uncommon to find that any particular technique has been generally adopted. It is, therefore, inevitable that a considerable diversity should be found in results emanating from different sources.

* The persons tested were probably well represented by the population of the following districts:—

London—Metropolitan Boroughs of Bethnal Green, Hackney, Poplar and Stepney.

Outer Ring—Metropolitan Borough of East Ham, County Borough of West Ham, Urban Districts of Barking Town, Ilford, Leyton, Walthamstow and Wanstead.

It is unnecessary to describe in this place the particular method employed in this investigation, but it may be said to follow, without material alteration, that of Fildes and McIntosh (*vide* Brain, 1913, vol. XXXVI., p. 194). The chief characteristic of this technique is the use of a particular "antigen" (*vide* McIntosh and Fildes, *Zeitschr. f. Chemotherapie*; Orig., 1912, Vol. I., p. 79). It is claimed for this antigen that more cases of syphilis are revealed than with other antigens, without introducing the possibility of erroneous results. The specificity of the reaction is, of course, frequently challenged, but it is impossible in this place to defend it against the accusation of indicating the presence of syphilis when such is absent.

It can only be stated that all authorities upon the subject are satisfied that when properly performed the test is without error (certain isolated conditions—in particular, certain tropical diseases—also sometimes give a positive result). It may, however, be objected that the authorities upon the reaction are not the most suitable persons to judge of its specificity; but while in Germany in particular this objection may be justified, in this country there is so much co-operation between clinicians and bacteriologists, and the bacteriologists themselves have such ready access to the patients, that the argument does not hold. At the London Hospital, for instance, where many thousands of tests have been performed under the direct observation of an experienced staff, including especially Dr. Henry Head (Neurology), Dr. J. H. Sequeira (Dermatology), and Dr. H. M. Turnbull (Morbid Anatomy), the opinion is generally held that the reaction is specific and that a positive result denotes syphilis.

It is, however, not possible to prove directly that this is the case, because it is notorious that many cases of syphilis display not only no symptoms, but even no lesions discoverable in the *post mortem* room; thus it is not possible to select a number of persons "undoubtedly non-syphilitic" and demonstrate that they have negative reactions.

The present investigation is the nearest approach to such a condition, namely, 1,000 supposed non-syphilitic persons, but it will be seen that many have positive Wassermann reactions.

It would have been very valuable to endeavour to extract admissions of syphilis from these cases, and, indeed, such an attempt was made whenever the individual could be followed up; but it was soon found that while a man might have no objection to supplying a drop of blood "for research purposes," he was apt to resent unofficial inquiries into matters which had nothing to do, for instance, with a broken leg.

The following data may be recorded:—

1st case of positive reaction	♂	Not seen again.
2nd " "	♂	Definite history of syphilis.
3rd " "	♂	Not seen again.
4th " "	♂	" "
5th " "	♂	" "
6th " "	♂	Army, syphilis 30 years before.
7th " "	♂	Syphilis in Egypt in 1894.
8th " "	♂	No knowledge of syphilis.

At this stage inquiries ceased and it will be observed that in three out of four cases syphilis was known to have existed.

Results of the Tests.

The sera of 1,002 persons were examined and 84 were found to give a positive reaction, namely 8.3 per cent. According to sex these persons may be divided as follows:—

Males, 616 cases; 64 positive = 10.3 per cent.
Females, 386 cases; 20 positive = 5.1 per cent.

The following table shows the effect of dividing the cases into quinquennial age groups:—

Males.

Age 19 —;	80 cases,	1 positive.
" 24 —;	81 "	10 "
" 29 —;	72 "	5 "
" 34 —;	89 "	15 "
" 39 —;	74 "	5 "
" 44 —;	61 "	11 "
" 49 —;	62 "	9 "
" 54 —;	37 "	6 "
" 59 —;	24 "	0 "
" 64 —;	21 "	1 "
" 69 —;	10 "	0 "
" 74 —;	5 "	1 "

Females.

Age 19 —;	26 cases,	3 positive.
" 24 —;	34 "	2 "
" 29 —;	63 "	2 "
" 34 —;	78 "	2 "
" 39 —;	57 "	3 "
" 44 —;	59 "	5 "
" 49 —;	34 "	1 "
" 54 —;	17 "	1 "
" 59 —;	8 "	1 "
" 64 —;	6 "	0 "
" 69 —;	1 "	0 "
" 74 —;	1 "	0 "
" 79 —;	1 "	0 "
" 84 —;	1 "	0 "

If the percentage incidence of syphilis for different age groups is calculated, and a curve constructed, it will be seen immediately that there is apparently a remarkable relation between the incidence of syphilis and age, and, indeed, weighty deductions might be drawn upon the distribution and effects of this disease.

It appeared, however, essential that before any deductions were made, the figures should be submitted to statistical criticism. Professor Karl Pearson has, therefore, been kind enough to examine these figures in decennial age groups and has concluded that the probable error is such that little significance can be attached to the variations of the curve.

"The women show not the least sign of any relation between percentage and age. The data for the men are somewhat more erratic, but I doubt whether the age groups at either 19-23 or 59-63 can be considered as significantly different from the mean value. If there be any relation of percentage with age, it is, I think, slight, and would need far greater numbers to demonstrate it satisfactorily, say 300 for each age group (decennial)."

On the other hand, Professor Pearson is of opinion that the following conclusion may be drawn safely:—Of the population examined 8 to 12 per cent. in the case of the males, and 3 to 7 per cent. of the females have syphilis.

Conclusion.

In a typical working class population of London at least 8 to 12 per cent. of the adult males have acquired syphilis, and at least 3 to 7 per cent. of the adult females.

The number of cases examined is too small to warrant deductions upon minor subsidiary questions and in particular upon the correlation between syphilis and age.

I am very much indebted to Mr. L. J. Austin, who undertook the arduous task of examining the whole number of persons included in this report and obtained from them the samples of blood. I also desire to thank Professor Bulloch for general help in carrying out the work.

APPENDIX XIII.

STATEMENT of RESULTS of INVESTIGATIONS carried out by Sir JOHN COLLIE.

During a period of 7½ months 2,274 persons referred for medical report by large employers of labour, insurance companies and others, have been examined.

Of these 98 were women (chiefly young women under 21 years of age); these have been excluded from the following statistics.

The remaining 2,176 men were divided into three classes:—

First.—1,119 whom accident or illness had overtaken, and about whom a report was required as to the extent of the incapacity.

Second.—557 who were apparently healthy, but had to pass a medical examination before entering into their employment; these for various reasons were not subjected to the Wassermann test.

Third.—500 of the same class as the second division who submitted to the Wassermann test.

Of all three divisions (making a total of 2,176 men) 106 were found to be suffering from venereal disease.

The evidence of venereal disease, however, in the three classes is markedly unequal, for whereas in Classes I. and II. where clinical evidence was alone relied on, 60, or only 3·58 per cent, were found to be infected with venereal disease; in Class III., where the Wassermann was applied, 46, or 9·2 per cent., were proved to have had syphilis.

As all cases belonged to the same social stratum, it would be fair to argue that, had the Wassermann test been applied to all, at least an equally high percentage would have been found in Classes I. and II.

It may be mentioned that of the 60 clinical cases (Classes I. and II.) four only had gonorrhœa, 10 had primary syphilis, and 46 secondary or tertiary manifestations.

The details of the 46 cases of secondary and tertiary syphilitic conditions are appended:—

Locomotor ataxia - - - -	12
General paralysis of the insane - - -	2
Gummata of various organs - - - -	6
Syphilitic skin eruptions - - - -	4
Cerebral hæmorrhage - - - -	3
Glossitis - - - -	2
Aneurism - - - -	2
Congenital (one locomotor ataxia, one hydrops articulari plus interstitial keratitis) - - - -	2
One each of the following:—	
Ulcer of tongue; ulcer of knee; ulcer of throat; syphilide of leg; progressive muscular atrophy; synovitis of knee; epilepsy; cataract; necrosis of soft palate and nasal bones; disseminated sclerosis accompanied by syphilis; phthisis, plus syphilis; cancer, plus syphilis; vertigo, plus syphilis - - - -	13

These figures may not show the relative proportion of the disease to the ordinary amount of sickness in the industrial community, but will be helpful in assisting the Commission to appreciate the deadly influence of syphilis.

The 500 cases of those apparently in perfect health (as evidenced by a thorough physical examination) were taken consecutively as they presented themselves for examination, and no selection was made except that working-class people over 21 years of age only were chosen. All were asked whether there was any possibility of their having contracted venereal disease, or whether they had had syphilis or gonorrhœa. The following table gives details of the replies, and the cases in which the Wassermann test was positive or negative:—

—	Negative Wassermann.	Positive Wassermann.	Totals.
Deny possibility of disease.	188	9	197
Admit syphilis - -	9	4	13
Admit gonorrhœa or the possibility of venereal disease, but deny syphilis.	248	33	281
Not recorded - - -	-	-	-
	9	—	9
Totals - - -	454	46	500

As the question of whether there existed a history of venereal disease in the Army and Navy is considered to have some bearing upon results, statistics were taken as to this fact, with the following results:—

—	Negative Wassermann	Positive Wassermann	Totals.
Not been in Navy or Army.	343	22, <i>i.e.</i> , 6·02 per cent.	365
Been in Navy or Army -	103	24, <i>i.e.</i> , 18·89 per cent.	127
Not recorded - - -	8	—	8
Totals - - -	454	46	500

That is to say, of those who *had* been in the Army or Navy one in five gave a positive Wassermann, and of those who had *not* been in the Army or Navy 1 in 16 gave a positive Wassermann.

The percentage of the whole 500 cases shows a positive Wassermann of 9·2 per cent.

The figures probably do not represent the full extent of the existence of the disease, for the men examined were of a somewhat superior artisan class. The average age was probably 30 to 33 years; nearly all were married men.

An interesting feature of the investigation is the fact that the Wassermann test showed a positive reaction in as many as 12, 16, 19 years after infection and in one case as late as 29 years, and long after all recollection of the infection had disappeared.

APPENDIX XIV.

MEMORANDUM ON AN INVESTIGATION INTO THE PREVALENCE OF SYPHILIS AMONG PERSONS ADMITTED TO CERTAIN ASYLUMS.

Arrangements were made with 14 asylums, selected as representing different sections of the population, for the examination by the Wassermann test of the blood of patients newly admitted during the period of three months commencing on 1st October 1914.

In some cases it was deemed inadvisable on the ground of the patient's physical condition or for other reasons to obtain a specimen of blood; but these cases were very few, and a sample of blood was obtained in the case of practically every admission during the three months.

The work of carrying out the Wassermann tests was undertaken by the Lister Institute, and the result of each examination was furnished at once to the medical superintendent of the asylum in order that he might promptly institute any therapeutic measures which in the light of the report he might deem desirable.

The following asylums took part in the investigation.—

Northumberland.
Newcastle-on-Tyne.
Durham.
Sunderland.
Cheddleton }
Stafford } Staffordshire.
Burntwood }
Cumberland and Westmorland.
Hereford.
Salop.
Cornwall.
Cotford } Somerset.
Wells }
Wiltshire.

During the three months ended 31st December 1914, tests were made in respect of 545 patients. The total results may be summarised as follows.—

	Males	Fe- males.	Total.
Number of patients tested	275	270	545
Number of positive reactions	54	30	84
Percentage of total number tested.	19·4	11·19	15·4
Number of partial reactions	5	4	9
Total number of partial and positive reactions.	59	34	93
Percentage of total number tested.	21·3	12·6	17·1
Number of cases diagnosed as G.P.I.	32	8	40
Percentage of G.P.I. to total examined.	11·6	2·9	7·3
Number of general paralytics giving positive reaction.	27	8	35
Number of general paralytics giving partial reaction.	2	—	2
Number of cases not diagnosed G.P.I.	243	262	505
Number of these cases giving positive reaction.	27	22	49
Number of these cases giving partial reaction.	3	4	7
Total number of positive and partial reaction in non-paralytic cases.	30	26	56
Percentage of non-paralytic cases giving positive or partial reaction.	10·9	9·6	10·2

The following table shows the results obtained in the case of each asylum:—

Asylum.	Males.								Females.							
	Number tested.	Number of G.P.I.	Number of G.P.I. giving Positive Reaction	Number of G.P.I. giving Partial Positive Reaction.	Number of other Cases giving Positive Reaction.	Number of other Cases giving Partial Positive Reaction.	Total Positive Reactions.	Total Partial Positive Reactions.	Number tested.	Number of G.P.I.	Number of G.P.I. giving Positive Reaction.	Number of G.P.I. giving Partial Positive Reaction.	Number of other Cases giving Positive Reaction	Number of other Cases giving Partial Positive Reaction.	Total Positive Reactions	Total Partial Positive Reactions.
Northumberland	31	6	4	1	2	—	6	—	22	1	1	—	3	—	4	—
Newcastle-on-Tyne	31	4	3	—	8	1	11	—	20	4	4	—	2	—	6	—
Durham	37	4	4	—	6	—	10	—	23	—	—	—	—	—	—	—
Sunderland	19	4	3	1	1	—	4	1	12	—	—	—	2	—	2	—
Cheddleton (Staffs)	26	2	2	—	2	—	4	—	37	3	3	—	4	—	7	—
Stafford (Staffs)	15	1	1	—	1	—	2	—	14	—	—	—	—	—	—	—
Burntwood (Staffs)	25	—	—	—	1	2	1	2	29	—	—	—	7	1	7	1
Cumberland and Westmorland.	13	1	1	—	—	—	1	—	14	—	—	—	—	—	—	—
Hereford	8	—	—	—	1	—	1	—	8	—	—	—	—	—	—	—
Salop	8	1	1	—	—	—	2	—	15	—	—	—	—	—	—	—
Cornwall	20	3	3	—	4	—	7	—	26	—	—	—	—	—	—	—
Cotford (Somerset)	9	1	1	—	—	—	1	—	18	—	—	—	1	—	1	—
Wells (Somerset)	17	3	3	—	—	—	3	—	15	—	—	—	—	—	—	—
Wiltshire	16	2	1	—	—	—	1	—	17	—	—	—	1	—	1	—
Total	275	32	27	2	27	3	54	5	270	8	8	—	22	4	30	4

In the case of 524 patients information was obtained as to the poor law union from which the patient came—

I. Patients from wholly urban unions.—

Total number examined - - 97
Number giving positive or partial reaction - - - 21 or 21·6 per cent.
Number of G.P.I. cases - - 9 or 9·2 "

II. Patients from unions partly urban and partly rural.

Total number examined - - 399
Number giving positive or partial reaction - - - 60 or 15 per cent.
Number of G.P.I. cases - - 25 or 6·2 "

III. Patients from unions wholly rural.

Total number examined - - 23
Number giving positive or partial reaction - - - 3 or 10·7 per cent.
Number of G.P.I. cases - - 1 or 3·5 "

APPENDIX XV.

MEMORANDUM ON CERTAIN INVESTIGATIONS CARRIED OUT BY DR. F. W. MOTT, F.R.S., Hon. LL.D. (Edin.)

The data of my investigations will be considered in two groups.—I.—Microscopical; II—Bio-chemical.

Both investigations have been correlated as far as possible with clinical observations.

I.—*The existence of the Specific Organism of Syphilis in the Brains of Persons dead of General Paralysis.*

The microscopic examination of the brains of 100 cases of patients dying in the L.C.C. Asylums of General Paralysis demonstrated the existence of the spirochæta pallida in 66 per centum.

The organisms are indistinguishable morphologically from those found in the primary sore, secondary eruptions or congenital syphilitic tissues.

They occur in small scattered foci all over the brain, but especially in the frontal regions where the inflammatory reaction and subsequent destruction of nervous tissue occurs with the greatest frequency and severity.

Sometimes the organisms are found in a few minutes, sometimes only after a long search of an emulsion examined with the dark ground microscope. When a focus is hit upon as this photomicrograph of a section shows, the organisms are then as numerous as in a primary sore.

Doubtless if time permitted the organism could be found in every brain, for the cerebro-spinal fluid in 98 per cent. of the cases gives a + Wassermann reaction.

As a general rule the organism is found in greatest abundance in recently admitted cases in which the signs and symptoms are indicative of active irritation of the grey matter of the great brain. In the late demented form, as a rule, I have not found the organisms so readily nor in such numbers.

In the neighbourhood of the foci of spirochætes are signs of active inflammatory reaction. It may be assumed that this is protection on the part of the tissues, for one finds the spirochætes in all stages of granular plasmolysis and the cells which have multiplied contain in their interior these granules.

I have never been able to satisfy myself that there is any sexual cycle; indeed I incline to the view that the spirochæte is more allied to a bacterium than a protozoan; probably it belongs to an order between the two.

This fact is of more than theoretical interest, for if the spirochæte is capable of spore formation we could better understand these late manifestations of syphilitic infection, by assuming the existence of an intra cellular or extra cellular resistive spore, which remains latent in the nervous system for 10 or 15 years awaiting a lowered resistance of the tissues to undergo active development into spirochætes.

I have seen indications of the possibility of spore formation, but the same appearances could be explained by a granular degeneration as a result of the inflammatory reaction of the tissues.

Some of the cases which I have examined have been treated prior to admission to the asylum with intravenous injections of salvarsan and one case in particular which yielded more spirochætes than any other, had received large doses of neo-salvarsan.

I am of opinion from my experience, and from my knowledge of the literature, that so far as treatment goes, whether the salvarsan is given intravenously or introduced directly into the cranial cavity, either in hypertonic solution or in salvarsanised serum, no reliable curative results have followed. The possibility of a spontaneous remission, owing to the production of anti-bodies, whereby the spirochætes are killed off for a time, must always be taken into consideration when cases are recorded of improvement following a new mode of treatment.

[1] The inefficacy of treatment in sleeping sickness finds a parallel in general paralysis and for similar reasons.

The fact therefore that treatment has been so far unsuccessful in curing this terrible malady only emphasises the importance, economically and socially, of preventing it by diminishing the causes of infection, by prophylactic measures and by curative measures of prompt and energetic treatment in the early stages of syphilitic infection. The importance of this can be estimated by the fact that 10 per cent. of the annual admissions to the London Asylums are paralytics.

I may remark that three per cent. of these cases of general paralysis occurred in young adults, the subjects of congenital syphilis; one of them was blind and ataxi. In all three the spirochætes were found.

Examination of Still-born Infants for Spirochætes.

I have received during the last few years 25 fetuses of varying ages from the Shoreditch infirmary. I asked to have all still-births sent, as I used those which showed spirochætes in the tissues for preparing antigen for the Wassermann reaction. Spirochætes were found in 12 of these. In the majority of cases naked eye appearances alone would not have sufficed to have definitely decided whether syphilis was the cause of death of the fetus.

II.—*Bio-Chemical Investigation.*

1. *The Wassermann reaction of the blood and cerebro-spinal fluid as a means of diagnosis and with a view of ascertaining the incidence of syphilis in different classes of the community, sane and insane.*

The number of tests has been 5,928.

The method employed has been based upon the original Wassermann technique. The antigen used has been either the alcoholic extract of the liver of syphilitic fetuses or the heart extract cholesterol mixture of Sachs.

The actual work has been carried out under my direction by Dr. J. P. Candler and Mr. Sydney Mann; in the case of Sir John Collie's cases I saw every positive reaction myself, and each was repeated to be certain. The blood was collected in sterile tubes by venupuncture (not opening a vein), and sufficient was obtained to do five dilutions of .5, .4, .3, 2, and .1. In the case of the cerebro-spinal fluid not less than .8-1 c c. were used before it was accepted as negative.

Summary of the results of the 5,928 Wassermann tests of the blood and cerebro-spinal fluid of asylum cases, infirmary cases, and other non-insane individuals.

Cerebro-spinal fluid life specimens	950	
P.M.	343	1,293
Serum life specimens	4,496	
P.M.	139	4,635
Total		5,928

The majority of the cases of cerebro-spinal fluid examined were general paralytics.

327 of the cases examined have since died and the diagnosis has been confirmed by antipory and when necessary by microscopic examination. A positive reaction was obtained in 98.1 per cent. of the cases of G.P.; in no other case than general paralysis or some other syphilitic disease of the nervous system has a positive diagnosis been obtained (*vide* Table Ia.).

The reaction of the serum was positive in 98.99 per cent.; in nearly all cases in all dilutions, but a number of cases give only slight or moderate reactions.

The conclusion which may be drawn is that if a suspected case gives a negative reaction in all dilutions it is in the absence of any clinical indications unnecessary to do lumbar puncture, a procedure which may be objected to. If a slight reaction occurs then examination of the cerebro-spinal fluid should be examined to settle the matter of diagnosis; not less than 1 c c. of fluid being used.

Wassermann Reaction in non-G.P. Insane Patients.

Table I. a.—31 patients out of 418 epileptics gave a + Wassermann R. which is equal to 7.4 per cent.

This does not seem to show much more than coincidence of epilepsy and syphilis; certainly no important causal relation.

Eighty patients out of 951 insane non-paralytic patients gave a positive reaction in 8.4 per cent.

These figures occur to show that other forms of insanity are not dependent to any extent upon previous syphilis.

Table I. b.—Dealing with 480 male insane patients at Cane Hill Asylum shows a much greater incidence of positive reactions between 55 and 59 inclusive than any other quinquennial period, viz., 25.8 per cent.

This is the period when arterio-sclerosis and brain softening with secondary dementia occurs, and this probably indicates a correlation of syphilis and this form of brain disease.

Table II.a.—This table refers to Sir John Collie's cases, it shows that 9·2 per cent. of adult males in apparent health, gave a + reaction. It is useful when compared with the much higher percentage obtained from patients admitted to infirmaries with various diseases.

Table II.b.—This table refers to 1,483 reactions on patients admitted to the Shoreditch infirmary, the city of Westminster and Paddington infirmaries. The bloods and records of the cases of the first named were furnished me by Dr. Fisher, and the bloods and records of the latter two were furnished by Dr. Hill Wilson White. It will be seen that practically 20 per cent. of the total yielded a + reaction—a little more than double the incidence of the apparently healthy men in Table II.A.

It may be deduced from this that syphilis played an active part in more than 10 per cent. of the cases.

Table III.—An analysis of 1,103 cases from Shoreditch infirmary deals with patients of all ages from birth up to 95–99. It will be observed that the highest incidence occurs between 45 and 60 which is the period when arterial disease, hemiplegia and paralysis is likely to occur as a result. It will be observed that five positive cases occurred between 75 and 79, and four between 80–84 inclusive.

Table IV.—Analysis of 303 cases from Westminster infirmary. These patients were between the ages of 15 and 60, also likewise those from the Paddington infirmary. The very high incidence of the former is noteworthy, viz., 30·13.

Table V.—A comparison of incidence of positive Wassermann reaction on serum of cases between the ages of 15 and 60 at Shoreditch and the city of Westminster infirmaries shows a percentage of 30·1 in the latter to 20·1 in the former. A fact of considerable interest when taken in conjunction with the fact that the parish of St. Georges-in-the-East (Westminster) has the highest admission rate to the London County Asylums of general paralysis.

Serum Reactions on Feeble-Minded Children.

In order to ascertain the incidence of syphilis in the feeble-minded, I have by the kindness of the Rev. Mr. Burden, been able to obtain 257 specimens of blood from cases of ages varying from 3 to 14 years. The specimens have been obtained for me by Dr. Flick the medical officer in charge of the Stoke Park Colony, one of the national institutions for children requiring care and control.

A positive reaction was obtained in 21 cases, that is 8·1 per cent. These children came from all parts of the country, cities, towns, and villages, and according to the records obtainable in a considerable number the family history showed parental feeble-mindedness, epilepsy, or insanity, which is in accord with other investigations that I have made showing that "like tends to produce like."

In conclusion I would remark that a positive Wassermann reaction of the cerebro-spinal fluid is always of serious import; for it indicates the existence of the spirochæte in the central nervous system and treatment, especially in the later stages (quaternary) of syphilis, has but little influence.

A positive Wassermann of the blood is valuable as a means of diagnosis as to whether a person has previously suffered with syphilis. It does not mean necessarily, as my statistics show, that the disease for which the patient was admitted was due to syphilis. Still a careful examination of the Westminster cases in which the disease and signs on the body were recorded by Dr. White showed that only a very small percentage of positive cases occur in diseases which could not be attributed to syphilis whereas the converse applies to diseases which can be attributed to syphilis in which there is a high percentage of positive reactions.

The existence of a Wassermann reaction in very old people and in people who are in apparent health should make one hesitate, in laying too much stress upon this test (apart from the period of time elapsing after primary infection), in deciding whether an individual can communicate the disease to another or transmit it to his offspring.

Summary of Results of Examination of the Blood of Pregnant Women or the Blood from the Umbilical Cord (vide Table VI.).

The Shoreditch cases include 71 instances in which the serum of pregnant women, or the blood from the umbilical cord of the newly born child, was examined; in 39 the blood of both mother and child was examined, and in every instance where positive reactions were obtained both gave a positive reaction; in 32 instances the blood of the mother or the child was examined. Table appended in which it will be observed that in the case of still births spirochætes were found in the organs of the fœtus.

Of the 71 cases, 14 gave positive reactions, i.e., 19·7 per cent. In 29 instances the mother was single and 8 gave positive Wassermann reactions, i.e., 27·6 per cent. The remainder, 42, were married, and 6 or 14·3 per cent. positive reactions were obtained. A comparison of the married and single cases shows that whereas the single cases were extremely young and in most instances it was the first pregnancy, the married cases were of greater age and the majority had had previous pregnancies.

In addition the blood from the umbilical cord of 89 children born in the St. Pancras district has been tested. Dr. T. Shadick Higgins, Medical Officer of Health of St. Pancras, has made arrangements for the forwarding of these specimens which have come mainly from the maternity wards of the New Hospital for Women.

Of the 89 specimens examined, five gave a positive reaction and two doubtful reactions. In another case the blood of the mother gave a positive reaction, but the blood of the child was decomposed and a test was not made. Including this case six definitely positive reactions were obtained from the 90 cases, i.e., 6·6 per cent. In contrast to the Shoreditch cases these were all legitimate births and the majority of the mothers had had previous pregnancies.

TABLE I(A).

Positive reactions on cases confirmed as general paralysis at autopsy . . .	= 270
Negative reactions on cases shown not to be general paralysis at autopsy . . .	= 52
Negative reactions on cases found to be general paralysis at autopsy . . .	= 5
Total . . .	<u>327</u>

Total percentage of accurate results on all cases . . . = 98·4 per cent.

Total percentage of positive reactions in cases of general paralysis . . . = 98·1 per cent.

Asylum Cases.—Sera.

(1) *Serum reaction in General Paralysis.*—The Wassermann test on the serum of 300 cases of general paralysis shows incidence of positive reactions of 98–99 per cent. The reaction is generally marked positive, but a number of cases give slight or moderate reactions.—Archives of Neurology, p. 64.

We may conclude that a positive Wassermann reaction with the serum is a constant feature in general paralysis, provided that the Wassermann technique is reliable, and adequate maximum amounts of serum (·2–·5) are used.

(2) *Serum reaction in Epilepsy.*—The conclusion is, that if the serum of a patient gives no complement fixatives with ·5 c.c. serum, the patient is not a paralytic. If there is any reaction, and G.P.I. is in any way suspected, an examination of the anti-spinal fluid will decide the issue:—

Males.		Females.		Total.	
No. of Cases examined.	No. of + Results.	No. of Cases examined.	No. of + Results.	No. of Cases examined.	No. of + Results.
162	10=	256	21	418	31

31 Positive reactions out of 418 adult cases of epilepsy examined, 7·4 per cent.

This is probably coincidence, rather than cause.

(3) *Serum reactions on consecutive male admissions to Cane Hill Asylum (Dr. Wootton).*—284 consecutive male admissions since January 1st, 1913; have been examined, and + reactions obtained in 89 instances = 31 per cent.

Excluding general paralytics, 28 + reactions were obtained with the 223 cases examined = 12·5 per cent. It may be assumed that from 3 to 5 per cent. of these had some causal connection, e.g., cases of cerebral softening, and syphilitic brain disease, causing organic dementia.

(4) *Serum reactions on chronic irrecoverable male asylum cases (Dr. Wootton).*—150 male cases, of some years' residence in asylum, and considered irrecoverable, were examined, and + results obtained in 12 instances, 8 per cent.

(5) *Excluding general paralysis:—*

692 male cases examined, 58 + results = 8·3 per cent.

259 female cases examined, 22 + results = 8·5 per cent.

951 male and female cases examined, 80 + results = 8·4 per cent.

The above cases include adult epileptics, idiots, and imbeciles' consecutive admission to Cane Hill, since January 1913, and the chronic irrecoverable cases before mentioned.

TABLE I (B).

Incidence of syphilis amongst insane (non-general paralytic) males at various age periods, compiled from serum reactions of 480 male cases at Cane Hill Asylum:—

Age period.	No. of Cases.	Cases giving + Reaction.	Per-centage.
15-19 years	17	—	—
20-24 "	47	6	12·7
25-29 "	72	2	2·8
30-34 "	56	9	16·0
35-39 "	72	7	9·7
40-44 "	65	5	7·7
45-49 "	36	4	11·1
50-54 "	37	3	8·1
55-59 "	31	8	25·8
60-64 "	31	4	12·9
65-69 "	10	1	10·0
70-74 "	6	—	—
	480	49	10·2

* The outstanding feature of the above table is the comparatively high incidence of + reactions at the age period 55-59. This is the period when arterial disease is especially liable to cause cerebral softening and organic dementia.

TABLE II (A).

Other than Asylum Cases.—Sera.

(I) For Sir John Collie.—With repeats 629 serum reactions made.

Especial care was taken with regard to these examinations. Every positive reaction repeated, and the results seen by myself.

From the results of these examinations, Sir John Collie has been enabled to furnish the following statistics on 500 apparently healthy individuals who had to pass before him for medical examination before entering their employment

I.	Wassermann Reaction.		
	Negative.	Positive.	Total.
Deny possibility of infection.	188	9	197
Admit syphilis - -	9	4	13
Admit gonorrhoea or the possibility of venereal disease but deny syphilis.	248	33	281
Not recorded - -	9	—	9
	454	46	500

II.	Wassermann Reaction.		Per Cent.
	Negative.	Positive.	
Not been in Army or Navy -	343	22 or 6·02	
Been in " " -	103	24 or 18·89	
Not recorded — - -	8	—	
	454	46 or 9·2	

Of the total cases 9·2 per cent. gave a positive Wassermann reaction; those cases that had served in the Army or Navy showed 18·89 per cent. positive reactions, whereas those who had not been in the Army or Navy showed 6·02 per cent. positive reactions.

Of the 46 positively reacting cases, 21 submitted to treatment with salvarsan.

The majority of these men giving positive reactions were married, and it is to be regretted, especially in view of the extra care that has been taken in the performance of these tests, that the research was not carried further in order to ascertain the incidence of the disease amongst the wives and children of these infected cases.

Serum Reactions on other than Asylum Cases.

TABLE II (B).

(II)—*Admissions to Poor Law Infirmaries.*—The serum of 1,483 inmates of infirmaries has been examined and a positive Wassermann reaction obtained in 295 instances, 19·9 per cent. The following table shows the percentage incidence of positive reactions among male and female cases of the different infirmaries.

Infirmary.	Number of Male Cases.	Number giving + reactions.	Per cent + reactions.	Number of Female Cases.	Number giving + reactions.	Per cent + reactions.	Total Cases.	Total + reactions	Per cent. + reactions.
Shoreditch - - -	574	100	17·4	529	87	16·4	1,103	187	16·9
City of Westminster	210	66	31·4	95	28	29·5	305	94	30·8
Paddington - - -	44	7	15·9	31	7	22·6	75	14	18·6
Total - - -	828	173	20·9	655	122	18·6	1,483	295	19·9

TABLE III.

Analysis of 1,103 Wassermann Reactions on the Serum of Inmates of Shoreditch Infirmary, including Mental Cases and Irrecoverable Cases of some Years Residence.

Age Periods.	Admissions.									Mental Cases.					
	M.	+ Cases.	Per Cent.	F.	+ Cases.	Per Cent.	Total.	+ Cases.	Per Cent.	M.	+ Cases.	F.	+ Cases.	Total.	+ Cases.
At birth	—	—	—	46	7	15.2	46	7	15.2	—	—	—	—	—	—
Under 5 years	4	—	—	—	—	—	8	—	—	—	—	—	—	—	—
5—9 years	15	1	6.6	12	—	—	27	1	3.7	—	—	—	—	—	—
10—14	28	1	3.5	19	1	5.2	47	2	4.2	—	—	2	—	2	—
15—19	5	—	—	22	3	13.7	27	3	11.1	2	—	3	—	5	—
20—24	8	—	—	32	8	25.0	40	8	20.0	6	—	3	—	9	—
25—29	13	4	30.7	26	6	23.0	39	10	25.6	4	1	2	1	6	2
30—34	28	4	14.3	31	9	29.0	59	13	22.0	6	1	2	1	8	2
35—39	27	5	18.5	31	4	12.9	58	9	15.5	5	2	3	—	8	2
40—44	45	14	31.1	34	6	17.6	79	20	25.2	4	—	6	—	10	—
45—49	39	10	25.6	18	5	27.7	57	15	26.2	3	2	3	—	6	2
50—54	49	11	22.4	31	7	22.6	80	18	22.5	2	—	5	1	7	1
55—59	44	8	18.2	23	8	34.8	67	16	23.8	3	—	4	—	7	—
60—64	39	8	20.5	29	7	24.1	68	15	22.0	3	—	4	—	7	—
65—69	60	7	14.0	30	3	10.0	80	10	12.5	3	—	4	—	7	—
70—74	23	2	8.5	17	—	—	40	2	5.0	5	—	2	1	7	1
75—79	25	3	12.0	22	2	9.1	47	5	10.6	1	—	1	—	2	—
80—84	12	2	16.6	12	2	16.6	24	4	16.6	—	—	1	—	1	—
85—89	7	—	—	3	—	—	10	—	—	—	—	—	—	—	—
90—94	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
95—99	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Total	462	80	17.5	442	78	17.6	904	158	17.4	47	6 12.7%	45 8.8%	4	92	10 10.9%

(continued.)

Age Periods.	Chronics.						Total.									
	M.	+ Cases.	F.	+ Cases.	Total.	+ Cases.	M.	+ Cases.	Per Cent.	F.	+ Cases.	Per Cent.	Total.	+ Cases.	Per Cent.	
At birth	—	—	—	—	—	—	—	—	—	—	46	7	15.2	46	7	15.2
Under 5 years	—	—	—	—	—	—	4	—	—	4	—	—	8	—	—	
5—9 years	—	—	—	—	—	—	15	1	6.6	12	—	—	27	1	3.7	
10—14	1	—	—	—	1	—	29	1	3.2	21	1	4.8	50	2	4.0	
15—19	—	—	2	—	2	—	7	—	—	27	3	11.1	34	3	8.8	
20—24	1	—	1	—	2	—	15	—	—	36	8	22.2	51	8	15.6	
25—29	3	—	—	—	3	—	20	5	25.0	28	7	25.0	48	12	25.0	
30—34	3	2	3	1	6	3	37	7	18.9	36	11	30.5	73	18	24.6	
35—39	1	—	2	—	3	—	33	7	21.2	36	4	11.1	69	11	16.0	
40—44	4	1	1	—	5	1	53	15	28.2	41	6	14.6	94	21	22.3	
45—49	8	3	3	—	11	3	50	15	30.0	24	5	20.8	74	20	27.0	
50—54	9	3	6	2	15	5	60	14	23.3	42	10	23.8	102	24	23.5	
55—59	3	2	1	1	4	3	50	10	20.0	28	9	32.1	78	19	24.3	
60—64	7	3	4	1	11	4	49	11	22.5	37	8	21.6	86	19	22.1	
65—69	6	—	2	—	8	—	59	7	11.8	36	3	8.3	95	10	10.5	
70—74	4	—	7	—	11	—	32	2	6.2	26	1	3.8	58	3	5.1	
74—79	8	—	2	—	10	—	34	3	8.8	25	2	8.0	59	5	8.5	
80—84	4	—	3	—	7	—	16	2	12.5	16	2	12.5	32	4	12.5	
85—89	3	—	2	—	5	—	10	—	—	5	—	—	15	—	—	
90—94	—	—	3	—	3	—	—	—	—	3	—	—	3	—	—	
95—99	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	
Total	65	14 21.5%	42	5 11.9%	107	19 17.7%	574	100	17.4	529	87	16.4	1,103	187	16.9	

TABLE IV.

Analysis of 302 Wassermann Reactions on the Serum of Inmates of the City of Westminster Infirmary.

Age Periods.	Males.			Females.			Total.		
	Number of Cases.	Number of + Cases.	Per Cent. Positive.	Number of Cases.	Number of + Cases.	Per Cent. Positive.	Number of Cases.	Number of + Cases.	Per Cent. Positive.
16—19	7	3	42.85	8	2	25.00	15	5	33.33
20—24	9	1	11.11	17	1	5.88	26	2	7.69
25—29	16	3	18.75	11	4	36.36	27	7	25.92
30—34	29	10	34.48	6	1	16.66	35	11	31.42
35—39	33	9	27.27	16	6	37.50	49	15	30.61
40—44	44	23	52.27	22	7	31.81	66	30	45.45
45—49	61	15	24.59	16	5	31.25	77	20	25.97
50—54	3	1	33.33	—	—	—	3	1	33.33
55—60	4	0	0	—	—	—	4	0	0
Total	206	65	31.55	96	26	27.07	302	91	30.13

TABLE V.

Comparison of Incidence of Positive Wassermann Reactions on Serum of Cases between Ages 15-60 Years at Shoreditch and the City of Westminster Infirmaries.

	Males.			Females.			Total.		
	Number of Cases.	Number of + Cases.	Per Cent. Positive.	Number of Cases.	Number of + Cases.	Per Cent. Positive.	Number of Cases.	Number of + Cases.	Per Cent. Positive.
Shoreditch Infirmary.	325	73	22.4	298	63	21.1	623	136	21.8
City of Westminster Infirmary.	206	65	31.5	96	26	27.1	302	91	30.1

TABLE VI.

Results of the Examination of the Blood of Pregnant Women or the Blood from the Umbilical Cord.

Case.	Age.	Married or Single.	Number previous Pregnancies.	Miscarriages, &c.	Wassermann Reaction.		Remarks.
					Mother.	Child.	
F. W.	16	Single	None	None	—	—	No signs of syphilis.
E. C.	26	"	"	"	+40	+40	Signs of syphilis, mother's
L. H.	32	"	Five	"	+40	+40	"
A. St. C.	28	Married	"	One	—	—	
M. W.	27	"	Six	None	—	—	
E. P.	22	"	One	"	—	—	
I. K.	41	"	Fourteen	"	+40	—	Mother admitted showing no signs of syphilis, subject to headaches; last three children died in infancy, wasting. Child re-admitted six months later died in three weeks from congenital syphilis. Mother now has lupoid growth on right cheek against lower eyelid and nose, and looks ill.
M. G.	19	"	None	None	+40	—	Stillborn spirochaetes. Mother covered with secondaries, enlarged glands, sore throat. Left infirmary, refusing treatment.
C. S.	22	Single	"	"	+	+40	No signs of disease.
M. J.	24	Married	One	"	+	—	
E. S.	35	"	None	None	—	—	
P. D.	20	Single	"	"	+40	—	No signs of disease. Very anæmic and unhealthy looking.
A. O'B.	22	"	"	"	—	—	
M. H. L.	28	Married	Two	"	—	—	
S. E.	27	Single	None	"	—	—	
D. S.	19	Married	"	"	—	—	
E. K.	21	Single	"	"	—	—	
M. S.	24	Married	"	"	—	+	Signs of syphilis on mother.
R. S.	21	"	Two	"	—	—	
A. S.	20	Single	None	"	—	—	
J. C.	32	Married	Three	"	—	—	
E. P.	22	Single	Two	One	+40	—	No signs of syphilis
F. E.	25	Married	None	"	—	—	
K. P.	33	"	Five	Two	—	—	
S. B.	29	"	"	"	—	—	
R. A.	28	"	One	One	—	—	
E. D.	32	"	"	"	—	—	
W. H.	21	Single	None	"	—	—	
R. M.	21	Married	"	"	—	—	
L. C.	39	Single	"	"	—	—	
R. M.	29	Married	Six	"	—	—	
E. I.	24	Single	One	"	—	—	
L. T.	20	Married	None	"	—	—	
M. A. E.	36	"	Six	"	+40	—	Stillborn spirochaetes Signs of syphilis on mother.
E. M.	18	Single	None	None	—	—	
W.	35	Married	Two	"	—	—	
C. K.	22	Single	None	"	—	—	
J. G.	26	Married	Two	"	—	—	
A. H.	38	"	One	"	—	—	
R. J.	31	"	"	"	—	—	
F. A.	27	"	None	"	+40	—	Mother treated with 606 and H9. After two months mother and baby well, but infant has ophthalmia.
H. S.	35	"	Four	"	—	—	
E. S.	28	Single	None	"	—	—	
F. W.	27	"	—	—	+40	—	Threatened abortion; discharged after six days. No signs of syphilis.

Case.	Age.	Married or Single.	Number previous Pregnancies.	Miscarriages, &c.	Wassermann Reaction.		Remarks.
					Mother.	Child.	
S. H.	24	Married	None	None	—	—	
L. B.	16	Single	"	"	—	—	
L. R.	27	Married	Four	"	—	—	Premature, six months.
E. S.	48	"	Five	"	+40	+40	Aphonia 14 years, pale, anæmic, and weak, otherwise no signs of disease.
C. B.	22	Single	None	"	—	—	
C. T.	22	Married	"	"	—	—	
M. L.	26	"	"	"	—	—	Miscarriage.
E. C.	18	Single	"	"	—	—	
F. B.	36	Married	Nine	"	—	—	
L. L.	21	Single	None	—	+40	—	Stillborn spirochætes. Signs of syphilis.
E. W.	21	"	"	—	—	—	Miscarriage spirochætes, nil. Five months' appearance healthy.
A. R.	30	"	Three	—	—	—	
V. M.	21	"	None	—	—	—	
R. M.	18	"	"	—	—	—	
T.	35	Married	Two	—	—	—	
C. H.	36	"	Nine	—	—	—	Admitted at seven months for labour pains. Says husband has syphilis. First three children alive, last six all born prematurely and died from 1-14 days to 11 months all wasted in appearance. Treated with salvarsan '55. Child born 7 lbs. 6½ ozs, weight reduced by twenty-first day to 6 lbs. 12½ ozs.
A. L.	22	Single	None	None	+40	+40	Mother no signs of syphilis. Pale, subject to headaches.
E. H.	21	Married	"	"	—	—	Hydrocephalic child. Full term. Spirochætes in fœtus. Negative.
W.	35	"	Ten	One	—	—	
D.	18	Single	None	None	—	—	
F.	23	"	"	"	—	—	
G.	43	Married	Sixteen	One	—	—	
L. M.	31	"	Four	None	—	—	
C. E.	39	"	"	"	—	—	
D. J.	19	Single	None	"	—	—	Miscarriage, spirochætes negative.
C. P.	38	Married	Eight	"	—	—	
F. W.	33	"	"	"	—	—	

APPENDIX XVI.

STATISTICS FURNISHED BY VARIOUS WITNESSES ILLUSTRATING THE EFFECTS OF SYPHILIS in producing MISCARRIAGES, STILL-BIRTHS, INFANTILE MORTALITY, and DISEASED OFFSPRING.

1. Figures supplied by Dr. Mott.

(a) Families of 34 syphilitic mothers.

Mothers	Pregnancies.	Premature Births, Still-births, and Deaths in early Infancy.	Children seriously Diseased.	Children apparently Healthy.
34	175	104	41	30

(b) Records relating to 22 married females suffering from tabes or tabo paralytic dementia.

Women.	Number Sterile.	Still-born, Miscarriages Premature Births	Children Died in Infancy.	Children Alive.
22	7	49	10	10

(c) Families of married males suffering from tabes or tabo paralytic dementia.

Fathers.	Children Still-born, Miscarriages, and Premature Births.	Children Died in Infancy	Children Alive.
54	52	75	151

2. Figures supplied by Dr. Kerr-Love.

Records of 21 families with syphilitic histories

Families.	Pregnancies	Miscarriages and Still-births.	Deaths in Infancy.	Children Alive but Deaf, or Deaf and Blind.
21	172	30	45	31

3. Figures supplied by Dr. Sequeira.

Records of families of 10 women attending hospital for late syphilitic disease of the skin.

Mothers	Pregnancies.	Miscarriages and Still-births.	Children Died in Infancy	Children Alive
10	85	36	14	35

4. Figures supplied by Mr. McLeod Yearsley.

Records of syphilitic families in each of which there was one or more children afflicted with deafness or blindness and deafness.

Families	Preg-nancies.	Mis-carriages.	Died in Infancy.	Living Children	Deaf, or Deaf and Blind.
49	239	38	87	168	54

5. Figures supplied by Mr. Bishop Harman.

(a) Records of 150 families in each of which one or more children presented definite signs of inherited syphilis.

Families	Preg-nancies.	Mis-carriages and Still-births.	Infant Deaths	Children Alive but Diseased.	Children Alive and Healthy.
150	1,001	172	229	390	210

(b) Records of 150 poor families in London—definitely known cases of syphilis excluded, but no special steps taken to ascertain presence of syphilis.

Families.	Preg-nancies	Mis-carriages and Still-births	Infant Deaths.	Healthy Children
150	826	78	94	654
Expressed per 1,000 preg-nancies.	} 1,000	94	114	792

APPENDIX XVII.

Statement handed in by N. Bishop Harman, Ophthalmic Surgeon to the West London Hospital and to the Belgrave Hospital for Children.

THE EFFECTS OF VENEREAL DISEASE OF THE PARENTS UPON THE CHILDREN: AND ESPECIALLY IN RELATION TO THE PRODUCTION OF BLINDNESS

The statistics appended give some evidence of the effects of venereal disease upon children, and of the extent to which these effects are found amongst London school children. They also show how venereal disease affects the prospects of life and health for the children of diseased parents.

The statistics concerning the effects of these diseases upon the sight of children are of three orders:—(1) Figures obtained from the systematic examination of children attending blind schools, (2) Figures obtained from several examinations of large groups of children attending elementary schools; (3) Figures obtained from the examination of elementary school children attending London clinics.

In every case the state of the child has been recorded after a special examination directed to some particular purpose, so that the returns here given may be taken as though they had been obtained for this particular enquiry, although at the time there was no thought of their being used in this fashion.

Blind and Partially Blind Children.

For the past ten years I have had oversight of a number of London blind schools. All the children admitted to these schools are examined, the state of their eyes and of their bodies is recorded; the cause of the blindness is ascertained, by clinical evidence, by enquiry from the parents or guardians of the child, or by additional enquiry directed to the hospital authority under whose care the child had been at any time. Most of these children have been examined very many times in the course of several years.

At the outset it may be stated that there is no part of the body where the effects of venereal disease inherited or contracted by the children from their parents are so distinctive and so permanent as in the eye. And the damages these effects produce are directly proportional to the delicacy of the organ in which they appear.

The total number of blind and partially blind children brought into this enquiry is 1,100. The causes responsible for their state of blindness may be placed in three groups.

- (I) Injury or destruction of the cornea consequent on surface inflammations.
- (II) Inflammation within the eyeball or optic nerve.
- (III) Congenital defects of the eyes.

GROUP I.

In the first group, injury or destruction of the cornea consequent on surface inflammations, ophthalmic neonatorum, is responsible for by far the greater number of cases of blindness, and in particular for the cases of total blindness. The group contains 351 children, and the causes of the blindness are as follows—

- (a) Ophthalmia neonatorum 266 = 24 per cent. of total 1,100.
 - (b) Purulent conjunctivitis of later years - - 47 = 4·2 per cent. of total 1,100.
 - (c) Phlyctenular keratitis - 38 = 3·4 per cent of total 1,100.
- 351 = 31·9 per cent of total 1,100.

(a) The diagnosis of those cases marked ophthalmia neonatorum, so far as the examination of the child at the time of school age is concerned, must rest upon the character of the eye damage, the associated symptoms, and the history of the case as obtained from the parents or other responsible party. There are certain definite characters associated with purulent conjunctivitis occurring within a few days of the birth of the child, and most important amongst these is the occurrence of nystagmus, *i.e.*, a constant jerky oscillation of the eyes. This symptom is practically constant as a sequel of gross inflammation occurring within the first few days of life, but it does not occur, with the rarest exceptions, in children who have suffered from as severe a type of inflammation, even to the production of blindness, when the date of the onset of the inflammation is some months or years after birth.

When a child is born the eyes have no power of fixation, the macula of the eye is not developed; but under the stimulus of light that structure rapidly attains an effective control of the eyes, the child "notices," the eyes are capable of looking at a definite object—that is, it "fixes" the object. This growth of function takes place within the first three weeks of life, and if during that period the eyes are closed by violent inflammation, the eyes lose the necessary stimulus of light, the macula does not develop effectually, there is a consequent defect in fixation, and the eyes are constantly on the move. Nystagmus will be found even

when the eyes have been saved from serious damage from the attack, or even when one eye is but slightly marked and the other not marked in any discoverable way.

My experience with these cases leads me to consider nystagmus one of the most valuable signs in determining the character of the cause of blindness in any particular case of which the history is defective or absent.

The point will next arise as to the definite venereal character of these 266 cases of ophthalmia neonatorum. In the absence of a bacteriological examination of the discharges at the time of the attack it cannot be said definitely that they were venereal, but there is every presumptive evidence for such a diagnosis. The experience of every ophthalmic surgeon of sufficient hospital experience will confirm this.

As evidence on this point I examined bacteriologically a series of cases seen at hospital. There were 12 babies affected with an inflammation that had every appearance of being a true gonorrhoeal conjunctivitis, in each of these 12 the organism was seen in the film preparations, and in 8 the organism was isolated in cultures in the remaining four its isolation was uncertain, owing to the mixture of organisms in the cultures.

There were four babies suffering from a marked conjunctivitis but not characteristically gonorrhoeal. They were marked "ophthalmia neonatorum P?" and in each of these the bacteriological finding justified the doubt for in none of these was the gonococcus found in film or in culture, but some other organism capable of producing the clinical symptoms witnessed; and it is noteworthy that this latter type of case is readily amenable to treatment, and it is rare for permanent ill effects to arise from these inflammations; they are not sufficiently severe, nor do they keep the eyes closed for any length of time.

(b) The cases of purulent conjunctivitis occurring in later months or years of child life were due to a great variety of causes.

Causes unknown, <i>i.e.</i> , date of origin known, but actual cause not ascertainable	14
Eczema and streptococcal infections	4
Scarlet fever	5
Measles	10
German measles	1
Meningitis	1
Diphtheria	2
Small-pox	4
Erysipelas	1
Chicken-pox	1
Pneumonia	2
Gonorrhoeal (contracted from vaginal discharge or pus from the eye of an affected baby)	2
Total	47

The two last cases are of importance, for they demonstrate the danger of the presence of babies suffering from ophthalmia neonatorum to other members of the community. One is a girl whose motherliness was exercised towards an affected baby; she caught the disease, the cornea ulcerated, and she is blind for life, whilst the baby died. The other is one of a family of three girls; the youngest, a baby, had ophthalmia neonatorum, the whole family contracted the disease, and besides a vaginitis. The eyes of one were damaged sufficiently to necessitate her being educated in a blind school.

(c) Amongst the cases of phlyctenular keratitis there was no case of suspected venereal inheritance.

GROUP II.

Blindness due to Inflammation within the Eyeball or Optic Nerve.

This group contains a great variety of cases. Inflammations of the cornea, of the iris, of the choroid, and of the optic nerve, but it is sufficient for the

purpose of these statistics to place them in two categories, according as the inflammation affected (a) the anterior half of the eye, or (b) the posterior half of the eye. The distinction is arbitrary but convenient.

(a) Of these affecting the front half of the eye, by far the greater number of cases are due to that severe form of inflammation known as interstitial keratitis, there are a few only of iritis. The figures are as follows:—

	Cases.
Interstitial keratitis due to inherited syphilis.	190
Interstitial keratitis, evidence of syphilis uncertain.	14
Interstitial keratitis due to tubercle, &c.	7
Iritis due to inherited syphilis	6

In examining my records of the cases tabled above I have classified all the confirmatory evidences upon which the diagnosis of the cause of the condition was made. These are many, and some of them are so definitely characteristic that there can be no manner of doubt of the certainty of the diagnosis. In most of the cases there were several confirmatory signs, but in every one of these groups in which the diagnosis of inherited syphilis was made there was at least one of these confirmatory signs present.

Confirmatory signs and their frequency in the 190 cases of interstitial keratitis due to inherited syphilis:—

	Cases.
Hutchinsonian teeth (including a few "Moon's" teeth).	129
Characteristic physiognomy	73
Iritis	77
Choroiditis (disseminated) (in many cases there can be no examination of the fundus oculi owing to the opaque cornea).	30
Bad family history	72
Scars at the angles of the mouth	36
Evidence of bone or joint disease	16
Ulceration of the nose or palate	9
Deafness	43

Most of these children were examined many times through a series of years, and it is of interest to note the gradual addition of these confirmatory symptoms to the records of the cases, particularly as regards that most conclusive of signs, the teeth. In many cases the children are so young at the time of the first examination that the permanent teeth are not cut, so that a diagnosis may await confirmation until a later date. But it is rarely that this sign is found to be absent when the teeth are cut, in any case where there has been sufficient evidence to come to a determination at an earlier date.

There were 14 cases of interstitial keratitis in which there were no confirmatory signs of an inherited syphilis. On the evidence of experience they would be fairly assigned to this cause, but in the absence of definite confirmation they are not included as syphilitic. It may be noted that some were seen before the Wassermann reaction was discovered, others could not be got to attend hospital for the purpose of making the test.

(b) Of those inflammations affecting the posterior half of the eye, by far the greater number were due to a form of choroiditis known as "diaseminated." This is characterised by a number of areas of inflammation in the vascular coat surrounding the retina, on the integrity of which the retina largely depends for vitality. Viewed with the ophthalmoscope these lesions look very like the extinct craters of the moon, there is a central loss of substance with a rim of added substance deeply pigmented, and these patches are scattered as irregularly as are the craters on the moon's surface. They bear very much the same relation to the back of the eye as does interstitial keratitis to the front of the eye, they cannot be said to be diagnostic of syphilis, for other conditions are

capable of causing the same or very similar conditions, but all evidence goes to prove that these cases are overwhelmingly syphilitic in origin. With the chorioiditis there is always more or less atrophy of the retina and of the optic nerve, so that vision is gravely reduced. Closely associated with these cases are many cases of total optic atrophy.

This group includes 222 cases. Of these, 126, or 56·7 per cent., were definitely syphilitic. This group of cases may be considered in three sub-groups: (1) a sub-group of mentally defective, nearly all syphilitic; (2) a sub-group, all of whom were syphilitic; (3) a sub-group in which the cause of the condition was indeterminate.

(1) Sub-group of cases with mental defect either during or after school year:—

	Cases.		Cases.
Became insane	26	Syphilitic	22
Mentally deficient	24	"	18
Microcephalic idiots	4	"	2
Epileptic	10	"	9
Total	64		51

(2) Sub-group of children with disseminated chorioiditis or optic atrophy of inherited syphilitic origin, 74 cases:—

	Cases.
Disseminate chorioiditis	59
Optic atrophy	44
Hutchinsonian teeth	38
Physiognomy marked	12
Bad family history	41
Bone or joint disease	8
Deaf	2

(3) Sub-group of children with disseminated chorioiditis or optic atrophy, of which the cause was assigned to other effects than syphilis, or of which the cause was indeterminate. 84 cases:—

	Cases.
Optic atrophy, cause unknown	29
" " with dissem. chorioiditis, cause unknown	15
" " post febrile:—	
Measles	1
Diphtheria	1
Influenza	1
(?)	2
	5
Optic atrophy:—	
Accidental head injury	3
Hydrocephalus	9
Meningitis	10
Cerebro-spinal meningitis	3
Optic atrophy, familial	7
Chorioiditis, familial	3
Total	84

Here follow a small group of cases of blindness due to causes which fall more or less into this main second group:—

	Cases.
Buphthalmia, no syphilis	10
With honeycombed teeth	2
With Hutchinsonian teeth	5
Total	17
Sympathetic ophthalmitis, no syphilis	16

Macula defects:—	Cases.
Colobomata	6
Deficiency	8
Day blindness	6
Congen. nystagmus	3
Total	23

There were some indications of a syphilitic inheritance in two of these cases.

Retinitis pigmentosa:—	Cases.
Sporadic cases	11
Familial	8
Sole child	2
Total	21

Indications of syphilis in one case.

GROUP III.

Blindness due to Congenital Defects.

Albinism:—

	Cases.
Familial	10
Sporadic	13
Do. due to syphilis (one illegitimate)	2
Total	25

Defects of the crystalline lenses:—

	Cases.	Cases
Microphthalmia and cataract	12	1
Do. hereditary	5	0
Microcephalic and cataract	6	1
Posterior polar cataract	19	4
Congenital cataract, varied types	51	6
Lamellar cataract (post natal)	30	1
Dislocated lenses	19	1
Totals	142	14

Varied defects of the globes and the accessory organs of vision:—

	Cases.
Aniridia	6
Colobomata of iris	10
Microphthalmia	17
Cong. anophthalmia	2
Glioma retinae	2
Defective muscles	2
Do. and face	1
Extreme hypermetropia	3
Oxycephaly	9
Total	53

No signs of syphilis found

	Cases.
Complicated myopia, producing blindness or partial blindness	13

No signs of syphilis found.

General Table of Causes of Blindness.

Cause of Blindness.	Number of Cases.	Gonorrhoea.	Syphilis certain.	Syphilis probable.
Ophthalmia neonatorum	266	266	—	—
Purulent conj of later years.	47	2	—	—
Phlyctenular keratitis	38	—	—	—
Interstitial keratitis	211	—	191	13
Iritis without other inflammation.	6	—	6	—
Optic atrophy with or without dissem choroiditis.	222	—	125	13
Buphthalmia	17	—	5	2
Sympathetic	16	—	—	—
Macula defects	23	—	—	2
Retinitis pigmentosa	21	—	—	1
Albinism	25	—	2	—
Cataract	142	—	14	—
Other congenital defects	66	—	—	—
Totals	1,100	268	343	31
Percentages	100	24·35	31·2	2·8
Percentage of venereal disease in causation of blindness			55·55	
Probable same cause			2·8	
Total percentage			58·35	

Ophthalmia Neonatorum and Syphilis as Causes of Blindness.

I have examined the tabulated figures of the children attending the blind schools on three occasions, the present and two previous occasions. It will be of interest to compare the returns. On the first occasion the total coming into the count was 255 children; these were examined up to and including 1904. On the second occasion the total coming into the count, which include the previous 255 children, was 363; these were examined up to and including 1906. The third count is that given in the foregoing pages; the children now number 1,100, and they represent all seen up to and including 1913.

Year of Investigation	Total Seen.	Ophth. Neonat.	Cong. Syph.
1904	255	94 = 36·86	48 = 18·82
1906	363	132 = 36·36	64 = 17·60
1913	1,100	268 = 24·35	343 = 31·2

The figures show that there has been a definite diminution of the incidence of cases of blindness caused by ophthalmia neonatorum, and it is reasonable to credit this diminution to the great efforts that have been made to prevent the disease during the past few years. The diminution is really greater than it appears by this method of tabulation, for the cases seen and accounted for in the first two counts are included within the last return.

The apparent increase of the incidence of the cases of congenital syphilis is in part due to the diminution of the cases of ophthalmia; and in part by reason of finer methods of diagnosis, cases that formerly were tabled amongst those of "uncertain origin" are now definitely accounted for.

It is certain that the number of cases of blindness due to ophthalmia is diminishing both actually and relatively to the causes of blindness. But there is not sufficient evidence to state certainly that the apparent increase of the syphilitic cases is due to any other cause than the diminution of one large class of case of blindness and to the better means of diagnosis.

Bad Family History.

Amongst the confirmatory signs of inherited syphilis has been placed "bad family history." The following table gives the reproductive histories of 150 families, with 1,001 pregnancies. In each of these families one or more of the children presented definite signs of inherited syphilis.

Numbers of:—

Pregnancies for each Mother.	Families.	"Healthy" Children.*	Miscarriages.	Still-born.	Infant-death.	Diseased.
18	1	10	—	—	7	1
17	1	6	2	7	1	1
16	1	1	—	—	14	1
15	1	6	2	1	5	1
14	3	11	5	7	13	6
13	5	17	4	10	26	8
12	4	21	6	7	11	3
11	10	50	8	6	33	13
10	7	32	8	3	18	9
9	10	33	11	7	22	17
8	16	54	24	7	17	27
7	15	50	9	4	18	24
6	14	24	3	8	14	25
5	11	23	3	6	6	17
4	17	22	4	5	19	18
3	13	16	2	1	3	17
2	10	4	1	1	3	11
1†	11	—	—	—	—	11
Totals	150 =	390	92	80	229	210
	1,001 pregnancies					

* The column "healthy" children, includes those reported healthy by their parents or guardians, and it also includes those who died from accidental causes and febrile conditions in the years from three and onward, where there was no reason to conclude the disorder was connected with the syphilitic diathesis.

† In the eleven families where one child only was born to the mother, there were four illegitimate unions and the progeny therefrom.

So as to obtain some standard against which the foregoing returns of family history may be compared, I inquired the family history of a number of women who were attending the West London Hospital. This hospital has a very large clientèle, and they are amongst the poorest and most deserving of charity of the patients attending any of the great London hospitals. On the average they are, if anything, a little poorer than the average of the syphilitic parents whose family histories are recorded in the foregoing table. One hundred and fifty women were inquired of; there was no selection of cases, except that where one of known syphilitic history was found she was excluded from the count. But no special methods were taken to ascertain whether or no there was a syphilitic affection. The succeeding return may, therefore, be taken as a fair average return of family history of the poorest section of the London community.

Numbers of:—

Pregnancies for each Mother.	Families.	"Healthy" Children.	Mis-carriages.	Still-born.	Infant Deaths.
17	1	9	3	—	5
16	1	11	3	—	2
15	2	19	1	3	7
14	1	12	2	—	—
13	3	28	4	—	7
12	3	25	4	3	4
11	6	55	2	2	7
Car. ford.	17	159	19	8	32

Pregnancies for each Mother.	Families.	"Healthy" Children.	Mis-carriages.	Still-born.	Infant Deaths.
Bt. for. -	17	159	19	8	32
10	6	43	6	3	8
9	7	51	4	1	7
8	9	55	8	—	9
7	6	31	5	—	6
6	17	83	6	1	12
5	15	62	5	2	6
4	17	57	4	—	7
3	25	68	3	1	3
2	20	35	1	1	3
1	11	10	—	—	1
Totals -	150 = 826 pregnancies.	654	61	17	94

The difference between the figures of these two tables is marked. One hundred and fifty syphilitic mothers had no less than 1,001 pregnancies, but of these only 390 resulted in presumably healthy children. One hundred and fifty "average" mothers had 826 pregnancies, and from these there resulted 654 presumably healthy children.

The outcome of the pregnancies in the two classes of cases can be best compared by setting them against each other on the per thousand basis.

	"Healthy" Children.	Mis-carriages.	Still-born.	Infant Deaths.	Diseased with Syphilis.
Syphilitic -	390	92	80	229	210
"Average" -	791·7	73·8	20·5	113·8	—

Remark may be made on the fact that the syphilitic mothers had about 17 per cent. more pregnancies than the "average" mothers. This is partly accounted for by the frequency of miscarriages in the syphilitic. The short intervals between many of these will allow of several bad pregnancies within the same time as is taken by one healthy pregnancy. Further, the frequency of still-births and of infant deaths keeps the family of the syphilitics down, so that where there is the desire for children the pregnancies are increased in number.

The Incidence of Venereal Disease amongst the ordinary School Population.

On two occasions I have examined large groups of children attending London elementary schools with a view to ascertaining to what extent there were signs of affections of the eyes caused by venereal disease.

In 1903 to 1904 I examined 22,000 children in the East of London, and amongst this large number of children only five were found with eyes damaged by ophthalmia neonatorum, and five also suffering from the after effects of interstitial keratitis of syphilitic origin.

In 1905 and 1906 I examined in the same manner 18,000 children in the West of London, and amongst these children I found only two cases of eyes damaged by ophthalmia neonatorum, and three by interstitial keratitis.

The percentage of damaged eyes amongst these two groups of children totalling 40,000 was 0·017 per cent for ophthalmia neonatorum, and 0·02 per cent. for interstitial keratitis of syphilitic origin.

In 1907, in following out an investigation on the incidence of ophthalmia neonatorum, I examined the vision testing returns of no less than 412,527 London children. Amongst these children there were 46 cases of damaged eyes of the sort which appeared to be due

to the result of early purulent conjunctivitis. In many cases the history was clear and the diagnosis certain, but in others the conditions of the eyes was all there was to go upon. In this group of children incidence of defect due to this one cause works out at 0·0106 per cent.

Since all those children whose eyes are badly damaged from disease are removed from the ordinary schools to the blind schools, it is necessary to correct the foregoing return by including the cases on the roll of the blind schools. The London school children number about 790,000 under 14 years of age. Supposing the incidence of ophthalmia neonatorum to be proportionately the same for the whole number as for the part, there would have been altogether 88 cases of defect produced by this cause in the schools at that time. In the blind schools there were then 92 cases of ophthalmia neonatorum. So the total for London school children would be 180 cases, or 0·0226 per cent., or one child in every 4,400, had ophthalmia neonatorum of such severity that the eyes suffered permanent damage or were blinded.

From examination of my hospital case papers I find that of cases of undoubted ophthalmia neonatorum treated at hospital, whether brought early when the prospects are good, or late when they are bad, no less than 69 per cent. escaped without injury to the cornea. So that the 180 school cases represent only 31 per cent. of a group of children who suffered from the disease.

The Incidence of Ophthalmia Neonatorum in the ordinary London Population.

The figures given in the foregoing section must be taken in conjunction with figures showing the incidence of ophthalmia neonatorum taken within the first few weeks following birth.

In 1907 I took an unofficial census of one part of London. Eight doctors in private practice were good enough to send me particulars of their midwifery practice. The district is an average London suburb. Half the population live in tenements, the other half in houses rented at from 30l. to 80l. per annum, but there are few at the higher rental. At the lowest estimate three-fourths of children in the district attend the public elementary schools. As a measure of prophylactic against eye disease, seven of the eight doctors were in the habit of relying upon the simple precaution of cleansing the eyes of the infant with boiled water or boracic lotion as soon as it was born, a few used a weak perchloride of mercury lotion in children borne of suspicious parents. But one doctor used silver nitrate of 2 per cent. strength in almost all cases as a prophylactic. The statistics covered 12,680 children born alive. Of these 110, or 0·87 per cent., were affected by a purulent conjunctivitis; six of the infants had one or both eyes damaged in consequence of the attack, or 0·047 per cent.

These figures have been confirmed—even to the decimal points—by the returns obtained by the London County Council Medical Officer of Health since the operation of the Notification of Disease Act to this condition. Comparing these figures with the incidence of the after-effects of the affection as seen in the schools of the Council, we get the following:—

	No. of Children.	Injured.	Total of known Cases.
Birth figures -	12,680	Per cent. 6 = 0·047 (1 in 2,100).	Per cent. 110 = 0·87
L.C.C. Schools	790,000	180 = 0·0226 (1 in 4,400).	—

There is a difference of 50 per cent. in the figures. The cases of the disease known to have resulted in injured eyes shortly after birth are to the cases subsequently discovered in the schools as 2 to 1. This difference is probably to be accounted for by the excessive death-rate known to occur amongst the children of mothers affected with gonorrhoeal disease.

Returns of Venereal Disease affecting Children seen at Hospital Clinics.

The figures are taken from two sources—one from a West of London clinic, the other from a South London clinic:—

<i>West London Clinic.</i>	
Children examined	- 1,188
Affected by congenital syphilis	3
ophthalmia neonatorum	2
<i>South London Clinic.</i>	
Children examined	- 1,670
Affected by congenital syphilis	8
" ophthalmia neonatorum	4

The incidence of disease in these two groups of children numbering 2,858 is as follows:—

Congenital syphilis	1 case or 0·385 per cent.
Ophthalmia neonatorum	6 cases or 0·21 "

In comparing these returns with the returns obtained from the direct examination of the children in school it must be remembered that the children seen at the clinics are those known to have defective

vision, and they are sent to the eyes' clinic on that account. They represent about one-tenth of the total children in the schools, so that the clinic figures need to be reduced by shifting the decimal point one place to the right in comparing them with the school figures. If this be done it will be found that the difference is not great when the methods of obtaining the returns is considered.

Conclusions.

The conclusions that may be drawn from the foregoing figures are as follows:—

1. Venereal disease affecting the parents is responsible for more than one-half of all cases of blindness occurring amongst children.

2. The total of the blindness due to venereal disease does not appear great in relation to the total population. The effects of the disease are largely masked by the heavy incidence of miscarriages, still-births, and infant deaths among the affected population.

3. That effective treatment of affected parents would result in an appreciable reduction in the cases of blindness amongst children and the disabilities arising therefrom.

APPENDIX XVIII.

STATISTICS OF THE SUBSEQUENT LIFE HISTORY OF SYPHILITIC CASES.

Digest of an article by Drs. E. Mattauschek and A. Pilz, of Vienna, entitled "On the subsequent life history of 4,134 cases of syphilitic infection." From the "*Medizinische Klinik*" of 21st September 1913.

The article gives an analysis of the causes of death among 4,134 officers infected with syphilis during the period 1880 to 1900. The percentage of deaths from progressive paralysis, locomotor ataxy, cerebro-spinal syphilis, or insanity, had been given in two previous articles, and these diseases are not dealt with in the present article.

Five hundred and forty-six deaths from diseases other than those mentioned above occurred up to the 1st January 1912: in 508 of these cases the cause of death was ascertainable.

Tuberculosis was responsible for 147 of these, then came suicide with 83, heart disease following acute

polyarticular arthritis with 37, muscular degeneration, with paralysis of the heart 35, apoplexy 34, cancer 23, syphilitic marasma 20, aneurism of the aorta 17, abdominal typhus 15, chronic Bright's disease 14, pneumonia 14.

The most striking fact is the large number of cases of tuberculosis and suicide. The high tuberculosis mortality is all the more remarkable when it is borne in mind that all the officers must have passed the test of physical fitness for the Army. It is also to be noticed that the 83 cases of suicide do not include suicide in cases of tabes or insanity.

An analysis was also made of the interval between contraction of syphilitic infection and death in the case of each disease, and the results are shown in the following table:—

Number of years between Infection and Death.	Tuber- culosis.	Diseases of Circulatory Apparatus.				Kidney Disease.		Cirrhosis of Liver.
		Muscular De- generation.	Apoplexy.	Aneurism.	Arterio- Sclerosis.	Acute.	Chronic.	
1-10	93	12	3	2	1	4	1	3
11-20	45	16	16	11	2	—	6	9
21-30	8	6	12	4	3	1	4	—
Over 30	1	1	3	—	1	—	1	—
	147	35	34	17	7	5	12	12
		93				17		

The death-rate from tuberculosis is therefore highest during the first 10 years after infection, whereas in the case of diseases of the circulatory system the majority of deaths occur during a period of from 11 to 20 years subsequent to infection.

The sickness rate among the survivors is found to present results analogous to those obtained from a study of the death-rate. Thus, tuberculosis accounts for 15 cases, arterio-sclerosis for the same number, constitutional syphilis for 20, organic heart disease for 15, and cirrhosis of liver for eight. Here also tuberculosis in the majority of cases appears shortly after the contraction of infection, and arterio-sclerosis at a later date.

Taking the results of these and the previous investigations together, it is found that, out of the total 4,134 cases—

198 suffered with paralytic dementia,
113 were attacked by locomotor ataxy;
132 developed cerebro-spinal syphilis;
80 showed various forms of insanity;
147 died of tuberculosis;
17 died of aneurism of the aorta;

101 either died or were attacked by muscular degeneration. In twenty cases syphilis was the immediate cause of death, and in a like number of cases it caused permanent disablement.

Taking progressive paralysis, tabes, cerebro-spinal syphilis, syphilis maligna præcox et inveterata, and

aneurism of the aorta in one group, as diseases which certainly arise from syphilis, it is found that 12 per cent. of persons infected with syphilis become seriously ill or die of the disease. If a connection between syphilis and arterio-sclerosis is admitted as probable, a further 2·64 per cent. must be added.

It is also to be noted that the records of the Gotha Life Insurance Company show that the mortality among syphilitics during the ages from 36 to 50 is well-nigh double the average rate, and other insurance records show that the mortality at all ages to be at present about 30 per cent. in excess of the average.

The conclusion which the writers draw from these figures is the necessity for more energetically combating the prevalence of venereal diseases, and in particular the advisability of instruction being given to the classes from which the officers are drawn. They suggest that some hours should be devoted to instruction in these matters during the cadet's last term at a military college. The German Army is held up as a brilliant example of what might be done in this respect, as the writers state that it shows the smallest number of cases of venereal disease of all European Armies. Next come Belgium and France, then Russia, Austria, Italy, and, last of all, England.

APPENDIX XIX.

STATEMENT ON VARIOUS OUTBREAKS OF SYPHILIS AT THE GLASS BOTTLE WORKS OF MESSRS. E. BREEFIT & Co., LTD., CASTLEFORD, YORKSHIRE, W.R., FORWARDED BY MR. W. BREEFIT.

It is necessary in the first place to point out that in the process of blowing glass bottles, the blow pipe with the lump of molten glass at the end of it is passed from hand to hand and also from mouth to mouth (like a loving cup).

There is no way of getting over this difficulty except by machine processes which dispense with hand labour to a great extent, and in the Owen machine (a recent one) hand work is entirely abolished.

The workmen are much opposed to machinery (perhaps naturally).

Syphilis has been known in the trade for a good many years. My father died in 1882 and I was appointed managing director in 1883, and occupied that post until 1911, when I retired partly from active management. As I lived in the town of Castleford I naturally took an interest in the lives and surroundings of the workmen under my control.

In October Dr. Kemp, who was certifying surgeon to our factory, drew my attention to a number of cases of peculiar sore throat which had come under his notice in young men and boys employed by us.

He gave me two or three of the names, and I found they were, or had been recently, working with one particular set of men.

As I was suspicious of syphilis, I decided to request this set of men to submit to medical examination.

One of the three refused, whereupon I had a meeting with some of the workmen, who decided that he must either be examined or leave his job; finally he agreed, and upon examination was found to be in a very bad and advanced stage of the disease.

Thirteen cases of boys and men were traced more or less certainly to him, having washed after him.

Some difference of opinion emerged among the medical men as to a few of these 13 cases being syphilitic.

Three others were also found to have previously suffered at some time not immediately previous.

The above results emerged from a general examination of the whole of the workmen, upon which I insisted, which cost the firm about 70*l.* in medical fees, and four doctors conducted it.

The four doctors were Kemp, Woolley, G. B. Hillman and his assistant.

One case was submitted to Dr. Littlewood, the eminent surgeon at Leeds Infirmary.

At our branch factory nine cases (suspicious) were diagnosed, of which two proved to be undoubted—one in the lip, the other in the penis.

A further case was discovered in February of 1909.

In January 1907 another case was discovered in the secondary stage; by very careful enquiry we were able to establish the fact that it had been innocently acquired, to the satisfaction of the doctor.

I proposed to the Workmen's Union that a further examination should be made of every man, but as they declined to bear any part of the cost it was carried no further.

In December of the same year, 1907, two boys were discovered both suffering from chancre of the lip, this was December the 24th.

On the 27th of the same month another person was discovered and certified.

It was known almost certainly that he had infected one of the two boys above named.

Total number of men and boys employed at that time, about 600.

Thus in 15 years there have been four outbreaks of this dreadful disease which have been detected, how many have gone undetected it is not possible to say.

I enclose herewith a note of recommendation from Drs. Kemp and Woolley, also from Dr. Hillman.

The Commission can consult Dr. Hillman if it is thought wise to do so, he is willing.

The conditions here described will apply almost certainly to every glass-blowing works in the country.

The worst feature is the danger to young boys of about 15 to 18 years of age.

Note by Drs. Kemp and Woolley.

We would suggest for your consideration the advisability of putting up notices in the works, urging any who may suffer from soreness of the mouth or throat in the future to seek medical advice at once, so that the danger of the disease, if present, spreading would be minimised.

Note by Dr. Hillman :

The one case in which there was a slight doubt was A.B.; he had better be examined again.

All the men who have worked with C.D. and E.F. should be re-examined in a month.

You will notice that a large proportion of the men suffer from congested throats. This, I believe, is non-syphilitic in character but is nevertheless doubtless infective. The condition is not severe enough to cause the men to leave their work.

The conclusions at which I arrive as the result of the examination are as follows:—

1. That if possible each man should be possessed of a separate mouthpiece to fit his pipe.
2. That it should be a criminal offence at law for a man to work at a glass works whilst suffering from syphilis, or any other infectious venereal disease.
3. That every man working as a glass blower should be bound to produce a certificate of venereal good health each month, such certificates only being accepted as are signed by a surgeon or surgeons duly appointed for this special work.

APPENDIX XX.

DIAGNOSIS OF VENEREAL DISEASE BY LABORATORY METHODS.

By Dr F W Mott, F.R.S., Hon. LL.D. Edin.

Introduction.—The postulates which are necessary to prove that a particular micro-organism is the specific causative agent of an infectious disease are as follows —

- (1) The demonstration of the same micro-organism in lesions at all stages of the disease.
- (2) The micro-organisms must have distinctive morphological characteristic modes of growth in or on cultural media outside the body.
- (3) The communication of the disease to animals by inoculation of tissues containing the specific organism, *e.g.*, the spirochaetes of syphilis; or by the employment of a culture of the specific organism, *e.g.*, the gonococcus of gonorrhoea.

It is claimed only by some few authorities that a strepto-bacillus, named after its discoverer, Ducrey, is the specific organism of chancroid, or soft sore; and that it can be communicated to animals. Q. 4573-5. All the evidence, however, goes to show that these postulates have been fulfilled in the case of the spirochaeta pallida of syphilis, and the gonococcus of gonorrhoea; it follows, therefore, that the demonstration of the presence of these micro-organisms in the tissues, the blood, or discharges of the patient, affords a certain means of diagnosis of each of these diseases.

There are, however, additional valuable methods of determining the existence of the specific micro-organisms in the body when, for the reasons stated, it cannot be discovered by the aid of the microscope.

These reactions are based upon the principle common to all infectious diseases, *viz.*, there is immunity to re-infection while the organism is in the body, and this immunity is due to the bio-chemical defensive reactions excited in the blood and tissues. When the specific organism invades the tissues of the body, it multiplies, and at the seat of the lesion it elaborates a poison which sets up a local reaction; but later, as the absorption of the poison into the blood stream increases with the spread of the infectious agent, a general defensive reaction of the blood and tissues is excited. This bio-chemical defensive reaction against the specific organism serves as the basis of two methods of diagnosis, *viz.*, the vaccine reaction, and the "complement fixation test," generally known as the Wassermann reaction.

The Demonstration of the specific Organism of Syphilis.

Little has been added to our knowledge of the morphology of the specific organism of syphilis since its discoverer, Schaudinn, gave his classical description, which we cannot do better than quote.

"It is easy after a certain amount of diligence to differentiate *treponema pallidum* (synonym for spirochaete of syphilis) from other types of spirochaetes in fresh preparations; the fineness and refractibility of this type of spirochaete, the constant, close, deep and regular character of its spirals which are numerous, 10-26, render it impossible to confuse it with other micro-organisms of the same type. Its chief characteristic, however, lies in the fact that it retains its spiral arrangement not only during movement, but also in the state of rest, while the spirals of most of the other spirochaetes disappear when they are in the condition of repose."

The spirochaete of syphilis was found by Schaudinn and his collaborator Hoffmann to be a micro-organism which had only a weak affinity for the majority of staining reagents. An elective stain was therefore difficult to obtain. Certain mixtures of blue and red aniline dyes are employed in the preparation of special staining reagents for demonstrating the presence of the spirochaeta pallida, the organism appearing as a delicate rose pink spiral (*vide* Fig. 7, Plate I.*). It has been suggested that the paleness of the stained organism is probably due to its extreme tenuity, which

does not permit of the absorption of any quantity of the dye. In support of this it may be pointed out that when it is stained intensely by a silver reagent, it is, as it were, plated by a black metallic deposit on its surface, causing the diameter to be increased (*vide* Figs. 4, 5, 6, Plate I).

It is only necessary briefly to mention these facts regarding staining reactions, for such methods are seldom now employed for diagnostic purposes.

The silver method has, however, been of great use in demonstrating the syphilitic nature of many fatal diseases (*vide* Figs. 4, 5, 6, Plate I). Indeed this method has been successful in showing that the spirochaete may be found in every organ and tissue of the body in congenital and acquired syphilis.

Wherever the organism lodges and multiplies, its toxin produces a specific and characteristic inflammatory reaction, so that all the numerous diseases, the names of which are derived by affixing *itis* to the Greek or Latin name for the organ or tissue, may be of syphilitic origin.

The Practical Methods of Diagnosis of Primary Syphilitic Lesions.

A knowledge of the methods to be employed in determining whether the organisms of syphilis are present in the primary venereal sore or not is of the greatest importance in the diagnosis of the disease in the early curable stage, before the specific organism has been disseminated in the body. In support of this statement we may quote the evidence of a most experienced witness, Major Harrison of the Royal Army Hospital, Rochester Row, who in reply to question 4554 said "I am quite certain that nobody at the commencement could diagnose a syphilitic sore with the naked eye. I have asked many people who have been in my laboratory to look at a sore that I have shown them, perhaps as big as a pin's head, and asked them if they would diagnose it as syphilis, and they have said 'No' But in a very few minutes the sore has been proved to be syphilitic on microscopical examination, and that, I say, is the stage for commencing treatment."

This routine method of diagnosis, employed at the Military Hospital, was demonstrated to members of the Commission by Major Harrison. The primary sore not having been previously treated with any antiseptics, was dried with sterile gauze. It was then gently scraped with a scalpel, and the blood wiped away with the gauze; the sore was then squeezed and the serous exudation taken up in a fine glass tube such as is used for vaccine. A drop of this serum was then examined microscopically, dark ground illumination being employed. Another simpler method is that of Burri—a drop of the exudate is mixed with some Indian ink on a glass slide, then spread out evenly, and the thin black film is allowed to dry on the surface. By either method, the spirochaetes examined with a high power of the microscope appear as delicate white spiral threads of 8-20 coils on a black ground (*vide* Figs. 1, 2, and 3, Plate I). The advantage of the former method over the latter is that the spiral organism can be seen actively moving with a screw-like motion.

The only other spiral organism which is likely to occur, is the spirochaete refringens; this is a much coarser, more highly refractile organism with a rapid undulatory movement (*vide* Fig. 2). The spirochaetes of syphilis may be seen in the living active state many hours after the fluid has been collected. When no longer motile, characteristic spiral threads can be detected by either of these methods in the exudation many days after it has been collected. Consequently, a practitioner, if he wishes to obtain a diagnosis of a suspected syphilitic sore (and all venereal sores should be suspect), could send the exudate on by post to a central laboratory for microscopic examination. The demonstration of the existence of the characteristic

* Facing page 4 of the Report

spirochaete would permit of a certain diagnosis of syphilis, but a negative result by the pathologist should lead to his making enquiries regarding the necessary precautions in obtaining the exudation and a requisition for further specimens for examination. If after several trials the microscope reveals no spirochaetes, it is highly probable that the patient is not infected; but to make sure the "complement fixation test" (Wassermann reaction), should now be tried and repeated several times at intervals of a few weeks; and if the reaction is negative it may with safety be asserted that the patient had not contracted the disease. As a rule this reaction of the blood does not appear till at least 15 days after the sore has started.

Spirochaetes are not only readily demonstrated in the exudation of the primary sore, but also in secondary lesions, especially tubercles and sores of the mucous orifices of the body (*vide* Fig. 7), *e.g.*, the mouth, the female genitals and the anus. The spirochaetes in these lesions are generally found in great abundance, consequently they are highly infectious. The possibility of a certain diagnosis of the infectious or non-infectious nature of a suspicious lesion in any of these situations, or of a sore on the finger of a doctor or a midwife, by microscopic examination of the exudate for spirochaetes, may, therefore, prove of great value in preventing the spread of the disease. The fact that spirochaetes have been seen active in the serous exudation of a chancre 18 hours after withdrawal from the body, is of importance in respect to the possibility of spread of infection by the use of drinking vessels, pipes, blowpipes, &c., which have been contaminated by infective mucous discharges of the mouth, especially when the individual is suffering with syphilitic sores or tubercles of the tongue or lips. These cases of "syphilis insontium" were more difficult to deal with before the diagnosis by demonstration of the specific organism was established.

The Luetin Reaction (Skin Reaction of Syphilis)

A local reaction of the skin, based upon hypersensibility of an infected individual to inoculation with a pure culture of the dead organism, was utilised for the first time by von Pirquet to detect tuberculosis.

Noguchi,* having succeeded in preparing a pure culture of the spirochaete pallidum *in vitro* (*vide* Fig. 3, Plate I), was able to prepare a vaccine of the killed cultures. This he termed luetin.

He gives the following directions for its use. The injection of luetin is made into the dermis of the skin of the right arm; the quantity injected is from 0.07 cms. for an adult, 0.05 for a child. One sees immediately appear a little whitish papule which persists about 10 minutes. The injection of luetin determines a negative or a positive reaction.

When the reaction is negative, at the seat of inoculation, after 24 hours a slight redness occurs, which disappears at the end of 48 hours. A positive reaction presents itself in three forms—the papular form, the pustular form, and the torpid form. These reactions may persist 4 or 5 days, or even several weeks.

The luetin reaction does not affect the general health, but occasionally a slight elevation of temperature occurs. The luetin reaction is practically absent or very slight in persons suffering from primary or secondary syphilis, whilst it is always positive in the chronic or latent stages. In congenital syphilis the reaction is usually positive. The longer the organism has been in the body, the more sensitive are the tissues to the reaction.

This reaction for the diagnosis of syphilis was only occasionally mentioned in the evidence, owing to the fact that it is seldom employed. Noguchi claims that "it affords a means of detecting the existence of syphilitic infections in the chronic or latent stage in which the clinical symptoms of the Wassermann reaction are temporarily absent. He also brings forward evidence to show that a negative reaction in cases of chronic syphilis with a positive Wassermann

reaction indicates an unfavourable prognosis; such for example is often the case in individuals suffering from general paralysis."

"Complement Fixation Test" (Wassermann Reaction)

This test is largely used for the diagnosis of syphilis in all stages after the primary; it is therefore desirable to give a general explanation of its use, and the broad principles underlying the technique.

The serum of a few cubic centimetres of blood withdrawn under aseptic conditions by puncture from a vein in the arm, and a similar quantity of cerebro-spinal fluid withdrawn under aseptic conditions by lumbar puncture of the spine are employed for the test. In each case the operation is quite simple, and unattended by any danger in experienced hands.

The examination of the cerebro-spinal fluid is of especial value in the diagnosis of syphilis of the nervous system. Normally this fluid contains neither proteid nor cells, but when there is an inflammatory process affecting the brain or the spinal cord, both proteid and cells are found in the fluid. Consequently its examination affords a valuable means of diagnosis in diseases of the nervous system. Syphilitic inflammation of the brain and spinal cord can be differentiated from other diseases by the presence of characteristic cells termed lymphocytes. A positive complement fixation test is obtained when there is active spirochaetal development occurring. This positive reaction is of significance; for it seldom disappears completely with treatment. A positive reaction is obtained in 90 per cent. of the cases of general paralysis, and this test is of the greatest value in the diagnosis of this disease in its earliest pre-demential stages. A positive reaction of the blood serum indicates the presence of spirochaetes in the body, and the reaction generally disappears under treatment except in the case of syphilis of the nervous system, especially general paralysis. The employment of a quantitative complement fixation test by using varying quantities of serum (*vide* Fig. III), is most useful, as it serves then as a guide to the effects of treatment.

The Principles underlying the Complement Fixation Test.

In all infective diseases, specific substances are formed in the blood as the result of infection by the specific micro-organisms. These substances are called amboceptors, and the micro-organisms or their toxins which gives rise to them are termed *antigens*. When the specific amboceptors have been produced in quantity sufficient to neutralise the specific antigen, immunity is established to that particular antigen, a bio-chemical defensive mechanism of the body against the poison of a particular pathogenic micro-organism is thus established. In illustration thereof the researches of Pfeiffer showed that the serum of animals infected by typhoid or cholera bacilli underwent a bio-chemical change by which it acquired the power of dissolving these bacilli (*bacteriolysis*).

This bio-chemical change is the fundamental principle of immunity or defence of the body against the specific organism by the creation of a specific agent in the blood which is termed the *amboceptor*.

The Belgian, Professor Bordet, by his observations and experiments, came to the conclusion that bacteriolysis, by the serum of an immunized animal, was due to the presence of two substances, the one destroyed by heat, present in normal serum, the other a substance which resisted heat up to 55° C., and was only present in the body fluids and blood of an immunized animal. The former is called *complement*, the latter is named *amboceptor*; and in this case, because it causes the solution of bacteria, is termed a *bacteriolysin*.

Bordet and others found by experiment that if the blood corpuscles of one animal were injected into another of a different species, these corpuscles disappeared with the production in the serum of the animal of a specific *amboceptor*, and it was observed that the serum had acquired the power of dissolving the foreign blood corpuscles when brought into contact with them. This specific amboceptor is analogous to the *bacteriolysin*, and, because it causes haemolysis, or solution of the foreign blood corpuscles, is termed a *haemolysin*.

* M. le Professor Hideyo Noguchi:—"Etat actuel de la Culture du treponeme pale." La Luetin reaction (anti-reaction de las syphilis), Paralysis General et Syphiis. La Presse Medical (Nos. 76-81, Septembre et Octobre 1913).

For the *bacteriolysin* to cause solution of its specific micro-organism, or for the *haemolysin* to cause solution of its specific blood corpuscles, it is essential that the substance termed *complement* should be present, and when the reaction takes place the complement is used up, fixed, or deviated. This important discovery of Bordet termed the *Bordet-Gengou phenomenon* led to the possibility of the study of the theory of immunity *in vitro* (in the test tube), and its practical application to the diagnosis of disease, for it is essential before any reaction can take place that the appropriate amboceptors (*bacteriolysins* or *haemolysins*), antigens (micro-organisms or blood corpuscles) and complement must be present, and if at the end of the reaction the complement remains free, either the amboceptor or the antigen is not present, *vide* Fig. I.

Therefore, given the specific antigen, we can determine *in vitro* whether a fluid (serum or cerebro-spinal fluid) contains the specific amboceptor; or given the amboceptor, we can determine the presence or absence of the antigen. The method of applying this principle, established by Bordet, has been utilised by Wassermann and others for the diagnosis of syphilis and gonococcal infection. As this reaction is of the greatest importance and utility in the diagnosis of syphilis, it is desirable to describe briefly the procedure in so far as it relates to the principle underlying the test.

From what has been previously stated, it will be understood that if the serum of an individual who is infected with syphilis is brought in contact with a syphilitic antigen, and complement, a reaction will take place and the complement will be absorbed or fixed, and will no longer be free to react (*vide* Fig. II): if on the other hand the serum of a normal individual is brought in contact with a syphilitic antigen, and complement, no syphilitic amboceptor being present, no reaction can take place and the complement still remains free.

(It must here be stated that as the amount of complement in human sera is variable, it is necessary to destroy it by previously heating the serum to 56° C. for 30 minutes. The complement for the reaction is obtained by the addition of fresh guinea pig serum which is found to be fairly constant.)

The above reactions being *invisible*, it is necessary to add an "indicator" to determine whether the complement is present or not. This is obtained by the use of a haemolytic system in which the reactions of haemolysin, complement and haemolytic antigen are *visible* and can be accurately determined, Figs. I and II. If to the above mixtures we add a suspension of washed sheep's blood corpuscles and a quantity of

haemolysin (the heated serum of a rabbit that has been injected with sheep's corpuscles), it will be found that in the case of the serum from the blood of a syphilitic patient, all the complement has been absorbed; consequently no solution of the corpuscles takes place (Fig. II); whereas in the case of the normal serum the complement is unabsorbed and reacts with the haemolysin causing complete solution (haemolysis) of the sheep's corpuscles. The original blood serum test employed by Wassermann was based upon the assumption that a specific antigen could be prepared only from syphilitic material, and he employed a watery extract of a syphilitic foetus. It has since been shown that the antigen can be prepared from non-syphilitic material, provided that it contains the necessary lipid substances, lecithins and cholesterol, in proper proportions. A mixture of heart extract and cholesterol is now extensively used in place of antigens prepared from syphilitic material; this shows that although the test was founded upon the premises of specific antigen and specific anti-body of Bordet and Gengou, it can only be regarded as an empirical reaction. Accumulated experience has, however, firmly established its great value as a means of diagnosis.

The following brief statement and diagrams indicate the actual technique of the test. The serum is separated from the blood to be tested, and heated at 56° C. to destroy complement.

To a series of test tubes are added:—

- (1) Varying quantities of the serum to be tested.
- (2) A standardised quantity of antigen (derived from syphilitic liver, or, as a substitute, heart extract and cholesterol).
- (3) A standardised quantity of complement in the form of fresh guinea pig serum.

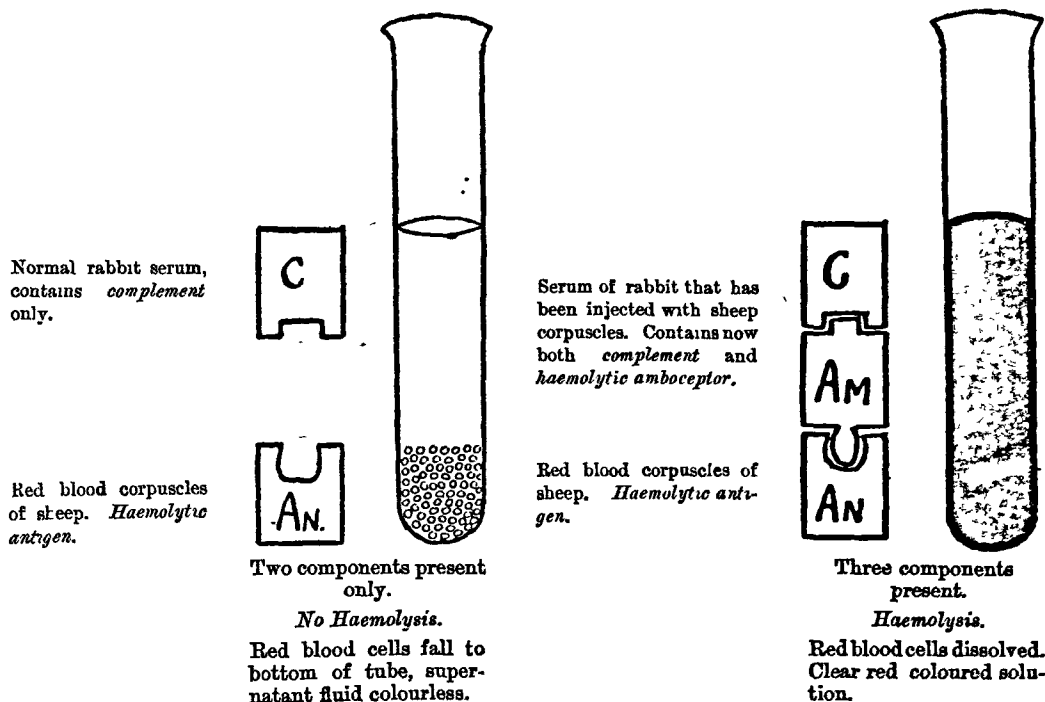
Each tube is made up to a constant volume with normal saline solution. The tubes are placed in the incubator at 37° C. for one hour, when the following mixture, diluted with saline solution, is added:—

- (1) A quantity of washed sheep's corpuscles.
- (2) A standardised quantity of haemolysin (obtained from the serum of a rabbit previously injected with sheep corpuscles).

The tubes are again incubated for one hour, when if, owing to fixation of complement, the reaction is positive the blood corpuscles remain intact, and will fall to the bottom, leaving the supernatant fluid colourless, or if the reaction is negative, the blood corpuscles will be completely dissolved, giving a clear red fluid (*vide* Fig. III).

FIG. I.

DIAGRAMS TO ILLUSTRATE HAEMOLYTIC ACTION, THE "INDICATOR" FOR THE PRESENCE OF COMPLEMENT IN THE WASSERMANN TEST FOR SYPHILIS.



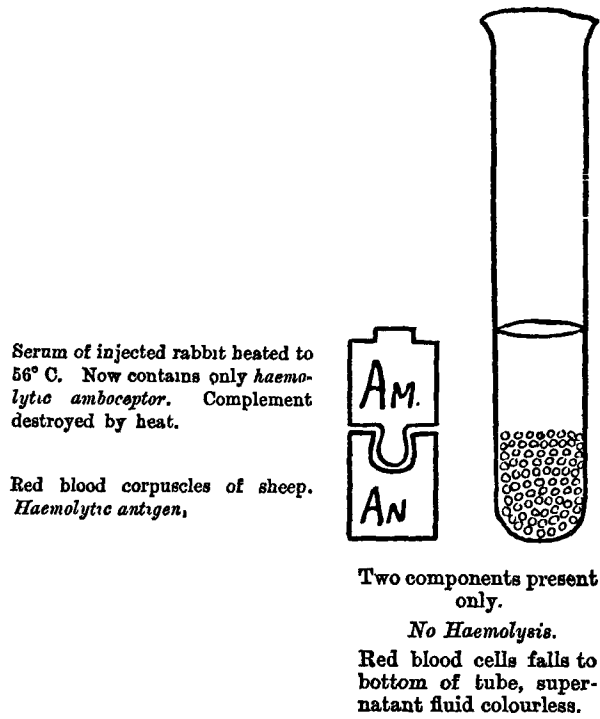


FIG. II.

DIAGRAMS TO ILLUSTRATE APPLICATION OF HAEMOLYTIC ACTION IN THE BLOOD TEST FOR SYPHILIS (WASSERMANN REACTION).

A.—Positive Serum Reaction. Prevention of Haemolysis,

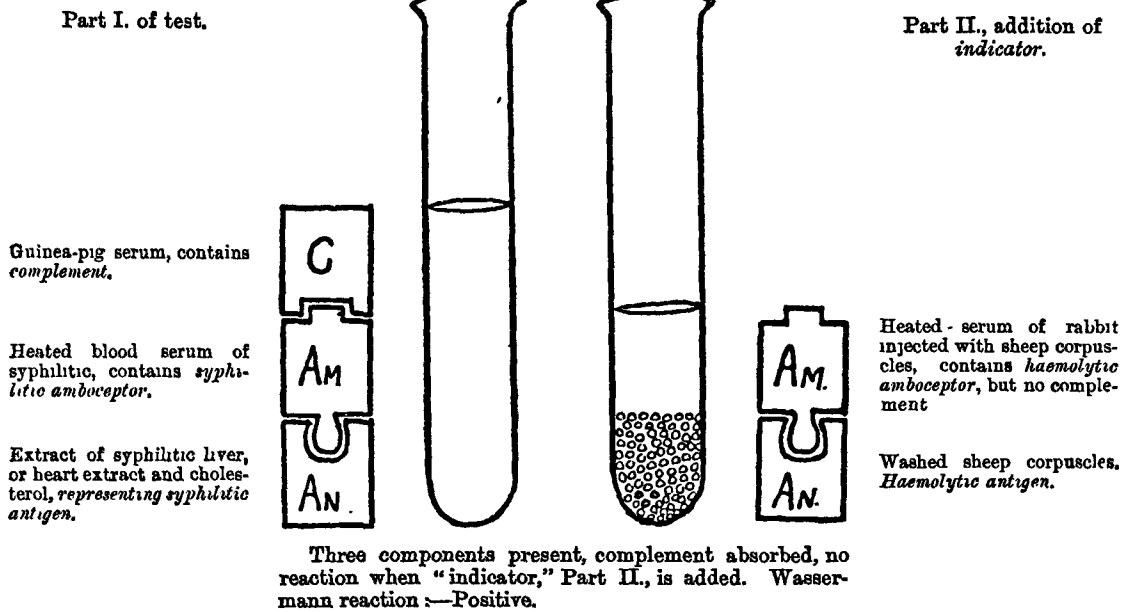
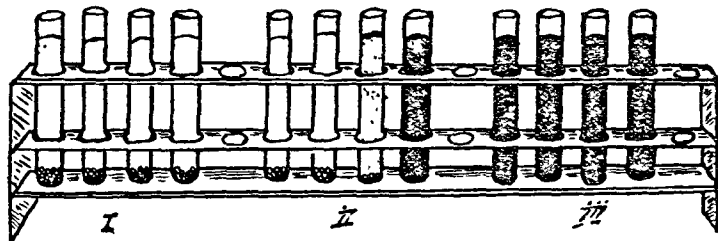


FIG. III.



I. No haemolysis positive reaction in all dilutions; the corpuscles are seen at the bottom of the tube.
 II. Partial positive reaction. Fixation of complements in two tubes, partial haemolysis in the third, complete in the fourth.
 III. Complete haemolysis in all dilutions; the blood corpuscles are all dissolved, giving a clear red fluid.

APPENDIX XXI.

PRELIMINARY REPORT OF THE SUB-COMMITTEE OF THE SECTION OF PATHOLOGY OF THE ROYAL SOCIETY OF MEDICINE ON THE METHODS OF CARRYING OUT THE WASSERMANN TEST.*

The Section of Pathology of the Royal Society of Medicine having been requested by the Committee of the Society on Venereal Diseases to report on the relative values of the different methods of carrying out the Wassermann test, and on a number of points concerning its technique, appointed a Sub-Committee to deal with the matter under the chairmanship of the president of the Section, Professor F. W. Andrewes.

The members of the Sub-Committee were as follows.—

Professor H. R. Dean, of the University of Sheffield.

Dr. M. H. Gordon, of St. Bartholomew's Hospital.

Major L. W. Harrison, of the Royal Army Medical Corps.

Dr J. Henderson Smith, of the Lister Institute of Preventive Medicine.

Dr. F. H. Thele, of University College Hospital.

Dr C. Price-Jones, of the Middlesex Hospital (Secretary).

The Sub-Committee met on five occasions between March 26th and June 29th, 1914. Professor Dean was able to be present at two of the meetings only. After the third meeting Dr. Henderson Smith was unfortunately obliged to retire from the Sub-Committee owing to ill-health. The other members were present on all occasions.

The subjects referred to the Section of Pathology by the Committee on Venereal Diseases fall into two groups:—

(1) The relative value of the original Wassermann method, and of its modifications.

(2) Details of technique, such as form of antigen, dosage of complement and of amboceptor, and the employment of large or small volumes of the different ingredients.

With regard to (2), the Sub-Committee is unanimous in its opinion that the problems can only be decided by a very extensive series of comparative experiments upon material, the syphilitic or non-syphilitic nature of which can be decided, upon other grounds, with some approach to certainty. Arrangements were made by which it was hoped that such an investigation would be carried out on an adequate scale, over a period of at least six months, but the war with Germany has unfortunately interfered for the present with this scheme. Meanwhile, the Sub-Committee is prepared to offer its considered opinion upon (1) the relative values of the original Wassermann method and its modifications. Four of its five meetings have been entirely devoted to this question. At one of them, Dr. Fleming, and at another, Dr. Emery, with whose names well-known modifications of Wassermann's method are associated, were so kind as to be present in order to demonstrate their methods to the Sub-Committee and to discuss any questions and objections raised. The present preliminary report deals solely with the question of the value of the original Wassermann method *versus* that of the "short-cuts" which have been used in its place.

I.—Definition of the original Wassermann Test.

Since the method was first published by Wassermann, Neisser and Bruck, certain modifications of detail have been introduced and almost universally accepted. These especially concern the antigen employed, the original watery extract of syphilitic liver having been replaced by an alcoholic extract of syphilitic liver or of normal organs, with or without the addition of cholesterol or of purified phosphatids. With such details the Sub-Committee is not here concerned, though they hope to consider them fully in their final report. They would define the original test by its essential principles, as follows:—

(1) The ingredients of the test (red corpuscles, "antigen," hæmolytic amboceptor, complement) are derived from *different* sources.

(2) The serum to be tested is inactivated before use. An independent "hæmolytic system" is employed, consisting of a suspension of red corpuscles, an inactivated hæmolytic serum, and a fresh normal serum containing complement. The hæmolytic values of the anti-serum and complement are determined by a separate preliminary experiment.

On general scientific grounds the Sub-Committee is unanimously of the opinion that, since the test is a quantitative reaction, the titre of the reagents ought, within practicable limits, to be accurately known.

II.—The Modifications of the Original Method.

These consist of "short-cuts" by which it is sought to simplify and shorten the test, so that the rigour of all the original controls is in a measure evaded. It is claimed for them that they obviate the practical difficulty of obtaining guinea-pig's and, in the case of some of them, sheep's blood; that they save time, yield results of sufficient clinical accuracy and are, in some forms, more "delicate" than the original method.

The general principle underlying the modifications is that either complement or hæmolytic amboceptor or both, and sometimes even the red corpuscles, are derived from the specimen of blood tested. Three different types of modification have been considered by the Sub-Committee.

(1) The method of *Hecht*, which is substantially identical with that of *Fleming*. The only difference is that Fleming uses very small quantities of the ingredients, while Hecht uses larger amounts.

In these methods sheep's corpuscles are used, and the hæmolytic amboceptor for sheep's corpuscles, which is naturally present in most human sera, is employed. The complement also is derived from the blood tested.

(2) The methods of *Emery* and of *Stern*. In these use is made only of the complement in the blood tested. The two methods are alike in general principles, but while Stern employs the ordinary hæmolytic system directed against sheep's corpuscles, Emery uses a special hæmolytic system directed against human corpuscles.

(3) The method of *Birt*. This also uses the complement from the blood sample, and the suspension of corpuscles for each test is made from the cells contained in the tested sample, the tested serum being the suspending material.

The Sub-Committee offers the following criticisms upon these short-cuts:—

(1) *As regards the Methods of Fleming and of Hecht.*—These do not sufficiently allow for variations in the natural hæmolytic power of human serum against sheep's corpuscles, and especially for variations in the "keeping power" of individual sera in regard to the hæmolysin. The controls appear insufficient—for instance, as regards varying sensibility of the complement to deviation. Lastly, the serum must be free from hæmoglobin, and this renders the conditions for obtaining and transmitting the blood too stringent for ordinary practice.

(2) *As regards the Methods of Emery and Stern.*—These do not allow for natural variations in the amount of complement present or for variations in its "keeping power." They further take no account of non-specific binding by unheated sera.

Emery purposely uses a large dose of antigen, leaving, in the opinion of the Sub-Committee, too small a margin between the amount of complement absorbed in a normal serum and the total amount which is present in the serum. In a non-syphilitic serum which was weak in complement a positive reaction might conceivably be obtained. He regulates also the amount of serum to be tested by its titre in complement, so that the amount used, and hence the "Wassermann substance," must vary inversely with this.

* The Commission are indebted to the Royal Society of Medicine for permission to reproduce this Report.

A further objection to Emery's method lies in the difficulty in preparing an anti-human amboceptor. Unless the corpuscles used in immunising the animal are washed wholly free from traces of serum, a precipitin reaction may be introduced, rendering the serum liable to yield fallacious results. This amboceptor, moreover, cannot be obtained in commerce, at least in adequate strength.

The last objections do not hold good for Stern's method, which is perhaps the most convenient of the modifications, because it can be carried out with the same materials as the original method. One member of the Sub-Committee has had considerable experience of this method, but he deems it somewhat too "delicate" for diagnostic use, being liable to give a positive result with exceptional samples of normal sera.

(3) *As regards Birt's Method.*—Here, except that the antigen is weaker, the same objections hold good as have been mentioned in the case of Emery's method. It presents the further disadvantage that the suspension of corpuscles is an inconstant one, and that the amount of serum tested must vary inversely with its strength.

III.—General Conclusions.

The Sub-Committee is prepared to accept the claims of the authors of these various modifications of the original Wassermann method that in their hands, each habitually obtains results which appear reliable, and that certain of the modifications are as delicate, if not more so, than the original method—using the term "delicate" in the sense of detecting smaller amounts of the Wassermann substance in the blood. But the practical issue, upon which the opinion of the Sub-Committee is sought, is whether any of these short-cuts can be held to replace the rigour of the original Wassermann method. The Sub-Committee is not satisfied that this is so, and in support of this opinion they would urge the following considerations:—

(1) In the first place they would point out that the Wassermann test is required for two different purposes—(a) the *diagnosis* of syphilis in a doubtful case, and (b) the *control of treatment* in persons known to be syphilitic.

As regards diagnosis it must be remembered that the "Wassermann substance," which gives the reaction, and the nature of which is not yet clearly understood, is possibly present, in minute amount, in normal blood. A technique which is too delicate, in the sense of detecting too minute amounts of this substance, may thus lead to errors in diagnosis, especially where it is

not subject to the fullest controls. It may lead to similar error in a serum which in itself chances to possess anti-complementary powers.

But when a patient is under treatment it may be desirable to recognise the last traces of "Wassermann substance" in his blood, and for this purpose the more delicate test the better. A test which is "hyper-sensitive," and, therefore, unsuited for diagnostic use, may under such circumstances be a useful control in treatment. In this connection it may be remarked that it is quite a simple matter to make the original method more "delicate." This object may be attained by increasing the relative quantity of either antigen or corpuscles, or by diminishing the relative quantity of either hæmolytic amboceptor or complement. In the original method the worker is acquainted with the titre of all his reagents, and can, at his discretion under any special circumstances, render the reaction more or less "delicate," *i.e.*, he can alter his standard for a positive reaction.

(2) In the second place it must be borne in mind that the favourable results, obtained by many of the authors of the short-cuts embodied in the modifications of the original test, have been reached under the relatively ideal conditions of well-equipped laboratories, and blood taken under their immediate auspices. The need for elaborate controls is thus minimised. But the method best suited for general use is that under the best control, and this is where the original Wassermann method betrays its superiority. For general purposes the test must be available for blood collected many days beforehand, perhaps by unskilled persons, and often sent through the post.

The Sub-Committee is fully alive to the fact that, in the present state of our knowledge, the Wassermann reaction is an empirical one. There is every reason for hoping that it may eventually be brought within the domain of exact physical chemistry and reduced to a simple chemical test. But it is the opinion of the Sub-Committee that until this is so, the original Wassermann test, with its full controls, is the best adapted for the general use, though it may be supplemented, for the control of treatment, by more sensitive short-cuts, that is, by those admittedly likely to yield a large percentage of positive reactions.

Signed, for the Sub-Committee,

F. W. ANDREWEES, M.D., F.R.C.P.
(Chairman).

President of the Section of Pathology.

December 21st, 1914.

APPENDIX XXII.

MEMORANDUM ON THE RESULTS OF TREATMENT OF VENEREAL DISEASES IN THE ROYAL NAVY.

MEMORANDUM HANDED IN BY SURGEON G. B. SCOTT, R.N.

The Number of Cases treated by Salvarsan and Neo-Salvarsan, and the Number of Injections given.

The Number of Injections per Case.	Salvarsan.		Neo-Salvarsan.	
	The Number of Cases.	Total Number of Injections	The Number of Cases.	Total Number of Injections.
1	295	295	50	50
2	1,929	3,858	305	610
3	636	1,908	810	2,430
4	110	440	25	100
5	34	170	3	15
6	6	36	—	—
Totals -	3,010	6,707	1,193	3,205

Total number of cases treated - - 4,203
Total number of injections given - 9,912

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Dose.

Salvarsan.—

Maximum for one injection, 0·6 gramme

Usual for one injection, 0·5 or 0·6 gramme.

Neo-Salvarsan—

Maximum for one injection, 0·9 gramme.

Usual for one injection, 0·6, 0·75, or 0·9 gramme.

The dose varied according to the weight and general condition of the patient, some receiving less than the amounts given above.

Interval between Injections.

The average time allowed between injections was eight days.

The smallest interval was six days for neo-salvarsan, and seven days for salvarsan,

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WASSERMANN REACTIONS OF 1,169 CASES TREATED BY SALVARSAN AND NEO-SALVARSAN.

Number of Months since Injec- tions.	Primary.						Secondary.						Tertiary.					
	No. of Injections.						No. of Injections.						No. of Injections.					
	1.		2.		3.		1.		2.		3.		1.		2.		3.	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
3	2	-	6	14	1	5	3	1	18	38	17	9	-	1	11	9	5	2
4	-	-	4	11	2	6	2	1	44	57	8	15	1	1	21	4	4	6
6	-	1	9	13	3	4	2	1	53	75	10	23	3	1	11	12	14	4
8	-	-	4	11	1	7	3	2	45	60	8	17	1	-	19	7	2	-
10	2	-	3	13	-	4	4	2	24	45	4	9	-	-	10	5	1	2
12	1	-	4	15	-	5	3	1	37	43	-	8	-	-	15	7	4	-
16	-	-	1	7	-	2	4	1	27	39	2	1	-	1	10	7	1	2
20	2	-	1	2	-	-	-	1	4	12	-	1	-	-	4	2	-	1
24	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-
28	-	-	-	-	-	-	-	4	1	-	-	-	-	-	-	-	-	-
Totals -	7	1	32	87	7	33	21	14	253	370	49	83	5	4	101	54	31	17

These cases received mercury treatment for a period of at least three months after the salvarsan injections.

SUMMARY.

Primary Syphilis.—

After one injection, 8 cases, 87.5 per cent positive, 12.5 per cent negative

After two injections, 119 cases; 26.8 per cent. positive, 73.2 per cent negative.

After three injections, 40 cases, 17.5 per cent. positive, 82.5 per cent negative.

Secondary Syphilis—

After one injection, 35 cases, 60 per cent. positive, 40 per cent. negative.

After two injections, 623 cases, 40.6 per cent. positive, 59.4 per cent negative.

After three injections, 132 cases, 37.1 per cent positive, 62.9 per cent. negative.

Tertiary Syphilis.—

After one injection, 9 cases; 55.5 per cent. positive, 44.5 per cent. negative.

After two injections, 155 cases; 65 per cent. positive, 35 per cent negative

After three injections, 48 cases; 64.6 per cent. positive, 35.4 per cent. negative.

Total number positive.—506; 43.3 per cent.

Total number negative.—663; 56.7 per cent.

Adding to these the reactions of 1,249 cases which were not divided into "periods of disease" or "number of injections received," but which were carried out between 3 and 24 months after treatment by salvarsan or neo-salvarsan, the following figures are obtained:—

Positive, 1,195. Negative, 1,223, or 49.4 per cent. positive and 50.6 per cent. negative.

WASSERMANN REACTIONS OF 575 CASES TREATED AT DEFINITE PERIODS OF SYPHILIS BY SALVARSAN AND NEO-SALVARSAN.

Chatham Series.

Number of Months since Injections	Primary with Negative Wassermann.				Primary with Positive Wassermann.				Secondary treated during the 1st Year.				Syphilis treated after the 1st year.									
	Number of Injections given.																					
	2.		3.		1.		2.		3.		1.		2.		3.							
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-						
3	-	2	-	1	1	-	5	9	1	2	3	1	8	3	1	3	-	-	10	6	4	2
4	-	-	-	-	-	-	4	7	1	5	2	-	8	13	1	6	1	1	19	4	2	6
6	-	3	-	3	-	-	6	7	3	2	1	1	17	20	2	15	3	1	10	12	14	3
8	1	3	-	1	-	-	2	5	-	4	3	2	10	16	3	12	1	-	17	5	2	-
10	-	1	-	3	2	-	1	8	-	3	4	1	9	13	2	9	-	-	9	3	1	2
12	-	2	-	2	1	-	3	11	-	2	3	1	13	10	-	8	-	-	14	6	4	-
16	-	3	-	-	-	-	1	1	-	-	4	1	5	7	2	1	-	1	9	7	1	2
20	-	-	-	-	2	-	1	2	-	-	-	1	1	4	-	1	-	-	4	2	-	1
24	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-
28	-	-	-	-	-	-	-	-	-	-	-	4	1	-	-	-	-	-	-	-	-	-
	1	14	-	10	6	-	23	51	5	18	20	12	72	87	11	55	5	3	92	46	28	16

These cases all received mercury for from 3 to 12 months. The interval between injections was 7 days

SUMMARY.

Primary Syphilis with Negative Wassermann Reaction:—

After two injections, 15 cases; 6.6 per cent. positive, 93.4 per cent. negative.

After three injections, 10 cases, 100 per cent. negative.

Primary Syphilis with Positive Wasserman Reaction:—

After one injection, 6 cases; 100 per cent. positive,

After two injections, 74 cases; 31 per cent. positive, 69 per cent. negative.

After three injections, 23 cases; 21.7 per cent. positive, 78.3 negative.

Secondary Syphilis treated during the First Year of the Disease:—

After one injection, 32 cases; 62.5 per cent. positive, 37.5 per cent. negative.

After two injections, 159 cases; 45.3 per cent. positive, 54.7 per cent. negative

After three injections, 66 cases; 16.6 per cent. positive, 83.4 per cent. negative.

Syphilis treated after the First Year of the Disease:—

After one injection, 8 cases; 62.5 per cent. positive, 37.5 per cent. negative.

After two injections, 138 cases, 66.6 per cent. positive, 33.4 per cent. negative.

After three injections, 44 cases; 63.7 positive, 36.3 per cent. negative.

Total positive, 263; total negative, 312.

TABLE showing the Number of Cases which gave Negative WASSERMANN Reactions after Treatment by SALVARSAN or NEO-SALVARSAN, but which have since become Positive between Four and Twenty Months after Treatment:—

Stage of Disease.	Number of Injections Given.	Number Originally Returned as Negative.	Number which have since become Positive.	Percentage of Wassermann Relapses.
Primary with negative re-action.	1	—	—	—
	2	15	1	6.6
	3	10	—	—
Primary with positive re-action.	1	4	4	100.0
	2	57	6	10.5
	3	18	—	—
Secondary treated during the 1st year.	1	13	1	7.7
	2	100	13	13.0
	3	58	3	5.2
Treated after the 1st year of disease.	1	3	—	—
	2	56	10	18.0
	3	17	1	5.9
Total	—	351	39	11.1

CLINICAL RELAPSES.

Stage of Disease.	Number of Injections Given.	Number of Cases that have Treated.	Number Relapsed.	Percentage of Clinical Relapses.
Primary syphilis	1	4,203	—	3.2
	2		4	
	3		—	
4	—			
Secondary and late syphilis.	1	50	3.2	
	2	74		
	3	7		
	4	1		
Total	—	136		

The incidence of relapses for all cases is as follows—

After one injection 14.5 per cent, after 2, 3.4 per cent, and after 3, 0.48 per cent.

RESULTS OBTAINED BY A SECOND COURSE OF SALVARSAN

Of 67 cases that received a second course of two or more injections of salvarsan or neo-salvarsan, 47 were positive and 20 negative, three or more months after treatment.

That is positive, 70.2 per cent., negative, 29.8 per cent.

RE-INFECTIONS AFTER TREATMENT BY SALVARSAN.

Five cases of re-infection occurred after treatment for primary syphilis by two injections of salvarsan and mercury

MORTALITY.

Number of cases treated, 4,203.

Number of injections given, 9,912.

Two deaths have occurred due to neo-salvarsan, and one followed the second injection of salvarsan.

The latter case was complicated by the presence of diphtheria, and cannot definitely be said to have been due to treatment

These cases were reported in the British Medical Journal of November 22nd, 1913.

EPILEPTIFORM CONVULSIONS.

Three cases are reported.

The convulsions started suddenly 58 hours after the second injection, and consciousness was not regained for 12 or more hours.

Venesection was carried out in each case with extremely beneficial results, the average amount of blood allowed to flow away being 20 ounces.

Two of these cases were reported by me in the British Medical Journal of November 22, 1913.

NERVE AFFECTIONS.

Several cases of "neuro-recurrence" occurred after one injection of salvarsan when the treatment was first started. They were, in my opinion, due to insufficient treatment and none have been reported for more than a year.

WASSERMANN REACTIONS of 504 CASES after TREATMENT by MERCURY INJECTIONS.

Number of Injections given.

12.		20.		30.		40.		50-60.		80-100.	
Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
105	27	118	33	48	17	50	30	44	15	14	3

Percentage.

79.5	20.5	78	22	74	26	62.5	37.5	74.5	25.5	82	18
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Total number of cases positive, 379, negative, 125.
Positive, 75 per cent., negative, 25 per cent.

WASSERMANN REACTIONS of 537 CASES treated with MERCURY given by the MOUTH only.

The number of years under treatment.

1.		1½.		2.		2½.		3.		4.	
Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
38	12	48	20	202	81	28	10	49	15	19	15

Percentage.

76	24	70.5	29.5	71	29	75	26	77	23	56	44
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Total number of cases positive 384; negative, 153.
Positive, 71.5 per cent.; negative, 28.5 per cent.
Of 68 cases treated by mercury injections, and by the mouth, 48 gave positive and 20 negative reactions after two years' treatment.
Positive, 70.5 per cent., negative, 29.5 per cent.

SUMMARY OF THE RESULTS OF MERCURY TREATMENT.

The reactions of 1,109 cases were obtained, and of these 811 were positive, and 298 negative.
Positive, 73 per cent., negative, 27 per cent.

COMPARATIVE VALUES OF DIFFERENT FORMS OF TREATMENT

- (1) Salvarsan or neo-salvarsan with mercury.
- (2) Mercury alone

Clinical relapses occurring within two years:—

Under the first as far as it has been possible to ascertain, only 3.2 of cases have relapsed.

I consider that 10 per cent. would be a maximum figure

I have not been able to accurately determine the number of relapses under mercury alone. In my opinion it is about 50 per cent.

Time sick in hospital and on board ship:—

In 1909 the number of days sick per man was 33.4.

In 1912 the number of days sick per man was 30.9.

This shows a reduction of 2.5 days per man sick.

There were 3,459 cases of syphilis in 1912.

In the year 1909 no salvarsan treatment was carried out in the Navy, and therefore $3,459 \times 2.5 = 8,647$ days' sickness may be said to have been saved by its employment in 1912.

As this deals with the times sick on board, and salvarsan was not issued to the ships, this is not a fair estimate of its value. At Chatham Hospital the average number of days sick for syphilitic cases was only 22 during 1912.

In future years the reduction of the total number of days' sickness, brought about by fewer relapse cases, will show the value of salvarsan treatment far more effectively.

Results judged by Wassermann's reaction:—

Examination of the tables will show that even after two years' treatment by mercury the number of positive reactions is greater than a short period of salvarsan combined with mercury has given.

More especially is the improvement obvious in early syphilis.

The number of cases invalidated:—

In 1909 the ratio per 1,000 of strength was 0.94.

In 1912 the ratio per 1,000 of strength was 0.69.

This reduction in the number of men invalidated for syphilis is very marked, but the full effect of salvarsan cannot be seen yet, as the failures of mercury treatment are still apparent in para-syphilitic and other nerve affections, necessitating discharge from the service.

COMPARATIVE VALUES OF SALVARSAN AND NEO-SALVARSAN.

Effect on Wassermann's Reaction.

Salvarsan:—

Number of cases, 2,418. Positive, 49.4 per cent.; negative, 50.6 per cent.

Neo-Salvarsan:—

Number of cases, 301. Positive, 48.8 per cent.; negative, 51.2 per cent.

(Note.—These reactions were carried out three or more months after treatment.)

Opinions differ as to their value in clearing up active disease, and in their relative toxicity.

The differences, if any, are extremely small; only a very large and carefully recorded series of cases will determine their relative toxic properties.

Neo-salvarsan being less stable than salvarsan must be used with more care.

It is too early to compare the number of clinical relapses following the employment of these drugs. I have seen no indication leading me to think that the one has a better curative effect than the other.

COMPARATIVE VALUES OF MERCURY GIVEN PER ORAM AND BY INTRAMUSCULAR INJECTION.

Reference to page will show that when judged by Wassermann's reaction there is no difference in the curative effect of the two methods.

The advantages of injections are two.—

(1) The medical man knows that the patient is taking the drug and can observe fairly accurately whether or not it is absorbed.

(2) Less trouble to the patient.

I consider that inunctions of mercury are more powerful than either of the above forms of administration.

This method cannot, however, be employed for long periods

SYPHILIS AND MENTAL DISEASE IN THE ROYAL NAVY.

Evidence to show that mental disease is largely caused by syphilis:—

(1) Incidence of positive Wasserman.

Number of Cases in the Mental Wards tested by Wassermann's Reaction.	Number giving Positive Reactions.	Number giving Negative Reactions.	Percentage.	
			Positive.	Negative.
108	44	64	Per cent. 47.4	Per cent. 52.6

History of the positive cases.

Number.	Date of Infection.	Treatment.
35	Nil	Nil.
1	1908	Three years pills and injections of mercury.
2	1909	Two years on mercury pills.
1	1906	Three injections of salvarsan and mercury for one year.
2	1907	Six months on mercury pills.
1	1906	One month on mercury pills.
1	1897	Nil.
1	1907	Nil.

Where the date of infection is put down as "nil," it was either very indefinite, or, according to the patient, actually nil. Some admitted gonorrhœal infection and others thought that they had had a venereal sore some years ago.

(2) *Absolute and relative reduction in the incidence of Syphilis and Mental Disease in the last 10 years (1902-1911).*

Period of Five Years.	Mental Disease.		Primary and Secondary Syphilis.			Average Strength per Year.
	Average Case Ratio per Year per 1,000.	Total Cases in Five Years.	Average Case Ratio per Year per 1,000.	Average Number of Cases per Year.	Average Number of Days Sick per Year.	
1902-1906	1.078	571	53.23	5,659	183,297	106,498
1907-1911.	0.582	331	36.62	4,102	138,104	112,256

INCIDENCE OF EXTRA-GENITAL CHANCRES.

Out of 1,100 cases of syphilis treated by me at Chatham eight had extra-genital chancres.

Distribution.

Lip - 3 Chin - 1 Finger - 2
Abdomen - 1 Buttock - 1

These figures are of value in showing that this is not a common method of contracting the disease, where precautionary measures are taken.

INCIDENCE OF "CHANCROID."

Chancroid is a term used in the "Statistical Report of the Health of the Navy" to denote a venereal sore which has not been shown to be syphilitic.

Between August 1911 and September 1913, 302 cases were admitted to Chatham Hospital diagnosed as "chancroid" or "venereal sore of doubtful nature."

While in hospital 255 of these proved to be syphilitic.

Method of Diagnosis.

- (1) Demonstration of spirochæte.
- (2) Positive Wassermann reaction.
- (3) Development of secondary signs of syphilis.

Forty-seven cases were sent to duty with the diagnosis unaltered.

These sores could not be clinically diagnosed as "hard chancres," and therefore it may be said that about 85 per cent. of these soft sores or "chancroids" are really primary syphilis, or mixed infections.

PREPARATION OF MERCURY CREAM FOR INTRAMUSCULAR INJECTION.

Method carried out at Haslar Hospital.

Main points of an ideal cream:—

- (1) The mercury must be in an extremely fine state of subdivision.
- (2) The basis should be sufficiently fluid at ordinary temperatures to work freely in the syringe and needles, but viscid enough to suspend the metal.
- (3) There should be no abrupt transition on warming from the fairly solid to the liquid state.

Formula of cream issued to the Royal Navy:—

Mercury - - - - 20 parts }
Anhydrous lanoline - - 30 " } by weight.
Chlorbutol - - - - 2 " }

And liquid paraffin up to 100 parts by measure.

This contains one grain of mercury in five minims.

Preparation.—Redistilled mercury is purified by allowing it to flow in a thin stream through a long column of nitric acid. It is then washed in distilled water and filtered through chamois leather. The lanoline is sterilised by heat and filtered. One part of lanoline is placed in the mill and two parts of mercury added gradually as the globules disappear. Trituration is continued until a small portion examined under a microscope shows the mercury to be properly subdivided.

This paste is cautiously heated in a porcelain dish with the remainder of the proper proportion of lanoline, being finally diluted to the definite required measure with sterilised paraffin, in which the chlorbutol has been dissolved. It is then strained through sterile white gauze and poured into bottles of 2 oz. capacity ready for use.

APPENDIX XXIII.

VENEREAL DISEASE AND ITS TREATMENT IN THE ARMY.

(Statement of Evidence handed in by Lieut.-Colonel Gibbard, R.A.M.C.)

Chief Causes of Decrease in the Army.

- (1) Improved methods of treatment.
- (2) Lectures and individual talks on the subject; the dangerous consequences of contracting the disease, immediate and remote, being pointed out.
- (3) Increased temperance.
- (4) Increased attractions in barracks. In most barracks now there are comfortable reading and recreation rooms, whereas years ago it was a question of an unattractive barrack-room, the canteen, or town. Greater encouragement is now given to sports and out-

door games, the soldier's mind and time being more occupied with recreation, &c. than was the case some years ago. It is now less difficult for regiments to join civilian cricket, football and hockey clubs and leagues, on account of these in many places now allowing an incoming regiment to take up the engagements of an outgoing regiment.

(5) In India, the provisions of the Cantonment Act have contributed to some extent to the reduction. In the stations in which I served in India, I cannot say, so far as my own personal experience is concerned, that the Cantonment Act was the cause of any marked

lessening of venereal diseases amongst British troops. The interpretation and method of carrying out the Act probably varies in different cantonments.

In this connection it is interesting to note that there has been a gradual reduction in these diseases amongst Native troops, coincident with that amongst British troops, which rather points to decreased prevalence generally than to the influence of the Cantonment Act.

TABLE 1.

Year.	Admission Ratio per 1,000 of Strength.	
	British Troops in India.	Native Troops.
1900 - - -	298.0	42.5
1901 - - -	276.0	34.3
1902 - - -	281.4	32.8
1903 - - -	249.6	24.5
1904 - - -	200.3	20.6
1905 - - -	154.3	19.6
1906 - - -	117.3	16.2
Statistics for subsequent years not available.		

It will be noticed that these diseases are much less prevalent amongst Native than British troops; the disparity is probably due to the fact that the majority of the former are married and get home frequently; they also indulge less in alcoholic drinks.

(6) Education. The standard for qualification to the higher ranks has been raised; consequently more time is spent at studies, and those wishing to qualify have less leisure.

Of the causes mentioned above, probably improved methods of treatment and lectures have been the most important.

Prevention of the spread of Venereal Diseases amongst the Civil Population.

The points of importance under this heading are.—

- (1) Lectures to enlighten the public regarding venereal diseases.
- (2) Temperance.
- (3) Early diagnosis and treatment.

1. Lectures to enlighten the public regarding venereal diseases are of great importance as a means of prevention.

Many cases are contracted through ignorance of very grave dangers of venereal diseases, or even of their existence. Information on these matters should be spread amongst the general public. I would suggest that arrangements be made for selected medical men to give lectures, illustrated by kinema-colour photographs, in large towns. The photographs should be carefully selected and nothing of a sexual nature should be shown. Such lectures should be arranged for by all large employers, colleges, &c.

The opportunity should be taken to impress on the public the importance of seeking medical advice on the first suspicion of the disease and of not consulting chemists or quacks.

2. Temperance should be encouraged. There is no doubt, as many patients state that many contract the disease whilst under the influence of drink who would not otherwise have done so, as they then fall an easy prey to the first bad woman they meet.

The following table, taken from the Report on Venereal Diseases amongst British Troops in India for the year 1906, illustrates this point:—

Year.	Daily Consumption of Beer per Head of Drinking Men. (British Troops).	Actual Number of Admissions for Alcoholism.	Admission Ratio per 1,000 of Strength for Venereal Diseases.	Admission Ratio per 1,000 of Strength for Alcoholism.
1901	2 quarts	267	4.4	276.0
1906	2½ pints	170	2.4	117.3

The table shows that the daily consumption of beer per head of drinking men (British troops in India) fell from 2 quarts in 1901 to about 2½ pints in 1906; the admission rate per 1,000 of strength for alcoholism fell from 4.4 to 2.4, and the ratio of venereal diseases from 276 to 117 per 1,000.

3. Early Diagnosis and Treatment.—The importance of early diagnosis and prompt treatment is shown by the following table, which gives the percentage of relapses which followed when treatment with salvarsan at the Military Hospital, Rochester Row, was commenced in the primary and secondary stages respectively.

TABLE 2.

NUMBER OF RELAPSES WHICH OCCURRED WHEN SALVARSAN TREATMENT WAS COMMENCED IN THE PRIMARY AND SECONDARY STAGES RESPECTIVELY.

Period of Observation from Date of Last Injection.	Stage of Disease at which Treatment commenced.	Total Cases.	Relapses.				Percentage of Total Clinical and Wassermann Relapses.
			Clinical.		Wassermann without Clinical Symptoms.		
			Actuals.	Per-centages.	Actuals.	Per-centages.	
Twelve months	Primary - -	70	3	4.2	5	7.1	11.4
	Secondary - -	130	10	7.6	34	26.1	33.8

It will be seen that the advantage of commencing treatment early was especially well marked in the Wassermann reaction, 7.1 per cent. compared with 26.1 per cent. in the 12 months' period; though the proportion of clinical relapses was also much smaller in the primary than the secondary cases, 4.2 per cent. compared with 7.6.

Of 62 consecutive cases of primary syphilis treated with salvarsan at the Military Hospital, Rochester Row, during the last 18 months, which have been under

observation for periods varying from six to nine months from completion of treatment, none have developed secondary symptoms, all except three have given a persistently negative Wassermann reaction, only one case relapsed and that nine months after completion of treatment (probably a reinfection).

In my opinion, if efficient treatment is carried out in the primary stage, syphilis can be abated in the vast majority of cases.

Our experience at Rochester Row will serve to show what can be done by educating men to look with suspicion on every venereal sore, no matter how trivial, and seek medical advice early. From a large number of syphilis case sheets examined we have found that in the army generally for every soldier who commences treatment in the primary stage, five do so in the secondary stage. At the Military Hospital, Rochester Row, we have during the last three years urged soldiers to seek medical advice early, pointing out how easy it is to diagnose syphilis with a microscope even if the sore is nothing more than a slight abrasion, and that with salvarsan treatment the prognosis is so much better in the early primary stage.

The result has been that instead of the proportion of men reporting sick being one primary to five secondary, it has fallen to one primary to one secondary.

The successful results obtained by salvarsan are considered by some as likely to lead to an increase of reinfections, as the disease being so easily cured may be dreaded less. This has not been found to be the case at Rochester Row. Experience has shown that patients seeing the severe forms of the disease in some cases are thereby alarmed, and thus deterred from running any risk of reinfection.

Syphilis is chiefly spread during the early (primary and secondary) stages of the disease, when the spirochæta pallida are present in great numbers. Early diagnosis and treatment are therefore of the greatest importance, especially now that the methods of diagnosis are so good, and that salvarsan renders the patient non-infectious in 24 or 48 hours.

The methods of diagnosis I refer to are demonstration of the spirochæta pallida and the Wassermann test. To carry out the former it is only necessary to lightly scrape the margin of the sore, squeeze its base

so as to promote the flow of serous fluid, run some of the serum into a glass capillary tube, seal the ends of the tube with a flame, and send to the pathologist at the appointed institute, where he will either examine it by means of the dark ground illumination, or in films.

To take a specimen of blood for the Wassermann test, a rubber band is fastened round the upper arm so as to make the veins stand out, the skin over a prominent vein is sterilized by painting with tincture of iodine, an anti-toxin syringe needle is put into the vein, about 10 c.c of blood is collected in a clean test tube and set on one side to allow the clear serum to separate. After 24 hours the serum is collected in a small glass capsule, the ends of which are sealed in a flame, and it is ready to send to the pathologist for examination.

As Major Harrison points out, the Wassermann test enables a diagnosis of syphilis to be made from three weeks to a month earlier than any assistance could be derived from clinical methods.

As regards Treatment.—Mercury or salvarsan can be used, or a combination of both. Salvarsan is expensive but its great value is undoubted. In order to make a comparison between salvarsan and exclusively mercurial treatment at Rochester Row, we examined the syphilis case sheets of the Brigade of Guards which were returned to the War Office in the years 1906 to 1912. We extracted from the sheet of each case which had been regularly and efficiently treated with mercury for at least a year, either by intramuscular injections or inunctions, particulars as to the stage at which treatment commenced, the total relapses, and the total days lost in hospital and attending as an out-patient. The results are given in Table 3, which also gives the total number of relapses which followed a combined course of two intravenous injections of salvarsan and nine intramuscular injections of mercury, as well as the total number of days lost in hospital and attending.

TABLE 3.

TOTAL RELAPSES AND AVERAGE TIME LOST BY EACH SOLDIER IN HOSPITAL AND ATTENDING AS AN OUT-PATIENT UNDER TREATMENT WITH MERCURY AND WITH MERCURY AND SALVARSAN RESPECTIVELY, DURING THE FIRST YEAR.

Treatment.	Total Cases.	Average Number of Days in Hospital on First Admission.	Clinical Relapses.				Percentage of Clinical Relapses.	Average Time Lost by each Man in Days.		
			Once only.	Twice only.	Three or more Times.	Total Number which Relapsed.		In Hospital	Attending as an Out-Patient.	Total.
Mercury alone	378	42.0	151	115	49	315	33.0	66.2	17.6	83.8
Mercury and Salvarsan.	152	23.2	6	0	0	6	3.9	25.2	15.8	41.0

Compare the percentage of clinical relapses:—33.0 per cent. in cases treated with mercury only, and 3.9 per cent. in cases treated with salvarsan and mercury. Compare also the number of days lost by each soldier in hospital—an average of 66.2 days in cases treated with mercury only, as compared with 25.2 days in cases treated with salvarsan and mercury.

As regards the safety of salvarsan. I may remark that we have now given over 3,000 intravenous injections of the drug at the Military Hospital, Rochester Row, and have had no fatality. Possibly there is an idiosyncrasy to the drug in very exceptional cases, but this does not appear to become dangerous unless the salvarsan is repeated at too frequent intervals.

We therefore seldom repeat full doses at intervals of less than one month. The risk of more frequent repetitions is probably very small, but there is no object in running any risk if as good results can be obtained by intervals of a month or five weeks, with mercurial injections between.

Cranial nerve disturbances have been reported as having occurred after the use of salvarsan. Any cases

of the kind which we have seen at Rochester Row appear to have been due to the use of too small doses, the nerve disturbances being due to syphilis and not the remedy. In my opinion salvarsan is a sufficiently safe remedy to justify its routine use in the treatment of syphilis, but it should be administered only by those who are thoroughly acquainted with its contraindications and technique.

To arrange for early diagnosis and treatment in the case of the poorer classes, the following points require attention:—

- (1) The patient must know the importance of seeking advice and having the sore examined as early as possible, before the disease has become general. The necessity for this should be impressed on the public at the lectures I have suggested.
- (2) Arrangements must be made by the local Public Health Committee for Institutes where microscopical examinations and blood tests can be carried out by experts free of charge. Instead of the name and address of the

patient being sent with the specimen, a number should be used, as any form of notification would lead to concealment of the disease.

- (3) The medical practitioner consulted must know how to take a specimen of serum from a sore to send to the appointed institute. He must also know how to take, and put up ready to send by post if necessary, a specimen of blood serum for the Wassermann test to the appointed institute.

More attention should be given to these matters at the medical schools, and medical practitioners should be recommended to visit schools of medicine, or the appointed institutes with a view to learning how to carry out these methods.

Special courses of instruction in venereal diseases should be given to medical students at schools of medicine and at post-graduate classes. To enable this to be done, there should be at each medical school a specialist on the subject, who would be able to instruct in the most modern methods of diagnosis and treatment of venereal diseases. The necessity for this has been recognised in the army, all officers of the Royal Army Medical Corps undergoing instruction at the Royal Army Medical College being sent to the Military Hospital, Rochester Row, for instruction.

- (4) Should the spirochæta pallida be found in the specimen sent to the institute, arrangements should be made for a combined course of salvarsan and mercury. After each injection of salvarsan the patient should stay in bed for 18 hours.

In treating the poorer classes the drug would have to be administered at, and the patient detained in, a hospital. Mercurial treatment (preferably by intermuscular injection, which only necessitates one attendance a week) would be carried out in the out-patient department.

Every general hospital therefore should (a) arrange to detain for 24 or 48 hours cases of syphilis requiring salvarsan; also to admit cases whilst in a contagious condition.

(b) Reorganise the out-patient department so as to give patients every facility for early diagnosis and treatment, the department (which should not be called "venereal") being kept open at hours suitable to the working classes.

No discrimination (beyond marked clothing, linen, cutlery, table utensils, baths and w.c.'s) should be made between venereal and other patients at general hospitals; syphilis in particular is a depressing disease and patients suffering from this require as cheerful surroundings and as good food as others. The patient is sufficiently punished by his own bodily and mental suffering; chaplains have called attention to the depressed and morbid condition shown by many venereal patients, due to their feelings of shame and disgrace. Venereal patients feel very much more acutely than is supposed the stigma attaching to their disease, and the shame that their friends and family know of their condition.

Special Hospitals for these diseases are not to be recommended, on account of the disgrace that attaches to being treated as such.

Gonorrhœa.—The treatment of this disease requires more attention. It is deplorable how lightly civilians, in their ignorance, view this disease. Cases occur of patients being permanently incapacitated for life owing to gonorrhœal rheumatism; stricture and other grave affections are also apt to result. The fact that absence of discharge does not necessarily imply cure is also not known.

Thorough cure (absence of gonococci on prostatic massage) is very necessary, otherwise the gonococci may remain latent for years and be passed with sad results to the wife or child.

Early and thorough treatment are as important in the case of gonorrhœa as syphilis; this fact, also the serious consequences which are otherwise apt to result, should be made known to the public at the lectures suggested above. Special arrangements should be made for the treatment of gonorrhœa in out-patient departments of general hospitals, which should be open at hours suited to the working classes.

APPENDIX XXIV.

STATEMENT OF EVIDENCE handed in by MR. FRANK KIDD, F.R.C.S., Assistant Surgeon, London Hospital, Member of the International Association of Urology, Collaborator on the *Zeitschrift für Urologie*, Membre de l'Association Française d'Urologie, assisted in the collection of Statistics by E. C. Lindsay, F.R.C.S., G. E. Neligan, F.R.C.S., A. Gordon Luker, F.R.C.S., Ed.

I propose to confine my evidence to the subject of urethritis, which includes gonorrhœa, and to approach the problem as a surgeon and teacher at a general hospital.

Certain figures which will be referred to in the text are based on the analysis of 100 private cases of urethritis and 80 hospital cases taken consecutively

Introduction.

The urethra is by nature fitted to resist the ascent of bacteria; but one bacterium, the gonococcus of Neisser, has so adapted itself that it is able to ascend this tube successfully. Certain other germs do ascend the urethra, but less commonly. In the series of 100 consecutive cases of urethritis, a gonococcus was found in 84 cases, a streptococcus in 5 cases, a staphylococcus in 11 cases.

Implantation.—The gonococcus is implanted during the act of coitus, just inside the urethra. Any other method of implantation is so rare as to be a curiosity. In 100 cases, only one was met with in which it was possible to prove that the germ had been inoculated from drying the parts with an infected towel. I have never met with a case contracted from a watercloset.

Incubation.—The gonococcus lies apparently dormant for a period of two to seven days (incubation period), during which time it is in reality multiplying itself until it becomes many myriads of germ (In 180 cases the average incubation period was 7 days, the shortest 1 day, the longest 21 days.)

At the end of the incubation period the germs now present in vast quantities elaborate poisonous bodies which irritate the tissues and set up inflammation. As a result, an exudation is poured out of the blood-vessels into the urethra, which exudate appears at the opening of the urethra as a yellow purulent discharge. The urine passing over the inflamed urethra causes pain. These two facts inform the victim that he has contracted the disease.

During the incubation period the victim does not know that he or she has any infection, and in many cases I have records that connections with other persons have taken place during this period, with consequent spread of the disease. In this way married men or women who have gone astray have given the disease to their wives or husbands by going with them during the incubation period before they have realised that they are in fact infected and infectious. In 180 cases, 24 married men were found, six of whom had

thus given it to their wives. Of these 24 married men it was known that 15 had contracted it from women other than their wives. The remainder had undoubtedly got it from their wives who had gone astray.

Inflammation.—The inflammation and the yellow discharge are nature's attempt to throw off the gonococci. The discharge consists largely of "leucocytes," "pus cells," or "phagocytes," which have travelled from the blood and picked up large numbers of germs into their bodies, destroyed them, and then carried them out of the body in the discharge. By such means natural cure takes place in a very small number of cases, in men who have by nature a "high resisting power" to the disease. This, however, is exceptional. Such persons are one of the obstacles which prevent other less resistant persons from coming up for early treatment, as they make light of the disease and pour ridicule on their less fortunate friends who, being less resistant, are inclined to seek serious treatment.

In the majority of cases (58 per cent in 180 cases) the germs spread upwards until they reach the neck of the bladder. Now the urethra is not a simple tube but contains many side tracks, in the form of secreting glands. The disease makes its way into these glands, and especially into the tubes of the prostatic gland, seminal vesicles and testicles. These latter glands are concerned in the elaboration of semen, and the mouths of their ducts empty into the urethra just in front of the neck of the bladder. Other glands, smaller and more numerous, empty into the front part of the urethra and are concerned in the secretion of mucus. The germs also sink into the tissues that surround the urethra. For these reasons it is not possible, except in the earliest stages, to cure the disease quickly merely by washing the surface of the urethra with injections or irrigations of antiseptics.

Chronic stage.—If left to itself the inflammation of the urethra and surrounding glands remains acute and painful for a period of five to eight weeks, and during this time the patient may feel ill and is often feverish. If feverish he ought to lie up. (In most cases the temperature is not taken and the patient sticks to his work under great difficulties and in this way the disease gets a further hold upon him.) At the end of this period the inflammation dies down, the fever abates, the pain ceases and the discharge lessens. In a certain proportion of cases at this time natural cure occurs. But in a large majority the inflammation or the disease is said to become "chronic," that is to say the patient only sees a little yellow or white discharge when he rises from bed in the mornings, and he experiences no pain or discomfort. This discharge may not be noticed for weeks or even months at a time, and the patient may think he is cured. Then he may bring on the discharge again by drinking in excess alcohol or by copulation, or by horse-riding or bicycling. In a few days the discharge disappears again without any treatment. It is interesting to note at this point that out of my 100 private cases only 25 per cent. were in the chronic stage before coming up for treatment, whereas in the 80 hospital cases 54 per cent. were already in the chronic stage.

Latency.—How is it that this chronicity and latency can occur? The explanation is simple. The urethra itself has healed up, but gonococci still lurk in a quiescent state in the tubules of the urethral or prostatic glands, the ducts of the glands being temporarily blocked with secretion. After excess of any kind the germs increase their virulence for a few days, multiply again, set up a little fresh inflammation and then burst out of the gland ducts and re-infect the healed urethra. Unless this were so, the gonococcus would have died out long ago. This germ depends for its existence on being constantly re-inoculated on fresh tissues. Very few men would knowingly copulate with a woman if they were suffering from an obvious yellow discharge. (In 100 cases only one had done so.) It was therefore necessary for the gonococcus to develop this power of latency, so as to delude its victim into thinking he or she was cured and therefore could safely copulate without the risk of infecting others.

I have laboured this point, because it is one of the most important facts in connection with this disease, explaining as it does why it is so widespread and so resistant to any efforts made to stamp it out of a population.

In this the disease differs *in toto* as a problem from the problem of syphilis. In the case of syphilis we now have a treatment which renders the syphilitic non-infectious in a few weeks or months. By early and efficient treatment which is quick and easy, we could undoubtedly soon stamp out syphilis from a closed population. But in the case of gonorrhœa, efficient treatment may take many months, and more expert knowledge or larger experience is required to say that a patient is non-infectious; the tests are more difficult, need to be repeated several times, and take more time to perform; and, as we have seen, the large number of "gonococcus-carriers" are quite unaware that they do harbour the infection. It would therefore take many years, and knowledge of the latency of the disease would have to be very widespread, before it would be possible to stamp out the gonococcus simply by treating the infected members of the population.

Instances taken at random from a series of 100 cases may be quoted here to show the extraordinary latency of the disease and how long a man may remain infectious. The average duration of 25 chronic cases (100 private cases) before they came up for my treatment was 54 months. The longest duration was 13 years and the shortest 11 weeks. Yet all were cured by modern treatment in a time measured by months. Four to five years was quite a common history. It is to be remembered that many of these had copulated frequently during these times, having been deluded into thinking they were cured. Nevertheless in some untreated cases the gonococcus does eventually die out, in the majority of such cases within two years of the onset of infection.

There are many other reasons at work which make it so hard to bring the victim to the trained worker who is capable of curing the disease, of which the following may be taken as examples:—

- (1) Young men have until lately treated the disease as something laughable.
- (2) Alcohol must be given up during treatment, and this "gives the patient away." The patient finds it hard to put himself under the care of one who he knows will forbid alcohol absolutely.
- (3) People do not know of the disease's latency.
- (4) Doctors for the most part have not as yet been trained in the modern knowledge of the disease and tend to make light of it. This is due to faulty hospital organisation, and the refusal in England to encourage specialisation at the general hospitals.
- (5) Some religious doctors look upon the disease as a punishment and refuse to treat it.

Complications

I shall only describe the common complications of the disease and those which render it a social and economic evil.

Eyes.—The worst of all the complications is ophthalmia. Discharge is conveyed to the eyes of the patient by his own hands or from infected towels, or to the eyes of the children during childbirth or from infected towels. In children it used to be a common cause of blindness, but this is ceasing to be so owing to the fact that midwives have been taught to wash out the eyes with silver nitrate as a routine measure immediately after birth. In adults the ophthalmia is less common, but when it does occur it is more disastrous in its consequences and may mean complete loss of one or both eyes. At the London Hospital in the last six years 200 infants with gonococcal ophthalmia were treated in the ophthalmic ward, of whom 43 went out with the eyes permanently damaged, and five actually died. This complication is the most terrible of all, not only because it produces blindness, but also because it is far more commonly seen in innocent victims than any other complication of the disease. Iritis is another troublesome and painful eye complication, and occurs in 1 per cent. of cases,

Joints.—At any time in the course of the disease early or late the germs can get into the blood in a certain number of patients with low resisting power (10 out of 180 = 5½ per cent.) and are thus carried to the joints, where they set up acute or chronic inflammation of these structures. As the inflammation subsides the joints may become completely fixed, or remain so stiff as to render the patient a life-long cripple unfit to work at all or only fit for light jobs. In my practice many cases of joint infection have been encountered and have been cured by proper treatment. Yet of these some had been for several years unable to work, and in many cases no one who had previously seen the cases had had any idea that the cause of the joint infection was the gonococcus and that the trouble was curable. According to my notes such cases had been called "rheumatic gout," "osteoarthritis," "rheumatic arthritis," "lumbago," "sciatica." One man, a carpenter, had done no work for two years, and after four months' treatment I sent him back to work completely cured. Another had been a cripple for four years, but after I had proved that the trouble was the gonococcus lurking in the seminal glands, and had applied three months' treatment to the source of the trouble, the joints recovered, and the patient could walk 20 miles with ease.

No adequate figures can be obtained to show how many cases of chronic arthritis are due to a latent gonococcal infection, but were proper genito-urinary clinics established at the teaching hospitals such figures would soon become available. Nevertheless there can be little doubt that a large amount of economic time is lost to the State yearly by the number of chronic gonorrhoeal joint cases that are allowed to drift on without adequate treatment till they can do no work at all.

These joint cases usually have no urethral discharge, and their urine may be quite clear; yet when the contents of the seminal vesicles are expressed and examined microscopically they are found to be full of pus and gonococci. This fact is not sufficiently recognised and explains the common failure to make a correct diagnosis.

Sterility.—When the disease spreads to both testicles (epididymitis) the patient is sometimes rendered sterile, as the passages by which the semen makes its way to the surface become blocked by inflammatory fibrous tissue. Epididymitis occurred in 28 cases out of 180 (= 15 per cent.) of the male cases, and double epididymitis only in 4 out of 180 (= 2 per cent.). The disease is therefore an uncommon cause of sterility in males.

In females the disease spreads to both ovarian tubes in a larger proportion of cases than in males. It is therefore a common cause of sterility in females. I may quote in this connection certain figures given by Norris

In 3,500 cases operated on for inflamed ovaries the gonococcus was demonstrated in 718, i.e., 17·4 per cent. The actual incidence of this germ is much greater because

- (1) In about 60 per cent. of cases the cultures remained sterile,
- (2) In about 4 per cent. only were streptococci and staphylococci demonstrated.

Therefore, by a simple process of deduction $\frac{17}{17+4}$

of the 60 per cent. sterile were due to the gonococcus, that is about 48 per cent. Adding this on to the 17·4 per cent. proven cases, it brings the probable incidence up to nearly 70 per cent. These figures are below the estimated percentage of most eminent authorities.

In addition (1) many cases of gonorrhoeal salpingitis occur in which no operation takes place, as they quieten down with expectant treatment.

(2) In some cases of acute pelvic inflammation the gonococcus cannot be detected in the intra-peritoneal or intra-tubal pus, but can be easily demonstrated in the urethra or cervix.

Stricture.—In a large number of cases in the male, though the gonococcus itself dies out in the course of two years, and the patients cease to be "gonococcus carriers," yet there are left behind patches of fibrous

tissue the result of excessive natural repair ("scar-tissue"). These scars contract and so make narrower the lumen of the urethra till only a pin-point opening is left through which the urine can find its way. These scars of healing are called "strictures."

Strictures do occur in the female urethra, but far less commonly than in the male.

In 10 years into the London Hospital were admitted 894 cases of stricture, and into two other large general hospitals 876 cases of stricture. As only the most severe forms of stricture are admitted, these figures give no idea of the wide extent of the lesser forms of stricture. No figures are available on this point. The mortality from the operations on these strictures was 6 per cent. But more important still, a stricture produces back pressure on the kidneys, and gradually the kidneys are pressed out of existence. This process may take 10 to 20 years, but inevitably, in time, the stricture proves fatal by destroying the kidneys, and the man's life is cut short. Out of 110 cases, 7 per cent. already had strictures when they came up for treatment.

In a modern genito-urinary clinic strictures can be detected in the early stages by the urethroscope and then can be permanently cured. But as a general rule in English hospitals at the present time they are not detected till years later, when it is only possible to keep them open and so save the kidneys. The urethroscope is not used as a routine measure by the majority of English surgeons. The old-fashioned treatment of stricture in vogue at most English hospitals means countless attendances at hospital on the part of the patient with countless hours off work. I reckon that a man with a late stricture under these methods spends at least one week in hospital every three years, and an average of 15 days in the out-patient department every year. This loss of time could all have been avoided if the patient had been treated by modern scientific methods when he first contracted the disease in a properly organised genito-urinary department. In such a department at the John Hopkins Hospital, Baltimore, Young treated 225 cases without a death, and with complete cure in 75 per cent. after six months' out-patient treatment.

I will close this portion of the evidence by noting certain interesting points that emerged from the analysis of 180 cases of the disease.

Number of Attacks.—Thirty per cent. had had the disease more than once, and many had had it four or five times. One attack confers no immunity whatever to subsequent infection. A man may be cured and may contract the disease again next week.

Previous Treatment.—As regards previous treatment, out of the 80 hospital patients, 39 had had no previous treatment. Amongst these the average time before applying for any treatment was 6½ weeks, the longest 11 months, the shortest three days. Thirty patients had already applied to panel doctors for treatment, and none of them had been examined by modern methods. Their treatment had been sandal-wood oil, or other so-called urinary antiseptics by the mouth, and in a few cases urethral injections had been ordered, but in quite haphazard fashion. Eleven patients had been treated by chemists, and their treatment had been exactly the same as that prescribed by the doctors.

It is useless forbidding chemists to treat the disease until the profession has been trained to treat it better than the chemists.

Real Condition when seen.—It is of interest to note the real condition of the patients when first seen and examined by modern methods. Of the 80 hospital patients, only in 23 was the disease still confined to the "anterior" urethra, and therefore amenable to rapid cure (three to four weeks), whereas in 57 it had already spread to the "posterior urethra" and prostate, and must of necessity take three to four months to cure.

Of the 100 private cases, in 39 the disease was still "anterior," and in 61 it had already become "posterior." This is because the better-class patient applies for relief earlier.

The same fact is reflected in the time taken for cure. In the 100 private cases the average time for cure was 5½ weeks, but in the 80 hospital cases it was 10 weeks. Other factors here are the better conditions of life in the private cases and greater ability to

rest. In the 100 private cases the shortest time for cure was three days and the longest 11 months (one case only over six months). In the 80 hospital cases the shortest time was four weeks and the longest five months.

Attitude of Patient.—The difference in the attitude towards the disease and wish for cure of the different classes of patient is marked. In the 100 private cases all but one were anxious to be cured, attended regularly, and all but one were completely cured. In the 80 hospital cases, only 42 attended regularly and were anxious to be cured. These 42 were as anxious as the private patients, and many came to the London Hospital from such distant places as Southend, Chatham, and Newmarket, and waited for some hours once or twice a week so as to get cured. The remaining 29 ceased to attend after an average of two visits. Some of these were symptomatically cured, and did not care to wait for a complete cure, but went back into the population, and are undoubtedly affecting others. Such cases could be followed up by a proper almoner system in a genito-urinary clinic.

Time off Work.—As regards the 'time off work' caused by the disease evidence, was obtained from 16 out of the 80 out-patients. The average time off work in these 16 cases was 23 weeks, the shortest one week, the longest three years. Joint complications and strictures are the two chief causes of prolonging the time off work.

Alcohol.—The effect of alcohol as a common predisposing cause to the disease is shown by the fact that of the 100 private cases 18 had never copulated before, and had only done so because they had got drunk after an exciting football match.

The Question of Marriage and Urethritis.

Quite a number of patients have come to me either on their wedding day, or a few weeks before it, who have been told by their doctors that they are cured and need not worry, and yet when I have come to examine them I have found disease present. It is usually too late to put the marriage off, and in most of these cases I have been able to persuade the patient himself to tell his fiancée, to refrain from connection and to attend regularly for treatment until he is cured. By this means many a home has been saved from ruin at the very threshold. Of course, if he refuses to do so I can do nothing more, as a doctor must never tell any facts about his patient to a third person. I hope the law will never be altered on this point, and even if it were I should steadfastly refuse ever to divulge professional secrets to a third person.

In the future the ideal prospective son-in-law will willingly submit himself to examination before entering upon matrimony. This is becoming a common practice in America. It is difficult in England at present, owing to the scarcity of trained urologists, but that this custom will grow I am convinced.

When a man is about to be married, and has recently suffered from gonorrhœa, and is under my treatment, I apply to him what I call the marriage test. This consists in the complete bacteriological investigation by a trained bacteriologist of the contents of the seminal glands secured under aseptic precautions on at least three different occasions. I have never yet had occasion for regret in sanctioning matrimony after I have tried this test. My friend Dr. Whitney, of Boston, U.S.A., has examined 1,260 of his cases by this test after three to four months of modern treatment. Only 5 per cent. still showed that the gonococcus was present. These were submitted to further treatment until the gonococcus could not be found. He has followed these cases up and there has been no trouble afterwards in marriage. This test is at present the most satisfactory marriage test. The "complement fixation" test and other blood tests are at present not sufficiently proven to be taken as guides when considering the question of marriage.

Women often develop a vaginal discharge a few days after marriage, and the husband is often accused of having given the wife gonorrhœa. This, of course, is often the case, but the other side of the question should also receive attention. I have often been able to prove that such a discharge coming on shortly after

marriage has not been an infection from the man at all, and has been due to the tearing of the parts incidental to the marriage rites. For instance, a woman developed such a vaginal discharge which had persisted for two years. The husband had had gonorrhœa two years before marriage. He was sent to me to be examined, and I found that he was absolutely healthy, yet he had been accused of giving his wife the discharge.

Another curious fact about marriage is this. I have a fair number of patients in whom both the wife and the husband are carriers of gonococcus, yet the wife will never have any unpleasant symptoms and the man will only develop a urethral discharge for a few days once a year or even less. It does not, therefore, always follow that the gonococcus will cause any trouble between the husband and wife. Some of the family tragedies caused by the disease are well illustrated by the following case, which is one taken out of many similar cases. A man had gonorrhœa 13 years ago. He was told he was cured. He got married 10 years ago. Ever since his wife has been a cripple from chronic joint affections, and from inflammation of the ovaries. The children's eyes were infected and the man himself now has a severe form of stricture. He only applies for proper treatment 13 years from the start of his disease and the cause of all his wife's trouble only then becomes evident.

Various isolated Facts of Interest.

There is one type of doctor who refuses to treat the disease and simply gives his patient a moral discourse.

I have instances of this. One doctor actually wrote to a patient saying "You have had the disease one year and I hope it may plague you many more to punish you for your sins, and I would not think of treating you." Such an attitude on the part of medical men is lamentable. There is another type of doctor who simply says "Let it rip," and alleges that there is no need for treatment.

Another fact is how large a part alcohol plays in the spread of the disease. A large percentage of Englishmen only contract this disease when they are "in wine," as long as they keep off alcohol they usually do not copulate. Again, a man may copulate when not in wine with an infected woman and will not contract the disease, whereas if he goes with the same woman when he is "in wine" he will do so. The campaign against alcohol has already produced well-marked results in the increase of temperance. It is interesting to know that it also largely helps the campaign against venereal disease.

Treatment

Up to the last few years very little attention has been paid in England to the treatment of urethritis as compared with the large amount of attention paid to the subject in Germany, France, and America. Abroad the disease has been studied in a scientific manner, and the treatment has been revolutionised and made more effective. This new treatment is well known to and is practised by a certain number of specialists in this country, but to the profession at large it is as yet a closed book. One of the reasons for this is as follows. —There is a large demand abroad for doctors well qualified to treat the disease on modern lines; but in England the demand is less urgent. Abroad the disease is looked upon as a nuisance, whereas in England the man is ashamed of it, tries to hide it from his family doctor and from his parents, and tends to get into the hands of chemists and quacks.

All the same the general public are at length awakening to the fact that the disease is not a trivial thing and one easy to treat, but that it is a disease for which to seek special advice. The difficulty is for the patient to find a specialist. In Germany a doctor is allowed to put up his speciality on his plate, and the patient knows if he is going to an expert. In England it is very difficult for a patient to know whether the doctor has had any special experience of this or any other particular disease.

Again, there are few temptations for the better class of doctor to take up the treatment of this disease.

It requires some years of special training, great application with no certainty of adequate reward at the end, and a certain stigma seems to attach to any man who is known as a specialist in this line.

Another reason is the peculiar organisation of the out-patient departments in English hospitals. Gonorrhœa has been supposed to be treated until recently entirely by the general surgeon, who as a general rule employs the old-fashioned treatment of the English text-books. The patients do not do well and soon cease to attend. That this is so, and that proper treatment soon attracts a large number of cases, is shown by the following figures. During the six months January-June 1914, 154 cases of urethritis attended the out-patient department of the London Hospital, and of these 108 came under my personal care. As there are six out-patient surgeons my proper share of cases should have been only 25 cases. The old-fashioned treatment was of two kinds: first there was the "do nothing" school who trusted to bodily rest, and the administration of sandal-wood oil by the mouth, and who taught that it was a crime to use local treatment by injections during the first few weeks of the disease. This was a particularly fatal doctrine. In the first place it has been proved conclusively that sandal-wood oil has no effect whatever in curing the disease, though it has a well-marked effect in alleviating the symptoms. This is how it has attained its reputation, but it is a somewhat dangerous and very expensive drug. For instance, one of my patients had spent 30*l.* on sandal-wood oil without the slightest effect on his disease before coming under my care. In the second place by omitting local treatment by injections for the first few weeks, the disease is allowed to ascend into the bladder, and the favourable opportunity is lost during which it is possible to cut short the disease in two or three weeks. The popular teaching was that injections "drive the disease back," whereas, of course, the disease goes back naturally, and, as is shown by my figures, early local treatment gives the most favourable results. Of my 100 cases 39 came up in the early stages favourable for quick cure by irrigations, and all of them were cured in less than six weeks, 16 within three weeks, 13 within less than a week. The earlier the case was seen the quicker it was cured by immediate and regular irrigations checked by a final urethroscopic examination.

The second school did use injections in the early stages, but they did not understand how to separate the favourable cases for injections from the unfavourable. The injections were usually either too weak or too strong, or of an inappropriate nature, or improperly applied. The patient was not taught how to inject nor, more important still, how to sterilise his syringe. Hence has arisen the idea that gonorrhœa is an incurable disease, and this is still taught by many general surgeons who have not followed out their cases in a modern scientific manner. As a matter of fact all cases of gonorrhœa are curable, as is shown by my series of 100 cases taken at random, of whom 99 were cured. The remaining case refused treatment after one examination, and went straight home and gave it to his wife. It has been impossible for the teachers in the out-patients' department of the hospitals to study the disease in a modern manner, because each surgeon is expected to see all kinds of surgical cases in a single room completely unequipped with any kind of instrument suitable for examination or treatment of this disease on modern lines. He is also expected to see far too many cases, and his energy is sapped. For the treatment of such a difficult disease special rooms are required adequately equipped with suitable apparatus, and special arrangements have to be made for continuous treatment carried out regularly over weeks or months.

They have long ago found this out abroad, especially in Germany. For instance, in Berlin, the two great teaching hospitals are expected to take as many cases as the number of their assistants and the size of their buildings will allow to be adequately treated and taught upon. There is naturally a large overflow of cases which cannot be treated at the teaching hospital. The municipality consider it their duty to arrange for the treatment of the overflow cases. Immense municipal

hospitals are built adequately staffed, the staff adequately paid, and every case that cannot be treated at the teaching hospitals is expected to attend the municipal hospital until signed up as cured. There is also another system in use for the slighter cases of urethritis. The insured workers are apportioned out among the urinary specialists, many of whom keep a special room apart from their private consulting room in a poorer part of the city, where they agree to take a certain number of insured workers and treat them at a very small fee per head.

I now propose to give a short outline of modern treatment as developed chiefly in Germany, France, and America, and until recently but little practised in this country except by a few specialists. I especially wish to show that modern treatment takes each case as a separate pathological problem to be worked out by exact and accurate scientific methods, and to be cured by accurate and scientific treatment. I wish to show how long a period is required to cure each case, how much personal attention, actual hours of work are needed on the part of the treaters. For the modern treatment a small room is required specially fitted up to treat urethritis and nothing else. It must contain a couch, a table, a sink, a sterilizer, a wall irrigator, a urethroscope and an assortment of dilators, and a microscope. The very lowest cost of fitting up such a room is about 80*l.* to 100*l.* When the patient attends for the first time, an accurate diagnosis has to be made as to the stage of the disease, as to how far it has spread into the deeper parts and in what glands it is pocketing, and any other complications. To do this properly takes at least 20 minutes.

An outline of treatment must be designed suitable to the particular case, and it takes at least another 10 minutes in instructing the patient as to his general mode of life, and how to inject or irrigate himself properly. The best results are obtained if the patient can be put to bed and if he can be seen and treated every day, and sometimes twice a day, by a trained expert. If the case is an early one and has not spread to the deeper parts, it is possible to cure such a case in two to three weeks or even less. For instance, out of 100 cases, 16 cases were cured within three weeks, 13 in one week, and the shortest period of cure was three days. At present it is only possible for such ideal treatment to be obtained by the very rich, or in military hospitals, and in the vast majority of cases the treatment can only be second best, that is to say, the patient cannot go to bed and give up his work, he cannot attend more than once or twice a week for treatment by the trained expert, and he has to carry out the major part of the treatment himself by means of irrigations or injections. In a large number of cases no harm accrues from this, but a certain number of the patients, either from stupidity, or anxiety to do too much, or carelessness, make their disease very much worse by their own treatment, and may add many weeks to the length of their treatment. Still if the disease has not spread to the deeper parts (32 per cent. in 180 cases), and if the patient injects or irrigates himself efficiently, and if his treatment is controlled once a week by the expert, then a large proportion of the early cases can be cured in three to four weeks. If, on the other hand, the disease has already spread to the deeper parts (58 per cent. in 180 cases) when the patient first comes under observation, then it is very unusual for the patient to be really cured in less than a period of four to five months from the start of his disease. For the first few weeks in such cases little can be done save to irrigate the tube itself, and this will be successful in reducing the discharge to a small quantity, but it is not until five to eight weeks have elapsed from the start of the disease that it is wise to commence treatment of the deeper parts, that is to say, when in the ordinary course of nature the acuteness of the disease has died down in the deeper parts and the disease has entered upon the chronic stage; only then is it wise to begin treatment to eradicate the disease from the glands round the deeper parts of the urethra. For this it is necessary that the patient should attend at least once and better twice a week for treatment by the expert, which treatment will take from five minutes to a quarter of an hour, and in the average cases at least six weeks' to

two months' treatment will be required before cure is attained, and in a few resistant cases perhaps four or even five months' treatment. (In 80 hospital cases the average time for cure was 10 weeks.)

The main features in the routine treatment are, first, massage of the prostate glands; secondly, irrigation of the deep urethra, thirdly, dilatations of the urethra with Kollmann's dilators; and finally, the destruction of small infected glands through the operating urethroscope. Any practitioner can be quickly trained to carry out the first two forms of treatment, and perhaps two-thirds of the cases can be cured by these means alone. But the latter two can only be carried out by a man after many months if not one or two years of training.

The average number of treatments required by each patient is somewhere about 20, so that the actual time to be given by the expert to the treatment of each individual case will amount on the average to five hours during the course of 10 weeks. It stands to reason, therefore, that each expert cannot take on more than a certain number of cases at a time. It is unreasonable to expect him to treat all the cases that turn up on any one afternoon. Even with the most expert treatment a few cases will remain uncured at the end of four to five months. These cases may be termed the rebellious cases, and may take the best part of a year to cure, but they can all be cured in time by patience and suitable treatment as is shown by my figures in which eight cases took over four months and less than six to cure, and one took 10 months, but all were cured in the end.

When is it possible to say that the patient is cured?

When we think that the patient may be cured we leave off all treatment for a week and ask the patient to drink alcohol. Nothing stimulates the lurking gonococcus like alcohol. At the end of a week he returns for a complete examination. If the urine is free from pus and if the microscopic examination of the prostatic fluid shows that it is free from pus, and if we can see with the urethroscope that the urethra is healthy, then we conclude that the patient is cured. If he wishes to marry shortly we apply still more stringent tests by means of bacteriological cultural methods. I have described these more closely under the section that relates to marriage.

These tests have proved satisfactory in practice, and there is no practical need for certain blood tests such as the "complement fixation" test, which are based on hypothetical conceptions, and the exact meaning of which are yet not fully known. If these tests are perfected, as they probably will be in the next few years, then they will be an additional help of great value, but they will never replace the older tests.

Vaccine Treatment.

Is it possible to treat the disease without apparatus by vaccines alone? At the present time vaccines are still so imperfect that it is certainly not possible.

Personally I have tried vaccines in a large number of cases, but I find I get no better results in those cases treated with vaccines than in those treated entirely without. In many cases which came under my care, positive harm had already been done by unwise vaccine treatment during the acute stage of the disease. If vaccines are given in the acute stage of this disorder they make the disease worse, and are liable to set up inflammation of the testicles and joints.

However perfect vaccine treatment may become in the future, the same apparatus in use at present will always be required, and the same staff of assistants to examine the cases adequately before vaccine treatment is commenced, to deal with complications during treatment, and to say when the case is completely cured. Many cases have come to me who had been said by vaccinists to be cured, because the yellow discharge had disappeared. Adequate examination usually showed that the disease had only become latent in the prostate, and had not been cured at all. A proportion of my cases who had been treated for months or even years by vaccinists, turned out to have severe strictures when examined adequately.

Another point in connection with treatment is the attitude of parents and wives.

If the patient is young I always endeavour to persuade him to tell his parents himself, and if he does so there is seldom any trouble. Endless difficulties arise when a patient tries to conceal it from his parents. The facts usually come out in the end, and then the parents are annoyed because they have not been taken into confidence before. The same is true of wives. If the patient is open with his wife there is usually no trouble, and of course it is quite easy then to prevent infecting the wife; but if he tries to conceal it, it nearly always comes out in the end, and then it may lead to the Divorce Court. I have saved the happiness of many homes by persuading the husband to tell his wife. Of course, under no pretence whatever do I tell such confidential information to a third person. The patient does so himself voluntarily on my advice. Of course, if he refuses, I can do nothing, and the matter remains a complete professional secret between the patient and myself.

Prevention.

It is only right that I should mention in my evidence how it is possible for a man to prevent his contracting the disease. If within one to two hours of connection the man injects into the urethra a little 10 per cent. protargol in petroleum jelly, or if he washes out the urethra with 1-2,000 aqueous solution of potassium permanganate, then he will never contract the disease. A certain number of lay persons in England have already learned this fact, and for this reason alone the disease is becoming slightly less common amongst certain classes. If every adult male were to be aware of this fact, and were to make use of it, the disease would be stamped out in a few years. Unfortunately, perhaps, English people, especially amongst the lower classes, are not sufficiently far-seeing, or are too lazy to adopt such methods even when they know of them, and for this reason alone I do not think this method would ever stamp the disease out in England. There is a very prevalent idea that the wearing of a condom is a sufficient protection against contracting the disease, but I have plenty of evidence that convinces me that it is not so.

Positive Proposals.

(1) *Prevention.*—The quickest and easiest way, from a strictly medical or scientific point of view, to stamp out this disease in England would be to permit the vulgarisation of knowledge on the question of how to prevent the disease immediately after copulation, as I have already described. As a medical man I cannot too strongly urge this point of view. I believe it is the only way in which the disease will ever be brought under control.

What extraordinary effects can be produced by intelligent prophylaxis is shown by the great diminution of gonococcal ophthalmia in recent years; simply because doctors and midwives have been taught to instil the eyes of the newly born with silver nitrate as a routine measure.

The great diminution of the incidence of the disease in modern armies, especially the German army, is due to the adoption of simple prophylactic measures.

(2) *Notification.*—I am strongly against compulsory notification. Such notification would lead to concealment. By a little wisdom and kindly counsel on the part of the doctor, it is always possible, when a man or woman applies for treatment, to get hold of the woman or man from whom he or she has contracted the disease, and who must be diseased. She or he can easily be persuaded to put herself or himself under adequate treatment, and by this means a large number of "gonococcus carriers" can be got hold of and cured. The right and wise system would be a voluntary notification on the part of the patient, and a proper "follow up" system made by the surgeon or by almoners attached to a genito-urinary clinic. Compulsory notification would be considered as a punishment. The disease is sufficient punishment in itself. I am strongly against any measure which would further penalise the victim. I consider that clause in the Insurance Act is very harsh which denies benefit to the victims of venereal disease, and I have reason to believe that it is being largely evaded. I would like to

see it abolished, or, if the money were not to be given to the patient, then it should be pooled and given to the founding or the support of genito-urinary clinics in the general hospitals, or amongst the panel practitioners.

Probably the most practical proposal at the present time is to carry out such reforms at the general hospitals as to encourage cases to come up at the earliest possible moment for diagnosis and treatment by efficient doctors. At the present time few of the panel doctors are sufficiently trained, nor have they the apparatus required to treat the disease in a modern manner. At first the treatment should only be at special clinics, later the panel doctors would be able to take patients if they could produce a certificate that they had attended a proper course of training in this disease at a genito-urinary clinic. When the doctors had been trained properly, I would then make it illegal for a chemist to treat gonorrhœa if it were still necessary. A doctor should then be allowed to report a case in which he could prove that a chemist had prescribed treatment for the disease, and a heavy penalty ought to be meted out to the chemist. This would soon stop this very serious form of mal-treatment, if it were not stopped by the fact that the doctors could deal with the disease satisfactorily.

The disease is very seldom met with in the country, and is practically confined to the large towns. It should therefore be possible to establish a system of special genito-urinary clinics at the general hospitals where first of all the patients could be treated until they are cured, and, secondly, the practitioners of the future could be trained to carry out treatment. These clinics would also be engaged in research work. Special hospitals should not be encouraged, because attendance at such hospitals attaches a stigma, and many patients would therefore avoid going to these hospitals. If a patient applies to a general hospital, no one knows to which department he may be allotted.

Outline of a Scheme for a Genito-Urinary Clinic at a General Hospital.

Such clinics have long been established in America, France, and Germany, the best known being perhaps Young's Clinic, at the John Hopkins Hospital, Baltimore, and the Necker in Paris.

It has long been recognised abroad that genito-urinary disease cannot remain a part of general surgery. As far as I know, the only hospital in London that has yet started a special genito-urinary clinic is Guy's Hospital. But at the London Hospital, for the last year, I have started a small clinic with voluntary assistants, which is not yet completely recognised, and which is, of course, not nearly large enough, but at which I have found it possible to treat a large number of cases of urethritis (108 new cases in six months out of a total of 1,140 new out-patients). As soon as adequate treatment is available, patients flock to the clinic and bring their friends, whereas until such treatment is available, the figures would appear to show that there are comparatively few cases of gonorrhœa attending at the hospital; and it might be inferred that there was very little gonorrhœa about in the surrounding population.

The clinic would be presided over by one or more genito-urinary surgeons, who would have under them two chief assistants who would be well paid. These appointments would be for at least one to two years. Only in this way can the life and tradition of a clinic be kept going. Under these would be as many post-graduate students appointed as voluntary assistants for three or six months as could work in the number of benches provided in the clinics. There would also have to be one or two unqualified assistants to clean the instruments and rooms. Attached to the clinic ought to be an adequate number of beds, an operating theatre, cystoscope rooms, X-ray rooms, and a small museum and library. Bacteriological, histological and chemical examinations could either be done in the general laboratories of the hospital or could be done in special laboratories built for the purpose. Such a genito-urinary clinic would have to deal not only with cases of urethritis, but also with all diseases of the genito-urinary system, not only in males but in females and children. Only by including all these can you provide a subject of sufficient scope to attract the

highest class of man, and to provide a living for those who take up the subject. It would be the greatest mistake if only gonorrhœa were treated in this special department, as only second-class men would apply, and a stigma would attach to them.

The assistants who attended for the three or six months' course could then go back into practice, or could take the course while in practice, and at a very small cost, 60*l.* to 100*l.*, could fit themselves up a small room suitable for treating this disease properly. They would receive a certificate, and if they were on the panel would have the panel patients suffering from this disease drafted to them. They ought to receive higher payment for doing this work.

Syphilis should not be treated in a genito-urinary clinic.

The practice grew up abroad of making a speciality of skin diseases, syphilis, and gonorrhœa. This was before the differentiation of syphilis and gonorrhœa by means of bacteriological examination. Syphilis naturally went to the skin specialist owing to its many skin complications, but it was quite unnatural that gonorrhœa should go there too. The result was that either the skin man took on a special assistant to treat the urethritis cases only, as in Joseph's well-known Berlin Clinic, or else he neglected the urethritis altogether.

The time has now come to divorce these two diseases again as far as is practical, and that is actually being done abroad.

Syphilis in its early stages should come under the control of the skin specialist, and cases of urethritis should be grafted to the genito-urinary specialist. Where the two diseases co-existed, the syphilis should be treated first in the skin department, and the treatment of the urethritis should only commence when the infective stage of the syphilis had been controlled by treatment with salvarsan.

If each large hospital were to develop such a clinic, it would probably be possible to treat all cases occurring. But if it were found this were not so, and it were found that too many cases came up to the clinic than could be dealt with adequately by the number of assistants, then the number of patients attending each hospital ought to be limited, and the overflow of the patients ought to be drafted either into special clinics kept by the panel doctors or by municipal clinics on some such lines as tuberculin dispensaries.

To each clinic should be attached almoners, whose duty would be to follow up the cases, and try to get up for treatment those from whom the patients had caught their disease, such almoners might also in time be able to disseminate simple knowledge of the disease and the need for early treatment.

If such clinics were established it would be particularly important that Army and Navy doctors should be encouraged to study and undergo courses therein.

There would be no difficulty in staffing these clinics, as I know from experience that the competition on the part of the younger doctors and students to learn the scientific treatment of this disease is amazing. At present I only employ two voluntary assistants, but I have at least half-a-dozen on my list waiting to be taken on when there is room for them. They are all keen and zealous men, who are not satisfied with the old-fashioned system of treatment prevalent in England.

Women.

The treatment of women is in an even more backward state in England than that of men. The departments for diseases of women are so under-staffed that they have little time to spare from the other diseases of women to pay attention to this very important and difficult subject. The modern treatment of women is based on exactly the same factors as that of men. One has to track out the latent germ to the gland in which it is lying dormant and eradicate it there. It is far more difficult to prove that a woman is infected than a man, the treatment is more difficult, it is not so easy to say when she is cured, and finally, it is very difficult to get women to attend regularly to get cured; whereas, as a rule, men are mad to get cured, and will come for miles and wait all the afternoon for months at a time until they are assured that they are cured.

I would strongly advocate attaching the women's department to the genito-urinary clinic.

It is clear that a man has got to give up his life to the study of genito-urinary diseases if he is to be fitted to treat them properly, as such a large number

of special instruments requiring great skill in manipulation have to be mastered, and knowledge has grown so quickly that now-a-days it is impossible for a man to keep up to date, except in one branch of surgery.

APPENDIX XXV.

NOTE ON VISITS MADE BY DR. JOHNSTONE ON BEHALF OF THE ROYAL COMMISSION TO TOWNS HAVING NO HOSPITALS WITH LABORATORIES NEAR THEM IN WHICH THE MODERN DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES COULD BE CARRIED OUT.

I have visited the towns suggested, with a view to collect evidence on the four questions enumerated below; especially in reference to the disposition of the subscribers to voluntary general hospitals, in respect of the provision of facilities for the early diagnosis and scientific treatment of early cases of venereal disease.

For this purpose I interviewed a number of the prominent people in each town who were interested in the prevention of venereal diseases, or who were concerned in the matter in connection with the administration of the local general hospitals or with the sanitary direction of the district.

A most prominent result of the inquiry was to disclose the ignorance displayed by the average person interviewed, as to the prevalence and evil effect of venereal diseases in this country, and as to the campaign that has been undertaken against these diseases, not only here but in practically every European country. Many of them had never heard of the Royal Commission on Venereal Diseases.

Some kind of educative propaganda comprising, say, lectures, pamphlets, and correspondence in the press, &c., is needed.

As regards the questions into which I was specially directed to enquire, I have to report as follows—

- (1) *What difficulties would be likely to arise with subscribers or with others if local hospitals undertook the treatment of venereal diseases?*

Very few difficulties would arise. These would be principally—

- (a) Moral objections to spend public money on those who are "suffering from their own sin." This is not likely to have great weight
(b) Hospital statutes which forbid the treatment of contagious disease.

These, I was informed, could be altered without much difficulty, since they are habitually broken through by the reception of advanced cases of venereal disease, and their treatment.

- (c) Difficulty of securing co-operation of local medical general practitioners through fear of losing patients to the staff of the hospital, who are usually also general medical practitioners. As a rule this would not occur, and might, in the opinion of those interviewed by me, be obviated by having the hospital treatment continued by the practitioners who originally sent the patient, when the patient was able to pay.

- (2) *What are the facilities available at present?*

These will be found in detail below, but, speaking generally, facilities exist in all the towns I visited.

- (3) *Could these facilities be easily extended?*

In some cases less extension and in others more would be required. The details referred to above will give further information.

- (4) *Would the staff be trusted by the local medical practitioners?*

As a rule, yes, but see above (1) (c)

So far as can be judged by the sample towns visited by me, there does not appear to be any insuperable difficulty in arranging for the treatment of the venereal diseases at county and other general hospitals in most parts of the country. In some instances this might need to be supplemented by exceptional arrangements; but hospital arrangements

which are practicable would cover the greater part of the needs of the country.

December 1st, 1914.

SAMPLE TOWNS IN WHICH THERE ARE NO FIRST-CLASS GENERAL HOSPITALS PROVIDED WITH FACILITIES FOR THE TREATMENT OF VENEREAL DISEASE.

Swindon, Wiltshire, (population, 1911 Census, 50,751)

Interviewed Town Clerk, M.O.H., Dr Ord and Dr. Kempe, members of Committee of the Swindon Victoria Hospital, and Mr J. J. Shawyer, ex-Mayor of Swindon

(1) The general opinion as to the difficulties that might arise with the subscribers, if the treatment of venereal disease were undertaken at the Victoria Hospital was that the Committee would follow the lead of the medical staff, and the subscribers that of the Committee, but that there would be opposition, of a certain strength, in the Committee. The question of expense might be a hindrance

(2) There is a small cottage hospital belonging to the Medical Society of the G.W.R. whose employees form the majority of the artisan class in Swindon. This hospital offers little or no facilities for the treatment of venereal diseases

The Victoria Hospital, Swindon, is a general hospital of 25 beds, supported by voluntary contributions and staffed by general practitioners who receive no payment for their work there. It has long been intended to extend and improve it to the extent of 13,000l., but the fund has only reached 5,000l. at present. Probably some facilities might be afforded for laboratory work such as Wassermann tests, spirochæte and gonococci searches, as well as salvarsan treatment for early cases, when the new buildings materialise; but at present nothing of the kind exists, and no early cases of venereal disease are admitted. The hospital serves Swindon U.D. and Cricklade and Wootton Bassett R.D.

(3) See (2) above for existing facilities for treatment of early cases of venereal disease.

(4) There are no specialists on the staff of the Victoria Hospital, all are general practitioners. There is no reason to expect any lack of trust of the staff amongst the other general practitioners in the town

Salisbury (Wilts), (population, 1911 Census, 21,217)
—Interviewed M.O.H., Dr. J. E. Gordon, M.O.H. Salisbury R.D.; M.O. of Salisbury and District Isolation Hospital; and Drs. W. W. Ord, and G. B. Kempe, members of the Committee of Management of the Infirmary.

(1) The general conclusion arrived at was that probably the Committee of the infirmary would not be unfavourable to affording facilities for the treatment of venereal diseases, if the question of expense were satisfactorily settled, but there might be opposition amongst the subscribers on the usual moral grounds.

(2) The infirmary has 100 beds in use, and 15 beds besides which are not used for reasons of economy. There is no laboratory and no pathologist, so that no facilities at present exist for the diagnosis of venereal disease. Most of the staff, who are all general practitioners except one, have administered salvarsan to syphilis cases, but only to advanced cases, tertiary and later, such as have always been admitted to hospitals. No beds are given for the early treatment of the disease with salvarsan; no use is made of the microscope for spirochæte and gonococci researches, and Wassermann's tests are done in London. This

infirmary serves the county of Wilts, and is supported by voluntary contributions

(3) Facilities might easily be provided for the early and preventive treatment of venereal disease if the money were forthcoming, and an appeal for further subscriptions would be a good opportunity of introducing an educational propaganda on venereal diseases amongst the subscribers

(4) I think from enquiries made from some of them the staff would be trusted by the general practitioners. The one specialist at the infirmary is the ophthalmic surgeon, who lives in Wimpole Street, W., and goes to Salisbury at week-ends, operating on Sundays. He gives more of his patients salvarsan than any of the other members of the staff

Newport (Monmouth) (population, 1911 Census, 83,691).—Interviewed the Deputy Town Clerk, Mr. Treharne Morgan, the M.O.H. (on the telephone) Dr. H. Jones; the Deputy M.O.H., Dr. L. E. Acomb, the Mayor of Newport, Mr. F. P. Robjant; the Rev. Waldro Skinner, mission worker, the Rev. H. Abrahams, interested in the infirmary, Dr. C. S. Vines, on the staff of the infirmary, Mr. Peter Write, member of T.C.; Dr. Jones, on the staff of the infirmary

(1) It appeared to be thought generally that the Directors' Committee of the infirmary might on behalf of the subscribers oppose the provision of facilities for the diagnosis and treatment of venereal disease, on moral grounds. It was considered, however, that by education of the local population by means of lectures and pamphlets the Committee might be induced to afford the necessary facilities

(2) The Royal Gwent Hospital, which is the County Infirmary for the County of Monmouth, is situated at Newport. It contains 150 beds. No salvarsan treatment is afforded to early cases of syphilis, no Wassermann done, nor yet spirochætal, or gonococcal search. The nearest laboratory is at Cardiff. No pathologist at Newport. 15 new beds are to be added to the hospital soon

(3) No facilities are at present available for the diagnosis and treatment of early cases of venereal disease, but I think most of those present were of opinion that there would not be any permanent difficulty in getting them provided if public opinion demanded it.

(4) No difficulties are expected to be made by the general practitioners in the town. All the staff of the Royal Gwent Hospital are themselves general practitioners.

Shrewsbury (population 1911, 29,389).—I saw here the Town Clerk, Mr. D. F. Prideaux, Mr. Mansell, member of the Town Council, who takes an interest in sanitation and public health matters, and is a director of the Royal Salop Infirmary. Dr. Jackson Senior Surgeon of the Infirmary I met afterwards, but the Medical Officer of Health and the County Medical Officer of Health were absent

1. The general opinion expressed was that the directors of the infirmary who represent the subscribers would follow the advice of the medical staff, and that although the statutes of the infirmary did not permit the treatment of "contagious and infectious" diseases there would be no difficulty in getting them altered. They already received advanced cases of venereal diseases.

2. There is an extensive and well-planned out-patient department at the infirmary and a small room used as a laboratory for microscopic examinations only. 130 beds are provided. No spirochæte or gonococci searches, and no treatment of early cases by salvarsan have been practised. The staff is drawn from the local general practitioners, and all of them still practise. Outdoor shelters, and extensive balconies are provided for tuberculosis patients. An X-ray department as well as a Finsen Ray instalment is provided, and a fairly good operating room. A large nurses' home is connected by a covered passage with the infirmary. At present a large number of beds are devoted to wounded soldiers.

3. The administration is very good and facilities could easily be provided for the treatment of venereal diseases in their early stages and for the necessary test, search work, and out-patient work.

Carlisle (population, 1911, 53,000).—I interviewed the following persons at Carlisle: The Town Clerk, Mr. Collingwood, Dr. Beard, the Medical Officer of Health; the Chancellor of the Cathedral, who is a member of the Directors' Board of the Cumberland Infirmary; Mr. Howitt, secretary of the Cumberland Infirmary, and called on two members of the medical staff who were absent

1. The only person who made any difficulty about the provision of facilities was the secretary of the infirmary. It was on the grounds of expense. It was agreed by all I saw that no moral objection would be put forward. Mr. Prescott, the Chancellor of the Cathedral, was in favour of affording facilities.

2. The only local hospital of any importance from our point of view was the Cumberland County Infirmary, situated in the centre of the town. There are 200 beds there. The building is ancient but in good order and repair, and has a good operating theatre but no apparatus except a microscope. The staff have never attempted to arrange for Wassermann tests, or spirochæte or gonococci searches. One of the staff whom I met at the infirmary said that he did an occasional salvarsan injection if a favourable case presented itself, but I could see no salvarsan injection apparatus. The hospital statutes forbid the entry of "contagious or infectious" diseases, but the statute does not seem to have been applied to advanced tertiary and paralytic cases of syphilis, which are admitted freely. Those whom I saw of the directors were of opinion that the statute could easily be altered, and the directors were said to be likely to follow the advice of their medical staff. The medical staff are all general practitioners except two, Mr. Balfour Paul, surgeon, and Mr. Hill, ophthalmic surgeon, both of whom are specialists. Unfortunately both were absent. The Medical Officer of Health of the County Council was also away

I pointed out to the secretary that I was not enquiring into the willingness of the directors to incur expenses, and that nothing could be settled in that respect until after the Royal Commission had reported

3. It will be seen that the facilities for treating early cases of venereal disease could easily be extended at the infirmary and that the directors are not likely to offer any objection. There is an excellent out-patient department at the infirmary.

4. I do not think that the general practitioners of the city would distrust the present staff.

APPENDIX XXVI.

STATEMENT HANDED IN BY SIR DONALD MACALISTER, K.C.B., M.D.

1. Under the *Medical Act*, 1858, section 18, the General Medical Council is empowered to require the several medical and surgical licensing bodies to furnish it with information "as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed

"for this purpose by such council, or by any branch council, may attend and be present at any such examinations"

Under sections 20 and 21 it is provided that "in case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such college or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's

" Most Honourable Privy Council. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the Order, shall not confer any right to be registered under this Act: provided always that it shall be lawful for Her Majesty, with the advice of Her Privy Council, when it is made to appear to Her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order."

2. Under the Medical Act, 1886, it is provided that: Section 2. A person shall not be registered under the Medical Acts in respect of any qualification referred to in any of those Acts, unless he has passed such qualifying examination in medicine, surgery, and midwifery as in this Act mentioned.

" Section 3 (2). The standard of proficiency required from candidates at the said qualifying examinations shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery, and midwifery; and it shall be the duty of the General Council to secure the maintenance of such standard of proficiency as aforesaid; and for that purpose such number of inspectors as may be determined by the General Council shall be appointed by the General Council, and shall attend, as the General Council may direct, at all or any of the qualifying examinations held by any of the bodies aforesaid.

" Section 4 (1). If at any time it appears to the General Council that the standard of proficiency in medicine, surgery, and midwifery, or in any of those subjects or any branch thereof, required from candidates at the qualifying examinations held by any of the bodies for the time being holding such examinations is insufficient, the General Council shall make a representation to that effect to the Privy Council, and the Privy Council, if they think fit, after considering such representation, and also any objections thereto made by any body or bodies to which such representation relates, may by order declare that the examinations of any such body or bodies shall not be deemed to be qualifying examinations for the purpose of registration under the Medical Acts; and Her Majesty, with the advice of Her Privy Council, if upon further representation from the General Council or from any body or bodies to which such order relates it seems to Her expedient so to do, shall have power at any time to revoke any such order.

" Section 19. If at any time it appears to the Privy Council that the General Council has failed to secure the maintenance of a sufficient standard of proficiency at any qualifying examinations, or that occasion has arisen for the General Council to appoint assistant examiners under this Act for the purpose of examinations held by any medical corporation, or to exercise any power or perform any duty or do any act or thing vested in or imposed on or authorised to be done by the General Council under the Medical Acts or this Act, the Privy Council may notify their opinion to the General Council; and if the General Council fail to comply with any directions of the Privy Council relating to such notification, the Privy Council may themselves give effect to such directions, and for that purpose may exercise any power or do any act or thing vested in or authorised to be done by the General Council, and may of their own motion do any act or thing which, under the Medical Acts or this Act, they are authorised to do in pursuance of a representation or suggestion from the General Council."

3. The General Council exercises its powers and fulfils its duty of securing the maintenance of such a standard of proficiency as shall guarantee the possession by registered practitioners of the skill requisite for efficient practice in the following ways:—

- (a) It maintains two Standing Committees, one on Education, which considers and reports on all matters concerning the course of professional study, and another on Examina-

tions, which considers and reports on all matters connected with professional examinations, and with the visitation and inspection of these examinations. These Committees present reports at each session of the Council on the subjects under their charge, and at other times if necessary.

- (b) It applies for and obtains from the licensing bodies returns setting forth the subjects, sub-divisions, &c., of the several professional examinations, and their results, submits these to the Examination Committee for consideration, and prepares annually Tables of Results which are published in the Council's Minutes.
- (c) Under its Standing Orders for the Inspection and Visitation of Examinations (copy herewith), it periodically "inspects" the qualifying examinations and "visits" these or others of the professional examinations held by the licensing bodies. The inspectors are required in their reports to state their opinion as to the sufficiency or insufficiency of each examination inspected by them, and to "set forth in order all necessary particulars as to the questions proposed in the written, oral, and practical parts of the examination, the cases and appliances provided for clinical examinations, the arrangements made for invigilation, the method and scale of marking, the standard of knowledge shown by successful candidates and generally all such details as may be required for adjudicating on the scope and character of the examination"
- (d) With the assistance of the Examination Committee it discusses these detailed reports, takes note of matters reported on which call for commendation or for improvement, and passes resolutions thereon, which with the reports and comments are communicated to the bodies concerned and to the Privy Council. The reports also are published in the Minutes for general information
- (e) In addition to the foregoing, which may be described as the regular machinery, the Council also orders supplementary or occasional visitations or inspections of particular examinations, whenever it desires, for any reason, to ascertain their working during the intervals between periodical inspection.

4. The past reports, and the examination papers used at qualifying examinations, which are in the possession of the Council, enable me to say that questions bearing on syphilitic disease are set with such regularity by every licensing body, that candidates cannot fail to be aware of the importance attached to the subject, and of the necessity laid upon them to study it seriously as a condition of success.

With a view to the present enquiry, I sent out, as President of the Council, a circular letter to the proper officials of all the licensing bodies in the United Kingdom, asking for a brief statement (which might be marked *confidential* if this was thought desirable) of the actual attitude and practice of each qualifying authority, in regard to the evidence of knowledge and skill in venereal disease it required of candidates for its professional qualification.

I have before me the replies received, and also a summary of the statements they contain. It may suffice if, without mentioning the several authorities by name, I give the substance of what is said on their behalf.

Licensing Body. A.—No special certificate of the study of venereal disease required, because the subject so pervades the whole field of medicine and surgery that it must of necessity be constantly before teachers and examiners. Students must be dressers and clerks in a general hospital where a considerable proportion of the cases treated are of syphilitic or gonorrhœal origin. The patients for examinations are also drawn from general hospitals, and at every examination there must be several cases belonging to this kind of disease.

B.—No special lectures or demonstrations required, because venereal diseases form an integral part of general pathology and medicine. Examiners are not

likely to overlook ignorance of the subject in a candidate.

C.—Examiners attach the greatest importance to venereal diseases, and no diseases are more frequently examined on. During the last 10 years 17 per cent of the questions in the written paper have referred to syphilis, and at the clinical examination 30 per cent. of the patients have been the subjects of syphilitic affections. At the *viva voce* examination in pathology and surgery from 20 to 30 museum specimens are set out at each table, and of these two are illustrative of some syphilitic affection. Each candidate is examined at two tables and he may therefore be examined on four different aspects of syphilis.

D.—Examiners are fully aware of the importance of the subject. Questions on it are included in every final examination. Morbid specimens are exhibited, and clinical cases are submitted for diagnosis, prognosis, and treatment by the candidate.

E.—No special training given or any special part of the examination devoted to it, but students have many opportunities of studying all forms, and there is scarcely a subject of the examination in which, directly or indirectly, they are not discussed.

F.—In the pathological laboratory venereal diseases receive the attention due to the gravity of the evil, and for a few years past syphilis in particular has been under special investigation. Every effort is used to promote teaching and research, and the University fully recognises the importance of requiring in its examinations an adequate knowledge of these diseases, and in the examinations questions bearing on them are often set.

G.—Regular systematic and clinical instruction, both medical and surgical, is given to students, and at the examinations care is taken to see that candidates have sufficient knowledge of the subject and are capable of diagnosing and treating syphilitic affections.

H.—The study of the subject of syphilis is ensured by the clinical course required before the examination, and by the character of the examination itself.

I.—Teachers fully realise the importance of the diagnosis and treatment of syphilitic affections, and the ability of every student is fully tested by the selection of cases in the clinical examinations.

J.—Great importance is attached to teaching venereal diseases, and lectures are given dealing with the various aspects of both syphilis and gonorrhœa. Students have ample opportunities for studying these diseases clinically at the two hospitals attached to the University.

K.—The Clinical Board considers that all students should receive instruction in the subject, and, though there is no regulation compelling attendance, facilities are available, and generally speaking full advantage is taken of them.

L.—The importance of the subjects is very deeply appreciated. Special facilities are given to students to study them, and questions relating to them are extensively set in the written, clinical, and *viva voce* examinations.

M.—Adequate attention has been paid to the subject in examinations, and the College regards the subject as one of great importance.

N.—The subject is regarded as very important. Instruction is given to students, and the candidates' knowledge on the subject is tested.

O.—Venereal disease is regarded as one of great importance to students, and in the hospital, besides being dealt with in the skin and eye departments, there is a special department for dealing with patients suffering from these diseases where bedside clinics are given on three days a week throughout the year.

Questions are given in either the written or oral final examinations.

P.—The clinical teachers are quite alive to the importance of including venereal diseases in the subjects taught and lectured upon. The examiners fully recognise the importance of examining in these subjects both orally and by written questions.

Q.—The staff of the Medical School believes it would be almost impossible to exaggerate the importance of training young medical men in the diagnosis and treatment of syphilitic affections. Students have special facilities of acquiring knowledge of the subject, and the staff believes that hospitals which do not admit syphilitic cases to their out-patient departments and wards should not be recognised as General Hospitals for the clinical instruction of medical students. The subject is dealt with in a manner commensurate with its importance, which, in Ireland, is only second to tuberculosis.

R.—The Faculty of Medicine fully realises the importance of providing for the training of medical practitioners in the diagnosis and treatment of venereal diseases. Such diseases and others arising therefrom are treated of in the systematic courses of the Professor of Medicine and by the clinical lecturers. Cases are exhibited and discussed in the lock wards of the infirmary by the Professor of Surgery and the Lecturers on Clinical Surgery, and opportunities for study of the subject also arise in connection with the instruction given in mental diseases, diseases of the eye, skin, throat, &c.

S.—We have a University Lecturer in Venereal Diseases who gives regular systematic and clinical instruction. For 50 years there have been special wards for venereal diseases in men in the Royal Infirmary and these are available for clinical instruction. The Lock Hospital for Females is now open to University graduates. So far there is no special part of the final professional examination set apart for testing the knowledge of candidates in venereal diseases, and, as it is tested in several parts of the examination, this seems unnecessary.

T.—The Faculty of Medicine of the University is of opinion that the subject of venereal diseases is a more important department of medical training. Students are instructed on the subject as it comes under the various departments of clinical instruction at the Royal Infirmary.

U.—While this Board does not require from students any special certificates for tuition in venereal diseases, the surgery certificates include such tuition and candidates are examined upon it.

The Committee of Management on a recent revision of the regulations have inserted a recommendation that a special course in venereal diseases should be taken out by the student.

V.—Instruction in venereal diseases forms an integral part of the surgical course as well as on the medical side of the curriculum. In the hospital every surgeon has, previous to his appointment, had charge of the lock wards for 2½ years. In addition there are male and female lock wards in the Royal Infirmary where tuition is given, the students in their third year being admitted to the male lock wards while the female lock wards are restricted to the fourth and fifth year students.

The importance of this subject is well brought under the notice of all students.

W.—In the opinion of the Committee of Management sufficient attention is given to venereal diseases in relation to the clinical teaching, lecturing and testing of medical practitioners holding the qualifications of the body.

APPENDIX XXVII.

Memorandum by the Prime Minister of New Zealand.

Westminster Chambers,
13, Victoria Street, London, S.W.,
27th July 1914.

SIR,

I AM directed by the High Commissioner to state that he has received from the Prime Minister of New Zealand a memorandum on the subject of venereal diseases, which I am to give hereunder for the information and consideration of your Commission:—

Memorandum for the High Commissioner for New Zealand, Westminster Chambers, 13, Victoria Street, London, S.W.

"In view of the more prominent attention now being given in England to the subject of the venereal diseases and to the steps desirable to be taken to curtail the spread thereof, I have pleasure in putting

before you copies (6) of the Hospitals and Charitable Institutions Amendment Act, 1913. I would draw your attention especially to section 19. A little consideration will demonstrate that it may be made very far reaching. Primarily this section was actuated by the expressed desire of district health officers, hospital boards, and other authorities, that there should be some means whereby a tubercular subject might be kept under hospital treatment until he was really fit to go back to work or to mix amongst the general public. My colleague, Mr. Rhodes, however, preferred to recognise the fact so—oft blindly overlooked by the general public—that there are other diseases of even more moment to the public, against which the severe, or shall I say extreme measure of detention, should justifiably be exercised. The Department of Public Health is aware that often undesirable persons of either sex sentenced for short periods to gaol, have been found by the gaol surgeon to be suffering from syphilis in the infectious stage, and yet nothing could be done to prevent such persons—in such cases only too likely—spreading the disease immediately on gaining liberty.

“ Again New Zealand is particularly free from the disease Trachoma (granular eyelids). Persons coming from Europe being so accustomed, on account of its frequency there, to regard this disease as of little moment, are likely to regard its subsequent onset in their children out here as of little consequence. The section in question will secure that persistent treatment which must be adopted if we are to hope to cope adequately with cases of this disease which may inadvertently be introduced into New Zealand and thus prevent its spread amongst our children, and more serious still, to a likely unimmune soil—our Maoris.

“ Slight ringworm—yet highly contagious—is a disease about which many parents are careless, thereby causing annoyance and expense to other parents whose children may unavoidably be contacts with such cases.

“ As you are aware, we have in New Zealand much of the machinery necessary to carry out the regulations which may be made under this section. We have practically speaking State hospitals providing for free treatment of such persons as may be detained who cannot pay the concerned hospital board's fee. We have bacteriological staffs which will assist the general practitioner and the medical superintendents in the diagnosis of such contagious or infectious diseases as may be regulated for, and, still more important assist in the decision as to when infectivity has ceased. We have a system of medical inspection of schools—no doubt but partial as yet—to secure notification of the minor contagious diseases of school children, and we have the officers of the Department of Public Health on whom can be placed the onus of correlating the several factors incidental to the effective administration of the section and its regulations. Above all we can tempt the sufferers of the major contagious diseases to seek effective treatment by regulating that the steps

affecting them shall be strictly confidential. This has always been a stumbling block—to get infected persons to freely undergo treatment.

“ It may be argued that the liberty of the subject is proposed to be interfered with. The person who commits a simple assault is justifiably committed to gaol, but what greater crime can be committed against the public weal than the unintentional or deliberate propagation of at least the major contagious diseases.

“ The Contagious Diseases Act was, as you know, repealed in New Zealand in 1910. Section 19 provides a less one-sided precautionary measure. It is operable irrespective of age, sex, or social position, as is the case with the active virus of infectious and contagious diseases itself.

“ I feel sure with my colleagues you will agree that this section is a great advance towards, at least, the prevention of great social evils. Later on when its administration has been fully studied and smoothly performed, as we trust will be the case, no doubt steps will be taken to deal with the disease—gonorrhœa—now alleged by competent medical authorities as responsible in a great degree for barren marriages, and for much of the operative interference so much and so regretably on the increase amongst the female members of our population.

“ I shall be glad if you will bring the New Zealand provision to the notice of the authority—the Sydenham Commission—set up to consider the vital problem of the control of the spread of venereal diseases.

(Signed) W. F. MASSEY,
Prime Minister.”

I am, &c.

C. WRAY PALLISER,
Secretary to the Department.

The Secretary, Royal Commission on Venereal Diseases,
3, Queen Anne's Gate, Westminster, S.W.

Hospitals and Charitable Institutions Amendment Act, 1913—Section 19.

(1.) The Governor may from time to time, by Order in Council gazetted, make regulations for the reception into any institution under the principal Act of persons suffering from any contagious or infectious disease, and for the detention of such persons in such institutions until they may be discharged without danger to the public health.

(2.) Any person in respect of whom an order under this section is made may at any time while such order remains in force appeal therefrom to a magistrate exercising jurisdiction in the locality, and the magistrate shall have jurisdiction to hear such appeal and to make such order in the matter as he thinks fit. An order of a magistrate under this subsection shall be final and conclusive.

(3.) Regulations under this section may be made to apply generally or to any specified institution or institutions.

APPENDIX XXVIII.

VENEREAL DISEASES IN GERMANY.

Memorandum handed in by Professor Blaschko of Berlin.

Following the invitation of the Royal Commission to give an account of the prevalence of venereal diseases in Germany and of the manner in which they are combated, allow me to say a few introductory words.

It is very difficult to obtain an exact notion of the real extent of these diseases in any nation, for what we want to know most—how many people have had gonorrhœa, how many syphilis in their life—can only be discovered in an indirect way by calculation, even in countries with general notification of these diseases like Norway and Denmark.

In Germany, where no such notification exists, we

must rely on the data obtained by occasional enquiries. In this way we get at least a rough idea of their extent. These data were gained by an enquiry taken on April 30th, 1900, in the Kingdom of Prussia, by an enquiry in the Duchy of Brunswick, from February 1st till July 1st in 1909, by repeated enquiries in Frankfurt a.M., and lately by an enquiry in November–December in 1913 in the large towns of Germany. There exists, further, data about the prevalence of venereal diseases among the recruits and soldiers in the army and navy and among the contributors to the sick funds of the different callings, and finally we have data of the sick prostitutes.

The following figures may be taken for illustration:—

Veneral Patients among 1,000 Persons on April 30th, 1900.

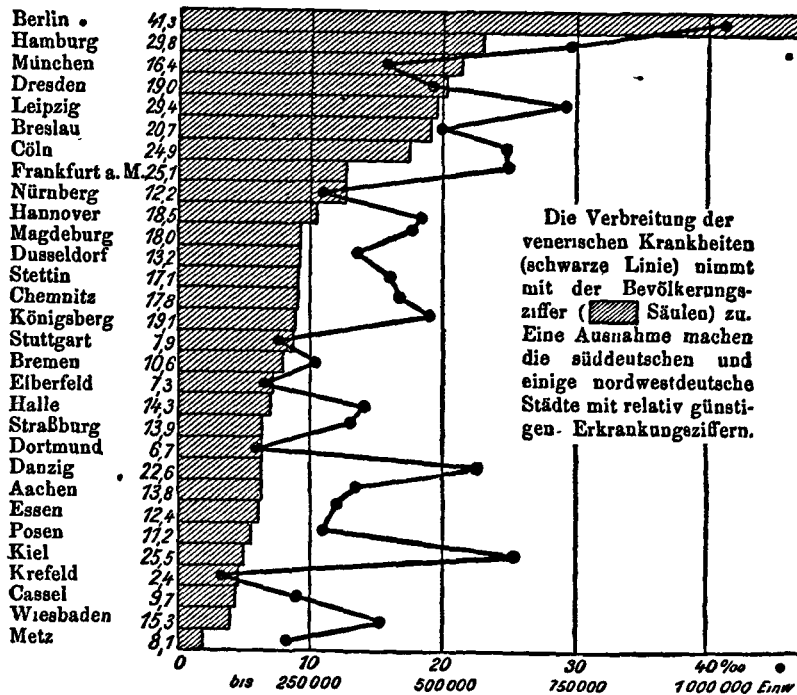
—	Venereal Diseases, Total.	Per-centage.		Per 100,000 of the Adult Population.		Total.
		m	f.	m	f.	
In Berlin	11,598	74	26	142	45	187
In 17 towns with over 100,000 inhabitants	13,446	74	26	100	28	128
In 42 towns with over 30,000 inhabitants.	5,455	75	25	58	18	76
In 47 towns with less than 30,000 inhabitants.	1,565	78	22	45	17	62
In smaller towns and country parishes	8,838	72	28	8	3	11
In the army	—	—	—	15	0	—
In the navy of home-harbours.	—	—	—	62	0	—
In Prussia	40,902	74	25	28	9	37

The same differences between town and country, between large and small towns, are to be found among the conscripted recruits.

Veneral Diseases among the German Recruits.

—	1903-5.		1906-9.	
	Per mille	Per mille	Per mille	Per mille
From Berlin	41.3	37.3		
Towns over 100,000 inhabitants	15.8	15.8		
Towns over 50,000-100,000 inhabitants.	10.2	9.3		
Towns over 25,000-50,000 inhabitants.	8.0	8.6		
Smaller towns and country parishes Kingdom of Prussia	4.4	4.4	7.8	7.7

All these figures show the same obvious fact that venereal diseases are very rare in the country and that in the towns their amount is in direct relation to the size of the towns. This can be demonstrated in a visible way by the following diagram:—



Berlin with 42 per thousand stands at the head; Danzig, Kiel, Altona as seaport towns, Coln, Frankfurt a.M. as commercial towns, are above the average; the South German and Rhine-Westphalian industrial towns are below. The east of Germany has the highest numbers. The figures of Berlin are sixteen times higher than the figures of the Grand Duchy of Baden.

Among 1,000 recruits venereal diseases were found:—

	Per mille.		Per mille.
In Berlin	41.3	In Saxony	13.5
„ Hamburg	28.5	„ Bavaria	4.8
„ Lubeck	11.9	„ Württemberg	3.3
The whole of Prussia	7.8	„ Baden	2.5

Among the different strata of the population we find great differences in the prevalence of venereal

diseases. Figures taken in 1892-93 by myself among the members of friendly societies showed the following differences:—

Annual Amount of Venereal Diseases among the Different Classes of Population in Berlin.

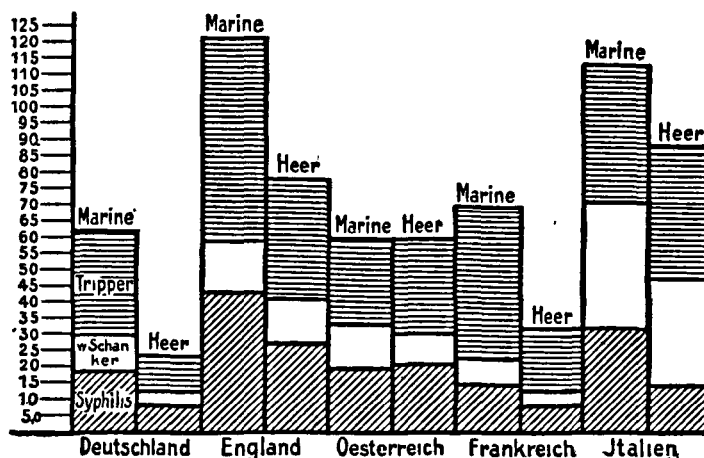
Prostitutes	30 per cent.
Students	25
Merchants	16
Working men	9
Soldiers	4

Most valuable are the figures taken from the army and navy, because the soldiers are all unmarried young men, 20 to 25 years of age, who almost all have extra-matrimonial intercourse.

Veneral Diseases per 1,000 Men.

Year.	German Navy.	German Army.	English Navy.	English Army.	Indian Army.	U.S.A. Navy.	Austrian Army.	French Army.
1880-81 . . .	154.7	39.2	—	245.4	—	75.9	—	—
1890-91 . . .	67.4	27.2	153.4	197.4	—	50.6	—	—
1895-96 . . .	137.2	25.2	151.9	158.3	—	47.4	—	—
1900-01 . . .	101.9	18.2	113.7	105	276	52.9	—	—
1901-02 . . .	81.8	18.6	115.3	123	281	54.9	—	—
1902-03 . . .	76.4	19.2	121.8	125	250	61.4	58.9	27.0
1903-04 . . .	66.8	19.6	108.9	108	200	74.0	61.6	29.8
1904-05 . . .	62.4	19.8	121.6	90	154	91.4	60.0	29.1
1905-06 . . .	64.9	19.1	121.9	82	117	108.4	60.6	28.6
1906-07 . . .	59.3	18.7	124.4	72	90	81.4	54.2	27.8
1907-08 . . .	66.0	18.5	122.5	68	70	91.8	—	—
1908-09 . . .	60.9	19.4	119.5	66	68	160.4	—	—
1909-10 . . .	57.1	—	—	—	—	—	—	—

Diagram.



Veneral Diseases per cent. of Men.

The figures of the German army are not only lower than the figures of any other European army, but they are even lower than the figures of the German civil population of the same age. This is due to the severe discipline of the German army and the low wages, which do not allow the soldier to have intercourse with prostitutes. However, very many soldiers have a mistress among the servant maids. Navy returns show far greater morbidity figures. This is due to the greater freedom and licentiousness of the seaman's life. Occasion for infection by prostitutes is far greater for the navy abroad than at home

Veneral Diseases per 1,000 of Force

Year.	at Home.		Abroad on Board.
	on Land.	Aboard.	
1898-99 . . .	82.8	93.9	229.2
1899-00 . . .	78.5	88.6	193.4
1900-01 . . .	75.5	57.7	172.2
1901-02 . . .	71.6	57.5	139.3
1902-03 . . .	66.0	54.3	141.1
1903-04 . . .	56.7	55.9	115.0
1904-05 . . .	56.1	57.5	94.2
1905-06 . . .	57.8	58.8	113.3
1906-07 . . .	54.8	49.4	121.8
1907-08 . . .	57.4	61.5	113.4
1908-09 . . .	53.6	57.7	100.7
1909-10 . . .	57.2	51.6	78.5

Among the civil population the venereal diseases are much more frequent, even among the working classes,

a 1848

although the majority have no intercourse with prostitutes, but with girls of their own class. The highest percentage is found among the upper classes, such as merchants, students, officers. Dr. Meirovsky's investigations indicate that at least 20 per cent. of the boys in the highest gymnasium classes are already habituated, of 106 venereally infected university students, 61 per cent. admitted intercourse before reaching the University. Certain Vienna statistics covering 10,057 cases of venereal infection, over one-half were minors and 67 per cent under 25 years of age. Of 90 physicians interrogated by Professor Neisser respecting their sexual history, only one denied all intercourse prior to marriage and he attributed his exemption to an early engagement alone; 28, i.e., 32.9 per cent., had indulged themselves while still in the secondary schools. These figures have been confirmed by other investigators. Among the working classes in town or country abstinence is excessively rare and in the higher classes practically insignificant. Illicit intercourse is almost general among all classes of society in Germany and, as I believe, in the other continental nations too.

From this statement England is, as Flexner says, purposely excluded because family and religious life is so differently organised that there is a very strong presumption that correct living is in certain strata of society distinctly more probable than on the continent.

Recently the Statistical Boards of the great towns of Germany have arranged together with the D.G.B.G. a new inquiry on the prevalence of venereal diseases. The inquiry is not yet worked up, but I can give you the Berlin figures, which I have obtained lately. The number of venereal patients treated in Greater Berlin in December 1913 was about 40,000, the fresh cases alone 15,000, i.e., 180,000 per year. Gonorrhoea amounted to 65 per cent., syphilis to 24 per cent. Cases of recent syphilis were per month 1,500, that would be per annum 18,000. The relation of women

to men was 1:2·8 (gonorrhoea 1:3·6, recent syphilis 1:2·0). The amount of tabes and general paralysis was found to be extremely high. In one month 1,874 cases were treated, fresh cases 167, that would be 2,000 per year; of these 1,450 men, or 8 per cent. of the cases of recent syphilis.

Are venereal diseases on the increase in Germany? This question is difficult to answer. During the last 40 years Germany has been changed from a merely agricultural nation with a few large towns to an industrial state with many great towns. The population of the towns has grown in a surprising manner. Now considering that the prevalence of venereal diseases increases with the size of the town, we must presume that in that time venereal diseases would have increased, if some favourable influences had not acted to the contrary. For want of reliable statistics of former times we are not able to decide this question by figures. Nevertheless an augmentation of venereal diseases during the last 10 years is not probable, as the returns of the recruits show.

. Venereally infected persons among 1,000 recruits.

Year.	In Germany, excluding Bavaria.	Bavaria.	Germany.
1903 - - -	7·6	4·7	7·2
1904 - - -	7·9	5·2	7·6
1905 - - -	7·5	4·5	7·1
1906 - - -	7·9	3·5	7·3
1907 - - -	7·5	3·4	7·10
1908 - - -	7	2·8	7·3
1909 - - -	7·9	—	—
1910 - - -	7·4	—	—

With the exception of Bavaria, which shows a remarkable decrease for the last decennium, the number of the venereally infected persons among the recruits keeps fairly constant.

Are venereal diseases more frequent in Germany than in England? I believe so, although the English army returns are much higher. But the English army has quite a different character from the German. The German army includes the youth of the entire nation—all those between certain ages—city and country boys alike; the English army on the other hand is a volunteer force, largely recruited, as Flexner says, from among the adventurous and the derelict, precisely those among whom an inordinately large proportion of venereal disease would naturally occur. (I am not in a position to judge of the correctness of Flexner's statement.)

The English soldier has greater liberties and higher wages than the German and therefore can more easily have intercourse with prostitutes. Therefore it is not possible to draw conclusions from the army figures to those of the civil population. As to the latter, the conditions of life are much better in England than in Germany. London is a large city surrounded by many villages and village-like suburbs. Berlin—and the same may be said of all the other German towns—is only one large city. The young Londoner lives in a suburb, and after having finished his daily work he must travel at least half an hour to get home, where he takes his dinner and usually stays for the rest of the evening. In Germany the young man is obliged to live in the midst of the metropolis with all its traffic and temptations. After having taken his supper in a restaurant, he has to cross the most frequented streets with its cafés, bars, music halls and prostitutes. In London there is one large district for the prostitutes about Piccadilly. In Berlin, on the other hand, we have about 30 such districts, each neighbourhood and most of the suburbs have its own prostitution district. At any rate temptation is far greater in German towns than in English towns of the same size. To decide the question of the relative prevalence of venereal diseases in both countries it would be necessary to obtain exact figures from general enquiries.

A comparison of the frequency of general paralysis would perhaps support such enquiry.

How venereal diseases are combated in Germany.—According to sections 223 and 230 of the German Penal Code every bodily injury caused purposely or carelessly is punished. These paragraphs are applied occasionally to those who transfer their disease to other persons. But in fact these paragraphs are of no importance for combating venereal diseases because denunciations are exceedingly rare, and even in case of denunciation conviction is almost impossible. It has been suggested, therefore, to punish not only those who have caused an infection, but also those who, knowing that they are affected with a venereal disease, expose any other person to the danger of contagion. But it is very difficult to prove that anybody is or was ill at the time he had sexual intercourse, and that he recognised at that time the contagious nature of his illness. Such conviction would be possible if, as in Norway, a general notification existed and if the physicians were obliged to explain the dangerous character of the disease to the patients.

A second way of combating venereal disease is the compulsory treatment, which nowadays does not exist in Germany. But I believe, compulsory treatment would not be practicable; firstly, because for social reasons the patients endeavour to conceal their illness, and secondly, because it is very easy to conceal these diseases. Therefore a general compulsory treatment exists only for single groups of the population in Germany, viz., for soldiers and prostitutes.

Care of the diseased.—Sick funds.—The best way of fighting against venereal diseases is to give the patients the largest possible opportunity for rapid and skilled treatment. In Norway every citizen has a right to gratuitous treatment. In Germany such right does not exist, but as the majority of the adult male and female population—those who are most exposed to venereal infection—belong to insurance bodies, opportunity for treatment is very good. But until 1904 venereal diseases were considered as due to the patient's own fault, and the venereal patients obtained only treatment and medicine, but no money in case of incapacity, and it followed, therefore, that just the worst cases were not provided for. Treatment in hospitals was rendered difficult, because the sick funds were not obliged to contribute in such cases. That exceptional position of the venereal diseases made the patients think that they had no right to treatment at all; therefore, those patients often consulted quacks or remained untreated. By the efforts of the German Society in 1904, the law put venereal patients on the same footing as other patients. Since 1st January 1914 the number of insured persons has been increased so much, that at this moment about 20 millions—that is the majority of the adult population—is insured. No wonder that the insurance bodies represent to-day the most important hygienic organisation in Germany; every hygienic measure must rely upon them. That is especially true for venereal diseases. Nine-tenths of all venereally infected persons are contributors to sick funds, they have every opportunity of treatment, ambulatory as well as hospital, and treatment is obtainable in the easiest way. Physicians of the insurance bodies are not a special class of physicians; in all towns the majority of the ordinary practitioners and most of the prominent specialists belong to them, so that the patients have the utmost opportunity to consult the best authorities. Many specialists give their patients in addition to verbal also printed instructions, which contain not only directions for the way of life of the patient, but also general information as to the contagious and insidious character of the diseases. Special attention is drawn to the necessity of being treated not only when the patients feel unwell, but as long as the doctor declares treatment necessary; and sexual intercourse and marriage is forbidden before a physician declares that danger of infection is no longer present.

The insurance bodies also organise public lectures on general hygiene, including sexual hygiene and on venereal diseases, and publish and propagate popular

books, leaflets, and pamphlets. Their managers take a remarkable part of the work of the German Society.

Hospitals.—The number of hospitals and beds for venereal patients has been increased lately through the efforts of the D.G.B.G., the wards for venereal patients have been greatly improved. Everywhere there are now specialists at the heads of these wards, which are fitted with every application of modern science. Formerly the wards for venereal patients had a prison-like character, to-day that is completely changed. The current of patients setting towards the hospitals would have been still greater, if the establishing of so many specialists, especially in the great towns, had not made ambulatory treatment so easy.

The following table shows the number of *beds* and *specialists for venereal diseases* in some of the great towns of Germany:—

Town.	Inhabitants.	Beds.	Number of Specialists for Venereal Diseases.
Gross-Berlin	3,947,000	2,000	250
Hamburg	931,000	923	49
Munchen	596,000	200	34
Leipzig	589,000	354	45
Dresden	548,000	300	25
Coln	516,000	386	30
Breslau	512,000	450	31
Frankfurt a.M.	414,000	300	31
Dusseldorf	358,000	200	24
Nurnberg	333,000	120	14
Hannover	303,000	200	16
Essen	294,000	160	7
Chemnitz	288,000	151	8
Stuttgart	286,000	140	15
Magdeburg	279,000	132	9
Bremen	247,000	160	10
Konigsberg	246,000	100	11
Stettin	236,000	80	10
Duisburg	229,000	100	4
Dortmund	214,000	215	10
Kiel	211,000	100	8
Mannheim	194,000	80	10
Halle	180,000	70	9
Strassburg-i.-El.	179,000	120	15
Altona	172,900	200	4
Danzig	170,000	200	10
Gelsenkirchen	169,000	100	8
Posen	156,000	70	10
Aachen	156,000	51	7
Cassel	153,000	35	5
Braunschweig	143,000	87	7
Bochum	137,000	80	3
Karlsruhe	134,000	120	7
Crefeld	129,000	44	5
Plauen	121,000	90	3
Muhlheim-Ruhr	112,000	50	0
Erfurt	111,000	85	4
Mainz	110,000	90	6
Wiesbaden	109,000	76	17
Saarbrucken	105,000	80	4
Augsburg	102,000	140	4
Bonn	88,000	45	7
Elberfeld	170,300	95	9
Darmstadt	87,000	30	5
Wurzburg	84,000	50	6
Gorlitz	86,000	40	4
Freiburg	83,000	16	4
Metz	68,000	150	5
Liegnitz	66,000	30	2
Bromberg	57,000	30	2
Heidelberg	56,000	50	2
Grandenz	40,000	30	2
Jena	38,000	70	1
Giessen	31,000	10	3
Marburg	21,000	15	2
Tubingen	19,000	20	1

In total, 56 German towns, with 15,413,000 inhabitants, have 9,320 beds and 834 specialists.

Callings of Venereal Patients treated in the Public Hospitals of Prussia in 1899.

	Men.	Women.
Workmen and factory girls	4,289	1,265
Commercial employers	1,650	266
Baker, brewers, butchers	1,093	—
Waiters and waitresses	615	580
Domestic servants	271	2,504
Barbers and hairdressers	188	13
Students	120	—
Married women	—	1,047
Prostitutes	—	5,849
Children	237	258

There were treated	Men.	Women.	Men.	Women.
			Per Cent.	Per Cent.
For their own account.	2,000	1,289	13	9
At public cost	4,561	10,347	30	72
At cost of the sick funds.	8,405	2,570	55	18
At cost of charity.	136	110	0.9	0.8

Since 1902—the foundation of the German society—and since the extension of the Insurance Act the number of patients in hospitals and the percentage of patients treated at cost of sick funds has become much greater.

Quacks.—Formerly, venereal patients were excessively exploited by quacks and chemists. The greater the number of persons were that came under the Insurance Act, and the easier and better the care for the patients became, the more the practice of the quacks dwindled. But even now, quacks of all kinds, chemists, and advertising physicians try to victimise venereal patients. Advertisements are to be found in large numbers in every daily paper. According to a proposal of the D.G.B.G., a Bill was introduced, providing for the punishment of unjustified persons who treated venereal patients. This Bill was discussed once, but owing to the closing of Parliament it failed to become law.

Combating Diseases among the Prostitutes.—Hygienic control of prostitutes has been at all times the most important, even sometimes the only means for fighting venereal diseases. In Germany, regulations exist in all larger and smaller towns, that is, inscription of professional prostitutes, their hygienic control, and, in case of disease, compulsory treatment. But in the different towns application of regulation is quite different. In the south of Germany, inscription is voluntary, in north Germany compulsory. For instance, in Stuttgart, the number of inscribed girls is about 20, while in the great towns of the north of Germany they amount to hundreds and thousands. Lately, minors are not allowed to be inscribed. Brothels are forbidden by law, but in many places they are publicly tolerated; in others, as in Hamburg, they are compulsory. In Bremen, Dortmund, and some other towns the prostitutes live in certain streets, which are especially reserved to them. It is questionable if regulation is allowed by law. Sections 361–6 of the German Penal Code presumes, but does not order it. Since 1907, in Prussia and some other German States, a “Contagious Diseases Act,” called “Seuchengesetz” exists (complementary to the German “Reichsseuchengesetz” which deals with the great epidemic diseases), which orders compulsory treatment of venereally infected prostitutes, but does not formally prescribe preventive examination of the healthy ones. The Contagious Diseases Act says, section 9 (2):

“Persons with syphilis, gonorrhœa, and soft chancre can be treated compulsorily, if they are

professional prostitutes, so far as this measure prevents the propagation of the diseases."

In the instructions for the execution of the law it says:—

"Persons who have professional intercourse have to go to certain places on certain days to be examined. If the examination shows that they suffer from syphilis, gonorrhœa, or soft chancre, they are obliged to submit themselves to medical treatment. To facilitate the latter, public medical consulting hours are to be arranged. If these persons do not attend these hours regularly, they are forced to go into an hospital at once and have to stay there until they are cured."

The prostitutes are subjected to numerous restrictions in their way of life, which are, however, usually transgressed. Also the medical examination is not everywhere quite up to the latest improvements of science. You will find very many details of German and continental regulation in the excellent book of Flexner, "Prostitution in Europe," which I have previously mentioned. It is very difficult to form a judgment about the real effect of regulation on the extent of venereal diseases. I, for my part, do not believe that the effect is very considerable, as I have explained in my report given to the last International Medical Congress I had moved the following proposal.—

1. That persons of both sexes, who are suspected of spreading venereal infection, should be enjoined to bring to the local sanitary authority a certificate of health by medical men appointed for the purpose. Suspected persons would be (a) those who are notified to the sanitary authority as having caused infection; (b) those who have caused public annoyance in any street and public place (by soliciting or otherwise).
2. If the suspected persons do not bring this certificate they must be required to remain under treatment until cured and give proof of this treatment regularly to the sanitary authority.
3. Forcible treatment would only take place in the case of the injunctions of the sanitary authority not being followed.

The draft of a new *Penal Code* was issued some years ago. It forbids procuration, which includes brothel-keeping; on the other hand it permits police and sanitary supervision of prostitutes by the local authorities on lines to be laid down by the federal council. The draft will be issued by Parliament in 1917; in the meantime a committee of experts, called together by the D.G.B.G., is studying minutely the question of prostitution in connection with future legislation.

Since 1902 the whole battle against venereal diseases in Germany has been concentrated in the *German Society for Combating Venereal Diseases*, D.G.B.G. The idea of forming this society was suggested at the two International Conferences at Brussels in 1899 and 1902. We had seen, that the battle against these diseases could be forwarded only if there was a centre for all work along this line. Supported by Professor Lesser and Professor Kirchner—who is now leader of the medical department in the Prussian Cabinet—and supported by a large number of the most prominent men and women in Germany, my friend, Professor Neisser, and I published a call for founding a society. The constituting meeting was held on the 19th October 1902. Contrary to the French Society—which is merely a learned body, discussing in a small circle problems connected with the hygiene of venereal diseases—we saw from the start of our work, that we must rely on the mass of the nation including all classes of society.

From this point of view our society had to fulfil three tasks—

- (1) A popular action for enlightening the public on the ravages of venereal diseases and the necessity of combating them.
- (2) A more scientific task: The society should be an organ for discussing all problems dealing with the combating of venereal diseases.

- (3) A more practical task: The society should be in connection with parliaments and governments, legislative and administrative bodies, and should propose reforms in law and administration.

To fulfil these tasks the society was organised as follows:—

The society is represented by a committee of five members: Professor Neisser, as president; myself, honorary secretary; Professor Kaup, professor of social hygiene at the university of Munich; Dr. Matthias, an educationalist, formerly privy councillor in the Department of Education; and Dr. Freund, an administrative official of the greatest insurance body in Prussia. The principal committee is supported by an executive committee of more than 100 members, to which belong physicians, lawyers, public officials, merchants, members of parliament, well-known women, &c. Each local branch of the society is represented also by one or two members. There are individual and corporate memberships, the latter for unions, administrative and insurance bodies, large industrial works, &c. The number of our members amounts now to 5,000. The yearly minimum contribution is 3 marks, for members abroad 5 marks. But a great number, especially of corporate members, grant us higher contributions, among them some with a yearly contribution of 1,000 marks.

Last year our budget was:—

	M.
Balance in hand 1912	21,186·37
Revenues	53,946·20
Total	75,132·57
Expenses	55,055·57
Balance 1913	20,077

In this sum are contained the expenses and revenues of our local branches, which send us at the end of the year two-third of their balances. The society has branches in nearly all great German towns, the total being 33. Each branch is organised in the same manner as the central society. It has a local committee and an executive committee which delegates members to the central executive. The foundation of the local branches also took place in the same way as the main society. The branches do the principal part of the work as they are in touch with the greatest part of the population. They organise public lectures and meetings connected with the combating of venereal diseases, with or without a discussion following. These conferences are nearly always public without charge for admission and may be attended by everyone. Sometimes they are arranged only for single groups of people, e.g., for soldiers, working men, teachers, scholars of the highest classes of gymnasia, scholars of continuation schools, midwives, women and girls, also for working men and working girls of single factories only. Sometimes the society sends travelling lecturers through the land who speak in the local branches.

*Topics discussed at the Annual Meetings
of the D.G.B.G.*

- 1902 Constituting meeting.
The prevalence of venereal diseases.
Hygienic dangers of venereal diseases.
Social dangers of venereal diseases.
Problem of a society for combating venereal diseases.
Venereal diseases and sick funds.
- 1903 Venereal diseases in relation to the penal and civil codes.
How can physicians combat venereal diseases by instructing healthy and sick.
Venereal diseases and the question of housing.
In what direction can the regulation of prostitution be reformed?
- 1904 Compulsory education for minor prostitutes.
Our new "merkblatt."
- 1905 Medical secrecy and venereal diseases.
Brothel and brothels streets.
Shall advertising of preventive means be punished?

- 1906 Can insurance bodies take part in the congresses of the D.G.B.G. ?
- 1907 Sexual education and instruction—
 (a) at home, at school.
 (b) of the pubescent youth.
 (c) of parents and teachers.
- 1908 Homes for congenital syphilitic children.
- 1909 The Prussian ministerial edict on the reform of regulation, published in 1907
- 1910 Supervision of prostitution in the draft of a new German penal code.
- 1911 Sexual continence and its dangers to health
 Suppression of preservatives against venereal diseases by law and adjudication of courts.
- 1912 The new progress of diagnosis and treatment of venereal diseases.
- 1913 Venereal diseases and increase of population.
 Venereal diseases and matrimonial law.
 Educational problems of the D.G.B.G.
1914. Treatment of minor prostitutes.

(The proceedings of the annual meetings have been published at full length in the "Zeitschrift für Bekämpfung der Geschlechtskrankheiten, Volume I.-XV., Leipzig 1913-1914.)

Since the formation of the society three congresses were held, the first in 1903 at Frankfurt, the second in 1905 at Munich, the third in 1907 at Mannheim. Since 1907 no congress has taken place, but our annual meetings have the character of a congress. They are held every year in a different town and deal with one, two or more important problems. Resolutions are put to the meeting and carried, and petitions are sent to parliaments and governments.

The society keeps a central office, which is managed by the honorary secretary assisted by a medical assistant and a lady secretary. The central bureau carries on the whole of the correspondence of the society, the preparing of the congresses and meetings, and the editing of the two journals which are issued by the society. One is a small popular paper which is published every second month and is supplied gratis to all members, called the "Mitteilungen" of the D.G.B.G. It contains reports from the local branches, lectures, important news about venereal diseases, &c. Since last year it is also the organ of the Austrian Society and therefore publishes the reports and news of this society. The other journal, called the "Zeitschrift für Combating Venereal Diseases" is a scientific review which publishes scientific papers. Up to the present many valuable papers have been published in 15 volumes.

The society has a large collection of wax figures, diagrams, drawings and a scientific lending library for medical members. In 1911 the society formed a special section at the International Hygiene Exhibition at Dresden. The objects exhibited there were afterwards used in a travelling exhibition, which since that time has been shown in all great towns of Germany. At present the collection again forms part of the Hygiene Exhibition at Stuttgart. In the towns

where the exhibition is shown, the physicians arrange special hours for explanatory lectures.

The German Society has made many efforts for propagating better *sexual education* and instruction of the young, who are not only without any knowledge of the dangers of venereal diseases, but also quite ignorant of the first elements of sex hygiene. Sex-life is considered on the one hand as a lust of the flesh that must be suppressed in every possible way, on the other hand merely as a topic for obscene jokes. It seemed necessary therefore to enlighten the adolescent population on the importance of sexual life for their own health and for the strength and well-being of the nation and race. The German Society has taken much pains to introduce better sexual education at home and school, but in practice it has appeared that there are many difficulties and prejudices to surmount. The result is that up to the present regular instruction is only given in the Prussian Continuation Schools and irregular instructions for the scholars leaving the highest classes of gymnasia. On May 4th of this year Herr Munsterberg, M.P., a member of our committee, made a valuable speech at the Abgeordnetenhaus in which he pleaded for regular instruction of young teachers.

A difficult point in the instruction of sex education is the question of self protection. Many people believe that every recommendation of preventives is a temptation to immoral life. Our society is not of this opinion. Considering that in spite of all commandments of morality and religion so many thousands expose themselves and other persons to venereal infection, we think it necessary to give young ignorant people the possibility of protecting themselves. German laws do not forbid the selling of these articles, but forbid public advertising even in a decent manner. Preventives are considered as articles "destined for immoral purposes." Accordingly, although these means are officially recommended and used in the army and navy, the slightest recommendation to the "public," even to the *medical* public, is punished. The German Society has vainly tried to change this state of things.

A further improvement in our work of enlightenment was the organising of a representation of *Brieux's drama "Les Avariés"* ("Damaged goods" in the English translation by Mr Shaw.) Most of our local branches as well as the head society supported the representations. In Berlin alone the piece was played over one hundred times at seven theatres. In many large and small German towns travelling theatrical companies played this piece.

The work of the German Society has thoroughly changed public opinion on venereal diseases. The press, especially the press of the great towns, is no longer afraid of using the words "syphilis" and "venereal diseases"; they give full accounts of our annual meetings and the local papers give reports of the meetings of the branches. In fact the whole press—and not only the press, but also the public, is in sympathy with and supports our movement.

APPENDIX XXIX.

VENEREAL DISEASES IN DENMARK.

Statement of Evidence of Dr. Svend Lomholt.

The question of venereal disease in Denmark is practically the question of venereal disease in Copenhagen; most probably 80 per cent. of the disease occurring in the country is to be found in that town. The population of Copenhagen is about half a million, that of the whole country about two and three-quarter millions.

The measures taken in Denmark and particularly in Copenhagen may be divided into two groups:—

- (a) Sanitary measures.
 (b) Administrative and police measures.

The following details are perhaps relevant in considering this question. The lower classes of Copenhagen are comparatively well off, the average wages of a skilled workman being 1,250 kroner* and of an unskilled workman 1,175 kroner a year. The wages of

* 18 kroner = 1l.

factory girls are 12-14 kroner a week, and of domestic servants about 22 kroner a month.

There is little real poverty. The expenses of the municipality for the relief of the poor amount to about 6,000,000 kroner per annum and old age pensions about 3,000,000 kroner.

General education is at a rather high level.

Sanitary Measures in relation to Venereal Diseases. General Sanitary Arrangements.

Copenhagen is apparently better provided with hospital accommodation than any large town in Europe. The municipal hospitals at present provide 3,400 beds for 475,000 inhabitants, and there are in addition numerous private hospitals, a university hospital with 800 beds, a lunatic asylum for 1,300 patients, and a hospital for aged people with 400 beds.

As the state of health in the town is good, it follows that any case of serious illness can be, and is to a large

extent, treated in hospital. The payment required is quite small, in ordinary wards being only 1.2 kroner per day, while for members of sick clubs it is 0.6 kroner per day.

By far the greater number of patients are members of sick clubs. In Copenhagen there are 172,000 adult members.

The annual cost of the municipal hospitals in Copenhagen is about 4,000,000 kroner, of which 3,000,000 is contributed by the municipality.

It will be seen that these arrangements do not fall far short of perfectly free treatment. Under an Act of 1874 every citizen is entitled to free treatment (ambulatory as well as hospital) for venereal disease without regard to his ability to pay. Most probably at least one-half of the cases are at present treated gratis.

Free treatment is provided also for other diseases, but this arrangement is oldest in the case of venereal disease. As early as 1773 a rescript provided for free treatment for poor patients with venereal diseases in one of the provinces of Denmark, and there have been other rescripts and regulations making similar provisions prior to the Act of 1874.

It may be mentioned that at the beginning of the seventeenth century a rather violent epidemic of syphilis ravaged several parts of the country.

The expense of the free treatment is not paid, as is the case in all other poor relief, by the municipality to which the patient belongs, but by the municipality in which the patient first seeks a physician. This is done to avoid the keeping of accounts and records which might infringe the secrecy which rightly protects persons suffering from these diseases. The breaking of this secrecy might prevent the patient seeking medical help and thus check the very spirit and tendency of the law itself. By an Act of 1906 this principle is further developed.

Hospitals in Copenhagen.

As already pointed out, the Act of 1874 provided that everybody should be entitled to free treatment. In the beginning, however, this treatment was confined to hospitals and a very few public consulting-rooms.

Before 1906 separate hospital provision existed for regulated prostitutes and for other persons, but this distinction is now no longer made.

The Rudolf Bergs Hospital, for instance, which was formerly used as a special hospital for prostitutes, is now used as an ordinary dermatological venereal hospital department.

Of the total number of beds (180) more than half are occupied by venereal patients, men and women being about equal in numbers. In spite of the very mixed company—about 20 per cent. of the women are yearly sent in by the police for compulsory treatment—the discipline usually gives rise to no difficulty.

The stay in hospital is generally a little over a month for syphilitic patients.

As to the social position of the patients, the men are generally workmen, a great many are sailors, of whom many are foreigners who are treated gratis at the expense of the municipality.

The women belong to the same classes—servants, factory girls, and dressmakers. The greater number are young. About one-fifth of the women patients are brought into hospital from prison or by the police physician for compulsory treatment. This number is, however, continually decreasing.

General Public Consulting Rooms.

There are three public consulting-rooms (all of which existed prior to 1906) for cutaneous and venereal diseases. One is at the dermato-venereological department of the Municipal Hospital, and there is a similar one at the corresponding department of the University Hospital. Both are superintended by the first assistant doctor of the departments, and to a large extent they are intended to support and supplement the work of the departments. These two consulting-rooms are open a couple of hours every morning.

There is also a similar consulting-room in the centre of the town which is open three days a week in the middle of the afternoon.

An evening consultation is held only at the University Hospital. This is attended by a great many people.

In 1912 the number of cases of venereal disease treated at these consulting-rooms was 1,321.

The people attending these consultation-rooms are all belonging to the poor classes, generally poorer, for instance, than those attending the new consultation-rooms described below.

These three consulting-rooms are attended by a greater number of women, at least as far as syphilis is concerned, than in ordinary private practice; the reason for this may be partly that women are better able to attend morning consultations, and partly that they do not know the nature of their illness and regard it as an ordinary cutaneous disease, for which they seek help at a consulting-room for cutaneous diseases.

It is necessary to emphasise that many of the patients attending these consultations are syphilis patients who continue their treatment after leaving hospital. There are relatively few fresh cases.

Twelve Municipal Doctors for free Treatment of Venereal Disease.

The provision of the Act of 1906 of the greatest practical importance is no doubt that of section 5 compelling the municipalities to arrange easy access for free consultation and treatment for patients with venereal disease.

As mentioned before, this right to demand free treatment was admitted already in the Act of 1874, but in reality very little had been done to make this point of practical value for the people. Now this has been done.

In the rural municipalities and those of the smaller towns this work has been left simply to the "district physician." In some of the larger towns experienced specialists have been employed, and finally Copenhagen itself has provided quite a new system of gratis consultation.

Twelve physicians, of whom two are ladies, have been appointed to give daily consultations at fixed hours for these patients without regard to their means. Patients who cannot afford to pay for medicine and appliances can obtain these things gratis.

To begin with, everything was arranged temporarily. To make access as easy and confidential as possible the consultations were to be given quite privately in the doctors' private consulting-rooms, and the fee should be in proportion to the doctor's trouble: three kroner for the first consultation of a new patient and one kroner for each succeeding consultation. These fees were to be paid to the doctor by the municipality at the end of each month. The usual fee asked by a Danish specialist for such consultations may in private practice be put at four to five kroner for the first consultation and two to three kroner for the succeeding ones. Several doctors, however, allow considerable reduction to sick-club patients, fees which are equal to those paid by the municipality.

As will be seen by Table I. the population availed themselves to a very great extent of this opportunity, with the result that the expenses of the municipality increased rapidly. Partly for this reason, partly because the municipality itself by these arrangements got into difficulties with the local specialists, who looked upon this private form of consultation as a rather hard competition, the matter has been arranged in a different way, which will most likely be the final one, partly because it to a higher degree fulfils its object, partly because at the same time it is more liberal to the practitioners.

Practical Arrangements at the present Time.

Twelve doctors are now engaged, with an annual salary of 2,000 kroner without regard to the number of patients attending each of them, a number which is very different in the different parts of the town. Of these twelve doctors two are ladies.

Two doctors, one lady and one gentleman, are still working under conditions which are quite private, giving consultations in their private consulting-rooms. This is a fragment of the former arrangement, which thus has been retained experimentally.

Experience tends to prove that the more or less private character of the consultation, within the limits named, are only of minor importance, because consultation and treatment, under the new conditions also,

is as a matter of course carried on in a perfectly confidential way.

The remaining ten doctors are engaged two and two at five consulting-rooms situated at five different places in the city, and each has six hours of consultation weekly, of which two are in the evening and four during the day; the evening consultations are attended more than twice as much as those of the day.

The two lady doctors only treat women and children and have at present, as the figures show (*see* Table I), almost two-thirds of the whole number of female patients, this number having been constantly increasing from one-third in 1907.

Of the gentlemen doctors one only treats men (engaged at the same consulting-rooms as one of the lady-doctors), the remaining nine gentlemen treat for two hours only women (for one hour in the evening and for one in the daytime) and for the remaining four hours men (one hour in the evening and three in the daytime).

These five consulting-rooms are situated at some distance from one another in the city, and are all in the vicinity of, or in, one of the main streets. They consist, as a rule, of three good-sized rooms, quite privately situated, in ordinary houses, the one reserved for waiting-room, the second for consulting-room, and the third for the treatment.

At the consulting-room a female assistant is engaged for purposes of cleaning, of attending the doctors, &c.

The patients are always treated singly. They have to give their name and address, which are put down in journals.

Generally they get a printed pamphlet indicating that they are compelled to continue the treatment after the doctor's prescription, and often also some information on the character of their disease and how to treat it. Some doctors prefer to give this information verbally.

If a patient is said to be unable himself to pay for medicine and implements required he can get these things delivered. Generally these things have been given only to paupers (unemployed, apprentices, factory girls, &c). The general expenditure of Copenhagen has been, for a single year, about 6,000 kroner.

In case the disease is too serious for outdoor treatment, the patient becomes an inmate of a hospital. Of new cases in the last year 20 per cent. have become indoor patients, of fresh cases of syphilis 50 per cent.

Generally patients are told to attend weekly, and the greater part of the doctors make a note of those patients who from day to day have been told to attend. If a patient does not make his appearance during more than one or two weeks and the case in question is not quite a slight one, he will receive instruction to appear at a fixed hour. This information is sent quite privately in a plain envelope without compromising marks.

Generally the patient will then attend; if he receives the letter but still does not appear a new letter will follow. If he still does not appear without giving a real cause for his absence or without sending a certificate from a private doctor who has undertaken his case, he will be reported to the inspector of the "police des mœurs."

The police will then look him up and summon him to call at the police department to receive a verbal correction and note to appear before the doctor again. These summons are, however, done in a rather discreet manner. The notes given by the police inspector are nearly always followed. In a very few cases it has been necessary to impose fines or to compel the patient to go into hospital. For figures showing how often such reports to the police inspector have been used by the doctors and how often patients have been caught, *see* Table II.

The great increase in the number of these reports is not to be looked upon as a proof of bad working of the system itself.

Generally it means only that a certain animosity by the doctors against co-operation with the administration is diminishing, perhaps also a result of individual changes, several younger doctors being lately set apart for these charges and these young gentlemen generally

working more minutely and thoroughly in this respect.

The above-mentioned consultations are mainly frequented by the working classes and the lower middle classes: labouring men, artisans, sailors, apprentices, and their wives, and also by servants, shop assistants, factory girls, &c.

The professional prostitutes, on the contrary, probably to the greater extent seek private attendance.

One more duty the municipal doctors have as servants of the authorities in bringing those patients under treatment who, also in private practice, refuse to obey the instructions given in section 5, and who for this reason have been notified by private physicians to the Board of Health

The manner in which they are dealt with is the same as the above-mentioned for the patients of the 12 doctors, in case of neglecting the indicated treatment.

The number of these patients who for this reason have been notified by private physicians to the Board of Health, has been—

1907	-	-	-	-	-	100
1908	-	-	-	-	-	167
1909	-	-	-	-	-	300
1910	-	-	-	-	-	399
1911	-	-	-	-	-	303
1912	-	-	-	-	-	432
1913	-	-	-	-	-	337

Knowledge of the People respecting Venereal Diseases.

With respect to people's knowledge and understanding of these diseases, I imagine that it is fairly good.

Of course the danger of syphilis especially is often exaggerated, and we may meet sometimes with quite fantastic ideas about it, while on the contrary gonorrhœa is thought too little of, especially by women. With regard to the classes of people who are most exposed to infection, *ie*, the lower classes in towns and principally men, they seem to have a good knowledge of the most common symptoms and some understanding of the significance of an early and thorough treatment.

Thus gonorrhœa will generally, as far as men are concerned, come into treatment in the course of the first week, and syphilis at the stage of chancre or immediately after the appearance of the first exanthema.

Because of the less palpable symptoms, women naturally seek treatment a little later, when the chances of treatment are not so good, a circumstance, the result of which is characteristically shown in the difference between the number of first outbreaks and the relapses among the syphilitic patients at the hospitals.

It is almost exclusively in women we see really neglected syphilis outbreaks.

With special regard to syphilis the ordinary treatment is altogether fairly satisfactory. The "Fournier" scheme with three to four years of intermittent mercury treatment is as a rule followed by most Danish specialists, although in a milder form.

But even though it can only be *strictly* executed in a minority of cases, it is nevertheless relatively seldom to meet severe tertiary and visceral cases, much less in a neglected form.

As far as "paralysis progressiva" is concerned, circumstances seem essentially unaltered.

Probably the new abortive way of treatment with salvarsan, which during the last two or three years is coming largely into use, will improve matters still further.

Private Treatment.

The drawback to all this gratis treatment is, of course, that private consultation is decreasing to a large extent. It might be feared that this fact would prevent first-class doctors from specialising in venereal diseases, because the economical possibilities must be

considered relatively small. So far, however, there seems to be no danger in this respect, among other reasons because the access to educational places is rather easy, as we have three large and one smaller department in Copenhagen, each with five or six doctors.

This large number of hospital places accounts for the increasing number of well-educated specialists in Copenhagen, at present there are about 20. There are, of course, also doctors who advertise as specialists, although they have not the education that is considered necessary in Denmark (about two to three years in hospitals).

There are some with at least something of an education, while others seem without any at all.

Nevertheless it must be admitted that it is comparatively seldom that we meet any severely mistreated cases, even though the treatment at times might be strongly criticised by competent parties.

On the other hand it is very rarely that people, who are not authorised physicians, undertake to treat these diseases. Unauthorised persons undertaking treatment are liable to punishment according to Danish law.

This refers also to the chemists and to quacks, who in spite of everything are found in Denmark, perhaps especially in the country, where these diseases are pretty rare nowadays.

The majority of patients no doubt seek specialists.

It is not probable that the ordinary practitioner would treat any number of venereal cases worth mentioning

The majority of the inhabitants of the city are, as already mentioned, members of sick clubs, and will nearly always in the event of any such disease be sent to hospital or to one of the municipal specialists by the doctor of the sick club. The same will be the case in the very poorest form of practice. Among more well-to-do people men will of their own accord seek special treatment, while perhaps some women are treated by their family physician. This opinion is strongly confirmed by the observation that, of patients who are made in-patients for repeated treatment at hospital, only very few have been sent in by non-specialists.

In a sanitary way this widely extended special treatment is an enormous advantage.

Statistics.

Denmark is certainly the only country besides Norway which has complete statistics of venereal diseases, these statistics going back to 1867.

The foundation for these statistics is the weekly report of cases of contagious diseases given by all practitioners and hospital departments to the Board of Health.

Every Saturday evening "forms" are sent by the Board of Health to every practitioner, to every dispensary and to every hospital department, and are taken back again on Monday morning, after the doctor has filled in all the cases of contagious diseases which have taken place in his practice during the past week.

The filling of these forms, which is made gratis by the practitioner and only for statistical purposes, is practically a voluntary act. Some doctors who are not interested always return unfilled forms.

These reports form the material from which the Board of Health of the city compose their weekly report upon the state of health of the city, and further by collecting the weekly reports make out the main yearly report.

Since 1906 the filling of these forms, as far as venereal disease is concerned, has been made compulsory by Act, but in spite of this it is a well-known fact that some doctors still return unfilled forms, and especially as far as these diseases are concerned, often on account of an animosity against the new statutes.

As far as I have been able to investigate this was formerly more prevalent: thus, for instance, the Doctor in Chief for the Venereological Department of the great Municipal Hospital (up to 1906) always returned blank

forms for his private practice, this being a well-known fact.

During recent years this has probably been done by very few venereal specialists.

But even if only very few forms are nowadays filled in a consciously erroneous way, nevertheless it must be emphasised that the interest in these statistics only has been very feeble on the part of most practitioners and the accuracy in which the forms have been filled in leaves much to be desired.

What was formerly the condition of matters it is now impossible to investigate exactly, because all the forms have been destroyed in course of time. But for the recent years I have myself looked thoroughly into the matter and have not found them very accurate.

This has been the case only as far as the ordinary practitioners are concerned, who take but little interest in all these matters. On the contrary, the forms sent in by the venereal specialists and by the above mentioned municipal doctors have been, with few exceptions, fairly accurate, this being by far the most important fact, because only very few venereal patients do not seek specialist treatment.

It is indeed understandable that the forms returned by hospital departments and public consulting-rooms (dispensaries) often are filled in in a very inaccurate way, this being in some cases caused by a certain want of interest, in others by an evident want of knowledge of how to fill the forms correctly, as this work is often left to quite young doctors, students, nurses, &c. Thus evidently sometimes not only fresh cases are filled in, but also old ones.

So far as syphilis especially is concerned this will give quite misleading results, and on such forms the number of syphilis cases will be much larger in proportion to the number of other venereal diseases than is usually the case.

So far as forms are concerned from hospital departments and public consulting-rooms this does not so much matter as the forms can be corrected by a comparison with the journals of the hospitals and public consulting-rooms.

It will be seen clearly by these remarks that the venereal statistics of Copenhagen, as they are found in the annual reports of the Board of Health are to be taken with a good deal of reservation. This has been quite a well-known fact for many years in this country, and has always been underlined by the Board of Health itself.

But abroad it is often taken without any criticism, which has given rise to great misconception.

From a certain point of view it would perhaps be most reasonable definitely to ignore all such inaccurate statistics and consider them perfectly valueless.

Nevertheless the question of increase or decrease of these diseases is of such social importance that the only means of getting information regarding them can be only reluctantly given up.

Having occupied oneself with these materials for some time, one gets some impression of which part can be trusted and which not, and it may be possible to estimate the real figures, though still with a good deal of reservation.

Below such an attempt has been made, especially for syphilis, and it will probably also from an English point of view be of some interest to have some light thrown upon this matter.

The main difficulty in the venereal statistics is that in the above-mentioned weekly forms only a figure is filled in, but not the names and the addresses of the patients, as in other cases of contagious diseases (scarlatina, diphtheria, &c.).

Herein lies a great danger of duplication of the cases in the forms, e.g. :—

A case has been diagnosed by a physician and afterwards sent into hospital, from where it is also reported.

But as hospital treatment is so extensively used, especially for fresh cases of syphilis (50 per cent.), this error is of no small importance.

A notification of the names would certainly be the only rational way out of the difficulty, such as has been used for some years in Denmark for tuberculosis.

Especially as far as syphilis is concerned it would be very desirable.

I should not, however, think it possible at present, on account of the objections of the physicians, even if it could be carried on under the most thorough guarantees of secrecy.

The patients themselves generally do not refuse to give their names, even in private practice, *e.g.*, blood for Wassermann-test, undertaken nowadays once or several times for most syphilis patients, is generally sent in *marked with the name* to the State institute for such examinations.

From a scientific point of view such a registration would be of the utmost importance.

Certainly the figures given by the Board of Health are evidently far too high, especially for syphilis, but to what extent? For practical reasons each disease will be dealt with separately.

Ulcus venereum (Soft chancre).

For this disease the above question can easily be answered, thereby being understood an ulcer of a well determined type and caused by the bacillus of Ducrey—Krefting.

As an indication of the frequency of this disease the figure is far too great, many Danish doctors including too much under this heading. This will be evident by an examination of the weekly reports.

Many specialists with extensive practice report but a very few cases during the year, while others report very many, for the reason simply that by some doctors every small slight ulceration is put down as *ulc. ven.*

The great difference between the number of cases in men and in women is also suspicious (*see* Table III.)

Gonorrhœa.

We are here on a little safer ground than with *ul. ven.* Still the figures are only approximate.

The examination of the figures for gonorrhœa are not of very great importance for the point in question: Has the abolition of State regulation of vice augmented the number of cases of these diseases?

As far as syphilis is concerned opinions still differ.

But for gonorrhœa, it has been quite evident that the usual hospital treatment has only been of a very slight importance for women, who expose themselves to a continual re-infection, as is the case with professional prostitutes.

The modern bacteriological examination proves this to be an acknowledged fact.

Prof. Pontoppidan, the late physician-in-chief at the hospital for prostitutes, as the result of a detailed and thorough investigation on this very question, summarises the position as follows:—

“This discouraging examination tends to prove plainly that all prostitutes, at least the younger ones, retain in their sexual organs gonococci, which can be proved by microscopical examination, and that there is but little reason to hope that these gonococci could be made to disappear entirely, even by hospital treatment, within a reasonable time.”

Nevertheless, the figures for gonorrhœa are of some interest, though, as mentioned above, they are only of limited value, several defects being unavoidable.

In the first place, there is the above-mentioned inaccurate filling of weekly forms, the double-reporting of hospital patients, &c.

In the second place, several important medical difficulties with regard to all statistics of gonorrhœa, especially the difficulty in discriminating between re-infections on one hand and relapses and chronic cases on the other, a difficulty which tends to make all statistics of gonorrhœa in women almost worthless.

With regard to men, statistics are better, but still here, to some extent, the same difficulty occurs.

In spite of all these defects, the figures given by the Board of Health tend to show surprisingly constant figures for several years. (*See* Table IV.)

In comparing figures before and after 1906, it still is to be borne in mind that on account of an easier access to good medical treatment after 1906 the number of cases treated by the patients themselves without medical attendance might be supposed certainly to be decreasing, and at the same time the increase of the number of cases treated by specialists has made the reporting itself more accurate.

With regard to these two facts it may be permitted to assume a slight decrease in the number, especially as far as the latest years are concerned.

Of special interest are the figures of the garrison, which are far more reliable. Here we meet the same stationary figures, quite uninfluenced by the year 1906.

Syphilis.

We are here at the most important point of the whole research.

Firstly, it is with regard to syphilis that the adherents of State regulation of prostitution pretend to have the most important results, and expected to find the greatest increase in the number of cases, after the abolition of regulation in 1906.

Secondly, syphilis, in fact, shows the greatest increase, to judge by the annual report of the Board of Health, namely, 80 per cent in the years 1906–8, a fact which abroad has caused very fantastic ideas as to the frequency of this disease in our capital.

Thirdly, syphilis no doubt, must be considered as by far the most serious of the different venereal diseases.

Fourthly, we have here the opportunity to provide, within certain limits, fairly accurate figures concerning this disease.

In the first place, because syphilis is contracted only once in a lifetime (practically speaking), *in the second place*, because only very few patients do not seek medical attendance for this disease; and, *finally*, because we find here an invaluable help in extensive statistical materials, supplied by the hospital journals.

Several facts, however, tend to prove that figures in the public statistics are by far too high. In 1912 I undertook a thorough examination of all statistic materials belonging to these matters for the period 1st January to 1st July 1912, in the hope of obtaining more exact figures of syphilis cases, seen for the first time in that period.

The principles and details in the investigation will probably be of no interest. I therefore only give the results, which were presented in a detailed form to the Danish Society for Dermatology some time ago, without evoking any important criticism.

This examination went to prove that the number of syphilis cases in the public statistics are about 100 per cent. too high (*see* Table V.). It may be taken that the estimated figures given in that table are certainly correct within 10 per cent.

The curve constructed from these estimates is almost stationary. During the last years there certainly is a small decrease. A decrease in the *total* number of patients seeking free treatment in its different forms points in the same direction.

All these detailed considerations taken together tend to prove, in my opinion, that the strong increase after 1906 shown by the public statistics does not mean a corresponding real increase of the number of cases themselves.

And if this conclusion is correct, it means that a regulation of prostitution may not be a very strong help to combat venereal disease, at least not to be compared to the effect of a large and easy access to good and free treatment, as has been arranged in Denmark during recent years.

TABLE I.—PATIENTS TREATED BY THE TWELVE MUNICIPAL DOCTORS.

Figures derived from the Monthly Returns.

I.—Men.

Year.	Total Number of Patients.	Gonorrhœa.		Syphilis		Soft Chancre.	Pseudo Venereal Cases.
		Total.	Fresh Cases only.	Fresh Cases.	Old Cases.		
1907	2,873	1,622	—	159	156	173	763
1908	4,030	2,006	—	271	276	425	1,052
1909	4,647	2,311	—	270	466	347	1,273
1910	3,991	1,885	1,499	281	479	242	1,104
1911	3,748	1,769	1,498	258	458	233	1,030
1912	3,583	1,725	1,416	209	425	230	994
1913	3,582	1,779	1,523	233	286	177	1,117

II.—Women.

Year	Total Number of Patients treated by Women Doctors		Gonorrhœa.		Syphilis.		Soft Chancre.	Pseudo Venereal Cases.
	All patients	Patients treated by Women Doctors	Total.	Fresh Cases	Fresh Cases.	Old Cases.		
1907	820	297	318	—	90	131	7	274
1908	986	325	361	—	126	143	36	420
1909	1,259	448	420	—	138	226	24	451
1910	1,090	599	356	311	122	258	16	339
1911	1,165	639	337	279	149	304	8	367
1912	1,106	615	325	275	118	267	10	386
1913	1,070	652	305	266	90	240	10	425

TABLE II.

Year.	Medical Examinations according to Section 10, 30th March 1906.					Penal Civil Code, Section 181.				Patients notified to the Police by the Twelve Municipal Physicians.			
	Total Number.	Men.	Men with Symptoms.	Women.	Women with Symptoms.	Men accused.	Men punished.	Women accused.	Women punished.	Total Number.	Men.	Women.	Not to be found.
1907	410	22	21	388	172	28	20	30	23	194	154	37	55
1908	609	61	54	548	195	38	25	107	62	278	218	60	83
1909	739	36	28	703	226	25	18	96	64	333	238	95	111
1910	822	25	14	797	155	15	12	45	35	466	336	130	179
1911	780	40	24	740	160	25	20	44	32	481	364	117	186
1912	742	21	12	721	153	14	10	36	26	627	457	170	133
1913	760	39	17	721	124	16	6	36	22	630	?	?	227

TABLE III.—WEEKLY RETURNS OF THE BOARD OF HEALTH. Soft Chancre.

Year.	Men.	Women.	Total.
1901	829	67	896
1902	521	46	568
1903	412	26	438
1904	444	41	485
1905	406	41	447
1906	696	99	795
1907	675	42	728
1908	1,071	93	1,164
1909	935	89	1,034
1910	755	93	848
1911	579	111	692
1912	559	111	670

TABLE IV.—WEEKLY RETURNS OF THE BOARD OF HEALTH. Gonorrhœa.

Year.	A.	B.	C.	D.	E.
1900	4,630	3,426	—	—	—
1901	5,238	3,487	—	—	—
1902	5,211	3,734	—	—	234
1903	5,230	3,472	—	—	244
1904	4,861	3,260	—	—	224
1905	4,849	3,341	—	—	239
1906	4,848	3,699	—	—	237
1907	5,684	4,661	1,949	676	200
1908	6,320	5,139	2,379	825	277
1909	6,029	4,768	2,747	816	271
1910	6,076	5,061	1,822	855	258
1911	9,500	4,918	1,787	751	228
1912	5,786	4,568	1,701	670	218

Col. A = Total numbers divided from Weekly Returns.

Col. B = Total numbers divided from Weekly Returns after deducting cases reported by hospitals in Weekly Returns.

Col. C = Cases treated by the 12 Municipal physicians.

Col. D = Real number of cases treated in hospitals: derived from annual reports of hospitals.

Col. E = Cases treated in garrison hospitals

TABLE V.—WEEKLY RETURNS OF THE BOARD OF HEALTH. Syphilis.

Year.	A.	B.
1900	1,799	1,158
1901	2,163	1,345
1902	1,873	1,387
1903	1,837	1,296
1904	1,667	1,125
1905	1,370	988
1906	1,422	1,035
1907	1,971	1,134
1908	2,473	1,474
1909	2,217	1,376
1910	2,454	1,505
1911	2,896	1,278
1912	2,383	1,238

Col. A = Figures reported in Weekly Returns. Col. B = Figures estimated by Dr. Lomholt to be probably accurate.

TABLE VI.—EXPENSES OF THE MUNICIPALITY FOR FREE TREATMENT OF VENEREAL DISEASES BY TWELVE APPOINTED PHYSICIANS (according to Act, 1906, Section 12).

January 1906—1st October 1909.									
Year	Fee of 12 Physicians.	Maximum of a single Physician.	Minimum of a single Physician.	Average Fee.	Number of Consultations	Number of Consultations for each Patient.	Total Number of Patients.	Entered into Hospital.	Total Expenses.
1907	36,618	7,615	714	3,334	29,183	7.8	1,213	365	37,831
1908	52,490	11,851	896	4,772	42,290	7.3	4,185	697	56,675
1909	47,644	11,002	931	4,331	34,632	8.1	4,772	525	52,416

1st January 1909—1st January 1914.

Year.	Fee of twelve Physicians.	Expenses to	House allowance, &c.	Medicine, &c.	Printing, Postages, &c.	Total.
1910	24,000	800	10,000	9,200	1,000	45,000
1911	24,000	800	10,121	9,200	1,000	45,120
1912	24,000	800	10,100	6,000	800	41,700
1913	24,000	800	10,300	6,400	700	42,200

APPENDIX XXX.

A STATEMENT prepared by the American Hygiene Association regarding the Work of STATE and CITY HEALTH DEPARTMENTS against the spread of VENEREAL DISEASE and providing for the Treatment of the same.

The Association, during the spring of this year, 1914, sent out large numbers of circular letters to various health officers, State and city, in the United States. The following statements have been compiled from the answer to these circular letters:—

The following States make venereal diseases reportable to the State health office:—

Iowa.	Vermont.
Indiana.	Kansas.
Louisiana.	California.
Wisconsin.	Massachusetts (partially).

The following cities include venereal diseases among those which must be reported by physicians, hospitals, clinics, &c.:—

Chicago (partially).	Salt Lake City.
Rochester, N.Y.	San Diego.
New York City.	Los Angeles.
Cleveland.	

The following State boards of health are equipped for making certain tests:—

Florida (gonorrhœa only).
Michigan (gonorrhœa only).
Kansas (gonorrhœa only).
North Carolina (gonorrhœa only).
Washington (gonorrhœa and syphilis).
Connecticut (gonorrhœa and syphilis).
Vermont (gonorrhœa and syphilis) (state cases only).

The following city health departments have equipment for making certain tests, as follows:—

Chicago (gonorrhœa and syphilis).
Newark (gonorrhœa and syphilis).
Rochester, N.Y. (gonorrhœa and syphilis).
Providence (gonorrhœa and syphilis).
Lancaster, Pa. (gonorrhœa and syphilis).
Philadelphia (gonorrhœa and syphilis).
New York City (gonorrhœa and syphilis).
Seattle (gonorrhœa and syphilis).
Louisville, Ky. (gonorrhœa and syphilis) (charity cases only).
Cincinnati (gonorrhœa only).

The above State and city health officers have been active in encouraging physicians and institutions in the use of the laboratory facilities to a greater or less degree.

The following State health departments have issued pamphlets, cards, folders, or other publicity matter in regard to venereal disease:—

Idaho.	Wisconsin.
Indiana.	Connecticut.
Texas.	

The following city health departments have issued pamphlets, cards, folders, or other publicity matter in regard to venereal diseases:—

Newark.	St. Louis.
Seattle.	New York City.
North Yakima, Wash.	

The following States and cities have made special provision in hospitals or wards for the treatment of venereal disease:—

State of Massachusetts.
City of Newark, N.J.
City of Rochester, N.Y.
City of Detroit, Mich.
„ St. Louis, Mo.
„ Cincinnati, Ohio.
„ Philadelphia, Pa.

The following States have laws making venereal disease a bar to marriage:—

Indiana	North Dakota.
Michigan.	Utah.
Washington.	Oregon.
Wisconsin.	

The following States require a medical certificate before a marriage licence may be issued. The certificate certifies that the holder is free from any contagious or infectious disease:—

Wisconsin.
North Dakota.
Oregon.

In the State of Iowa the following provision is made:—

“Any person afflicted with either of these diseases, who shall knowingly transmit or assume the risk of transmitting the same by intercourse to another person, shall be guilty of a misdemeanor, and upon conviction thereof be fined in the sum of not to exceed five hundred dollars (\$500.00), or imprisoned in the county jail not to exceed one year, or both such fine and imprisonment. And in addition thereto, shall be liable to the party injured in damages to be recovered in any court of competent jurisdiction.”

September 25, 1914.

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REPORT

FROM THE

JOINT SELECT COMMITTEE OF THE HOUSE OF LORDS AND THE
HOUSE OF COMMONS

ON THE

CRIMINAL LAW AMENDMENT BILL

AND

SEXUAL OFFENCES BILL [H.L.]

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,
MINUTES OF EVIDENCE

AND

APPENDICES.

Ordered to be Printed, 19th November, 1918.

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ORDERS OF REFERENCE.

(HOUSE OF LORDS.)

Die Martis, 7^o Maii 1918.

Criminal Law Amendment Bill [H.L.]—Order of the Day for the Second Reading read: *Moved*, that the Bill be now read 2a: After debate, *agreed to*: Bill read 2a accordingly: Then it was *moved*. That it is desirable that the Bill be referred to a Joint Committee of both Houses of Parliament (The Viscount Sandhurst), *agreed to*:

Ordered, That a Message be sent to the Commons to communicate this Resolution and to desire their concurrence.

Sexual Offences Bill [H.L.]—Order of the Day for the Second Reading read: *Moved*, that the Bill be now read 2a: After debate, *agreed to*: Bill read 2a accordingly: Then it was *moved*. That it is desirable that the Bill be referred to a Joint Committee of both Houses of Parliament (The Earl Beauchamp), *agreed to*:

Ordered, That a Message be sent to the Commons to communicate this Resolution and to desire their concurrence.

Die Mercurii, 17^o Julii 1918.

Message from the Commons, That they concur in the resolution of this House communicated to them on the 7th of May last, that it is desirable that the Criminal Law Amendment Bill [H.L.] and Sexual Offences Bill [H.L.] be referred to a Joint Committee of both Houses of Parliament, as desired by this House.

Die Jovis, 18^o Julii 1918.

Moved, That a Committee of Five Lords be appointed to join with a Committee of the House of Commons to consider the said Bills, *agreed to*.

The Lords following were named of the Committee—

Earl Beauchamp.	Lord Desart (<i>E. Desart</i>).
Earl of Strafford	Lord Muir-Mackenzie.
Viscount Sandhurst.	

Ordered, That such Committee have power to agree with the Committee of the House of Commons in the appointment of a Chairman. Then a Message was ordered to be sent to the House of Commons to acquaint them therewith, and to request them to appoint Five Members of that House to be joined with the said Committee.

Die Jovis, 25^o Julii 1918.

Message from the Commons to acquaint this House that they have appointed a Committee of Six Members to join with the Committee appointed by this House, as mentioned in the Lordships' Message of the 18th instant, to consider and report on their said Bills and to request this House to appoint a Peer as an additional member of the said Committee.

Die Mercurii, 31^o Julii 1918.

The Earl of Sandwich added to the Joint Committee, and a message ordered to be sent to the Commons to acquaint them therewith and to propose that the Joint Committee do meet on *Tuesday next, at a quarter past Twelve o'clock in Committee Room A.*

Die Jovis, 7^o Novembris 1918.

The evidence taken before the Joint Committee to be printed, but no copies to be delivered out except to Members of the Committee, and to such other persons as the Committee shall think fit until further notice.

(The following Members of the House of Commons were appointed to serve on the Committee, viz: Sir Willoughby Dickinson, Mr. Neville, Sir William Collins, Mr. Tyson Wilson, Mr. J. O'Connor, and Mr. Locker Lampson—Sir Henry Craik was substituted for Mr. Locker Lampson.)

ORDERS OF REFERENCE.

(HOUSE OF COMMONS).

Thursday, 18th July, 1918.

Message from the Lords,—Criminal Law Amendment Bill [Lords] and Sexual Offences Bill [Lords].—That they have appointed a Committee consisting of Five Lords to join with a Committee of the Commons to consider the Criminal Law Amendment Bill [Lords] and the Sexual Offences Bill [Lords] and request the Commons to appoint an equal number of their Members to be joined with the said Lords.

Wednesday, 24th July, 1918.

Criminal Law Amendment Bill [Lords] and Sexual Offences Bill [Lords].—*Ordered*, That so much of the Lords Message [18th July] as relates to a Joint Committee be now considered.—(Lord Edmund Talbot.)

So much of the Lords Message *considered* accordingly:—

Motion made, and Question put, “That a Select Committee of Six Members be appointed to join with a Committee appointed by the Lords (as mentioned in their Lordships’ Message of the 18th July) to consider the Criminal Law Amendment Bill [Lords] and the Sexual Offences Bill [Lords]”—(Lord Edmund Talbot:)—The House *divided*, Ayes 50, Noes 36.

Motion made and Question proposed, “That a Message be sent to the Lords to acquaint them therewith and to request that their Lordships will be pleased to add a Lord to the Joint Committee.”—(Lord Edmund Talbot:)—Debate arising:

Motion made, and Question put, “That the Debate be now adjourned:”—(Mr. Booth)—The House *divided*; Ayes 26, Noes 50.

Original Question put, and *agreed to*.

Sir William Collins, Sir Willoughby Dickinson, Mr. Godfrey Locker-Lampson, Mr. Neville, Mr John O’Connor, and Mr. Tyson Wilson *nominated* Members of the Select Committee.

Ordered, That the Committee have power to send for persons, papers and records.

Ordered, That Three be the quorum.—(Lord Edmund Talbot.)

Thursday, 1st August, 1918.

Message from The Lords,—Criminal Law Amendment Bill [Lords] and Sexual Offences Bill [Lords].—The Lords have appointed a Peer as an additional Member of the Joint Committee on the Criminal Law Amendment Bill [Lords] and the Sexual Offences Bill [Lords], as requested by the Commons in their Message of Thursday last.

The Lords propose that the Joint Committee do meet in Committee Room A on Tuesday next, at a quarter-past Twelve o’clock.

Ordered, That so much of the Lords Message as relates to the meeting of the Joint Committee on the Criminal Law Amendment Bill [Lords] and the Sexual Offences Bill [Lords] be now considered

Lords Message *considered* accordingly.

Ordered, That the Committee of this House do meet the Committee of the Lords, as proposed by their Lordships—(Lord Edmund Talbot.)

Message to the Lords to acquaint them therewith.

Tuesday, 29th October, 1918.

Ordered, That Mr. Locker-Lampson be discharged; That Sir Henry Craik be added to the Committee.

ORDERS OF REFERENCE	- - - - -	p. ii
REPORT	- - - - -	p. iv
PROCEEDINGS OF THE COMMITTEE	- - - - -	p. v
MINUTES OF EVIDENCE	- - - - -	p. 1
APPENDICES	- - - - -	p. 150

R E P O R T .

THE SELECT COMMITTEE appointed to join with a SELECT COMMITTEE OF THE HOUSE OF COMMONS to consider the CRIMINAL LAW AMENDMENT BILL [H.L.] and the SEXUAL OFFENCES BILL [H.L.] :—

HAVE considered the said Bills and taken evidence thereon, and not having completed the inquiry owing to the imminent Dissolution of Parliament they have agreed to report the Minutes of Evidence taken before them, together with Appendices, to the House.

19 November 1918.

LORDS AND MEMBERS PRESENT AND MINUTES OF PROCEEDINGS
AT EACH SITTING OF THE COMMITTEE.

Die Martis, 6^o Augusti 1918.

PRESENT .

Earl Beauchamp.
Earl of Strafford.
Viscount Sandhurst.
Lord Muir-Mackenzie.

Mr. John O'Connor.
Mr. Locker Lampson.
Mr. Neville.
Mr. Tyson Wilson.
Sir William Collins.

The Orders of Reference are read.

It is moved that the Lord Muir-Mackenzie do take the Chair.

The same is *agreed to*.

It is moved that the Committee be an open one.

The same is *agreed to*.

It is resolved that the Committee shall sit on Tuesdays at 11 o'clock and on Thursdays at 11 30 o'clock.

The Course of Procedure is considered.

Ordered, That the Committee be adjourned till Tuesday, the 15th of October, at Eleven o'clock.

Die Martis, 15^o Octobris 1918.

PRESENT :

Lord Muir-Mackenzie.
Earl of Strafford.
Viscount Sandhurst.
Lord Desart (*E. Desart*).
Earl Beauchamp.

Sir William Collins.
Sir Willoughby Dickinson.
Mr. Neville.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of the 6th of August last are read.

The following Witnesses are called in and examined, viz.: Sir *Ernley Blackwell*, K.C.B.; and Sir *John Dickinson*.

Ordered, That the Committee be adjourned till Thursday next, at Half-past Eleven o'clock.

Die Jovis, 17^o Octobris 1918.

PRESENT :

Lord Muir-Mackenzie.
Lord Desart (*E. Desart*).
Earl Beauchamp.
Earl of Strafford.
Viscount Sandhurst.

Sir Willoughby Dickinson.
Sir William Collins.
Mr. Tyson Wilson.
Mr. Neville.
Mr. Locker Lampson.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Tuesday last are read.

The following Witnesses are called in and examined, viz.: The Right Hon. *Ian Macpherson*, M.P., Under Secretary of the War Department; Deputy Surgeon General *McNabb*; and Mr. *W. J. Evans*, C.B.E.

Ordered. That the Committee be adjourned till Tuesday next, at Eleven o'clock.

Die Martis, 22° Octobris 1918.

PRESENT :

Lord Muir-Mackenzie.
Earl Beauchamp.
Earl of Strafford.
Earl of Sandwich.
Viscount Sandhurst.

Mr. John O'Connor.
Mr. Locker Lampson.
Mr. Tyson Wilson.
Sir Willoughby Dickinson.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in and examined : Hon. *Trevor Bigham*, Assistant Commissioner of Police ; Miss *MacDougal* ; and Dr. *Helen Wilson*

Ordered, That the Committee be adjourned till Thursday next, at Half-past Eleven o'clock.

Die Jovis, 24° Octobris 1918.

PRESENT

Lord Muir-Mackenzie.
Viscount Sandhurst.
Earl of Sandwich.
Earl of Strafford.

Sir Willoughby Dickinson.
Mr. Neville.
Sir William Collins.
Mr. Tyson Wilson.
Mr. John O'Connor.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Tuesday last are read.

The following Witnesses are called in and examined : Mr. *Ogilvie Gordon*, President of the Union of Women Workers ; and Sir *Herbert Stephen*, Bt.

Ordered, That the Committee be adjourned till Tuesday next, at Eleven o'clock.

Die Martis, 29° Octobris 1918.

PRESENT.

Lord Muir-Mackenzie.
Earl Beauchamp.
Lord Desart (*E. Desart*).
Viscount Sandhurst.
Earl of Strafford.
Earl of Sandwich.

Mr. John O'Connor.
Mr. Neville.
Sir William Collins.
Mr. Tyson Wilson.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read

The following Witnesses are called in and examined : Sir *Malcolm Morris*, K.C.V.O., Mrs. *Gotto* and Mr. *Archibald A. Allen*.

Ordered, That the Committee be adjourned till Thursday next, at Half-past Eleven o'clock.

Die Jovis, 31° Octobris 1918.

PRESENT :

Lord Muir-Mackenzie.
Lord Desart (*E. Desart*).
Earl Beauchamp.
Viscount Sandhurst
Earl of Strafford
Earl of Sandwich.

Sir Willoughby Dickinson.
Sir Henry Craik.
Sir William Collins.
Mr Tyson Wilson.
Mr. Neville.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Tuesday last are read.

The following Witnesses are examined : Mr. *Cecil Chapman* and Sir *Mackenzie Chalmers*, K.C.B.

Ordered, That the Committee be adjourned till Tuesday next, at Eleven o'clock.

Die Martis, 5^o Novembris 1918.

PRESENT :

Lord Muir-Mackenzie.
Viscount Sandhurst.
Earl of Strafford.
Lord Desart (*E. Desart*).
Earl of Sandwich.
Earl Beauchamp.

Sir Willoughby Dickinson.
Sir Henry Craik.
Mr. Neville.
Sir William Collins.
Mr. Tyson Wilson

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in and examined: Mr. *M. Muller Craig*, Sir *Ernley Blackwell*, K.C.B., and Sir *George Riddell*, Bt.

Ordered, That the Committee be adjourned till Thursday next at Two o'clock.

Die Jovis, 7^o Novembris 1918.

PRESENT

Earl of Strafford.
Lord Muir-Mackenzie.
Earl of Sandwich.
Lord Desart (*E. Desart*).
Viscount Sandhurst.

Sir Willoughby Dickinson
Sir Henry Craik
Mr. Neville
Sir William Collins.
Mr. Tyson Wilson.

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Tuesday last are read,

The following Witness is called in and examined, viz.: Sir *Charles Matthews*, Bart. (Director of Public Prosecutions).

Ordered, That the Committee be adjourned till Tuesday next, at Eleven o'clock.

Die Martis, 12^o Novembris 1918

PRESENT

Lord Muir-Mackenzie.
Earl Beauchamp.
Earl of Sandwich.

Sir Willoughby Dickinson
Sir William Collins.
Mr. John O'Connor.

The Lord MUIR-MACKENZIE in the Chair

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witness is called in and examined, viz.: Sir *Donald MacAlister*, K.C.B.

Ordered, That the Committee be adjourned till Tuesday next, at Twelve o'clock.

Die Martis, 19^o Novembris 1918.

PRESENT :

Lord Muir-Mackenzie.
Earl of Strafford.
Earl Beauchamp.
Earl of Sandwich.

Sir Willoughby Dickinson
Mr. Tyson Wilson,
Sir Henry Craik

The Lord MUIR-MACKENZIE in the Chair.

The Order of Adjournment is read.

The Proceedings of Tuesday last are read.

It is moved, That the following Report be made of the Committee, viz. :—

That they have considered the said Bills and taken evidence thereon, and not having completed the inquiry owing to the imminent Dissolution of Parliament they have agreed to report the Minutes of Evidence taken before them, together with Appendices.

The same is agreed to.

Ordered, That the Lord in the Chair do make the said Report to the House of Lords, and that Sir *Willoughby Dickinson* do make the said Report to the House of Commons.

LIST OF WITNESSES.

	PAGE
<i>Die Martis, 15° Octobris 1918.</i>	
Sir Ernley Blackwell, K.C.B.	1
Sir John Dickinson, K.C.B.	11
<i>Die Jovis, 17° Octobris 1918.</i>	
The Right Hon. Ian Macpherson	20
Mr. W. J. Evans, C.B.E., and Surgeon-Captain D. McNabb, C.B.	30
<i>Die Martis, 22° Octobris 1918.</i>	
The Honourable Trevor Bigham and Miss MacDougall	36
Dr. Helen Wilson	49
<i>Die Jovis, 24° Octobris 1918.</i>	
Mrs. Ogilvie Gordon, D.Sc., Ph.D.	57
Sir Herbert Stephen	66
<i>Die Martis, 29° Octobris 1918.</i>	
Sir Malcolm Morris, K.C.V.O., and Mrs. Gotto	74
Mr. Archibald J. Allen	88
<i>Die Jovis, 31° Octobris 1918.</i>	
Mr. Cecil Chapman	96
Sir Mackenzie Chalmers, K.C.B.	106
<i>Die Martis, 5° Novembris, 1918.</i>	
Sir Ernley Blackwell, K.C.B., and Mr. Millar Craig	114
Sir George Riddell	126
Sir Ernley Blackwell, K.C.B., and Mr. Millar Craig	131
<i>Die Jovis, 7° Novembris, 1918.</i>	
Sir Charles Willie Mathews, Bart., K.C.B.	134
<i>Die Martis, 12° Novembris, 1918.</i>	
Sir Donald Macalister, K.C.B.	141

Die Martis, 15^o Octobris 1918.

PRESENT :

Earl BEAUCHAMP,
Earl of STRAFFORD,
Viscount SANDHURST,
Lord DESART (Earl of DESART),
Lord MUIR MACKENZIE,

SIR WILLIAM COLLINS,
SIR WILLOUGHBY DIGGINSON,
Mr NEVILLE.

LOBD MUIR MACKENZIE IN THE CHAIR.

SIR ERNLEY BLACKWELL, K C B, is called in; and Examined, as follows :

Chairman

1. Sir Ernley Blackwell, you are one of the Under-Secretaries of State for the Home Department?—Yes.

2. You are acquainted, no doubt, with the genesis and all that has happened with reference to the Bill which is now the Government Criminal Law Amendment Bill?—Yes.

3. The Committee would like you to give them what might almost be called a short second reading speech upon the subject of the Bill, to give one an idea of what in the view of the Government is the motive of the Bill. In old-fashioned legislation there used to be preambles which stated: "Whereas it is desirable that the streets should be more orderly and that certain diseases should be prevented," and so on, "be at enacted." I thought perhaps you would tell us what the view of the Home Office is as to the necessity for such a Bill as this at all?—I think the best I can do is to give you a short history of this Bill. It really begins with the Report of the Royal Commission on Venereal Disease, which was published in February, 1916. The Home Secretary, Mr. Samuel, at once turned his attention to the question of what could be done by the Home Office either in the way of tightening up the criminal law or in the way of prison administration and so on, and there were many conferences between him and Mr. Hayes Fisher. Of course, it was recognised that by far the main action had to be taken by the Local Government Board in the direction of education and in the appointment and setting up of clinics and so on throughout the country; but Mr. Samuel decided that something might be done by the Home Office, and accordingly a Bill was drafted in 1916. Roughly, the provisions were to increase the penalties for prostitution; that is to say, to enable a month's imprisonment to be given without the option of a fine; increasing the penalty for brothel keeping; amending the law as regards indecent advertisements; but perhaps the principal provision was that which has now become Clause 5 of the Bill, which was to make it a criminal offence for any person suffering from venereal disease to have intercourse with any other person or to solicit or invite intercourse. That Bill was never introduced. It was still in the draft stage when Mr. Samuel left the Office, and Sir George Cave took it up at the beginning of 1917, and with certain modifications and alterations he introduced a Bill in the early part of 1917. The Bill was read a second time in the House of Commons and referred to a Grand Committee. After very long debate and a considerable amount of opposition it was reported to the House, but for lack of Parliamentary time it had to be dropped. Then this year the Bill, practically in the form in which it came from Grand Committee, was introduced in the House of Lords. That is really the history of the Bill.

4. I think that for the present that is enough for us on that point. I would now ask you to be kind enough to go through the Bill which we have had arranged in parallel columns, and just tell us with regard to each clause what the alteration of the law is, and where there is a corresponding clause under the Sexual Offences Bill, what the difference is and what your view is as to the comparative merits of the clauses. Would that be a convenient thing for you 0.179.

Chairman—continued

to do?—Yes, my Lord. Taking the first clause of the Criminal Law Amendment Bill and the 7th clause of the Sexual Offences Bill, the form adopted in the Sexual Offences Bill avoids the inconsistency of saying that consent shall be no defence to a charge of assault, it being an essential ingredient of an assault that there should be no consent. The clause in the Government Bill of last Session was originally in this form, but it gave rise to considerable controversy and misunderstanding and after long debate in Grand Committee the form of clause which appears in the present Bill was substituted. This clause follows the Criminal Law Amendment Act of 1880 by merely substituting the age of 16 for 13. Its meaning is, therefore, well understood, and on the whole it was considered better to adhere to it.

5. These remarks do not apply to the change of age as mentioned in Clause 7. My notion was that the idea of Clause 7 was not to differ much, at any rate, from the Government clause, but to state at once the view of raising the age to 17 years?—I think that the question of the raising of the age for this offence really hangs together with raising the age for carnal knowledge; and the considerations which have influenced the Home Office in keeping the age at 16 for carnal knowledge apply with even greater force to this question of the minor offence of indecent assault or indecent conduct.

6. I think we will pass on to the second clause. Will you say now what you have to say about the raising of the age?—This is Clause 2 of the Criminal Law Amendment Bill and Clause 8 of the Sexual Offences Bill. No proposal to raise the age to 17 has formed part of any Government Bill, but an amendment to this effect was strongly pressed on the Committee stage of the Bill of last Session and was only defeated by a majority of one vote. The question is one on which very strong views are held on both sides. Whilst there is undoubtedly much to be said for affording protection to girls of 17 or even older, there are obvious objections to making it a criminal offence for a lad of 18 to have carnal knowledge with a girl of 17 whether she consents or not, and especially so if the defence of reasonable belief that she was over age is to be abolished. The view taken by the Home Office is that more is to be done for the protection of young girls by repealing this proviso and leaving the age where it is than by raising the age to 17 and retaining the proviso.

Earl of Desart.

7. Repealing which proviso?—The proviso as to reasonable ground for belief that the girl is over 16. If the age were raised above 16 it seems to be imperative that the proviso should be retained. Under the existing law convictions are obtained and punishment inflicted in a comparatively small proportion of cases tried. Those are cases of carnal knowledge between 13 and 16. If the age were raised it is to be feared that juries would become more reluctant to convict than they are at present even in cases where the girl was under 16; that is to say, that it would react all the way down, that you would get fewer convictions than you do now in the case of quite young girls under 16.

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15 October 1918.]

Sir E BLACKWELL, K.C.B.

[Continued.]

Chairman.

8 I was under the impression that at some stage—either it was in the House or some statement made to a deputation or something of that sort—the Home Secretary, looking at the question between the two sides, those who are in favour of the existing limit of 16 and the women who go in for 18, had said something to the effect that in his own mind he was rather inclined to take 17, which was between the two, and abolish the proviso and to make it a fixed age of 17. Did not the Home Secretary say that?—I do not remember him saying that. I think what he said was—Keep the age at 16 but make it a hard and fast age. At present a certain number of these acquittals are due to the fact that the girl looks over 16, even if that defence is not raised, where there is evidence that the girl is a bad character, evidence that would lead the jury to believe that she is very likely just as much to blame as the man or the lad, who may not be more than a few months older than she is, or perhaps not as old.

9 But it is not the case that on the part of the Home Office a fixed age of 17 had been suggested? I thought it had?—I am very nearly sure the Home Secretary's view has always been that if the age were raised to 17 we must have that proviso

Sir Willoughby Dickinson.

10. There was a further alternative suggested, and perhaps you will tell us what the view of the Home Office was, that you should not raise the age to 17 or 18, as the case may be, below which it is illegal to have connection with a girl, but leave the excuse of reasonable cause for cases between 16 and 18, abolishing the excuse of reasonable cause below 16, but allowing it to remain above 16. That was proposed, and I understood Mr Samuel was in favour of it. Will you tell us what the view of the Home Office was?—I think the view taken was that it introduced a complication if it was to apply in practice.

11 Why?—It seemed to be better simply to lay down the rule that to have connection with a girl under 16 is a criminal offence, better to abolish the proviso altogether, so that men and young men would know that it was a dangerous thing to have connection with a girl who appeared to be or might be under 16, than to introduce this intermediary stage where between sixteen and seventeen you might plead that you had reasonable grounds for believing the girl, although she was certainly under 17, was more than 16; that would be rather a difficult rule to enforce. As far as I remember, that is the view that was taken.

Chairman.

12. We shall probably come back many times to that question. Now will you take Clause 5 next? When I drew this up I thought the clause was such an important one that it would be better for us to come to it at once, also it is the first clause in the Sexual Offences Bill, so I thought it was inconvenient to postpone its discussion, and have put it there. So if the Committee do not mind, we might take section 5 of the Criminal Law Amendment Bill now. This clause, I think you said, was practically founded upon the Report of the Venereal Diseases Royal Commission? Yes. The law, I think, is really laid down in the case of *The Queen v. Clarence*, which was decided in 1889, that to transmit venereal disease was not a criminal offence; it was not an assault, and it did not amount to the infliction of grievous bodily harm under the Offences against the Person Act.

Earl of Desart.

13. That was entirely on the construction of the section, which said that his action was not an unlawful act, therefore it was not unlawfully inflicting bodily harm?—At any rate it had never been a criminal offence for a person having venereal disease to have intercourse with another person. Mr. Samuel felt very strongly that for a person who has venereal disease to have connection with another, whether the motive is mere self-indulgence or a mercenary motive, is a far worse criminal offence than many offences which are visited with very heavy punishment.

14. As you have referred to *The Queen v. Clarence*, I think it is right to point out that, although I do not

Earl of Desart—continued.

in the least quarrel with what was said in the judgments, still I think every judgment, as I have read them, was coloured by the fact that the case related to husband and wife?—Yes. The clause in the Sexual Offences Bill goes further than the clause in the Government Bill, by including as an offence the wilful communication by one person to another of venereal disease otherwise than by sexual intercourse. As to this there seems to be no doubt that for a person purposely to infect another with venereal disease would amount to an offence of causing actual bodily harm, and would be punishable as such with at least five years' penal servitude. The scope of the clause is somewhat uncertain, as it depends upon the meaning to be attached to "wilful." That is the clause in the Sexual Offences Bill.

Chairman.

15 That is sub-section 1 (c)?—Yes, "Wilfully communicates such disease in any manner to any other person." Cases of malicious communication of venereal disease are probably very rare indeed. If, on the other hand, the clause is intended to cover acts of mere negligence which may result in the communication of disease, it would be almost impossible to enforce it in practice, and the penalties prescribed by the clause seem to be excessive for acts of mere negligence.

16. Not excessive if it actually was wilful?—No, but if "wilfully" is to include acts of mere negligence.

Mr Neville.

17 Or recklessness?—Yes, or recklessness, then these penalties do seem to be excessive.

18. That means to say that they must have knowledge that they have the disease and are reckless or negligent whether they communicate it or not. But you see "in any other manner." What does that mean? By leaving infected cloths or towels about? Is that what it meant?—I am not sure. I have heard it suggested that that was intended a male communicating venereal disease to another male.

Earl of Desart.

19 Surely the punishment for that is quite sufficient already?—Yes. I am not quite sure really what the words "in any manner" are intended to mean.

Mr Neville.

20 It cannot be so, can it? It is by sexual intercourse?—That is not sexual intercourse.

Chairman.

21 Unnatural offences are not sexual intercourse?—No. I do not think that was intended. I think it was a note by the direction of one of the Treasury Counsel that I saw that suggested that it might apply to that.

22. I think that one of the witnesses who will come before us says something to that effect. I think I saw that in the paper.

Sir Willoughby Dickinson.

23. I have the proceedings of the Standing Committee before me here. I think I am right in my recollection that an amendment was moved to put in the word "wilfully" into this clause in Committee and was carried, and I rather want to know, if so, whether it had been intentionally left out?—I think it had.

24. That is to say, "wilfully" was in the Bill that was before the House of Commons, but it has been left out in the new Act?—I think it was put in after a long discussion of certain acts like the case of the man who is suffering from a syphilitic rash and goes into a barber's shop, and the case of a man who, although suffering from syphilis, waits in a restaurant. I think it was put in in Committee to meet those cases.

25 There were two points. First of all, the amendment that was passed was to insert "wilfully or negligently." On that there was a division as to whether the word "negligent" should stand part, and that was knocked out by a majority of two. So then the clause remained "wilfully communicates such disease," and these words as amended were agreed to. The Committee then agreed to insert the words "wilfully communicates such disease." Those words went up to the House of Commons, and they have now been taken out, and

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

and I want to understand why they have been taken out?—For the reasons I have given here. If it is intended to cover acts of mere negligence it would be impossible to enforce it in practice, and also the penalties which are intended to cover deliberate acts of having intercourse although suffering from disease, and soliciting intercourse when suffering from disease, are the acts that the penalties were intended to cover, and the same penalties ought not to attach to acts of mere negligence.

26. It was much stronger when the Bill was before the House of Commons, because this Bill provides apparently for sexual intercourse under those conditions whether a man knows anything about it or not

Lord Beauchamp.] It does not say "negligent."

Witness.] Which Bill are you talking of?

Sir Willoughby Dickinson.

27. The Government Bill now has missed out the word "wilfully." The word "wilfully" was put in by the Committee of the House of Commons because, I think, it was told that there must be some malign intent, or at any rate some knowledge on the part of the man or the woman who was communicating it. The Bill now, as I understand it, makes it a penal offence to have sexual intercourse, under all circumstances?—Clause 1 (c) deals with the subject, which is not dealt with at all in the Government Bill; that is dropped out.

28. You dropped it out intentionally from what was in the Government Bill in the first year when it went up to the house?—Yes.

Mr. Neville.] Where would the word "wilfully" come in the Government Bill?

Chairman.

29. I rather suggest that we do not discuss this further in detail. One of the witnesses who will come before us makes a suggestion that probably meets the point. Sir Mackenzie Chalmers told me that he was going to suggest that Clause 5 of the Government Bill should begin: "A person who knows that he is suffering from venereal disease." I do not want to discuss it now, but I think that does attempt to draft the clause in the way that Sir Willoughby Dickinson means?—As regards that, I would like to say we have gone as far as we think it necessary in proviso (a) of the Government Bill with regard to that. If you say that a person who knows that they are suffering from venereal disease shall not have sexual intercourse, you have to prove affirmatively that that person knew it, and it would make the thing a dead letter if you had to prove in every case affirmatively that the person knew of their condition. On the other hand, it is fair that if the person proves affirmatively that they had reasonable grounds for believing that they were not suffering; for instance, if you take the extreme case of a man or woman who could produce a doctor's certificate of recent date that he has been recently free although in fact he is still infected, that man or woman ought not to be convicted.

Earl of Desart.] With regard to procedure, there are many questions I would like to ask, but I quite appreciate the convenience of this procedure; I only want to be quite sure that if we think it necessary we shall have the opportunity of asking Sir Ernley Blackwell questions at some later time.

Chairman.] My proposal was that, after having gone through the Bill so as to understand in general terms what the proposition of the Government is, we should go back again and everybody should have an opportunity of asking questions. I thought that was more convenient than to go in detail into each clause.

30. I note that the same proviso is in the second Bill?—About reasonable excuse, yes. May I just say that this clause also provides that a person convicted of certain offences may be required to submit to a medical examination for the purpose of ascertaining whether he or she is suffering from venereal disease. A similar provision was included in the Government Bill of last Session, as first introduced, but it gave rise to a widespread and violent protest, and on the Committee stage it was withdrawn; that is why there is no provision of that kind in the present Bill.

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Sir William Collins.

31. Was any recommendation of that kind made by the Royal Commission on Venereal Disease?—For compulsory examination? I have really forgotten.

32. I understood you traced the genesis of this to the Royal Commission on Venereal Disease. I was not aware whether in fact Clause 5 was actually the outcome of any recommendation of that Commission?—No, it is not.

33. It is rather an important reservation on the statement that it had its genesis in that Report?—The Bill certainly had its genesis in that. I have given the facts in regard to how the question was taken up by Mr. Samuel in 1916. It was upon the Report of the Commission. I do not say that everything in the Bill was intended to effect the recommendation of the Commission.

34. I thought you called our attention to Clause 5 as being perhaps most important, at any rate, that was not based upon the Report of the Royal Commission?—No.

Chairman

35. Was that provision substantially the same as sub-section 3 of the Sexual Offences Bill "Where any person is convicted of an offence under this Act or under Section 16," and so on, "the Court may, if it thinks fit, order," and so on?—Our clause which was withdrawn on the Committee stage last Session was, I think, exactly the same as this clause.

36. It is a little different in drafting?—In drafting; I think the offences were in a schedule.

37. But otherwise it is practically the same?—Yes, but other provisions with regard to detention until cure, which had been in Mr. Samuel's draft Bill, were omitted.

Sir Willoughby Dickinson

38. Might I understand how it is that sub-section 3, which we are now discussing, on page 3 in the Government Bill, has taken that particular form? It is in a new form, is it not? It has not been considered by Parliament at all in any Bill before, has it?—No, that is following the wording of what is known as Regulation 40D of the Defence of the Realm Regulations.

Chairman

39. I dare say I am not the only person who has noticed the word "Regulation"?—Yes, it has got into the Bill; there is no secret about it.

40. The fact is, is it not, that sub-section 3 of the Government Bill is the same as sub-section 3 of the Sexual Offences Bill, if you cut out everything in that sub-section after the first item of "an offence under this Act"? Sub-section 3 of the Sexual Offences Bill says "Where any person is convicted of any offence under this Act," and then a lot of other things, and then "The Court may, if it thinks fit, make an Order." That, with the difference that it is the Court, instead of "the person requiring," is the same as your No. 3, is it not?—No, I do not think so.

Sir Willoughby Dickinson.] I understand it is the same as the old clause in the old Government Bill, but the new clause in the new Government Bill is something quite new; it is Regulation 40 put into the new Bill.

Chairman.

41. What I mean is this. That roughly both sub-section 3 of the Government Bill and sub-section 3 of the other Bill say, "Where anybody is charged with an offence under this Act"—because it ought not to be "Regulation"—"Convicted of an offence."

Chairman.] One says "convicted," the other says "charged"; that is no doubt a change and very important. The object of each sub-section is to bring about the examination of somebody who is charged with or convicted of an offence under this Act.

Sir Willoughby Dickinson

42. I understand the position to be this that the Sexual Offences Bill gives power to the Court to order an examination. The Government Bill of 1917 also gives power to the Court to order an examination. That was knocked out by the Grand Committee of the House

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15 October 1918]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

of Commons. That has not been put into the Government Bill for this year. There is put into the Government Bill sub-section 3, which does not give power to the Court to order it, but puts the defendant in the position of being entitled to ask for it?—Yes

Chairman.

43. What do you say about sub-section 3?—Clause 5, sub-clause (3) of the present Government Bill provides that persons charged with offences under Clause 5 may, if they so desire, be remanded for medical examination. There is no power to order the examination of a defendant, but it is obviously right that a defendant should be entitled to be remanded for the purpose of being medically examined if he wishes. Then sub-clause 5 of the Sexual Offences Bill would make malicious prosecution a criminal offence. It would certainly have the effect of discouraging *bonâ fide* prosecutions. It seems that the application of Section 29 of the Larceny Act, 1916, and the law with regard to malicious prosecutions afford sufficient safeguards against false accusations

Earl of Desart.

44. Surely that clause you are referring to now, relating to the Larceny Act, 1916, either needs amending or to be in some other place. That clause seems to be very misleading. It led to a mistake, I may tell you, in a debate in the House of Lords; a noble and very learned Lord misunderstood it altogether, and I think not unnaturally?—Yes.

45. I think you have left out any comment whatever on 2 (b). I should like to know your own views on the words "evidence implicating the accused." Will you just indicate to the Committee what class of evidence that would be—"unless such evidence be corroborated in some material particular by evidence implicating the accused." Will you give us some idea of what you consider the character of the evidence implicating the accused on a charge of this kind would be?

Chairman.] The words are simply taken out of the Criminal Law Amendment Act, 1885, are they not?

Earl of Desart.] I know that the words are taken from that, but I mean in this particular case what do they mean?

Witness.] That amendment was accepted in Committee. If you ask my own personal view, it is that this section would become a dead letter if that sort of corroborative evidence were required

Mr Neville

46. In the Government Act is there any provision to order examination after conviction?—No, none.

47. It is only in the Sexual Offences Bill that there is a distinction drawn between a person charged and a person convicted?—As far as I remember, I do not think there is anything in the Sexual Offences Bill with regard to the examination of a person charged; it is only with regard to persons convicted of that offence, and it does not go on to provide for anything happening after the examination. There is no provision for treatment, and no provision for detention until cure. I think there are many difficulties that might arise; for instance, in the case of a person who appealed and might be out on bail. Now what is to be done? Is the person to be examined before he is released, or when?

48. Has there been any objection taken to power being given to the Court after conviction to order an examination?—Certainly. That clause was in the Bill of last Session, and it was very violently opposed, and it was dropped.

Chairman.

49. Will you please continue your statement?—Clause 3 of the Criminal Law Amendment Bill is intended to substitute a more effective method of dealing with young prostitutes than that afforded by the present system of fines and short terms of imprisonment. The clause only gives additional powers to Courts which convict of an offence under the existing law; and in order to make it perfectly clear it is suggested that sub-section 1 (a) and 1 (b) should be omitted and that the clause should run: "Any person convicted of any offence under any of the enactments set out in the first schedule to this Act or of a similar offence under any local Act," and then the schedule would set

Chairman—continued.

out the sections of the Acts relating to solicitation by prostitutes. That is really a drafting point which the draftsman might be consulted about.

50. That has occurred to you since the Bill was introduced?—Yes. I think exception was taken to the clause on the ground that it created a new offence. I think that criticism was made in the House of Lords, and it was suggested that it made loitering an offence, and that any girl who was waiting for a 'bus, for instance, would be liable to be arrested and prosecuted for loitering. That was not the intention at all. The intention was merely to give the Courts additional powers with regard to persons convicted of an existing offence—namely, solicitation by a prostitute. I might say that this only really follows on the original Borstal Act; that is the Prevention of Crimes Act, 1908, and the provision in the Criminal Justice Administration Act, 1914, which enables young persons who are convicted of offences punishable with one month's imprisonment to be sent to quarter sessions for a Borstal sentence. It is really only a development of that system.

51. Is this a clause that is opposed by the women?—Yes, it has been bitterly opposed by some Associations. On the other hand, it is very strongly backed by very large and powerful deputations of philanthropic people who come to the Home Office; people who take an interest in the reclamation of young women. I have some figures that I should like to give the Committee with regard to the enormous number of venereal cases that we have in the Borstal Institution at Aylesbury. Under that Act that I mentioned just now, the Criminal Justice Administration Act, there is a very large increase in the number of girls committed for Borstal treatment. Before that Act was passed, a girl had to be convicted on indictment before she could be sent to a Borstal Institution. Under that Act a magistrate can send the case to quarter sessions. They are not prostitutes; it is very seldom that an offence of prostitution is punishable with one month's imprisonment without the option of a fine. Most of these cases are cases of larceny and other offences of that kind. I obtained the figures this morning. In June of this year out of 172 cases at Aylesbury Borstal Institution, 80 were then under treatment for a venereal disease. In February, 1917, we are told that during the three preceding months 75 per cent. of the receptions into the Borstal Institute were suffering from venereal disease, and I am told that that rate continues now 75 per cent. of the young girls committed, not for offences of prostitution but for other offences

Sir Willoughby Dickinson.

52. Of what age?—16 to 21. I am only talking now of the Borstal Institution at Aylesbury. I only mention those figures to show the necessity for a clause of this kind. With those young girls suffering from venereal disease it is perfectly useless to fine them 40s., or even give them one month's imprisonment. The only way of reclaiming them is to get hold of them, afford them treatment, and give them a better start in life

Mr Neville.

53. Have you the figures for the men too?—I could get them, but I have not got them here.

Chairman.

54. Of that large number of girls that you mentioned that are suffering from those diseases do you know anything about what sort of proportion are ordinarily called prostitutes?—I am told that they probably are not professional prostitutes as a rule. Some of them may be. I am told definitely that they are not there for offences of prostitution. They are mostly for larceny and that kind of thing.

Earl of Desart.

55. Can you give me the dates that those figures cover?—The figures that I have here were for June, 1918

56. What period do they cover?—This period covers from about December, 1916

57. All since the war?—Yes. The Criminal Justice Administration Act only came into operation as regards that clause in 1915, because arrangements had to be made.

58. Have

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Chairman.

58. Have you any corresponding figures about boys?—I can get them.

Earl Beauchamp.] Is there any reason why this clause is confined to girls?

Chairman.

59 Do you consider that Borstal covers boys? Yes

Earl Beauchamp.

60 The clause says where a girl is convicted?—A boy is never convicted of that

61. Behaving in an indecent manner?—That is a prostitute.

Sir William Collins

62. Would this clause catch any considerable number of those cases?—I should think it would catch a large number of the same class as these cases.

63 I thought you said the great majority of those were not prostitutes?—They are not professional prostitutes

64 Is this clause limited to prostitutes?—This Clause 3 in this Bill is limited to prostitutes.

65. Then should I not be right in saying that the cases you have referred to there would not in any considerable proportion be caught by this clause?—My answer to that is that the same class might be caught under the Acts under which they are caught already, or they might be caught under this clause. They are the same class.

66. This clause as drawn is limited to prostitutes?—Yes, certainly.

67. I understood you to say the majority of those particular girls that you were referring to at Aylesbury could not be described as prostitutes?—That is so

Chairman.

68. Is not that the difference between your proposed clause and the clause as it stands in the Bill?—Yes; the clause in our Bill only relates to prostitutes

69. But your new clause is not confined to prostitutes; it extends to all the persons who come within the Acts that are put in the Schedule, does it not?—In Clause 3 of this Bill (a) and (b) both refer definitely to common prostitutes

70. Then come (c) and (d)?—Yes, "offences under the Incest Act or any offences under this Act"

Earl of Stratford.

71 What was the date of the 75 per cent of admissions?—My note here is in February, 1917, during the last three months; that would be December, January, and February, or November, December and January, 75 per cent of receptions were suffering from venereal disease. I must apologise; I only got this note this morning from the Secretary to the Prison Commissioners. I knew there were a large number, and I wanted to get some figure, but I can get details with regard to that quite easily.

Mr Neville.

72. On your figures; looking at the general population that goes to the Borstal Institution, you find in one case 75 per cent. were suffering from venereal disease and in the other case 46 per cent. ?—Yes.

73. But not looking among prostitutes. If you looked among prostitutes you might find it was 90 per cent ?—Yes. Although a great many of those girls are not there for prostitution, I should imagine that a great many of them cannot be distinguished from prostitutes. It is very difficult to say of a girl who is living an immoral life whether she is a prostitute or not. I do not think you can distinguish very well between them.

74. But in the one case it is the general public of that age and in the other case it is a special part of it—namely, the prostitute part—and those are figures for the general public?—Yes.

Sir Willoughby Dickinson.

75 May I just ask a question now on the drafting of the Bill. I understand that this clause enacts that it shall be a Police Magistrate who deals with these cases?—Yes.

76 When the Bill was before the House of Commons I understand that the Home Office put down some

Sir Willoughby Dickinson—continued.

amendment which would have transferred the duty of dealing with these cases from the Police Magistrate to Quarter Sessions. Is not that a fact? I think that was put on the Order Paper of the House of Commons when the Report was before it. Now if that is so, have the Home Office reconsidered that question and come to the conclusion that it was better to leave the original proposal and leave it to a Police Magistrate?—Yes, I think so.

77. What was the reason for that?—Leaving it to Quarter Sessions is really invoking the old practice under the Vagrancy Act. It is a very cumbersome one. There is a lot of time wasted waiting for the sitting of the Court; it may be several months before the case can be dealt with by Quarter Sessions; and with those safeguards that are here about the inquiries that are to be made as to the girl's life and associations, and I think a consideration by a Committee too, it was felt that it was better to leave it to be dealt with by the Court of Summary Jurisdiction straight away

78. There was a great objection to leaving this great power of more or less shutting up a girl for two or three years, in the hands of a Police Magistrate, was there not?—Yes, I think so

79 And you think you have met that by these other provisions?—Yes.

Chairman

80. Like sub-section 2, for instance?—Yes

81 I know that we are going to have a very important witness before us who strongly disapproves of sub-section 2.

Mr. Neville.

82 In the case of Quarter Sessions you would have the Grand Jury as well, and all that performance?—No, I do not think the case goes before the Grand Jury if it is sent by a Court of Summary Jurisdiction to Quarter Sessions for sentence. There is no Bill found. It is not on indictment. The Vagrancy Act of 1824 is really the typical procedure

Sir Willoughby Dickinson

83 Would there be an appeal to Quarter Sessions from the conviction?—Yes, there would be under the Criminal Justice Administration Act of 1914.

84 And an appeal against an Order to send the girl to a home?—Certainly, an appeal against the conviction and against the Order.

Chairman

85 Perhaps you will continue your statement. I think in the *précis* you kindly sent to me you make some observation on Clause 2 of the Bill which is not in the Government Bill?—Yes

86 Was that clause ever in a Government Bill?—We had a clause in the Bill as originally introduced in 1917 increasing the penalties for prostitution, but there was a considerable amount of opposition to that, and that was dropped. As far as I remember, the opposition was principally on the ground that you ought not to harry prostitutes. That clause has been left out of our Bill now. There is a very great deal to be said for the proposal to increase the penalties for soliciting under the Metropolitan Police Act, 1839, and the Town Police Clauses Act, 1847, but a clause to this effect in the Government Bill of last Session was defeated by a majority of one. I had forgotten that; it actually went to a vote, and it was defeated by a majority of one. Clause 2 of the Sexual Offences Bill gives power to impose a month's imprisonment on any prostitute loitering, or being in any public place for the purpose of prostitution or solicitation, without any evidence of annoyance to passengers, and would be strongly opposed by those who contend that such evidence should be given by the passenger annoyed and not by a police constable. All the provisions of the Metropolitan Police Act and the provisions of the Town Police Clauses Act require that the solicitation or importuning shall be to the annoyance of passengers. In all these cases the constable's evidence is: "I know this woman to be a prostitute: I saw her soliciting, and the person she solicited was evidently annoyed." Now the Sexual Offences Bill does not require any evidence of annoyance at all. It would simply mean that all the evidence that the police constable

15 October 1918]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Chairman—continued.

constable would be required to give would be: "I know this woman to be a prostitute, and I saw her soliciting."

Earl of Desart

87. It is even stronger than that; it is not even for soliciting?—No, for being there for purposes of prostitution. We very frequently have the criticism made that not only ought the police constable to be able to say that the person was annoyed, but the person annoyed ought to be brought to give evidence on the subject. I think the critics who object to the law as it stands at present, would be very strongly opposed to this provision, which leaves out any requirement for evidence of annoyance to the public.

88. Would this section require any more proof than if the woman was a common prostitute and was loitering?—And was there; that is so.

Chairman.

89. It must be for the purpose of prostitution. Do you know whether this is one of the clauses that the women object to on the ground that it is one-sided—that they do not see why the other sex should not be also brought under the law for loitering for the purpose of solicitation? Nobody can doubt that men solicit as well as women?—I think they do take objection to it. I believe the answer is that a man can be prosecuted for soliciting if he solicits to the annoyance of a woman, under the law against what is called insulting words and behaviour; and men are fairly often prosecuted for that offence.

90. It would not be impossible to draw a clause that would quite agree with the present law as regards men and yet not have the appearance of inequality?—I do not think any amendment of the law is really required. The difficulty really is that you do not get the complaint from the woman. The woman does not complain. If a woman complains to a constable "This man has been annoying me," and perhaps using filthy expression to her or making suggestions to her, I have not the least doubt that the law is quite strong enough to deal with that man. The constable would arrest him for insulting words and behaviour; he would have the evidence of the woman, and there would be no difficulty.

91. I remember there was a very awkward case not very long ago?—Yes, I remember it also.

Mr. Neville

92. If there was no police evidence there would be practically no evidence on either side in the case of a man or a woman. Is not that so? If police evidence was insufficient in these cases, both where a man is concerned as charged or where a woman is concerned as charged, there practically would be no evidence at all; because neither of the parties would care to come forward?—That is true; there would be no cases at all.

93. Therefore, if one wishes to prevent prostitution one must really desire that police evidence should be available and be sufficient?—Yes, you will never get men to come to Court and give evidence against a woman, and you will never get women to come and complain against men.

Sir Willoughby Dickinson.

94. I think you said that you must prove annoyance in every case. Is that the case in a prosecution under the Vagrancy Act?—No; I said in the case of both these provisions, the Metropolitan Police Act and the Town Police Clauses Act, annoyance is necessary. It is not necessary if the prosecution is under the Vagrancy Act; that is behaving in a riotous or indecent manner.

95. You have to include annoyance under one Act and behaving in a riotous or indecent manner under the other?—Yes. Clause 4 of the Criminal Law Amendment Bill, and Clauses 3 and 4 of the Sexual Offences Bill deal with penalties for brothel-keeping. Under existing law, the Criminal Law Amendment Act, 1885, section 13, and the Criminal Law Amendment Act, 1912, section 4, sub-section 2, the penalties are: for the first offence £20 or three months, for the second offence £40 or four months, for the third and subsequent offences £100 or 12 months and recognisances. We propose to increase

Sir Willoughby Dickinson—continued.

those penalties to: £100 or three months for the first offence; £200 or six months for the second offence; and £500 or 12 months for the third offence; and the Bill says recognisances on a second or subsequent conviction.

Earl of Desart.

96. Can you tell me why? I should have thought that it should be recognisances on the first offence?—The Home Secretary wished me to say that he would be prepared to amend that by saying recognisances on any conviction. It is more important really that you should have the power of imposing recognisances on the first than on the second or the third conviction. These penalties should certainly be increased, as they are in the Bill, and there should be power to impose both imprisonment and fine for any offence, as in Clause 4 of the Government Bill, and there should also be power to require recognisances in the case of a first offence.

Chairman.

97. I have observed in the letters that I have read, that suggestion is made by one or two authoritative witnesses whom we shall have before us?—Certainly it is right. I do not know the reason that it was omitted from this Bill. Of course we have had lately instances of the enormous profits that certain brothel keepers are making, and there is no doubt that the penalties are not nearly heavy enough. Clause 3 of the Sexual Offences Bill gives no power to award both fine and imprisonment, and it may be doubted whether a Court of Summary Jurisdiction should have power to impose a fine of £500 or imprisonment of 12 months on a first conviction for an offence of this kind. Then Clause 4 of the Sexual Offences Bill—that is the one dealing with places of entertainment—is of a very drastic nature, and deals not only with actual but with reputed prostitutes, and makes the occupier of a place of public entertainment responsible for their presence upon his premises, even although they may not be there for the purpose of prostitution. If a place of entertainment licensed by the Local Authority becomes the habitual resort of prostitutes, the proper penalty is the withdrawal of the licence at the next Licensing Sessions. I do not think anything would be gained by making it a criminal offence punishable by a fine of £20. It would be very difficult to establish satisfactory evidence that the manager of the place of entertainment knew that his premises were being used by prostitutes, although they might not be there for the purpose of prostitution. Then Clause 6 of the Criminal Law Amendment Bill makes this offence under this Bill a ground for judicial separation under the Summary Jurisdiction Act, 1895. That was added in Committee, I think, on the motion of Mr. King. Then on Clause 7 of the Criminal Law Amendment Bill and Clauses 5 and 6 of the Sexual Offences Bill, the Clause in the Government Bill re-enacts with certain amendments the provision of the Indecent Advertisements Act, 1889, and incorporates Section 2 of the Venereal Diseases Act, 1917. This clause is a complicated piece of drafting, and I think it would save the time of the Committee if Mr. Godley, who is the draftsman, dealt with that. I mean, comparing our clause with the two clauses in the Sexual Offences Bill, it would really save time if he, rather than myself, dealt with that; but if there are any points of substance I should be very glad to deal with them. Then Clause 8 of the Criminal Law Amendment Bill applies the Vexatious Indictments Act to offences punishable on indictment under this Bill.

98. Going back for one moment to Clause 5 of the Sexual Offences Bill, that practically re-enacts, I think, the Venereal Diseases Act of last year, but leaves out the proviso that it is only to apply where some voluntary provision is already made. Is not that so?—Yes, it makes it general, I think, all over the country.

99. That is practically the effect of the clause?—Yes, but I think arrangements made by the Local Government Board now do cover the great majority of the country, and eventually will cover it all.

100. What effect does that have on the clause? Does it make it unnecessary or, on the contrary, does it make it right? You say that the Local Government Board have already made arrangements under which it

does

15 October 1918]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Chairman—continued.

does apply all over the country?—I do not know exactly what stage they have reached, but I believe their arrangements will very soon cover the whole country.

101. I remember in the House of Lords, when the Bill came up, though there was a great desire in the House not to apply it at all, there was a considerable protest made against the limit that was put upon it; and I think that must have given rise probably to this clause being put in?—I see no harm in it applying to the whole country.

Earl of Desart.

102. On Clause 8, sub-clause 2, that clause only makes evidence admissible and not compulsory?—That is so.

Chairman.

103. Then you do not say anything under Section 9 of the Sexual Offences Bill. Have you anything to say about that?—I spoke to Sir George Cave about that section. He is very strongly of opinion that there ought to be power, in the case of young persons giving evidence in these indecency cases, to clear the Court. There is that power under the Children Act, Section 114. Sir George Cave is rather in favour of this clause.

104. There is, of course, a good deal of difference of opinion about it. I am not sure that it was not stated in the House of Lords that this clause was really taken from the recommendation of the Royal Commission on Divorce. That Commission, which was a very powerful Commission, went very fully into the whole of that question in relation to divorce proceedings. My recollection is that they did go on to say that they thought it was very desirable to have a general provision of this sort?—About the same time—I think it was just afterwards—the case of *Morgan v. Scott* was heard in the House of Lords, and very strong opinions were expressed in rather a contrary sense on the subject of hearing in camera. Sir George Cave told me that I might say that opinion at the Home Office is not unanimous. I personally am entirely in favour of having criminal justice administered in public.

105. As a general principle?—As a general principle, and there must be the very strongest reasons for excluding the public. Perhaps I am not right in giving my personal opinion, but I do not think it is right to give discretion to a Magistrate to say that, for any reason that he considers desirable, the public should be excluded. There must be, as the House of Lords laid down, some overriding principle; and that is really that justice cannot be administered if the case is heard in public. That is really the only reason that justifies the exclusion of the public.

106. It goes further under the Incest Act. The Statute says that the cases must be tried in camera?—Yes.

107. This does not say anything approaching that?—No. That is the only statutory provision for hearing criminal cases in camera. As a matter of fact, before that Act was passed, the very large majority of cases of carnal knowledge of children under 13 were cases of incest, and those cases were invariably heard in public; and as far as the reports in newspapers were concerned, I can say I have seen a very great number of them and they are generally three lines: "So and so, for a serious offence on his own daughter, aged 7, seven years' penal servitude," and that is all; there are no details given at all. Then when the Incest Act came, the same cases were tried under the Incest Act, and they are not reported at all except in the same way: "For an offence of incest there was a conviction." I do not think criminal cases are indecently or suggestively reported in the newspapers.

108. Are there not great differences between newspapers in that respect?—I should say as a whole the newspaper Press is very good in that way; I do not think they give filthy details of criminal cases. The more suggestive and perhaps more harmful details of divorce cases are given at very great length. If there is a divorce case that lasts for 14 days you have columns and columns in the paper, at all events in peace times, filled with details of the divorce case; but I do not think criminal cases are indecently reported.

109. I do not know if I may use the word "low" at all with regard to the Press, but is there not a

Chairman—continued.

section of the Press where details of nasty cases are given as much as possible?—I know the class of paper that you are thinking of. I should say as regards criminal cases the details are not given in such a way as to be particularly harmful. Divorce cases are rather different; I suppose they are more attractive, they command a greater reading public, and they are set out in considerable detail.

Earl of Desart.

110. Were you at the Home Office at the time of the Oscar Wilde case?—No, I do not think I was.

111. Then you did not have an opportunity of examining the criminal statistics for nearly a year after that case?—I think that was before I was there.

112. You had not an opportunity of seeing the *post hoc, propter hoc* effect on the criminal statistics for the following nine months?—No. I quite agree with your point.

113. The Chairman rather directed his attention to newspapers. Do you go so far as to say that you think there is no class of case in which it is undesirable from almost any point of view to have a mixed gallery—people of all ages and sexes—to listen to the case? You rather limited yourself to women and children, but there are cases much worse than that that are heard?—One criticism I should like to make on this clause is this. If you are going to exclude the public, why limit it only to cases under this Act? I say there are whole classes of cases—all sodomy cases, all bestiality cases, all rape cases, blackmailing cases where sodomy is the accusation—in all those cases it is very undesirable that there should be anybody in Court at all, that you should have people sitting there and listening to them; but in my humble opinion it is outweighed by the general advantage of having criminal justice administered in public. I deplore the presence of crowds in Court to hear those particular cases, but I think it is far better that there should be the right to go in and hear justice administered than have justice administered in secret.

Mr. Neville.

114. You might have a cranky Judge, who was cranky on some particular point, and injustice might be done in camera and nobody would have an opportunity of removing it; a Judge might go mad on one point?—Yes.

Chairman.

115. Then you say nothing on Section 9?—No.

116. I suppose we shall hear anything that is to be heard from the Scottish Office about that?—Yes. There are some points arising on the form of Clause 1, which arise on the application of the Bill to Scotland; I think the Scottish Office will deal with that.

117. Then Clause 10 is just formal?—Yes.

118. The definition of "Venereal Diseases" is the same in the two Bills, I see?—Yes.

119. Now would you mind going back to the beginning, in case any questions occur to the Committee?—Certainly.

120. I should like to ask you something, really going back to the first observations that you made, before you went into the clauses of the Bill. That is as to what you can say about the public need for such a Bill; I mean, that the prevalence of venereal disease is a very serious fact at this time, and, secondly, from the point of view of public order, the state of the streets and the sort of things that are said about London being the sink of iniquity of the whole world, and so on. Could you say anything to us upon that subject?—In the year 1915 we had complaints, principally from the Colonial authorities, about the prevalence of venereal disease at certain camps. At Hythe, and all round there, there were a very large number of Canadians camped, and they had a frightful percentage of venereal disease. There were special reasons; the Colonial soldiers had far more money than our Tommies, 5s. per day, and of course they were bachelors, they had not their women folk with them. Those camps in that part attracted a very large number of prostitutes; and then London was handy and the men used to come up to London, and there was a very large amount of venereal disease there. Then there is

no

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Chairman—continued.

no doubt, I think, that since the war, and perhaps for some years before the war, there were considerable numbers of young girls who were, if not adopting the profession of prostitutes, at any rate leading immoral lives. There is a very much larger number now of young girls on the streets than there were, say, 20 years ago—quite young girls of 15, 16 and 17 years of age. Certainly these figures that I have given to-day show that there is a very considerable amount of venereal disease among young girls of that age. The Prison Commissioners some years ago had nothing approaching this class of thing to deal with at all. It may be that their methods of examination and diagnosis and so on are better now, but at any rate their opinion is that the conditions did not exist fifteen years ago; that is to say, that there was not nearly as much venereal disease among the female prison population as there is to-day. As regards the state of the streets, I would just like to say one word. Our reports and our observation come to this: that the accounts that are published in the newspapers are very much exaggerated. I think lately that has been shown to be the case. There has been an account by a gentleman called Mr. Bok, which has been generally condemned by others of his countrymen who have been here, who have pointed out that London is no worse than any other town.

121. They seem to be quite jealous of the reputation of some of their own towns?—Yes.

Earl of Stafford.

122. May I ask how you arrive at the conclusion that there are a great number more of young girls on the streets at the present time?—I would arrive at it simply by walking along the streets and taking notice myself. I see that there are I do not think anyone who has known the London streets for the last 20 or 30 years could avoid being struck by the fact that, whereas 20 or 25 years ago the streets of the West End between 8 and 12 o'clock were full of women, professional prostitutes, but women of considerable age, well over 25 years of age, now I should say there are far fewer of those regular professional prostitutes and many more quite young girls, whom you did not see in old days; at any rate, they would not be there alone.

Chairman.

123. Is not that since the war?—No; I should say it was beginning before the war, and has been gradually accentuated since.

Mr Neville.

124. Is it not rather due to the fact that these girls are getting better wages and that they dress themselves rather more flashily, and especially that they use powder on their faces?—Yes, I think it is. I think it is due to the very much greater freedom that young girls are allowed now by their parents.

125. And also the fashion of putting powder on their faces when they are about 13 or 14 or 15. One can hardly ever go down a street without seeing girls of 13, 14 and 15 with powder on their faces and rouge on their lips, and rather extravagantly dressed. That is the way they spend their money?—Yes.

Earl of Desart.

126. Have you had complaints at the Home Office from Officers Commanding His Majesty's Forces with regard to soldiers being persecuted by women of this class?—By persecution do you mean tempting? The complaints we have had are from the soldiers being infected. We have had many complaints from Officers Commanding Colonial Regiments and camps; and of course very serious complaints from their Statesmen at the Imperial Conference, and threats "Unless something is done—never again." That was the line they took. "Unless something is done to cure this evil, we are not going to send our young men to this country to be ruined, and you will never get another man." We have had that said to us.

Viscount Sandhurst.

127. Do you get similar complaints of soldiers being infected from the General Officer Commanding the Home District and Commanding Officers of purely English regiments?—Yes.

Chairman.

128. Is the complaint solely as to the disease or as to promiscuous intercourse?—We have done everything we can in the way of giving power to clear women out of the neighbourhood of the camps, to clear them away from loitering about camps. It is very difficult to do anything effective. If the women stay in towns in the neighbourhood of camps you cannot prevent the soldiers going to the towns.

129. There are ladies who come before us who are furious at the idea that promiscuous intercourse should be made safer?—I am very familiar with that argument, but it seems to me that if it is a valid argument at all it applies to all measures taken by the Local Government Board, for instance, for the suppression of venereal disease. If it is right that promiscuous sexual intercourse should be dangerous, and that that is Nature's check upon it, then why do anything at all? Why not let venereal disease have its fling?

Sir Willoughby Dickinson.

130. What do you do at Hythe in regard to the complaints you have spoken of? Do you take any steps to deal with the matter?—I am only speaking from memory, but I think that on the complaints from Hythe, we passed a Regulation called Defence of the Realm Regulation 13a, which gives power to make an Order ordering out of the district a woman who had been convicted of any offence of this nature, soliciting and so on. It was not a very effective regulation.

131. Why was it not effective?—Because it merely gave power to turn the woman out of one district, and of course she could go to another. It was passing her on; that was all.

Chairman.

132. And it was only a woman who had been convicted?—Only a woman who had been convicted of an offence. I have not got the Regulation here, but I think it refers to a woman convicted of the offence of soliciting.

133. How far do you look upon the Government Bill as a war measure; that is to say, as one that is occasioned by the circumstances of this time, and is being directed to saving our soldiers and our sailors, and, according to more modern Acts of Parliament, you must add, our airmen?—The subject would never have been taken up in 1916 if it had not been considered that it was a war measure. There was a ban upon any legislation except what was directly connected with the war or what was non-controversial. No legislation on the subject of Criminal Law Amendment and on these subjects can be by any possibility described as non-controversial. Every syllable of it is controversial; but it was felt that it was really connected with the war, and therefore it was promoted. The Bill as it stands now is in the form in which Sir George Cave thought it would be least controversial and most useful. We cannot get everything that we want, but we thought we might get what is in the Bill now.

134. And that the calamity to the soldiers was a very strong point?—Certainly. Before Regulation 40 (d) was passed we had the very strongest representations from the Colonial Governments, for instance, that something must be done, and unless something was done not a man would ever come to this country again in similar circumstances.

Viscount Sandhurst.

135. Arising rather out of that: Assuming for a moment that the war period is an abnormal period, when hundreds of thousands of young men are about here, and women are said to follow them, have the Home Office any line of information which can show whether, we will say, in the previous twenty years venereal diseases of various kinds have been increasing or decreasing in the population generally, prior to the war?—I would take the Army. The Army figures for the 23 years, roughly, from 1890 to 1913, which I think must be some index of the general population, showed a very remarkable decrease in the amount of venereal disease. I am only speaking from memory, but, roughly, from about 1890 to 1913 the figures for receptions fell from 250 per thousand to about 50 per thousand. The figures for India in the same time fell from 450 per thousand to about the same figure, 50 per thousand. So that there was a very remarkable decrease in the amount of venereal disease in the Army

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Viscount Sandhurst—continued.

in those 23 years. Since the war the figures for the Army have tended to decrease. Although, of course, instead of an army of 200,000 or 300,000 men, or whatever figure it was, with the Colours, there are now five or six millions; the latest figures now for the Army, I think, are something between 30 and 40 per thousand. So there has been a further decrease, although it is practically taking in a very large section of the population. There has been a decrease since the war in that figure I am giving these figures entirely from memory, and I cannot be certain that they are accurate, but, roughly, that is the position.

Chairman.

136. At this stage of the proceedings I do not think that very much matters. But you may have a decreasing proportion in the Army, the Army being such an enormous thing now, and yet there might be a great increase in venereal disease in the whole population; because the Army now represents such a much larger section of the population?—A decrease in the Army and yet an increase in the whole population?

137. Yet an increase over the whole population—that is, assuming that the Army are a class who are more affected in this matter than the civil population generally. The Army was a very small proportion of the population at one time, and was affected to a certain extent by these diseases. It is now a very large section of the population, and although the actual proportions within itself might be less the number of persons of the population of the country infected with diseases might be very much greater than it ever was?—Yes, quite.

Viscount Sandhurst.

138. Have you any means at the Home Office of ascertaining how the civil population is affected in the same way as you said the military population has been?—No. As far as I know there are no statistics at all showing the incidence of venereal disease in the civil population.

Earl of Desart.

139. Could there be?—No, there could not be. You could only judge of it by the returns from hospitals of the number of people who came in to get outdoor treatment.

140. You could not have anything like statistics?—No. But I think the figure that I have given—something between 30 and 40 per thousand in admissions now, which is the figure for the large Army of five or six millions—shows that the civil population had probably a smaller proportion of venereal disease than the old professional Army.

Mr. Neville.

141. Your Borstal figures show that the percentages has gone down very considerably. The figures went down from 172 to 80, which I make to be about 47 per cent. ?—I think they are different things. The 80 were under treatment for venereal disease in June, 1918, out of 172. That is, on a certain day, 80 were being treated for venereal disease out of 172 inmates. The other figure I gave you was for receptions.

142. The figures are not comparable?—No, not comparable at all, and I think before June, 1918, there were a large number of inmates of the worst cases at Aylesbury who were removed to Holloway for treatment—a particular treatment.

143. They were practically taken away from Borstal system and sent to a sanitary hospital?—Yes, for special treatment. I do not think those two figures are comparable.

144. Did you see in the Press last week a statement that some Association was going to ask for a Royal Commission on the status of prostitution? I saw it in the "Times" ?—Yes, I have seen some such statement.

145. Has the Home Office been approached on that subject?—No, I do not think so.

Chairman.

146. One of the difficulties that we have with the Societies of Women who come and give evidence before us is that they say generally that the laws are unequal towards the sexes. With regard to the Government

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Chairman—continued.

Bill, do you think it is open to any charge of that kind—that it may be said to be directed at women and not at all human beings?—I do not think so. I think that charge of inequality must arise from the fact that a prostitute is carrying on a trade, making money out of it. It must be very rare for a male to prostitute himself to women. I do not suppose there is such a thing; but the law provides for the male who prostitutes himself for unnatural offences and punishes him very heavily. But there is not a corresponding class, among the male population, to the prostitute.

Earl of Desart.

147. Are you familiar with Lecky's "European Morals"?—Certainly, I know it by heart.

148. Do you remember it was pointed out there that the reason why males were not prostitutes was that males were the breadwinners, whereas if the women were the breadwinners the men would be the prostitutes? Do you remember that passage?—Yes.

149. Do you think that is correct?—I do not know. I have the greatest respect for anything in that particular work, but I cannot say that; it is a hypothetical question.

150. Therefore if the women do become breadwinners the country would expect to find male prostitutes?—That may be so.

Chairman.

151. Is it not possible, as a matter of drafting, in various clauses to speak always of "persons" and not direct a clause against women?—We always do that where possible. If we were dealing with an offence of which a man could be guilty we always use the word "person."

152. You think you do that now?—I think we do. Most of the criticism has been very much exacerbated by Regulation 40 (d) which, for reasons, can only apply to women. A great deal of criticism has been directed against that on the ground that it is unequal in its application, that you are making something a criminal offence which is not a criminal offence for a man. But that, of course, does not apply to Clause 5 of our Bill, which makes it a criminal offence for "any person."

153. It is rather an odd thing. I think, in subsection 3, where you have "Where a person is charged with an offence"; then you say "For ascertaining whether he is suffering"?—That includes "she," I think.

Earl of Desart.

154. There is no epicene word which covers both male and female in the singular?—No.

Chairman] I agree with Sir Ernley that, looking to the Interpretation Act and other Acts, it is perfectly right. "He" includes "she" It would be very dangerous if you insist on putting in "she" there.

Earl of Desart.

155. You could put in "he or she," and then you would get it quite clearly to include both?—Yes.

Sir Willoughby Dickinson.

156. With regard to girls in Borstal Institutions, have you power to treat them if you find they are suffering from venereal disease?—From a medical point of view, yes.

157. Have you many cases of boys going to Borstal Institutes who are suffering from venereal disease?—Yes. I forget the figures, but I should think nothing like these figures.

Chairman.

158. We did ask on that before?—Yes. Do you mean power to treat compulsorily?

Sir Willoughby Dickinson.

159. Yes?—I do not think there is power to treat compulsorily.

160. There has been no practical difficulty?—Never any practical difficulty. That is the general experience that I get from all the medical officers. They say the women who are suffering from these diseases will never make any difficulty about being examined and are only too willing to be examined and to be treated.

161. One

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued

Chairman

161. One of the great difficulties that crops up on this subject is the difficulty with regard to evidence of disease not being conclusive. After an examination the result of the examination, it is said, is not really conclusive. Is not that so?—I should say probably the reason why this offence had never been made a criminal offence is the difficulty of proof. At any rate, that is one of the reasons.

Earl of Desart.

162. Can you suggest to me, apart from a medical examination after the charge is made, in what sort of case you would have evidence sufficient to justify a jury convicting that a man was, to his knowledge, suffering from venereal disease when the act of coition took place? I really want to be helped on this. My difficulty is to see, apart from the examination, what affirmative evidence in support of the charge could be brought forward. It puzzles me very much.

Chairman.] Do not numerous abortive cases arise from the fact that evidence is worth nothing after the examination?

Earl of Desart.] I want to get at what sort of evidence they would act upon.

Witness.] For instance, taking the case of a man: if you take a man released from Pentonville last week and the doctor has said to him: "Now we have been treating you, and you are still infected; you must not go near a woman," and you find that man accused a week later of having infected a woman, that would be a case in point.

Mr. Neville

163. It would not be known by that time. I understand it takes at least three weeks or eighteen days?—No, that is syphilis; I am talking of gonorrhœa. A woman comes and makes her complaint. She says: "I was with that man; that man came to me and has given me a disease." Then you can prosecute him, and you would call the medical officer of the prison to say: "Yes, I have been treating that man for the last month for gonorrhœa; it is an obstinate case, and I told him before he went out that he was in an infected condition."

Earl of Desart.

164. Can you suggest any case in which the person charged had not been under some public control, whether a workhouse or a gaol, where you could obtain that evidence? Of course that would be a small number of cases. I was trying to deal with the thing more generally. I follow what you have put; the only case that occurred to me was where somebody was under the charge of a public authority of some kind. I want some case where a woman makes a complaint against a man; in the absence of voluntary examination what evidence do you anticipate could be produced? I see the evil and I really want you to help me?—I see the difficulty, and it may be very difficult to get such evidence.

Sir Willoughby Dickinson

165. Have you seen the suggestion made that it should be obligatory on any medical man treating a case of syphilis or gonorrhœa in a communicable form to notify the patient to that effect?—That raises the whole question of compulsory notification, which I think was discussed by the Commission, and they decided that, at any rate, they would not recommend it.

166. I was not raising the question of notification to some third person, but whether it should be obligatory on every medical man treating the case to notify to his patient that he was suffering from the disease in a communicable form—not a notification to a third party. As to whether he should be called as a witness, that is another matter, but the suggestion has been made that it should be obligatory on all medical men treating these cases to notify the patient that he has a disease in a communicable form?—Yes.

Mr. Neville.] Would not it go further to give notice to his wife?

Earl of Desart.

167. Might I follow that by another question? I am talking about subsequent behaviour or evidence implicating the accused. What do you understand those words to mean? May I put it in this form: Surely it

Earl of Desart—continued.

cannot mean that the evidence implicating the accused is evidence of the act of coition, because that is not the offence; the offence is communicating the disease. It must be evidence of corroboration that the man to his knowledge has the disease, must it not? That is the natural evidence that you would want?—Take the man's story. The man complains of having been infected. The evidence implicating the woman would be evidence that she is suffering from that disease, and you cannot get that from her except by voluntary examination.

168. What I want to put to you is this: Corroboration, being evidence implicating the accused, could not possibly be mere evidence that there had been the act of coition?—No, that would not be enough. I have heard it said that evidence by another man that he had also had connection with the same woman and had been infected would not be corroborative evidence implicating the accused. It was mentioned that there was a large number of abortive cases under Section 40 (d). I have the figures up to date. In the six months in which that Regulation has been in force there have been 201 prosecutions, and 102 have been convicted out of the 201; 51 pleaded guilty and 90 were acquitted. Some few of those may still be undecided: I am not sure; but about 90 were acquitted, 3 were bound over, and 6 are known to be on remand now. The impression is that there have been no convictions under that Regulation, and that the thing has been an entire failure. It is not so. There were 102 convictions out of 201 prosecutions.

Chairman.

169. When I mentioned the abortive cases I was only referring to those that rested upon medical examination. Of course some of those people have pleaded guilty?—Undoubtedly the comparatively large proportion of acquittals is due to the difficulty of getting conclusive medical evidence.

Earl of Desart.

170. These cases under 40 (d) are not altogether analogous to the point we are discussing now. There the man is under the control of the authorities; he is known to have contracted a disease and he is practically forced to give his evidence. I put this to you. In what class of cases, apart from obtaining evidence, do you conceive people would be willing to prosecute? Talking of women first, would it be likely that any woman in any decent position at all would be prepared to go into the box and say first, "I had connection with a man," and, secondly, "I have got a disease"? I can imagine no woman facing that ordeal. On the other hand, is it not even less likely that a man would tell the whole world: "I have been having connection with a woman, a prostitute or other, and have become infected"? I am trying to contrast it; the whole thing is entirely different in the case of a soldier, who is under authority, and who is made to do something, and a person who is under no obligation to make any charge against anyone?—Yes, I quite agree.

171. These are difficulties we must face, and I am only putting them for that reason?—Yes. I have heard the criticism made that we are attempting to suppress venereal disease by means of the application of the criminal law, and the thing is impossible. None of the framers of this section, certainly not Mr. Samuel or Sir George Cave, had any idea that you could suppress venereal disease by a clause of this kind. It was only adopted as attempting to do what little can be done by the application of the criminal law to help in the campaign against venereal disease. I am told by those who are able to judge, prison authorities, talking with these women who come to prison under this Regulation, that it is having, and is likely to have, a very considerable moral deterrent effect upon people suffering from venereal disease. For one thing, it advertises in a way that probably nothing else would do the seriousness of the disease itself and the necessity for getting cured as quickly as possible.

Mr. Neville

172. And also advertises that that particular woman is in a diseased state, so that everybody who knows her by name can avoid her?—Yes; and the fear of being stigmatised in that way will prevent a person laying himself

15 October 1918.]

Sir E. BLACKWELL, K.C.B.

[Continued.]

Mr. Neville—continued.

himself or herself open to a charge of this kind, and will encourage them to get cured as soon as possible.

Earl of Desart.

173. Would you suggest the rather analogous position under the Secret Commissions Act? There are not many convictions under it, but people see the position they might be in?—Yes.

Viscount Sandhurst.

174. You mentioned the Borstal girls. A very large proportion of those girls are found to be suffering from disease of this description?—Yes.

175. I suppose prostitutes find their way to these places sometimes and to prisons, either for solicitation or from other causes?—Yes.

176. Can you discover from your records whether a very large proportion of those prostitutes who go into prison are diseased?—because the proportion of the girls is enormous. Do you follow what I mean?—Yes, quite. You could get evidence from Dr. Forwood, of Holloway; he would give you his experience, and he may have actual records. The last figure I obtained was 128 women at Holloway under treatment for venereal disease last week. Dr. Treadwell gave me that figure. That is out of a population, I think, of between 700 and 800.

177. Would those necessarily be prostitutes?—A large majority of those would be London prostitutes.

Sir William Collins.

178. Just one point on the Royal Commission on Venereal Disease, which you have intimated was the genesis of this proposal. In the reference to that Commission I find it was stated that it was to be understood that no return to the policy or the provisions of the Contagious Diseases Acts, 1864, 1866 or 1869, shall be regarded as falling within the scope of the inquiry. Nevertheless the Commission put on record this opinion: "Although the Commission are precluded by their terms of reference from considering the policy of the Contagious Diseases Acts, they wish to place on record their view that the evidence they have received, which includes that of several Continental experts, points to the conclusion that no advantage would accrue from a return to the system of those Acts. So far from this being the case, it is to be noted that the great improvement as regards venereal diseases in the Navy and Army has taken place since the repeal of the Acts"—Certainly. So far as I know, that has been always the opinion of the Home Office since I have been there. There is nothing in this Bill which is in any sense intended to be a return to the policy of the Contagious Diseases Acts.

179. I think you say, apart from the Army and Navy statistics, there are no statistics available which would enable us to form a conclusion as to the relative prevalence of venereal diseases at the present time and a number of years ago?—I think that is so. I think that was in the Report of the Commission.

180. The Registrar-General would only be able to furnish information as to deaths from venereal disease?—Yes.

181. Which in their very nature are somewhat untrustworthy?—Yes. They do get information as to the prevalence of venereal disease, but I do not think they ever get anything like the Army figure. I do not see how they could.

182. Apart from the question of prevalence, I do not know whether you would wish to give any opinion as to the difference as regards virulence?—No, I am not able to do so.

Mr. Neville.

183. Do you think that at the present time there is more venereal disease prevalent among our population than there was, we will say, before the war? It is a perfectly general opinion I ask you for?—I think it is

(After a short adjournment.)

SIR JOHN DICKINSON, called in; and Examined.

Chairman.

192. Sir John Dickinson, you are Chief Magistrate, are you not?—I am, my Lord.

193. I should like to ask you one or two general questions.

Mr. Neville—continued.

more prevalent in certain centres, but I really am not speaking from knowledge at all.

184. Take, for instance, a camp. The men in a camp go back to their villages all over the country and spread the disease to villages that never had it, but which might be likely to get it now. Is there any feeling that it is really more prevalent all over the country, or is it only confined to centres?—On demobilisation those centres of infection will spread, but at present I do not believe there is any gross increase of venereal disease; but I do not know.

Earl of Desart.

185. Do you think it is more diffused among different classes than it was, although it may not have increased? It may be that it is not as much limited to the professional class of persons as it was. Would that be correct?—I should say certainly. I do not know if I am talking too generally, but one of the things we have seen in the last 20 or 30 years is the decay of the professional prostitute as a profession. It is not as large as it was. I should say there are nothing like the number of regular professional prostitutes in London that there were 30 years ago. That is partly due, I think, to measures that have been taken in the way of shutting up places like the lounge at the Empire and the Alhambra, and not only the Empire and the Alhambra, but at every music hall; the lounges have all been abolished. There have been more prosecutions of disorderly houses, mostly all at the instance of the local authority or of the landlords. Landlords have turned the women out and harried them in that way. Then came the Aliens Act. Under the Aliens Act we have expelled a very large army of prostitutes who were foreigners. The result is that I think the number of prostitutes as a whole has been very much diminished of late years; and, as Mr. Lecky pointed out in a rather eloquent passage in his "European Morals," they are really safeguards of the purity of a large part of the population. If you could abolish the whole army of prostitutes to-morrow you would have their places taken at once by a much larger number of amateurs.

Mr. Neville.

186. At the present time their position, you think, is largely taken by amateurs?—Yes, the great army of young girls.

187. Over whom the police have no control?—Over whom the police have no control, and who are infinitely more attractive to the Tommy on the street than the professional prostitute.

188. And who could not be arrested under this Act because, not being prostitutes, they are entirely free?—Yes, that is quite true.

189. This Act does not affect those?—No.

Chairman.

190. With that amateur class where does the disease begin? It does not begin with the servant girl; it begins with her lover?—That is a medical question which I would like to be put to somebody else.

Sir William Collins.

191. It is not suggested that it arises spontaneously, is it?—No. I am not qualified to answer. There is this to be said, which I am told. A professional prostitute is much more careful of herself and keeps much cleaner than the young amateur. The young amateurs neither understand nor care; they are not clean, and they are much more liable to contract disease than an experienced prostitute who knows her business.

Chairman.] We hope to continue your examination at a later date, which will be communicated to you in due course. Meanwhile, on behalf of every member of the Committee, I desire to thank you for your valuable assistance.

(The Witness withdrew.)

Chairman—continued.

questions if I may. Would you mind giving us your opinion as to whether legislation of this kind at the present time is desirable—whether you think there is

15 October 1918.]

Sir J. DICKINSON.

[Continued

Chairman—continued.

a strong case for it, speaking from the cases that come before you and the experience you have?—I am quite clearly of opinion that such legislation is desirable at the present time and decidedly necessary. War conditions have caused a state of things that I think ought to be dealt with, and dealt with as soon as possible.

194. Would you go so far as to call these Bills or either of them war measures? Do you put it as high as that?—No.

195. You think that the state of things that has arisen is such that in the general interest of the community it is desirable to try to deal with it as a question of order, and also from the point of view of diminishing the terrible diseases that we hear of?—I do; that is my view, my Lord.

196. There is a good deal of opposition to this legislation from many of the women's associations, who say that it is partial legislation, and that it is directed at women, and so on. Generally speaking, do you think that that is the effect of these Bills?—I do not think so. I think that the object of these Bills is first of all the interest of the State and secondly the interest of the individual. Sex, to my mind, ought to have nothing to do with this matter at all. In support of that I would allude to the Vagrancy Act, 1898, which was directed entirely to male prostitutes. There was no opposition to that. It was met on all sides with acclamation, and was a very necessary and most valuable Act. I never heard that there was the smallest opposition to it from either sex—and rightly so. I think that this question ought not to be a sex question at all. I think that the interest of the State first and secondly the interest of the individual ought to be considered.

197. There is a charge made against these Bills that they really are revivals of the old Contagious Diseases Acts which were got rid of. Do you feel that there is that spirit in these Bills?—I do not say that they are not on somewhat similar lines to a certain extent, but portions of the Contagious Diseases Acts were beneficial measures, and I think that those are incorporated in the present Bills.

198. In particular I think that the objections refer to the powers given to, I was going to say, examine women. The case is treated as if it was only the examination of women, but the clauses are so drawn as to include the examination of men, are they not?—Undoubtedly; and I think that should be so.

199. There may be one or two places in the Bill as we go through it where it may require to be pointed out that it deals with one sex only where it might deal with both sexes?—Exactly.

Earl of Stafford.

200. You used the expression "male prostitute"?—Yes.

201. What does that refer to?—The crime of importuning.

202. For the purpose of sodomy?—Not necessarily for the purpose of sodomy, but for other bestial offences between men.

Viscount Sandhurst

203. Do you think that the state of things had been growing worse in the 20 years previous to the war?—I would not like to say that it had been growing much worse, but I think there had been a steady increase.

204. Of prostitution?—Yes—not common prostitution, but of prostitution.

Sir William Collins

205. You intimated that there was something in common between the Contagious Diseases Act and the present proposed legislation. Was that with regard to subjecting prostitutes to surveillance and medical examination? Is that the common property?—Yes, that is one of the points but that is not one that I am objecting to at all. There are certain provisions which were one-sided undoubtedly.

Mr Neville.

206. I understand you to say that there has been a steady increase of prostitution, but not common prostitution. Does it mean that there has been a decrease of common prostitution in your opinion?—No. What I would term amateur prostitution has increased.

Mr Neville—continued.

207. You have no jurisdiction with regard to it, and no control over it?—Well, yes, I have control over it in one sense. If they are brought up for importuning we deal with them. Though it cannot be proved that they are common prostitutes they are importuning for the purpose of prostitution, but are not designated common prostitutes. The difference will appear later on, I think.

208. You think that is increasing?—It has been increasing, I think.

209. Before the war?—Before the war, and undoubtedly since the war very largely.

Sir Willoughby Dickinson.

210. How do you deal with prostitutes? You have had a very long experience now. How do you deal with them in the ordinary course of the administration of justice? What do you do by way of punishment or reformation?—Sir Willoughby, do you mean common prostitutes?

211. Yes, the ordinary case of the street-walker brought up before the Police Magistrate. It is very difficult to know what to do with them, is it not. What do you do?—A woman is seldom charged as a common prostitute until she has been charged before under the Police Act, say for insulting behaviour, and the police are satisfied that she has become a habitual street-walker. Then having had previous warnings, in all probability half a dozen or more, she is probably sent to a month's hard labour if she has been guilty of motous or indecent conduct. We find from experience that it is little or no use attempting to reform those women. They absolutely refuse. They have become stereotyped in vice, and decline any assistance. I may say at once that every woman that comes before a Court has her opportunity or has had her opportunity of reformation and assistance, and if, after warnings, she refuses, we take the step of seeing whether a sentence of a month's hard labour will cure her. If she comes again we probably treat her then as a rogue and vagabond. I am speaking generally now. Individual cases are dealt with on the facts. If a woman is sentenced to a month's hard labour as a common prostitute, on a second conviction she can be sentenced to three months' hard labour as a rogue and vagabond, and on a subsequent conviction if it is thought desirable she can be sent to the Sessions for sentence as an incorrigible rogue and vagabond, and she becomes liable to, in the discretion of the Court, twelve months' hard labour.

212. Those are persons who are of mature age as a rule?—Yes.

213. What do you do with these large numbers of young girls brought before you for practically the same offence?—If possible we reform them. We place them on probation. That is one of the chief methods adopted with young girls. But at the present time so many young girls refuse to have any assistance offered them at all.

214. You have no power over them at all?—No, we have no power over them at all. They frequently say, "You can only fine me 40s." They know the law perfectly well. "I can easily pay 40s., or somebody at the back of the Court will pay it for me, and you have done with me." That is the constant answer to the requests of the women workers as conveyed to me afterwards. I have no power at all over them. There is nothing that I can do.

Earl of Desart.

215. Do you find that the majority of young women have a great dislike to going into probation homes, or is there a substantial number willing to do so?—At the present time they almost universally refuse.

Sir Willoughby Dickinson.

216. Do the provisions of the Bill give you any power of dealing with those particular cases?—Yes.

217. In what way?—As I propose to deal with the section I would like to deal with it later.

218. Very well. There is one other question I would like to ask you. You said just now that you saw no reason why there should be any distinction in sex?—Upon principle.

219. Yes, upon principle. Do you mean to say that we should use words that would have exactly the same effect on men as on women?—I have enunciated the

15 October 1918.]

Sir J. DICKINSON.

[Continued.]

Sir Willoughby Dickinson—continued.

the principle, but when you come to deal with individual cases it is a different matter of course. There are very few men, I am thankful to say, who adopt prostitution as a profession.

220. That is exactly what I wanted to know. When you were dealing with the question just now you were only referring to men who have adopted prostitution as a profession?—Yes.

221. Taking the case of a man who was soliciting in the streets, would you make the same law with regard to solicitation apply to both men and women?—There is no law at the present moment which deals with men for soliciting except for immoral purposes, and it would be exceedingly difficult to prove that a man who spoke to a woman in the street under ordinary circumstances was importuning her for immoral purposes.

222. Take the case of a man asking a woman in the streets to have connection with him. Is he liable now to anything at all if he is prosecuted?—Yes, he is liable to a 40s. fine for insulting behaviour, undoubtedly, but he is not liable in any other way that I know of.

223. The Act of 1898 which defines a male prostitute merely deals with professional prostitutes?—There are boys and young men, and even old men, who frequent certain portions of London for the purpose of inducing other men to go with them and commit the crime of sodomy or it may be other forms of vice.

Earl of Desart.

224. Surely the law is adequate to deal with those cases, is it not?—Yes, quite.

Sir Willoughby Dickinson.

225. I understood so?—I am sorry to say that the sentence which a Summary Court can pass is only six months.

226. For inciting to commit sodomy?—Not inciting. No.

227. In substance that would be the charge in the greater number of cases, would it not?—It is no use sending him to trial for inciting to commit sodomy. You would not get a conviction for that. Importuning for immoral purposes is the charge.

228. Take the case of men constantly in the streets for the purpose of inducing women to go away with them. That is no offence at all. Is it possible to prosecute a man who is constantly in the streets picking up women for his own purposes?—Do you mean a man merely going out for an immoral purpose and picking up a woman? There is no punishment for him.

Sir Willoughby Dickinson.

229. From your experience is it possible to make a law that would be equal not only in theory but in practice as between men and women in regard to what I may call illicit sexual relationship. A man offers a woman money to go away with him. Would it be possible to make that an offence?

Chairman.] By so drafting Clause 2 of the Sexual Offences Bill.

Sir Willoughby Dickinson.] I want to get the witness's views as to whether it would be possible.

Mr. Neville.] It would only be possible if illicit intercourse is made a crime. Then of course it would be inciting or inducing to commit a crime, but unless you make it a crime no man can be prosecuted successfully for asking a woman to go home with him to have sexual intercourse with him.

Sir Willoughby Dickinson.

230. At the present moment the professional prostitute is caught, but the Courts also catch the non-professional prostitute. You get a woman who is a non-professional prostitute who solicits on a charge of insulting or indecent behaviour, would it be possible for the same sort of law to apply equally to men?—In the one case the woman is a professional prostitute. The man is not a professional prostitute; he may be a barrister; he may be a respectable person in all other respects, but he may have an immoral desire.

231. In many of these cases girls are brought before the Court who are not professional prostitutes, dress-makers and so on, and they are dealt with?—Yes.

232. Not as professional prostitutes, but because they are soliciting in the streets to the annoyance

Sir Willoughby Dickinson—continued.

of passengers or behaving in a riotous or indecent manner?—Yes.

233. There is not much difference between them and the man who is constantly inviting women to sexual intercourse with him?—If he is constantly doing it, certainly, I entirely agree; but to suggest that either a man or woman who on a single occasion or one or two occasions did it should be prosecuted would be a very serious matter indeed, and to my mind an impossible case to deal with. The Courts would have great difficulty.

234. In dealing with non-professional women, do you always insist on some evidence that it is constant?—Always.

235. What do you call constant?—We ask: "How many times have you seen her?" "I have seen her for the last week." That is some presumptive evidence. "She was in the Strand accosting men." Generally it is longer than that, but a week would be sufficient, I think, to raise a presumptive case.

236. No man could be convicted on evidence like that?—No, I never heard of such a case of a man who for a week frequented the street for the purpose of soliciting women.

237. They could not be brought up under the law now?—No.

238. But you do not see any reason why they should not if it is desirable to make the law equal as between the sexes?—Certainly I should not object to it at all if a man was habitually soliciting women for prostitution. He should be punished.

Earl of Desart.

239. Is not the underlying difference this—that the man you have in mind now is attracted by a particular woman, and being attracted by her asks her to go home with him. The woman goes out prepared to attract any man she meets who will pay her, and whether it is A, B, C, or D is, more or less, a matter of indifference to her. A man only wants the particular woman to go home with him because he is attracted by her. One is in general pursuit of the opposite sex, the other is a matter of particular fancy at the moment? It was suggested, I understand, that the man was there to find women indiscriminately for a whole week.

240. Do you find such cases?—I have never found such a case.

Sir Willoughby Dickinson.

241. Surely you know cases of men frequenting Piccadilly and constantly accosting ladies?—I have heard of men being rude to ladies in that way, but I have never heard that it was an habitual action on their part. One has constantly heard of ladies being insulted by being spoken to in Regent Street and other shopping places, but I have never heard of a man being there constantly for the purpose of doing it.

Mr. Neville.

242. Not to two or three ladies in the afternoon?—The only evidence is that the particular lady has been spoken to by a man. If a man places himself in the street and habitually speaks to various women to induce them, he ought to be punished. I quite agree with *Sir Willoughby*.

243. We all agree, I think?—Just as much as a woman.

244. Do you ever get any evidence before you from prostitutes that they have been blackmailed by the police. There is an idea, I believe, prevalent that the police are very hard on some of these women, and that they are liable to say that they are habitual prostitutes when they are not, and unless they pay money or do something of that sort they are liable to be treated by the police as common prostitutes?—I have never had evidence of that. I have heard the statement made frequently, especially when I was a Magistrate at the East End, but it was always made by women of notoriously bad character. I never had it made by a woman who was comparatively fresh to the work.

245. It arose in the Endicott case. Do you remember that case—about 20 years ago?—Yes. There are so many of them.

245. Forty shillings is the maximum penalty, you say,

15 October 1918.]

Sir J DICKINSON.

[Continued.]

Mr. Neville—continued.

say, for solicitation Is that correct?—It is the maximum penalty under the Police Act.

247. In default of payment of that penalty, what is the term of imprisonment?—It varies. The maximum is a month.

248. In practice, do any of your Magistrates, where they think it is a bad case, remand these women continually so that they may get three months instead of a month?—I have never heard of such a case.

249. Never?—Never. Remands are confined to enquiries about the woman or she may be remanded in her own interest to see if we can communicate with her friends. In London it has never been the case, and I do not suppose it is so in the provinces, that a woman is remanded for the purpose of punishing her.

250. Not for the purpose of punishing her, but the effect of it is that she gets three months' imprisonment instead of one if she is continually remanded?—If there was sufficient ground for it it would be quite justified, but I do not know what the ground would be for such a series of remands as that. It may be that the woman declines to give any information about herself. The remand might quite possibly be until certain inquiries were made. A fortnight would be the extent, in all probability. I have never heard of such a case as you put.

Chairman.

251. Will you now take the two Bills? Have you any preference as between Clause 1 of the Criminal Law Amendment Bill and Clause 7 of the Sexual Offences Bill?—I would take Clause 7 and adopt the clause as it stands down to the words "six months," striking out (this is merely a drafting suggestion) "with or without hard labour." That is unnecessary now owing to the Criminal Justice Administration Act. Right through the Bill those words might be usefully struck out.

252. We will consider that as dealt with. We need not go back to it on other clauses?—Sub-section 2: "It shall be no defence to a charge under this section to prove consent to the act of indecency." I would leave that as it stands and insert Clause 1 from the Criminal Law Amendment Bill and put it after No 2, making it 3, and then I would go on to No. 3 and make it 4, and leave it as it stands.

Earl of Desart

253. Do I follow you rightly that you would raise the age to 17 and yet take away the defence of consent?—Certainly.

Sir Willoughby Dickinson.

254. You mean No. 1 with 17 substituted for 16?—Yes, and strike out the word "young" before person. She ceases to be a young person at 17. She would be over 16. It is a technical description.

255. You think that there is no objection to having 17 as the fixed age?—I think it is desirable myself

Earl of Desart.

256. If you do that, ought there to be some provision as to the age of the person charged? I am thinking of the case of a boy of 16, or a boy of 15, if you like, committing an act of indecency on a girl just on 17?—That is quite right, my Lord, but I would also say that the clause as drafted does not touch the case where both parties are under 17, and I should like to see that dealt with. I have not gone further into the matter than that. This deals with the case of a person over 17 committing an act of indecency with a person under 17, and it leaves the case where both parties are under 17 untouched, and I think that ought to be dealt with by special enactment.

257. I would put it much more strongly than that. I put to you the possibility of a girl nearly 17 inciting a boy of 15 to commit an act of indecency on her. If the woman becomes the prosecutrix, the boy may be convicted, but the girl cannot be convicted?—Are you talking of the act of indecent assault.

Mr. Neville.

258. It would include everything?—It would not include an indecent assault.

259. It would include copulation?—Certainly, but not indecent assault.

Earl of Desart

260. I do not follow. Indecent assault includes an act of indecency, though an act of indecency may not include indecent assault. Can you suggest to me any indecent assault which is not an act of indecency?—Section 7 deals with the case where the parties are consenting. They both consent to an act of indecency. I would take away the defence of consent in regard to indecent assault.

Mr. Neville.

261. Would you allow consent as a defence in the case of an act of indecency?—No, it is absolutely prohibitory; it says, "It shall be no defence to a charge under this section to prove consent to the act of indecency." There is no difficulty upon that point. The difficulty at the present moment is that over the age of 13, if there is consent, that is a defence.

Sir Willoughby Dickinson.

262. I take it that this clause would mean that if a girl over 17 had anything to do with a boy under 17 the girl would be liable?—Certainly.

Chairman.

263. That is quite clear, and that is surely quite right?—On the other side also, if a boy over 17 has connection with a girl under 17, he is liable. I think it covers both sides.

Sir Willoughby Dickinson.

264. Does Clause 1 of the Criminal Law Amendment Bill go as far as that if you read it by itself?—You are creating a new offence entirely here.

265. It is the law at present that if a girl over 16 has connection with a boy under 16 the girl is liable for committing an assault on the boy. Is that so?—Yes, if it can be shown that it was against his will.

266. It is the law at present under the Criminal Law Amendment Act that a girl over 16 who has connection with a boy under 16 is liable as an offender to a penalty. I want to get that clear. You said "yes" just now?—I did not quite understand.

Earl of Desart.] The section you are thinking of, I think, is Section 5 of the Act of 1885, which says. "Any person who unlawfully and carnally knows or attempts to have unlawful carnal knowledge of any girl being of or above the age of 13 years and under the age of 16 years," and so on. Under that it was held that the girl could not be convicted of abetting.

Sir Willoughby Dickinson.

267. You point out that Clause 7 of the Sexual Offences Bill undoubtedly imposes a penalty on a girl over 17 years of age who has connection with a boy under 17?—Yes.

268. That is clear on the face of it. I asked you then whether Clause 1 of the Criminal Law Amendment Bill had the same effect, and you said, inadvertently, no doubt, yes?—I did not understand the question.

269. It is rather doubtful whether it has the same effect. I suppose that the indecent assault referred to in Clause 1 would be taken by the Courts to refer to indecent assault under the existing law, which is an indecent assault by a male on a female only. Now would Clause 1, without any reference to the existing law, impose a penalty on a girl over 16 who has connection with a boy under 16? It rather looks as if it would?—The difficulty is a confusion between an act of indecency and an indecent assault.

270. You think "act of indecency" is more inclusive?—It is much wider. There are numbers of indecent actions which are not indecent assaults.

271. It would clearly be an act of indecency for a girl to have connection with a boy, whether the boy consented or not?—Yes.

Chairman.

272. With regard to sub-section 3 of Clause 7, is not that taken from the Criminal Law Amendment Act as it is?—Yes—six months.

273. Upon Clause 8 would you say anything that you have to say about the age of 17 and "reasonable cause"?—I think that almost everybody is agreed that 16 years is at all events the minimum. My experience has been very largely that a large number of girls over

15 October 1918.]

Sir J. DICKINSON.

[Continued.]

Chairman—continued.

16 and under 17 are really still practically no older than 14, and though it is quite true that they may in one sense of the word consent, there are very many of them, a very large proportion, who do not really understand the nature and the results morally and physically of that to which they are consenting, and for that reason I would raise the age to 17. At 17 you are reasonably safe, I think. At 16 and a day or 16 and two days, or immediately after a girl is over 16, it is too risky, too dangerous, I think, and for that reason, out of greater caution, I would raise the age to 17, and I can see no reason myself why it should not be raised. If a man chooses to take upon himself the risk, I do not see why he should not be punished if he makes a mistake. I think the raising of the age would have a very deterrent effect.

274. The clause would protect the girl whose age is so and so in fact and not merely the girl who looks this, that or the other?—I would repeal sub-section 2 entirely, in fact the provisos to both those sections.

Earl of Desart.

275. I would like to put this to you, which is a case in point: A young man walking home meets a girl in the street who appears to be a woman. This is so common?—Yes.

276. And he has connection with her. He may be a man who would not knowingly touch a child or a girl under age for anything in the world. His defence is taken from him as you suggest, when it is proved that the girl is under the age, and he is convicted of a criminal offence. Would you kindly point out to me whether his conviction can in any way be anything but a conviction for having committed fornication and nothing else. He has no idea or conception that he is touching a young girl. You convict him of the crime of fornication, which is not really a crime?—Fornication with a young person whom he knew to be a young person? He has no right to do it, and I would punish him for it.

277. You misunderstand me. I am dealing with the question of reasonable cause, and where he has no reasonable cause to think that she is under age. You are convicting him of fornication really. There must be an intent in every case. You are making an entirely new crime?—Well, my lord, a man must take the risk if he sees that it is a young person.

Mr. Neville.

278. Italian girls, we know, are very early developed, and at 16½, say, might easily be mistaken for a woman of 25—just as a Jewess might be?—Yes.

279. A man must take that risk you think?—Yes.

280. It practically means that the man must be pretty well certain that the girl is over 25 before he avoids the risk of a penalty for fornication?—I do not think that would be an objection.

281. I only want to know what you think?—With regard to the defence of "reasonable cause to believe," I am satisfied myself that it has led to very many miscarriages of justice.

282. Has it led to a corresponding number of attempts at blackmail. For instance, has a girl under the age blackmailed a man in your experience?—I have not come across cases myself, but it is possible that there might be such cases. In all probability, in the case you are speaking of, she would not know anything of the man afterwards.

283. A casual acquaintance?—A casual acquaintance. If she did know something about him, then he ought to know her age.

Chairman.

284. Well, that is your opinion, at any rate, Sir John?—That is my opinion.

285. Does anything arise upon sub-section 3 of that section as to the limit of time?—The limit of time at the present moment is six months. I would not extend it to 12 months. It was originally 3 months.

286. What are your reasons against 12 months, may I ask?—The shorter period provides less opportunity for the blackmailer. What I chiefly feel is that the added 6 months would increase considerably the difficulty of the accused procuring evidence in his defence

Chairman—continued.

That is what operates most strongly in my mind. At the end of 12 months it would be extremely difficult in many cases, especially in the country where people are moving about, for a man to be able to obtain the evidence which he could have done within 6 months after. I suppose that the period of 12 months is suggested as being more likely to afford outward signs of the girl's condition, which sometimes is the cause of enquiry and subsequent prosecution, but I think that her guardians or friends ought with proper care to have discovered her condition earlier. At all events I do not think that the advantage counterbalances the hardship to which I have alluded—the difficulty of obtaining evidence in defence. These charges, it must always be remembered, are so easily made and so very difficult to disprove.

287. Now would you kindly go to the next section, Sir John, Clause 5 of the Criminal Law Amendment Bill and Clause 1 of the Sexual Offences Bill. You gave me reason to think that on the whole you thought the form of Clause 1 was the better?—I do think so, my Lord

288. Have you any remarks to make upon the 1st sub-section of Clause 1?—No, I have not. I agree with it entirely.

289. I think that some question has been raised on C: "Wilfully communicate such disease in any manner to any other person." Have you considered that at all?—Yes. I think it desirable to leave that in. It is very improbable, but quite possible, that a person who had a grudge against another might in the case of an open sore on the lip, for instance, induce him to drink out of the same cup. That is one instance of a possibility. A revengeful, evilly-minded person might do that. He might even foul a closet or something of that sort if he thought that it was going to be used by somebody against whom he had a grudge. I do not think that the clause would ever be used, but it is desirable to cover possible evils.

Earl of Desart.

290. If it could be proved and a case were established of wilfully communicating venereal disease to another, do you think that the penalties are approximately adequate to such a crime?—I do not think so, but I cannot criticise that.

291. I only want your opinion?—I think it is most unlikely that such a thing would happen.

Sir Willoughby Dickinson.

292. Do you think that "wilfully" means maliciously there—an absolute intention to communicate?—Yes.

293. It really means knowingly—knowing the risk?—Yes, undoubtedly—wilfully.

294. Would it not be well to have "knowingly"? If a man knowing he has a disease which needs particular care in the use of towels, puts them in a place where other people can get the disease from them, would that be wilfully communicating?—If he did it carelessly it would not be wilful, but if he did it with the intention that other people should use them, he must know what the result would be.

295. You take it that the word "wilfully" means a desire or will to do mischief?—Yes.

Earl of Desart.

296. And not merely negligence?—No. Certainly not.

Chairman.

297. Then we come to sub-section 3, which is a very important one. What remarks have you to make upon that? Do you agree with it generally, Sir John?—I agree with it generally, but in the first line I would insert "Where any person is charged or convicted of any offence under this Act or under," so and so.

Earl of Desart.

298. On the question of "wilfully," to go back to that, is not the first proviso in the section wholly inapplicable to any question of wilful communication?—Provided that a person shall not be convicted under this section if that person proves that he or she had reasonable grounds to believe that he or she was free from

15 October 1918.]

Sir J. DICKINSON.

[Continued.]

Earl of Desart—continued.

from venereal disease in a communicable form at the time the alleged offence was committed" It is quite inconsistent with any question of wilfulness, is it not? If the word "wilfully" stays in the operative part of the section, the proviso is wholly inapplicable?—Yes, to that particular sub-section, but it covers the others.

299 I was wondering whether the word is properly inserted. It seems to be outside the meaning of the rest of the clause?—I follow, my Lord.

Sir Willoughby Dickinson.

300. What is your opinion on the last lines of 5 (b)? Sir Ernley Blackwell said that it would knock the bottom out of the clause. "Unless such witness be corroborated in some material particular by evidence implicating the accused." What is your opinion with regard to the effect of that on a prosecution? "No person shall be convicted of any offence under this section upon the evidence of one witness unless such witness be corroborated in some material particular by evidence implicating the accused" The question is what those words really mean?—Well, I suppose they mean that there must be some outside corroboration—either two witnesses or one witness with some material corroboration, such as proof of the man being diseased himself.

Mr. Neville.

301 Unless there was examination proving disease, in practice it would mean that there would be no corroboration in nine cases out of ten?—Yes, that would be the usual thing.

Sir Willoughby Dickinson.

302. The person who has had it communicated to him or her may show by examination that the disease exists?—Yes.

Mr. Neville.

303. A woman's own doctor might give evidence if the secrecy was removed?—Yes.

Chairman.

304 You do not express an opinion one way or the other as to the sub-section?—No.

Sir Willoughby Dickinson.

305 What do you think about the proposal that there must be something more than the evidence of one witness? The effect of this clause really is to say that one witness alone is not enough. One witness alone in Courts of Justice is sometimes sufficient if he is credible, except in bastardy cases?—I should very much prefer to have corroboration, certainly, on a charge of this sort.

Earl of Desart.

306. Do you consider it possible from your experience that any jury would in any circumstances, with or without this clause, be allowed to convict on the uncorroborated evidence of somebody who said, "He gave me a disease"? Can you conceive any jury ever being allowed to convict on such evidence at that?—No.

Mr. Neville.

307. The disease might have been contracted by a third person or fourth person?—Yes.

Chairman.

308. We will leave that. Would you go on to No. (3), taking as your text the Sexual Offences Bill? You think that the word "charged" as well as "convicted" ought to be put in?—Yes, and at the conclusion of the first paragraph, after "necessary for that purpose," I would insert the words, "and that the doctor shall be named in the Order." Then, "If the person is a female, the examination and test shall be conducted, if she so desires and it is practicable, by a female doctor." "In any case the person charged shall be entitled to have his or her own doctor, if willing, present at the examination, and the accused shall be informed by the Court of his or her rights under this section." I think it very desirable that the doctor should be named in the Order by the Court.

Mr. Neville.

309. This gives power to the Court to order examination?—Yes.

310 One gives the Court the power to order examination, and the other leaves it to the defendant to ask for examination?—Yes.

311. You think that greater power should be given to the Court?—Yes.

Sir Willoughby Dickinson.

312. A Committee of the House of Commons last year refused to give that power when it was proposed. Are you aware of that?—I did not know that.

313. Do you think it is justifiable interference with a woman's liberty to order an examination of this kind upon merely a charge by some man that she has infected him?—I certainly think so.

Earl of Desart.

314. Or a man's liberty?—Yes—both sexes.

Sir Willoughby Dickinson.

315. It is a very grave interference?—It is.

316. With a possibly innocent person?—Possibly.

317. In several cases where an examination has been conducted the woman has been found to be free from disease?—Yes. I do not know how long it was before they were examined.

318. We will assume that it was a false charge and that the woman was quite innocent, and of course she has been let off. Do not you think that it is a very serious interference with perhaps the highest sentiment of liberty that a woman has to undergo compulsory examination of this kind in order to ascertain whether the charge is made good or not?—I think it is serious—I agree with you; but, on the other hand, I think that the disease itself is such a scourge and such a serious thing not only for the present but future generations that we should take every possible precaution to prevent it.

319. You realise the very strong public feeling amongst women that is aroused by this Bill?—I must say that I have not been guided in the least by public opinion one way or the other.

320. Women, as a rule, have felt more strongly about this than about anything lately?—I cannot understand their attitude on the point, looking to the enormous danger there is to future generations.

321. I suppose you know that this examination is an extremely objectionable operation?—Yes, I believe it is. I can quite understand that. Under 40 (d) there have been a very large number of convictions.

322. Yes, very probably there have. Do you think that in the interests of the State it is so important that the State is justified in inflicting on an innocent woman what is perhaps the greatest outrage that can be inflicted upon her?—Everybody's sympathy would be with an innocent woman. It is impossible, I suppose, or practically impossible, to prevent some case where an innocent woman is compulsorily examined. It is impossible to prevent some such case happening.

323. As a matter of practice would it not mean that every woman would be examined under an Order. All you have to have is the statement of a man that he has had connection with her and that she has conveyed to him venereal disease. The question immediately is whether she has got venereal disease, and surely that will mean that every Court will at once order medical examination of every woman brought up. There is no other means of corroborating it, and you require corroboration?—Exactly.

Mr. Neville.

324. He has first of all to prove that he has had connection with the woman. Would the magistrate take his word alone?—No.

Chairman.

325. It expressly says "the Court may if it thinks fit." You would trust the judgment of the Court?—Certainly; undoubtedly.

Sir Willoughby Dickinson.

326. I would rather like to press the point. Assuming that there is no question about the connection, and that

15 October 1918.]

Sir J. DICKINSON

[Continued.]

Sir Willoughby Dickinson—continued.

that the woman admits it, still there could not be corroborative evidence to convict the woman upon until she had been examined?—There might not be.

327. There could not. You must examine her, and if she has not it she cannot possibly communicate it?—There might be evidence given by examination of her clothes and a number of things to show that she had the disease upon her. There might be outside evidence which would render examination unnecessary to a very great extent.

Mr. Neville.

328. Suppose you found a prescription in her pocket for certain drugs or something of the sort?—

Sir Willoughby Dickinson.

329. In the ordinary case she would be sent at once to the doctor to be examined if this clause passed?—If I thought there was *prima-facie* evidence that the man's story was true, or on the other hand that the woman's story was true, if she charged the man I should certainly say, "This is a case in which you ought to be examined."

Earl of Desart.

330. It has been put to you that it is a great outrage whether on a man or a woman. Your view is that the public interest is so great that it overrides that. Apart from that it is a very new departure from what I may call the legal point of view. Does not the position come to this: You charge a man or woman with an offence, and having an insufficient case, you by force obtain evidence from him which is required for his conviction. The exigencies of the State may justify that, but is it not a very, very startling departure from the point of view of any criminal lawyer. You extract by force from him the evidence on which he is to be convicted. It is a serious consideration I will not press you any more upon it?—I perfectly appreciate it, but still—

Mr. Neville.

331. May I ask you another question? You have been asked about innocent women. I take it that the only woman who would be considered innocent in this case in your opinion (I do not know whether I am right in suggesting this) would be a woman who denied having had connection with the man at all. If she admitted that she had had connection with the man, I take it that she would run the risk when she committed the act, and would not be considered in your opinion an innocent woman. You would draw a distinction between a woman who denied connection with the man and who could produce proof that she had had no connection with the man, and a woman who admitted that she had had connection with the man?—No doubt that would be a strong element.

332. If a woman admitted that she had had connection with the man and you thought there was any sort of case that she had communicated disease she could not be one of the innocent women that my friend here alluded to, and it would not be such an outrage in her case to order examination as it would be in the case of a woman who denied that she had ever had any connection with the man at all. I do not know whether I have made my point clear?—Yes, quite clear. Of course it would be a very strong element in the matter—very strong—if she denied it entirely.

333. I am thinking about the outrage. Here is a woman willing to commit the act of fornication with a particular man, and here is another woman who says "I have had nothing whatever to do with him." Would it be such an outrage upon the woman who acknowledged the fornication as in the case of the woman who denied it? That is the point?—I can understand a case where it would be a considerable outrage on a woman who had consented to a single act of fornication. It might be a great outrage upon her.

Sir Willoughby Dickinson.

334. Supposing the woman denied that she had had connection, and it was proved that the man had got venereal disease, might not an attempt be made by examination to prove that she was infected and thereby strengthen the case against her?—It would undoubtedly

C.179

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Sir Willoughby Dickinson—continued.

be for the purpose of convicting her that the examination was made, of course. It would be for the purpose of convicting her if she was guilty or acquitting her if she was innocent.

Mr. Neville.

335. You would not order her to be examined if you were not certain that she had had connection with a man?—No. You would have to find that out first undoubtedly. She might consent to the examination, but still it might be a great outrage on her.

336. And if she did consent to examination it would be her most complete defence?—Undoubtedly.

Sir Willoughby Dickinson.

337. You want to put in the words "charged or convicted"?—Yes.

338. That is a very important change?—Yes.

339. The clause in the Bill contemplates that when a woman has been convicted, by whatever evidence is necessary, then she can be examined. You think that a person before being convicted or condemned at all must be subjected to examination, I take it?—I import "charged" from Section 5, sub-section 3, of the Criminal Law Amendment Bill.

340. But sub-section 3 specially avoids giving the Court power to order examination?—But you spoke of the word "charged." I use the word "charged" for this reason, because it is the best end to begin at. Sometimes if a person goes for trial it may be six months before the trial takes place—four or five months at all events in the country—and at the end of that time examination would not be of the smallest value in the world, whereas an examination made at the time would assist very strongly indeed.

341. If a woman is accused of a certain action and is waiting in prison for some time, would you have the examination conducted at once before she has even been before the Magistrate?—No, not before she has been before the Magistrate, but before the Magistrate commits her.

Mr. Neville.

342. It might be found that she was not diseased?—It would be in her favour undoubtedly. If she is not examined before the trial there may be no trace.

Earl of Desart.

343. Is there not a little confusion from the mere fact of having these clauses side by side with one another? In the Government Bill the man is to have the option for the purposes of defence, and in the other Bill it is put in not for the purpose of prosecution at all, but for some purpose relating to the health of the community?—Yes.

344. They are not germane to one another?—No.

Sir Willoughby Dickinson.

345. You would put it in for the purpose of the prosecution?—Yes.

Earl of Desart.

346. It is really an amendment of the Government Bill that you suggest?

Sir Willoughby Dickinson.

347. You suggest that whatever Bill is passed it should contain a provision whereby a person charged can be compulsorily examined before conviction?—Yes.

348. Neither of these Bills proposes that?—No.

Earl of Desart.

349. You suggest that the person charged with the offence may, if so ordered by the Magistrate, be examined. You alter a voluntary thing into an order by a Magistrate for the purpose of prosecution, which is exactly the opposite?

Mr. Neville.

350. It is manufacturing evidence?—No, not manufacturing evidence. It gives her the best possible chance, if she is innocent, of being acquitted, which to my mind is a reasonable thing to do.

351. It is like giving a prisoner the power to give evidence

15 October 1918.]

Sir J. DICKINSON.

[Continued.]

Mr. Neville—continued.

evidence. The innocent man gets off and the criminal gets caught?—Yes

Earl of Desart.] It shifts the onus

Chairman.

352. Have you anything to say on the 4th sub-section of the clause at the bottom of the page in reference to the Larceny Act?—I have nothing to say except that I strongly approve of it, my Lord.

353. I think that you have a suggestion to make about there being some power for the Court to order further detention in the case of anybody who is found to have venereal disease?—Yes. On the point of safeguarding the public, any prisoner convicted of an offence named in sub-section (3) having venereal disease in a communicable form and still suffering from it at the expiry of sentence, should be again brought before a Court which should have the power to order his or her further detention for periods of five or eight weeks, or whatever the time is, until he or she is free from infection. I think that that is necessary for the purpose of protecting the public.

Mr. Neville.

354. Detention so long as they are diseased?—Yes. I think it only right that persons having been found guilty of an offence should not be turned out into the world again to the danger of the community with disease upon them.

Earl of Desart.

355. Is that an addition to sub-section 3 of the Sexual Offences Bill?—Yes.

Sir Willoughby Dickinson.

356. How long is the detention to last?—She should submit to treatment until certified by the prison doctor, or whoever is the doctor attending her, that she is cured and safe.

357. That is a return pure and simply, surely, to the Contagious Diseases Act?—It may be. As I said before, I do not think that all the clauses of the Contagious Diseases Act are objectionable; I think that some of them are most valuable. They have been repealed, but that does not alter my personal opinion. It seems to me that if you punish people who have scarlet fever, or anything like that, for travelling in a tramcar, but you are not to prevent people suffering from a disease ten thousand times more dangerous, and not to shut them up and deal with them, it reduces the thing to an absurdity. Here is, I suppose, one of the most dangerous diseases that is known, not only dangerous to the individual, but to many other people for generations to come, and why you should not deal with them in a special way I fail to understand.

358. Why, then, go through the form of having to convict them of an offence? They are dangerous even before they are convicted?—Yes, but as a rule how could you find out?

359. Would you be justified, do you think, in shutting a man up for six or seven years?—He would not be shut up for six or seven years, but if he was communicating disease to other people I should certainly shut him up until he was cured.

Mr. Neville.

360. Is there any special legislation in this country which deals with lepers? Supposing that a leper is communicating the disease, is there any means of locking him up?—Is leprosy communicable by touch? If I shook hands with a leper I should not run a risk, should I?

Earl Beauchamp.] There is the case of Father Damien.

Mr. Neville.

361. The case of lepers seems to be very germane?—They are shut up in Lazar-houses.

362. It is not done by law, is it?—I could not say that.

363. The community shuts them up in a Lazar-house and keeps them there. It is done by the Church?—They are confined very strictly indeed; they are not allowed to go into the churches or anywhere else. Evidently there must be a law on the subject.

364. Statute law?—Yes.

Chairman.

365. Have you anything to say on sub-section (5) on the point of blackmail?—No, I think it quite necessary. The only criticism that I would offer is, might it not be dealt with under the ordinary law of criminal libel? I am not at all sure on that point, because I have not considered it.

Earl of Desart.

366. If you read the clause carefully I think you will find that the words are not very apt. The offence under the section is communicating venereal disease. However, it is a question of arrangement, and I need not trouble you with it. It wants a little alteration?—Yes, it is a matter of drafting.

Chairman.

367. Will you take Clause 3 of the Criminal Law Amendment Bill, which deals with detaining a girl in an institution?—I have presumed to draft a clause, my Lord.

368. Have you a copy here?—Yes.

369. Perhaps you would explain what your view is of the best way to draft the clause. You give alternate methods, I think?—Yes. My first point is that I want to do away with what is a trouble and, I think, rather a scandal at the present moment, and that is that you have to prove that a prostitute is acting either in a riotous or indecent manner—that is to say, a common prostitute; or if you deal with her under the Police Act you have to prove that she is doing what she is doing to the annoyance of the inhabitants. I want to do away with those two points. I want to deal also with young girls who at the present moment are almost invariably charged with insulting behaviour. It is called insulting behaviour because of the Act of Parliament, but she really is soliciting; it is a form of soliciting. I want to deal with the young girl or the older woman who is not a common prostitute, and the common prostitute, separately. First there is the young girl under 19 who is importuning; then I deal with the woman over 19 who is also importuning, and then I deal with the woman who has declared her profession to be prostitution. With regard to the first class, that is girls under 19, I suggest this: "Where a girl is proved before any Court to have been guilty (a) of loitering or importuning passengers for the purposes of prostitution or solicitation; or (b) of any offence under the Punishment of Incest Act, 1908; or (c) of any offence under this Act; or (d) of committing an act of indecency with any other person in public; and the Court is of opinion that the girl is under 19, she may be dealt with in any of the following ways: (1) an order may be made upon her in manner provided by the Probation Act, 1907, and such order may require her to enter into a recognisance to be of good behaviour and to appear for conviction and sentence at any time before she attains the age of 21 years. The Court having cognisance of the case, or if for any reason the case cannot be brought before that Court any Court having the same jurisdiction may, if satisfied by information on oath that the offender has failed to observe the conditions of the recognisance, issue a warrant in manner provided by the Probation Act, 1907, and upon her appearance before the Court, and upon proof of the breach of the recognisance, convict her and deal with her in any of the other ways authorised by this sub-section; (2) if the Court is of opinion that she is likely to profit by the instruction and training provided in an approved institution or home, may convict her" (she has not been convicted, of course, up to that moment) "and in lieu of awarding her any punishment order her to be detained until she attains the age of 21, or for any less period, in an institution or home for the time being approved by the Secretary of State for the purposes of this section; (3) convict her and order her to be detained in a Borstal Institution until she attains the age of 21." That is the method by which I propose to deal with girls under 19. My reason is that it gives us greater scope in dealing with these young girls at the initial stage. It is necessary, of course, for us to have sanction in the end if we fail, but I do believe myself that if we had power to deal with these girls under 19 we should effect a very large number of reclamations. At the present moment we can do practically nothing. All that we can do is to fine them 40s. for insulting behaviour, and it is almost

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15 October 1918.]

Sir J. DICKINSON.

[Continued.]

Chairman—continued.

an insult to the law that we should only be able to do so, because they nod to somebody at the back of the Court and a man or woman goes out and pays the 40s. They know that, and time after time they say, "It is all right; the 40s. will be paid." It is a grave pity that we cannot deter those girls, and I believe that a section enabling us to deal with them in the way that I suggest would be a very great deterrent. We should place them on probation, and have reports weekly or monthly for a considerable time. One of the conditions would certainly be that they were not to associate with bad companions, and with regard to their residence that they were not to be out later than 10 o'clock at night unless they were obliged to be by reason of business. Another condition would be that they were not to frequent the Strand, Piccadilly, or Euston Road, or whatever the district was. If the Probation Officer reported that the conditions were being fulfilled nothing further would be done with them, but if he reported that they were doing any of those things they would be brought up and put under restraint. That is the only way that I can see of dealing with these young girls.

Sir Willoughby Dickinson

370. Can you only fine a young girl 40s. for insulting behaviour?—Yes.

371. That is the only punishment?—Yes.

372. Supposing that she is brought up again and again for the same offence, is it always 40s.?—Yes, that is all that happens.

373. You can imprison a woman for solicitation if she is a common prostitute?—Yes, if proved to be riotous or indecent.

374. That is under the Vagrancy Act?—Yes. The police, very naturally and rightly, decline to say that these young girls are common prostitutes. They see them in the Strand and other places talking to men, and the natural inference is that they are common prostitutes, but still the constable is not prepared to say that they are.

Mr. Neville.

375. Is there any definition of "common prostitute"?—I think that the word "common" is merely an additional epithet.

376. Like the Book of Common Prayer?—Yes, a very different connection. There are cases where these girls are only thoughtless, giddy girls and not really vicious girls, but they are on the way to becoming so, and they associate with men and women in the streets who will undoubtedly lead them to it.

377. High-spirited girls not under control, whose people are not looking after them properly?—Such girls are brought before the Court often.

378. They are drifting?—They are drifting and in great danger.

Sir Willoughby Dickinson

379. The first proposal is that they should go out on their own recognizances?—Or find a surety—the parents' surety if possible.

380. That is optional to the Court?—Yes.

381. Suppose that it was made obligatory that the first offence should be dealt with by recognizance, not bringing in the further punishment or further treatment until the second offence?—The girl might refuse to enter into the conditions. She might say, "I decline to be put on probation; I decline to accept any condition at all." We must have some sanction then.

382. You proposed that if she does not observe the conditions of the recognizance she should be liable?—She might refuse to enter into a recognizance. That must be provided for.

383. Suppose that it was rendered obligatory that she should have a chance first of all of going out on her own recognizance?—I think that that can safely be left to the Court—I am satisfied of that. The tendency of the Court is to do everything possible to save these girls, but at the present moment legislation renders us unable to do it. I am quite sure that the inclination and desire of the Court is to protect them in every possible way, and we ask to be assisted to do it.

384. The desire varies very much with the individual Magistrate, does it not?—I think that it is a common desire—I am sure that it is. It is heartrending that at

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Sir Willoughby Dickinson—continued.

the present moment we have absolutely no power at all to control these girls, and they know it and boast of it.

Chairman.

385. We will take your clause into consideration?—There are other branches of the clause which come under the next section.

Mr. Neville.

386. The effect would be to very largely prevent prostitution by girls under 21, and eventually that would largely reduce the number of professional prostitutes certainly?—Enormously. It would keep them away from the streets.

387. At a capricious age?—Yes, at a very important age. I limit it to 19, because if you send them to Borstal they have to be discharged at 21 years of age.

Earl of Desart.

388. Two years is about the minimum at Borstal?—Yes, under the Act the minimum I think is two years and the maximum three years.

Mr. Neville.

389. Your suggestion would make it four years, would it not?—No.

390. They may be only 16. Under your clause from 16 to 21 they may be in an institution?—Yes, they may be.

391. That is five years. It is possible?—Yes.

Earl of Desart.

392. You might remedy that if you thought it necessary in drafting by saying "until the age of 21" or "for such term as the Magistrate may order"?—The Borstal sections would apply. There is power to license females within six months if it is a proper case. We find great difficulty in discovering the ages of these girls. They are told by other prostitutes that it is very desirable to exaggerate their age. The older hands say to them, "If you give your proper age, 15, 16 or 17, you will be remanded for the purpose of your friends being communicated with. Don't run the risk of it. Pay the 40s. and be done with it." That advice is continually given to girls by older women, and therefore the girl of 15 will say that she is 17 or 18 in order not to be remanded. There is a general section in the Children's Act, Section 123, on presumption and determination of age.

Chairman.

393. You propose a general clause like that which you think would meet the case?—Yes, I think that it would meet the case. It throws it upon the girl to prove that she is of a different age. I had a girl before me last Friday who certainly on the view was I thought 18 or 19 at least. She gave her age as 15, and I remanded her to ascertain her real age. Her mother came and proved to me satisfactorily that the girl was only 14½. She had arranged her hair even in the waiting-room to such an extent that she might have been more than 18 or 19. Her object was not to be remanded. Fortunately we did remand her, and at the present moment she is on probation.

394. She is one of the ladies who would cause difficulty under the word "reasonably"?—Yes, certainly, my Lord.

Sir Willoughby Dickinson.

395. Are you going to deal with the question of the woman over 19?—The general provisions as to presumption and determination would apply.

396. What would you do in the case of a woman over 19?—I think that it is sufficient if a woman is not described as a prostitute but has been seen to solicit, to warn her once or twice. If she came a third time I think that any Court would be justified in saying, "You are a prostitute. You have been twice convicted here, and you have twice had warnings. You have been seen a score of times by the police to be importuning." I think that the Court would be entirely justified in that assumption.

Mr. Neville.

397. And in default of payment of the 40s., what would be the punishment?—In default of payment of the 40s., imprisonment up to a month, and for over £5 or anything up to £20, two months.

398. You

15 October 1918.]

SIR J. DICKINSON.

[Continued.]

Chairman.

398. You would have to put that into the clause?—No, it is provided for.

Sir Willoughby Dickinson.

399. How many times would you go on fining?—No Court would think of doing it more than three times. The next clause is: "Every common prostitute or nightwalker, loitering or being in any thoroughfare or public place for the purpose of prostitution or solicitation, shall be liable on summary conviction to a fine not exceeding £5, or imprisonment, with or without hard labour, for a term not exceeding one month," and on a second conviction, liable to be dealt with as a rogue and vagabond, with power finally to commit to sessions as an incorrigible rogue.

Earl of Desart.

400. Would you read the clause again?—It is the Vagrancy Act clause really, but it would not be necessary to prove that it is in a riotous or indecent manner. At the present moment it is very difficult to define what is riotous and what is indecent. The Committee may remember that there was a Royal Commission some years ago in which the matter was discussed very fully. The final decision of the Courts is that it is a question of fact for the Magistrate to determine whether the action of the person was riotous or indecent. Some Courts will hold that putting an arm through the arm of a passer-by and saying "Come with me, dearie" (or whatever the expression is), is indecent, but other Courts will not go so far as to say that that is indecent. In a case at Liverpool which the Deputy Recorder tried, his decision was that if a prostitute accosts a man in the street at night and puts her arm in his and there is no evidence of any indecency in her words or gestures, she is not behaving in a riotous or indecent manner within the enactment, and therefore the prisoner was discharged from punishment.

Mr. Neville.

401. That would have your approval?—No, it would not have my approval. Every case has to be judged entirely upon its own merits. I think that a woman may be quite indecent in the way in which she puts her arm through a man's arm; on the other hand she may not be indecent. I think that that ought not to be the

Mr. Neville—continued.

test at all. If a common prostitute is there for the purpose of soliciting prostitution, there ought to be no necessity to prove annoyance of the inhabitants or passers-by of riotousness or indecency.

402. You think that there is no necessity to consider the manner if the object is there?—Certainly.

403. Your suggestion is to increase the penalty very considerably?—No, on the contrary. At the present moment the penalty is a month's hard labour at once, and I would reduce that and give her a chance. I would make it possible to fine. At the present moment there is no power to fine except the general power that there always is in the case of imprisonment to mitigate it to a fine.

Chairman.

404. You would repeal the Police Clauses Act?—Yes, I would repeal the Police Clauses Act and numerous other local Acts.

405. The Public Health Act, the Metropolitan Police Act, and the London, Liverpool and Glasgow Acts?—Yes. I understand that in the Glasgow Act (I have not verified this) the words regulating the subject are: "Every prostitute or street-walker who in or near any street loiters about or importunes passengers for the purpose of prostitution shall be liable to a penalty," and that there is nothing about annoyance, but in the Liverpool Act I know there are the words "to the annoyance of the passengers."

Sir Willoughby Dickinson.

406. The Glasgow Act is almost the same as you propose?—Yes, very nearly.

Chairman.

407. I think that we shall have to adjourn without taking the rest of your evidence, Sir John. Perhaps you will allow us to communicate with you and ask you to come again on some other day that is convenient to you?—Certainly, my Lord.

408. We have another witness for our next meeting?—I am at your service on any day that I am not sitting in Court.

Chairman.] We are exceedingly obliged to you for giving us two strenuous hours.

Die Jovis, 17^o Octobris 1918.

PRESENT:

Earl BEAUCHAMP
Earl of STRAFFORD.
Viscount SANDHURST
Lord DESART (Earl of DESART)
Lord MUIR-MACKENZIE

SIR WILLIAM COLLINS
SIR WILLOUGHBY DICKINSON.
MR. GODFREY LOCKER-LAMPSON.
MR. NEVILLE.
MR. TYSON WILSON.

LORD MUIR-MACKENZIE IN THE CHAIR.

THE RIGHT HON. IAN MACPHERSON is called in; and Examined as follows:—

Chairman.

409. Mr Macpherson, you are Under-Secretary of State for the War Department?—Yes.

410. You, of course, are well acquainted at any rate with the Government Bill, and I dare say you have seen the other Bill which is referred to us?—Yes, I have.

411. I think the Committee would be interested to hear from you what is the case from the War Office point of view for such Bills as these that have been introduced, in the first place; and I would then ask you with reference to the particular clauses that are before us, which of them from the War Office point of view are of interest to you, and whether you have any suggestions or amendments to submit for our consideration. Might I ask you, in the first instance,

Chairman—continued.

generally what the view of the War Office is as to the necessity of legislation of this kind at the present time?—This is a problem which has always had the most serious consideration of the Army, and it has never had more serious consideration than since this war began. The Committee will realise how serious the problem is so far as man power is concerned when I tell them that at certain periods there were as many as one whole division of men out of action in France because of it. When these men are out of action they may be out of action for any period from three to ten months. The problem, so far as the Army at present is concerned, divides itself into two parts—the problem at home and the problem in France. As the Committee know, we had in a way to accept the established custom
of

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Chairman—continued.

of our Allies, namely, the existence of *maisons de tolérance* in France. It is a very moot question as to the value of these. Great experts hold that they are of no use at all. The opinion of the Army is, and certainly the opinion of the French Army and the French experts is, that they are of very great use in quelling the disease. On the whole the War Cabinet came to the conclusion that we should place all these *maisons de tolérance* out of bounds. Of course I had to watch this problem very keenly, and I have been making inquiries, and I find that the disease has in no way decreased since we placed these *maisons de tolérance* out of bounds. In my judgment, most of the disease is contracted when the men are on leave. I do not think I am overstating the case when I say that when leave is open—by that I mean there is no curtailing of the leave owing to very severe fighting—as many as from 300 to 400 a week return from England to France infected with this disease. Consequently we have been directing our attention to the problem at home. I myself have had two large conferences of delegates from the various Departments in the War Office concerned and representatives of the Churches, together with Lord Sydenham, who presided over the Commission on Venereal Disease. From them I gather that there is a less proportion of this disease in the Army now than there is in proportion to any other profession. I think that is due to the fact that in the Army the disease is practically a notifiable disease. The soldier practically must notify the disease.

412. May I ask what you mean by "any other profession"?—I take any profession. I say there is less of this disease in proportion in the Army at the present moment than in any other profession, or the same proportion of the civil population—I do not mind which way you put it. But I am glad to say that it is daily decreasing, and the percentage now is lower in the Army than at any other time. I was speaking of one of the reasons why I think there is such a small percentage in the Army; that is, that it is in the Army practically a notifiable disease. It is almost certain to be found out, and the man has to go to hospital; if he does not confess that he has got it and conceals it in any way, he is liable to two years' imprisonment with hard labour. He is tried by court martial.

Earl of Desart.

413. That is under the Army Act?—Yes. The Americans, I understand, now have introduced a penal clause in what is their equivalent to the Army Act. They make it a penal offence if the man contracts the disease at all in the course of his duty. That is while he is serving. We have not gone as far as that.

Chairman.

414. That is in their Army Act?—Yes, in the equivalent to the Army Act. It is in the Disciplinary Code; I do not know exactly what the name of it is.

Earl of Desart.

415. Do you know how an offence of that kind would be tried in the American Army—by court martial or by a civil court?—In the American Army it would, of course, be tried by court martial, but whether it is one of the offences in their Code which could be tried summarily by the commanding officer I do not know. It might be tried both ways, of course.

Chairman.

416. But that has been done by the authority of what corresponds to an Act of Parliament in this country?—Yes.

417. Not by any regulation?—No. If we were to introduce that into our Army I should have to go to the House of Commons and get it passed as an amendment of the Army Act. All these penal offences are not really penal offences at the instigation of the Army authorities at all. They are penal offences at the instigation of the House of Commons. I cannot introduce any penal offence into the Army Act without first of all consulting the House of Commons.

Earl of Desart.

418. Is it statutory?—Yes.

Chairman.

419. What do you say about D.O.R.A.?—I am coming now to 40 (d), I suppose?

420. I think it seems rather to flow from what you were saying?—As probably the members of this Committee know, I have on many occasions had to defend the action of the Government because of the introduction of this particular Regulation. There is a good deal of feeling in the country, I believe, against it.

421. I am not sure that I was right in putting that question to you at present. I think there is no question about it that we shall have to consider this, but I think it would be more convenient if it arose on Clause 5, when we come to the clause. I rather wanted to get from you at present the general case, from the War Office point of view, for legislation in this country?—I have tried to put it, but we, of course, have to approach it from the point of view purely of man power. It has been at certain periods of the war just as destructive of the efficiency of our troops as German poison gas. As I said, for a long time we had the equivalent of a whole division in hospital on account of it. I felt very strongly about it at the time, because I felt that that division being incapacitated for a very long time compelled other divisions to go in time and again and face death when it was not necessary for them to do so if the others had been well and fit.

422. I do not know whether it is taking you out of the line that I wanted to confine you to if I ask you how it comes that it seems to have affected a particular division?—No; I am saying the equivalent in numbers of a division.

423. You consider, therefore, that it is desirable that there should be some interference with, I suppose we must call it, the liberty of the subject, in order to try to diminish the prevalence of this particular kind of disease?—Yes, I am of that opinion.

424. Have you anything to say about the state of the streets in London?—I am only indirectly concerned about that, though I have had consultations with the Home Secretary both at the Imperial War Conference and at the War Cabinet on the subject. That is more for him. We have been trying to do everything that we can to clear undesirable women from the railway termini, but it is an extremely difficult problem. We have no powers, nor have the railway authorities, nor has the Home Office. The offence of soliciting is of course a police offence, but you cannot get a conviction easily unless you prove that soliciting has taken place coupled with annoyance; and I gather that that as a deterrent is most ineffective, because of the difficulty of proving it and of the difficulty, when you come near proof, of getting a conviction at all. Then the Imperial War Conference were very anxious that we should do something to get the streets cleared. All sorts of expert minds have been directing their attention to this problem, and we cannot find any solution of it. Very respectable girls may be there, and they may be open to all sorts of insult and so on, and we are very much afraid that any strong action might really injure the innocent far more than capture the guilty.

425. Are you referring to women?—I am referring to the women who block the streets. I am referring particularly, let us say, to Victoria Street.

426. Do you regard as a valid proposition that solicitation comes from the woman and not from the man?—I think both must be to blame. It is very difficult to say, of course.

427. With regard to the class of woman to whom you are referring here, are you speaking of them as if they were a particular class of professional prostitutes?—No; I should think that in every case the professional prostitute accosts. I have had occasion to consult a great many doctors—hospital doctors—and I understand that probably 72 to 75 per cent, of venereal disease comes from the amateur.

428. The girls that you see meet the men when they arrive at the railway station are by no means always prostitutes?—No, not at all; most innocent girls; and that is our difficulty. They are probably down there quite legitimately meeting friends, and of course we cannot know; the police help us by pointing out the very undesirable women well known to them, and we get those cleared away, but it would be a very dangerous policy, in my judgment, to interfere with the general mass of women there, who are mostly innocent girls.

429. When

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Chairman—continued.

429. When the soldier arrives has he not very often in his mind immediate solicitation upon his own part?—I cannot say what they do. We have a great many voluntary associations whereby we try to break down any such desire upon his part. For example, I myself belong to the Scottish Church in Pont Street, and we collect those men, particularly Scotchmen, and take them there and have a large hall for them where we provide music and food, and keep them there till train time. I know a great many other voluntary associations are doing the same thing.

430. Do you think the women to whom you refer as amateurs in the first instance attack the men, or do the men solicit the women?—That I could not say.

431. The view that is largely taken, I think, is that our proceedings and our legislation on this subject are not equal, and that we go for the women, and that we do not regard what is the faulty conduct on the part of the men. Where does the venereal disease start?—Of course I could not say that; that is quite an insoluble problem. I do not think anyone could say that we are coming to what is called the one-sidedness of 40 (d).

432. Not of 40 (d) in particular, but of legislation in general. I should like to ask your view of these Bills. Should you consider that these Bills are directed against women or are they impartially directed against either sex? I direct my attention, as you can imagine, mostly to clause 5; and in my judgment there is nothing one-sided; it is quite impartial.

433. I think I have a recollection that when the Sexual Offences Bill—that is not the Government Bill—was introduced into the House of Lords it was emphatically stated that one of the ideas of the promoters of the Bill was to try in every way that they could to make legislation equal?—Yes.

434. My impression is, and I think that it is verified by those witnesses we have already had before us, that it has accomplished that to a certain extent?—Yes, that was the general impression that was created in my mind—that there is quite marked impartiality.

435. Though you appear chiefly on behalf of the War Office, I should like to ask you the question whether you consider that dealing with this subject must be universal in its civil application?—Undoubtedly.

436. You must make your legislation of a character that applies to the civil population?—Certainly.

437. When you mentioned strong views that have been expressed upon this subject, I think you did say something about the Imperial Conference?—I did.

438. You know that the Colonial representatives used very strong language?—Yes, I was there, at the last Conference, when they used it.

439. Perhaps you could tell us what it was. I do not think we have had direct evidence as to what was said?—I am speaking offhand, but, if I remember rightly, it was Sir Robert Borden who took a very strong line indeed, and I think I never heard stronger language—not in the sense that it was blasphemous, but in the sense that it was so forceful and vigorous. He practically told the Conference that in no future war would he or any Prime Minister of Canada allow any troops to come to this country, because of the dangers which lie before them and the reckless disregard of the health of the troops. That was practically repeated at the last Conference by Mr. Rowell, who came over here with Sir Robert Borden. That was the general view of all the Prime Ministers. I may say that view has been expressed, both at meetings and Conferences which I have had at the War Office myself, by the civil and military representatives of all the Dominions.

440. From some things that I have seen in the public Press, the Americans seem to have almost resented the suggestion that London was worse than many places in America; but I do not think there has been any suggestion of that kind from the Colonies?—I am only repeating what was repeated this year at the Conference. They held the view very strongly that these women on the London streets are the real cause of the downfall of their men.

441. But I think I am right in saying, from things that have been stated in the Press, that the Americans say that London is no worse than their own country, but I do not think anybody has come forward to say the same for the Colonies?—My opinion certainly is that London is very much better than most American towns.

Chairman—continued.

442. You do not say that about the Colonies?—I do not know. I heard at the Conference that certainly Colonial towns were worse than London; but I have no personal experience.

443. At any rate, whatever the comparison may be, the Colonial authorities have complained very much of the state of London?—Very bitterly.

Mr. Tyson Wilson.

444. I would like to ask whether you can give us any information with regard to the proportion of men in the Colonial and American troops who are infected with this disease as compared with our own forces?—I will take the American Army first. I think at the present moment the American Army in France has the lowest possible percentage of venereal disease; I mean in the fighting forces. But I think I ought to point out that I have it on the very highest authority that when the Americans were raising what they called their draft army, as distinct from their standing army, which we call the regular army here, the recruits that they got direct from the civil population showed an enormous percentage of venereal disease. Now, with regard to Canadian troops, the authorities are taking very drastic action, and I think the percentage there is now very low too; it is not quite as low as ours, but I think it is very low.

445. Have you any evidence or information regarding the percentage of the disease in the French Army as compared with ours?—No; I am afraid that is not available. I asked the French representative who came over to the last Conference about that, but he could not give me any specific fact at all that I could go upon. I asked him point blank about the incidence of the disease, and he could not give me any information. I do not think they publish it; I think they treat it in the same way as they do the casualties; they do not publish the casualties.

446. With regard to the 300 or 400 men who returned from this country to France affected by this disease, you could not say whether they were affected with it when they came over?—No; always on leave.

447. Have the Army and the Home Office in conjunction ever considered the advisability of appointing more women police in connection with soldiers on leave; at the stations, I mean?—That would be, of course, a matter entirely for the Home Office, but I notice that General Sir Neville Macready is appointing 1,000 new women police.

448. I suppose in the case of men who return on leave from this country suffering from disease, it is not found out that they have the disease until they land in France?—No; in some cases it may be; it all depends upon what the disease is. One disease does not develop for five weeks, and the other develops in from two to three days.

449. With regard to the men arriving at the stations, Waterloo and Victoria, for instance, I take it that it would be difficult to find out whether the women solicit or whether the men solicit?—I am afraid it is very difficult, really.

Sir William Collins.

450. Do I understand you to say that at the present time, in your opinion, the proportion of venereal diseases in the Army is lower than in any section of the civil population?—Yes, I do.

451. Do you remember in the Report of the Royal Commission on Venereal Disease some figures and tables were put in showing the proportion of venereal disease in the Army in the United Kingdom from 1866 to 1912?—I have not seen it recently, but I have seen that Report.

452. Was the general result to show that from 1866 there has been a continuous decline, more or less regular, both in regard to syphilis and gonorrhoea?—Yes, but the decline is at its very lowest now.

453. The Commission, in their Report, state that in 1912 the admissions from syphilis and gonorrhoea had fallen to 19 and 30 per thousand respectively, these being the lowest figures so far recorded?—Very likely; I do not remember that particular part. But you must remember, of course, that the Army of that day was quite a different Army from the Army of to-day. You have the very best of the civil population in the Army at the present moment and at that time the Army had

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17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Sir William Collins—continued.

not quite the same respect as it has got to-day, in the sense that it did not recruit from the best class.

454 But do I understand you to say that at the present time the proportion of venereal disease in the Army is the lowest on record?—Yes, I do say that.

455. And do you say that the proportion in the Army is lower than in the civil population?—I do—in proportion.

456. I put it in proportion?—Yes.

457 Did you on the 18th June say in the House of Commons: "I will go further and say that there is a less percentage of venereal disease among our gallant soldiers than among our civil population in the same proportion"?—Yes, I did say that.

458. To what do you attribute the decline in venereal disease in the Army since 1866?—I have been greatly impressed by the fact that it is practically a notifiable disease. The soldier does not like that charge to be upon his character sheet. I was going to deal with that later; but he is very badly penalised indirectly.

459. Do I understand you to mean that the fact of notification acts as a deterrent?—I do.

460. Is it mainly to that that you attribute the fall since 1866?—I attribute it largely to that.

461. Prior to 1866 there were some statutes, generally known as the Contagious Diseases Acts?—Yes.

462. Do you remember the Royal Commission stated in their Report that the great improvement as regards venereal diseases in the Navy and Army has taken place since the repeal of those Acts?—I do not remember exactly what was said.

463 Is there any suggestion on the part of the Army Council that there should be any return to those Acts?—There is no suggestion at all, none whatsoever.

464 I did not quite gather what your opinion was as to the *maisons tolérées*—whether you considered their influence was in the direction of reducing the amount of venereal disease, or otherwise?—The military view has been very strong on the subject. They thought they were very useful.

465 I expect you remember, as I do, the debate in the House on the 25th February?—Very well; I have good reason to remember it.

466. There is a remarkably full report—I do not know that I need quote it, but you may desire to amplify or modify it. Did you say: "I am not at all sure it would be such a bad thing to have a certain house where a woman is registered and kept clean"?—Yes, but that has been misquoted again and again. I was dealing with an argument in which, I think, Mr Lees Smith said that hundreds of women congregated round this house I was dealing with that. If you read what Mr. Lees Smith said, I was comparing the two things: the unregistered women who were there soliciting outside in hundreds, and the registered women inside, who might have had medical advice and medical supervision; and the view of the French Authorities is very strong on the point that clandestine prostitution of the sort that Mr Lees Smith was, as I thought, referring to, and I think the House thought he was referring to, is a very much worse thing than the other.

467. Then I understand you do not think that the institution of a system of registered women would give security against these venereal diseases?—My own view was always that it would not. As things are, you can get no security.

468 You speak of the heavy penalties to which soldiers are liable in the case of concealing these venereal diseases?—Yes.

469 Have you any figures to show to what extent that penalty is enforced?—No, I have not, but my recollection is that, certainly since I became Deputy Secretary of State when these cases would come before me, I have had no instance of a Court Martial for concealing the disease. I do not keep the files of Courts Martial; they are kept by the Judge Advocate General, and unless I expressly asked for a case of this sort I would not see it.

470. I think you said that, in the opinion of your medical advisers, something like 72 per cent of the venereal disease contracted in the Army was contracted from the amateur rather than the prostitute class?—Yes, that is so.

471. Then would any legislation, to be operative, have to be directed against the amateur even more than against the prostitute?—I should not like any par-

Sir William Collins—continued.

ality of any kind to any class of woman. I really cannot answer that, but I think the Bill, as it stands, is as impartial as it can be. Of course, you have some sort of power over the prostitutes; we have too, in a way, under the Defence of the Realm Act. If she has once had a conviction, you can keep her away from camps and so on; and the Americans and Australians are doing that very rigorously—and so are we. But that Regulation fails absolutely in London; it fails absolutely in any big town, because you cannot place the whole town out of bounds.

472. If it be true that the greater volume of the disease is derived from the amateur rather than from the prostitute, does it not necessarily follow that any restrictive efforts must be directed more against the amateur than against the prostitute?—I do not think it follows at all.

473. Will you tell me why?—I cannot say, nor can anybody say, why that proportion is so great.

474. Does it not almost necessarily follow that if the disease is more frequently derived from the amateur than from the prostitute any effective method of control should be directed more to the amateur than to the prostitute?—My experts tell me that the prostitute knows how to take care of herself more; that is all they can say; they can say nothing else.

475. I understand you are of opinion that any further restrictive efforts should be directed not merely to be a benefit to the military but to the whole population?—Certainly.

476. With regard to the Imperial Conference, I think you said Sir Robert Borden made the strongest representations in favour of something being done?—Yes, that was the origin of 40 (d).

477. Was Sir Robert Borden fortified with medical advice?—I could not say that, naturally; but I have no doubt that he must have done it upon some definite authority, or upon some definite fact which he had no doubt got from his own people. I do not know.

478. Did Sir Robert Borden's strong representations merely take the form that something must be done, or did he indicate action on the lines of 40 (d)?—My recollection was that he did not indicate any action at all. He said that something had to be done, and he left it to us. I do not recollect really, but in any case, immediately after that the Colonial Office took it up, and the Colonial Office pressed very hard for something to be done. We could not get anything through Parliament at the time, and we introduced 40 (d), I must say, against the wishes of the Army Council.

479. Is there a medical advisory board to the Army Council?—Of course there is the whole directorate on the medical service there, and we have special men dealing with this subject.

480. Were there some reports made to the military authorities by the Army Advisory Board in the years 1904 and 1906. do you remember?—I was not in the War Office then, but I imagine so, if you say so.

481. I do not know whether your attention has been called to a leading article in "The Lancet" of August 17th of this year, speaking rather strongly in condemnation of Regulation 40 (d)?—Yes, I saw that article.

482. You spoke of venereal diseases being practically notifiable diseases in the Army?—Yes, it really amounts to that.

483. Do you advocate the extension of notification to the civil population?—I do, most strongly.

484. Compulsory notification of both forms of venereal disease?—Yes; it is the only way to stamp it out, in my opinion.

Chairman.

485. That, of course, is not in the Government Bill?—No, but I personally hold that view very strongly.

Sir William Collins.] Is it a line of investigation that ought not to be pursued?

Chairman.] I think I would rather it was not pursued at this moment unless you press it very much, Sir William. I am very anxious to try, if we can, to limit our consideration to the actual Bills that are before us, or else I do not see where there will be an end of our deliberations.

Sir William Collins.] The Witness sets such store upon the importance of notification that I should have liked to hear his views.

Chairman.] If I am entitled to rule upon the subject, I did not mean to exclude it altogether. I think it may

be

17 October 1918.]

Right Hon. I. MACPHERSON

[Continued.]

Chairman—continued.

be useful, as this Committee is sitting, that suggestions going outside the Bill might be thrown out, but I think that we should be unwise to enter into them on these Bills.

Earl of Desart.

486. I should like to ask one thing which I think will be a little difficult to answer. What, as nearly as possible, do you mean by the word "amateur"?—I may quote the words of the men who were consulted. They said the munitioneer and servant class. Those are their words.

487. I did not quite mean that. I did not mean what class provided the amateur, but what was an amateur? Do you mean by an amateur a girl who had two or three personal friends, or a girl who, though not habitually soliciting, was prepared for promiscuous intercourse?—It is very difficult to answer.

Chairman. Might I ask whether you are not rather tending towards the question of whether there can be a definition of a common prostitute?

Earl of Desart. I had not that the least in my mind; I was following out the general question of the percentage of disease, to see, in a sense, how far the two classes merged.

Witness. I think the only distinction you can make is the distinction of payment and non-payment. That, I am informed, is the rough line to take.

488. I am dealing for the moment with the general question of the relative danger of what you call prostitutes and what you call amateurs. In your mind would not the amateur class comprise the girls who were prepared for promiscuous intercourse, and not intercourse limited to their own friends?—Yes, I think so.

489. If the Chairman will allow me, I should like to ask one question arising on the notification point. Notification necessarily provides some action and therefore may form a check, but the question was asked earlier, I think, as to the application to the civil population with regard to the liberty of the subject. In your opinion is it possible practically to do anything whatever to check this disease unless the liberty of the subject, male or female, be controlled in some way?—Without a doubt it must be controlled.

490. As to the complaints of Sir Robert Borden and other Colonial Ministers, do you think those are altogether justified in this view. Given, whether it be in the Army or in the Navy, or in Great Britain or anywhere else, a very large abnormal collection of young men, does not that almost necessarily, unless checked, produce an aggregation of a certain number of women, who have the opportunity of reaching those men? Must not that necessarily arise?—I am afraid that is so.

Sir Willoughby Dickinson.

491. I want to ask one or two questions about the origin of 40 (d) in this Bill. I understand you say it was very largely due to the representations of the Colonials at the Imperial Conference?—Without a doubt.

492. And that Sir Robert Borden said they would never send soldiers over here again if the same conditions prevailed?—That is so. That is my recollection; I think that is roughly what he did say. I believe I quoted it in one of my speeches in the House.

493. Did he differentiate between the conditions in England and the conditions in France?—No; it was a general statement.

494. I suppose there is as much risk of soldiers contracting venereal disease in France as there is in England?—Yes, at the base I imagine that is so; it all depends where the troops are situated, of course, but the base ports are very bad.

Chairman.

495. You said "on leave," did you not?—Yes, but Sir Willoughby is dealing with France. I said on leave in this country.

Sir Willoughby Dickinson.

496. Then what the Canadian Government were complaining of was that the soldiers, when they came back on leave to London, contracted this disease?—Oh, no; I never said that at all, nor did Sir Robert Borden.

497. What was it exactly? I want to find out whether the blame is entirely attributable to our own

Sir Willoughby Dickinson—continued.

country. He says that the Canadian soldiers are getting so diseased that they would never come over to fight for us again?—He was making a general statement, in my view, and had really in his mind's eye the conditions in this country.

498. And, I suppose, the special conditions in London?—I think I am justified in assuming that, because we did not attempt to introduce a regulation so far as France was concerned, but we did attempt by 40 (d) to meet his point in this country.

Mr. Tyson Wilson.

499. A very large number of American troops have been brought here and partially trained here, I think?—Yes.

Sir Willoughby Dickinson.

500. Is it not because the Canadian troops come very largely on leave to London?—I really do not know. I suppose that may be so, and also it is due to the fact that they have more money; they are better paid than our men. One can only judge from one's own experience. If one is going home late, as unfortunately some of us have to do, one always sees Colonial or Dominion soldiers on the street last of the lot, and very often they are not very sober, and they are just in that condition when anything might happen. On the other hand, they have got no friends, very likely, in London.

501. That is exactly what I want to get at. They are in a most unfortunate position?—I agree.

502. They have no one to go to except in certain places?—That is so.

503. And they fall victims to temptation?—Yes.

504. Have the Army authorities attempted to deal with it in any other way, by keeping the Canadian soldiers away from London?—You cannot limit a man's leave. A man's leave is one of the greatest privileges he enjoys, and when he comes over here he is most anxious to see London, for example.

505. Are American troops allowed on leave to London?—Certainly I should hesitate long before I put a restriction upon a man's leave, which, as I say, is his greatest privilege.

506. And it would be a tremendous insult against London itself?—Yes, the London people would not stand it.

Sir Willoughby Dickinson.

507. Is anything done by the Army authorities to advise these young men against the dangers of London?—Everything is done. I rather personally object to the term "dangers of London." London has its dangers, but so have all the other towns.

508. Let us say, not the dangers of London, but the dangers of this particular habit?—Yes.

509. Might I ask what is done?—The soldiers are lectured by the medical officers always against the dangers, and then they have got also moral lectures, pointing out the virtue of continence, and so on, and the awful effects of this disease; and we are now organising in the country, in each command, a series of lectures by chaplains and other people.

510. Are those brought home to the man when he goes on leave by any document or anything that is given to him?—I cannot say that, but I know that every medical officer is enjoined to lecture to these men against the evils of incontinence.

511. I noticed that you said that the Americans have the power to punish a man who has contracted the disease?—Yes; it is a penal offence. I think that was started since the war.

512. Have you thought of applying that to our Army?—I have the House of Commons to deal with, and on the question whether they would pass any further punishment upon the soldier, there is a very strong view that he is very severely punished as it is.

513. He is not punished at all, I understand, if he has transmitted the disease to women, is he?—No, not at all.

514. Of course it has been often said, I think both in the House of Commons and in the House of Lords, that the circumstances are equal as between men and women, because the soldier is punishable under certain circumstances. Now will you explain under what circumstances?—He is punishable really in any case. He

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued

Sir Willoughby Dickinson—continued.

is punished for concealing it. That is the first punishment. Then if he does not conceal it he goes in the ordinary course and reports to the medical officer of the hospital that he has got it. He is confined there, as I say, for any period varying from three to ten months, and probably longer in certain cases, and during the whole of that time his pay is stopped. He has got all sorts of hospital stoppages, and his wife loses her separation allowance. It is a cruel penalty.

515. Do you mean to say, then, that these 300 or 400 men who came back from leave suffering with venereal disease when they go back to France are at once subjected to all these penalties?—Certainly; that is the law as passed by the House of Commons.

516. That is even in the case where they make no concealment?—Yes, where they make no concealment at all; and as to saying that this regulation is one-sided, I think that that fact alone shows conclusively that it is not.

517. I am sure that is very important?—But that has always been suppressed in the country.

518. Will you just repeat it? Do I understand that all these men who go back to the Continent and are found to have venereal disease are subject to being interned in hospital?—I should not call it internment, because our hospitals in France have got no suggestion of internment camps; they are very well run.

519. I want to appreciate what you mean by punishment?—I say that they go to hospital and they have got hospital stoppages of every sort and kind, pay, separation allowance and everything else.

520. Do you mean to say, then, that the pay of the soldier stops the whole time that he is in hospital with venereal disease?—Certainly, because it is misconduct.

521. Because what is misconduct?—The acquiring of this disease in the course of his duty.

522. That is exactly what I wanted to get at. Then you do look upon it as misconduct on the part of the soldier—acquiring disease whilst on leave?—Yes; and that is the American view too. That is why they make it a penal offence. It is a breach of duty.

523. He goes to hospital, and while in the hospital he loses all his pay?—Yes.

524. And his wife's separation allowance stops?—Yes.

Mr. Tyson Wilson

525. That has been altered?—I understand from Mr. Tyson Wilson that that has been altered. I always understood that that followed as a consequence.

Sir Willoughby Dickinson.

526. Now you find that is not so?—I am only now informed of that.

527. If a soldier is in hospital for other reasons, simply because he is ill, would he suffer any of those disabilities?—Not at all.

528. It is simply because he is in hospital from some act of his own?—Yes, an act of his own and a breach of duty. It is called misconduct, really.

529. I suppose that is well known to all soldiers when they go on leave?—Yes, they all know that, certainly. With regard to separation allowance, I understand from Mr. Tyson Wilson, who takes an interest in these matters, that it was as I stated for a certain time, but now it has been altered.

530. Still, according to you, the soldier is punished so far as his own pay is concerned, and he knows that?—Yes, without a doubt.

531. On the other hand, I suppose that going into hospital under those circumstances is no real punishment?—I think it is. They do not like it.

Viscount Sandhurst.

532. You mentioned that you had had applications or statements from the Canadian and American military people about this disease. Have you had many complaints from Officers Commanding Regiments in London or Liverpool or Manchester, or General Officers Commanding Districts in regard to the same question about the state of the streets and the risk of the streets?—No, I have had none.

533. I understand that in the British portion of the Army the percentage of those suffering from disease is much less than in any other portion of the population?—That is so.

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Viscount Sandhurst—continued.

534. And that includes also the American section of the Army?—I was dealing with our own Army, but I am in a position to state that the American Army in France has a lower percentage of venereal disease at the present moment than it ever had.

535. What I want to ascertain, if I can, is whether the discipline of the Army has much to do with it—whether there is stronger discipline possibly in one Army than in another?—I do not think so. I think the discipline in our Army is particularly fine. I do not think it affects it a bit.

536. And it is the lowest proportion?—Yes, it is. It might have an effect indirectly, certainly.

Earl of Stafford.

537. In the absence of notification amongst the civil population, how do you arrive at your conclusion that the diseases are less prevalent in the Army than amongst the civil population?—I know what the Army is, and I know from experts who are closely in touch with all hospitals, and so on, how prevalent the disease is in the civil population.

538. Of course, you have no figures?—No, but they assure me quite definitely that that is so.

Mr. Neville.

539. Were any special suggestions made on behalf of Australia?—Yes.

540. The Australians are supposed—I do not know whether it is true or not—to have been worse affected by these diseases than any other Colonials. Is that so, do you know?—I do not know. I could easily find out.

541. Have you heard that the disease in their case was largely contracted in Egypt?—I know that a great many Australian troops were sent straight back from Egypt.

542. Is Egypt under the War Office? Are you responsible?—No, I do not think we should be responsible for the civil population in Egypt, but we have assumed responsibility, since the war, in the way that we control the civil population there. We can say who can enter Egypt and who cannot.

543. Are there any particular regulations that you know of in Egypt such as are now suggested under these Bills?—Egypt is practically all within bounds. The Commanding Officer there can practically do what he likes, and if there is an undesirable woman there he can clear her out.

544. Have you had any recommendations from those who are responsible for the Indian Army?—I cannot recollect, I do not think so.

545. You have not consulted the Indian Army officials upon this point?—No.

546. They have had a great deal of experience on this point, have they not?—Yes, tremendous experience.

547. And they have dealt with it in a satisfactory way from the point of view of the effective strength of the Army?—I am afraid it is a very moot point.

548. You have not got figures, I suppose, with regard to the Indian Army?—No, I have not. I have not directed my attention at all to the Indian Army, but I know the historical facts connected with the Indian Army.

Chairman.

549. I think under their Statutes the Military Authorities have greater power to make regulations than we have?—Yes, very much greater.

Mr. Neville.

550. Do you know at all what sort of statistics there are with regard to the civil population of France at the present time? Could you compare it with the civil population of England, or are there no such statistics?—I think there are no such statistics. I do not think you could compare the French civil population with ours.

551. I think you said in answer to one of the questions, and I think it is admitted generally, that there has been a very large decrease in the percentage of these diseases since about 1866?—Yes.

552. To what do you attribute that?—I have been trying to say that I attribute it largely to the fact that it is practically a notifiable disease in the Army.

553. Or do you think it is due to greater medical and sanitary knowledge?—That, of course, has a great deal to do with it too.

554. And to education?—And to education; and I say

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Mr. Neville—continued.

say you have got the very best of the people in the Army at the present time.

555 Protective education and protection generally of that sort?—Undoubtedly. Of course, going back to the civil population in France again, the French Authorities are adamant. They will stick to their *maisons de tolérance*; they are firmly convinced that it is the best solution.

556. I suppose you could not, and would not, as a matter of international comity, interfere with the system which they have in France?—That is so.

557. It would have been a breach of the comity of nations?—Yes, it would be very difficult to do it.

558 With regard to the question which Lord Desart asked just now, which I think is a very important one, he was asking you a question about amateurs and prostitutes, and I understood you to say that the chief difference between the two is the question of payment?—Yes, roughly; it is almost impossible to define.

559 In the case of what you call an amateur, on proof of payment, I suppose, the status would be altered from the point of view of the police?—It is very difficult for me to say, but I should say if I were trying a case myself as a judge, and there was evidence before me that payment had passed, immediately in my view I would regard the woman as a professional prostitute.

Earl of Dysart

560. If the payment was in the form of a present?—Well, I do not know.

561. There is money in it?—Yes.

Mr. Neville.

562. Money or money's worth?—No, I was thinking of money purely.

Chairman.

563 Is not the right word "*meretrici*," which means one who earns money?—Yes, one who earns her reward.

Mr. Neville.

564 The justification for any such legislation must be a public one?—You are referring to these girls—yes.

565 And the liberty of the subject is continually having to submit to interference where the public good is paramount?—Yes.

566 And not only in this particular thing, but in regard to others—for instance, the Public Health Act?—Certainly.

567. Quarantine, as far as I know, is about the oldest case in which the liberty of the subject has been interfered with for the purpose of protecting the country from disease?—Yes.

568. Do you know that the first Act was passed in the reign of Queen Anne, and that people who were subject to quarantine had to go to lazarets?—Yes, I believe I did know that.

569 One other question in regard to Colonials. I understood you to say that the trouble with the Colonials is largely due to the fact that they have greater pay than our own men?—Yes.

570. Before the Colonials got in large quantities to France there were very large camps all over the country, were there not?—Yes, mostly at Salisbury Plain.

571. And in the neighbourhood of Aldershot and Farnham?—Yes, and down at Folkestone.

572. Did the fact that those Colonials were there training to go to France, and that they had larger pay, attract a large number of undesirable women into the neighbourhood of the camp?—That is undoubtedly true, as far as Folkestone is concerned, because I received a deputation from the civil authorities about it.

573. Would it be, at all events, with respect to such facts that Sir Robert Borden made complaints?—Yes, it might be, certainly.

574. And not only with regard to what has been contracted by the Canadian soldiers after they had been to France and come back on leave, but in this country they were, as he considered, open to evil influences?—Yes, very likely.

575. You said the separation allowance of the soldier was stopped while he was in hospital for having contracted this complaint, but the allowance is no longer taken away from his wife?—I was glad to hear that

Mr. Neville—continued.

from Mr. Tyson Wilson, but when I was dealing with it before, I think, as he says, that penalty did exist.

576. You cannot say whether there is any sort of diminution of the separation allowance. I do not know whether Mr. Tyson Wilson can tell us?

Chairman.] Mr. Tyson Wilson's authority is very high, but he is not a witness before the Committee. We shall get that later.

Mr. Neville.

577. In the case of a soldier who has been sent to a hospital in France suffering from this complaint, is that fact notified to his wife?—No, we try not to do that. I am very often asked questions in the House why a man does not get his pay, and very often that is the reason.

578. Do you think it is right not to notify his wife?—Well, we have not done it.

Mr. Tyson Wilson

579. Could you tell the Committee whether, in the early days of the war, when a large number of Indian troops were brought over, a large proportion of these troops contracted the disease?—I am afraid they did.

Chairman.

580 Have you a copy of the Bills before you?—I saw them this morning. I have copies; I have not brought them with me, but I am chiefly concerned with Clause 5, as I understand.

581. I should like to ask you some other questions; if you do not want to answer them you will say so?—I would rather not, because I have not directed my attention to the other clauses particularly, and I am afraid to give any answers offhand.

582. Please give that same answer if I ask you any question which you do not wish to answer?—Certainly.

583. Will you take the first clause of the Government Bill and Clause 7 of the Sexual Offences Bill? I thought I might ask you with reference to the position of the Army in this relation, whether you have any views as to raising the age of consent?—No, I have not. I think this is right.

584. You think it is right as the law stands, at the age 16? You do not agree with the proposals in the Sexual Offences Bill to raise the age to 17?—No, I think 16.

585 On Clause 2 you will see there is that clause which I think must affect soldiers quite as much as other people. It is the first sub-section in the Government Bill, and it is the second sub-section in the other Bill—about reasonable cause to believe that a girl's age was greater than it really is. Have you considered that subject at all?—Very little, but I agree with this.

586. Do you agree with the proposal that it should no longer be a defence?—Yes, I do.

587. Would you expound your reasons for that? I do not wish to ask you if you do not wish to say?—No, I could not give any reason for it. It is largely instinct, I think.

Sir Willoughby Dickinson.

588 On this clause, does your same opinion hold good with regard to Clause 8 of the Sexual Offences Bill, which is to raise the age from 16 to 17 in the case of carnal knowledge? Is the opinion that you have just now stated with regard to the first clause the same here?—Yes. I am in favour of 16 years myself.

589 Among the instructions given to soldiers when they come away is there anything said to them about the law with regard to the ages of girls that they can safely have to do with?—No, but I must say that the Army is very immune from that sort of thing. As far as I can remember, there has been no case before me.

Earl of Desart.

590. I understood you to say that you agree that reasonable cause should not be a defence, as provided by the Government Bill?—Yes.

591. This is a highly penal offence, with very severe punishment?—Yes.

592. Do you think a young man, who would shrink from touching a young girl, but who in ignorance of a girl's age commits this offence and is consequently convicted, should suffer these penalties?—I know the sentences are very severe indeed.

593. I

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Earl of Desart—continued.

593. I suggest to you it is extremely severe?—Yes, I quite see that. I know the sentences are very severe indeed.

594. But do you think that a man ought to be excluded from submitting that, as far as intent or wish is concerned, he is morally entirely guiltless in the offence which he has committed?—I am afraid I have not looked into that very thoroughly.

595. Is that the result of the provision?—Undoubtedly.

Chairman.

596. We now come to Clause 5, about which I think we will probably want to hear some more from you. I do not know that I myself have many questions to ask you about this, but the great difficulty about this clause is practically the same thing as Regulation 40 (d). It is a question of compulsory examination?—Yes; the gist of it is to extend 40 (d) to the whole population, as I understand it. That is the effect of Clause 5.

597. There is a good deal of difference between the Government Bill and the Sexual Offences Bill in that respect. In the Government Bill it says, in sub-clause 3. "A person charged with an offence under this Regulation shall, if he so requires," be examined; also it would be the case, no doubt, with a woman, if she so requires; the clause is supposed to apply to both sexes. Now in the Sexual Offences Bill it is proposed that it shall lie with the Court to say whether or not there shall be an examination. Have you any preference one way or the other as to that? The main point which is in my mind about it is that it is so often said with regard to the proposal in the Government Bill, which is that if the person does not offer to be examined, or refuses to be examined, it is always treated as raising a very strong presumption against that person. Now I do not think that arises if you put it in the hands of the Court. Have you considered that?—Yes, I understand that in Canada, where they have introduced 40 (d), it is in the hands of the Court.

Earl of Desart.

598. They can make an Order, you mean?—Yes.

Chairman.

599. I have no doubt that the idea of those who made this proposal in the Sexual Offences Bill considered that the Court could be relied upon not to make an Order unless circumstances came before the Court that seemed to justify making inquiry of that sort?—Yes, that is so.

600. Do you approve of that? Do you prefer the Government Bill?—I approve of that.

601. Have you considered sub-section (c) of Clause 1, sub-section 1, of the Sexual Offences Bill: "Wilfully communicate such disease in any manner to any other person"? Have you considered whether that is a proper subject for imposing penalties, or a practicable subject?—I should certainly approve of sub-clause (c).

602. There are cases, you think, where such a thing can happen?—Without any doubt.

603. Wilfully?—Yes, without any doubt.

Mr Tyson Wilson.

604. You say you agree with (c)?—I do.

605. Do you not think it would be extremely dangerous to include the sub-clause of this kind in a Bill? Who is going to find that they wilfully do such a thing? What does "wilfully" mean?—"Wilfully" would become a question of fact for the jury.

606. But you are aware that the disease is contracted in quite a number of ways?—The Chairman did not actually put this question to me; I am not quite sure that there is a *consensus ad idem*. I do not know whether the Chairman was thinking of the same thing as I am; that is my difficulty, because I am answering in the air.

Chairman.

607. I did not put to you a very precise question. I did not intend to put to you a very precise question. I wished to ask you generally, if you had considered it at all, whether you approved of sub-clause (c) of Clause 1. Speaking generally, you approve of it?—Yes, I have had to consider cases of what I think you must be meaning.

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Mr. Tyson Wilson

608. I really only wanted to ask a question with regard to the Army and how the disease affected the Army, but I do not think I shall ask any question on this?—I think "wilfully" must be a question for the Court. The Court must be absolutely satisfied that there was a *mens rea*.

Mr. Neville.

609. In the legal sense it is not whether a man is reckless, but whether he has the intention?—Yes.

Mr. Tyson Wilson.

610. Like wilfully setting on fire a haystack?—Yes—whether in any case there is *mens rea*, a guilty intention.

Sir William Collins

611. As to the history and genesis of this Clause 5 of the Government Bill, we were told by the Government witness last time that it was based mainly on the Report of the Royal Commission on Venereal Diseases. Do you happen to remember whether the Royal Commission reported in favour of anything like sub-clause 3 of clause 5?—No, I cannot recollect that.

612. Was not the trend of the Report against seeking such legislative power?—I believe so.

613. Was this sub-clause 3 of Clause 5 in the Criminal Law Amendment Bill as reported to the House of Commons by the Grand Committee?—I think not.

614. Had not some provision of a somewhat similar character been withdrawn by the Home Secretary in Committee?—I do not remember that, but I do not think it was in the Bill.

615. You do not remember that a considerable change was made in the Bill in regard to that particular matter in Grand Committee?—Yes, I remember there was a considerable change. I was not on the Grand Committee.

616. Does not the wording of sub-clause 3 of Clause 5 of the Government Bill reproduce almost the words of the third and fourth paragraphs of Regulation 40 (d), substituting "he" for "she"?—You mean "a person charged with an offence under this Regulation"?

Chairman] The word "Regulation" ought not, of course, to be in this Bill; it should be "under this section."

Sir William Collins

617. The appearance of the word "Regulation" suggests an affinity?—Yes, that is so. I said at the beginning that this clause practically extended Regulation 40 (d) to the whole community.

618. Sub-clause 3 of Clause 5 reproduces virtually the words of 40 (d), which was no part of the Government Bill as reported by the Grand Committee?—That is so.

619. Do you favour statutory power to make a compulsory medical examination?—Personally, I do not like the compulsory medical examination.

620. Do you recognise a considerable distinction between a voluntary medical examination made with a view to the treatment and benefit of the sufferer and a medical examination ordered by the Court, the result of which may be used as evidence against the patient?—I think administratively you could make it very private, and with a careful Court I do not think anybody would know really what happened; but my own personal view is against the compulsory medical examination.

621. Does not sub-clause 3 imply in some cases a compulsory examination?—Yes, it does.

Sir William Collins] Is it out of order to follow up what would result from the notification, such as compulsory treatment and so on?

Chairman] I personally have no objection to your pursuing that; probably you will not go very far.

Witness] I think I have said all I have to say about notification.

Sir William Collins

622. The only point I wanted to put is this. You set so much store on making the disease compulsorily notifiable that I wanted to get from you whether it was in order to have the deterrent effect of notification or to follow up compulsory notification with compulsory treatment?—I should be prepared almost to do anything to get rid of this disease, because I am certain that we should be on the right lines if it were notifiable.

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623. Then

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Sir William Collins—continued.

623. Then do I understand you do approve of compulsory examination and compulsory treatment?—I think one must follow the other, if you assume by notification that you are compelled by statute to tell the nearest possible authority that you are affected with this disease.

624. Would not that policy lead to the compulsory detention of civil sufferers, even for periods of 10 months, as you yourself have indicated?—Yes, I know, but we have gone a long way with our civil clinics now. I believe in the State of Victoria it is compulsory, but no name is known, it is all done by numbers.

625. Is there any compulsory detention for the period of cure?—I think they treat them in the same way as they are treated at our clinics. I have not been able to get full information.

626. At our clinics the whole treatment is voluntary?—Yes; why should it not continue to be voluntary?

627. I was only anxious to know what would flow from your compulsory notification; whether, on the analogy of infectious diseases, it might result also in compulsory detention and compulsory treatment?—I do not think so; I do not think there is compulsory detention in Victoria at all; but I have been so impressed with the enormity of this evil since I have been at the War Office and heard so much about it, that I would be prepared for very vigorous steps.

628. But can you cite evidence from anywhere as to compulsory notification and compulsory detention and treatment being followed with the results that you desire?—I cannot. I have not pursued the subject as far as that. That is another matter entirely.

Earl Beauchamp.

629. I understand that you object to compulsory medical examination. May I draw your attention to the difference between the two clauses in the two Bills?—I said I personally would rather not have it.

630. May I draw your attention to the fact that in the Sexual Offences Bill the compulsory medical examination will only take place in the case of conviction, but in the other Bill a person charged becomes liable? In the Sexual Offences Bill it is "Where any person is convicted of any offence" I want to know if the difference between those two would in any way remove your objection to compulsory medical examination. There is a considerable difference between people who are merely charged with an offence and people who are guilty of it?—There is, of course, very great difference indeed, but I should have thought that certainly, unless the plea of guilty was advanced by the person charged, it would be almost necessary to have a medical examination before conviction. In my judgment it is only when a plea of guilty is tendered by the person charged that there is no necessity for a medical examination. But I should have thought that any Judge would, before conviction, satisfy himself that the person had this particular disease; therefore a medical examination, in my judgment, would be necessary.

631. That is not my point. I was hoping that you would be able to say that your objection to compulsory medical examination was rather less in cases where it could not be ordered by a Judge, which are cases after conviction?—Certainly.

Earl of Desart

632. Would it be possible that any person could be convicted under sub-clause 3 unless it had already been proved that he was suffering from venereal disease in a communicable form, which is the object of the examination?—Certainly, if he had pleaded guilty. I imagine that if any person comes forward and pleads guilty to the charge there is no reason why there should be any examination.

633. That clause as it stands seems to be objectionable and unmeaning, but as regards "wilfully" I should like to know what you have in your mind that distinguishes "wilfully" from "recklessly"?—"Recklessly" is almost a common-law way of looking at "wilfully," if I may put it in that way. "Wilfully" in my judgment connotes *mens rea*—the guilty intention.

Earl of Desart—continued.

634. So does "recklessly." You could not convict anybody under this clause unless he knowingly communicated the disease?—No, he must do it knowingly.

635. That is *mens rea*?—Yes, certainly, it is the guilty intention.

636. I only wanted to know if you could help me as to what "wilfully" really means in this sub-clause, as distinguished from "recklessly"?—I think it means practically the same as "recklessly." In a Criminal Bill you always would take it to mean recklessly, with a guilty intention. If you were dealing with a civil statute it would be quite different; but in a Criminal Bill of any sort I think the only meaning you can put on it is that of reckless or guilty intention.

637. I think you have said that you have known cases of wilful communication. Perhaps if you were to give me an indication of the character of the cases it might help us to what was in your mind?—I certainly know cases where, whether it was wilful or not, a deed was actually done between two people.

638. Can you give me the circumstances of what you really meant by wilful communication?—I was referring to an abominable crime which is not mentioned among Christians—the case of two men.

639. But as regards the communication, it would not be more wilful in that horrible crime than it would in an ordinary action, would it, as regards the offence we are dealing with?—I think it would.

Sir Willoughby Dickinson.

640. Lord Beauchamp asked you whether you saw the difference between two proposals, one which allows of compulsory examination after conviction, and the other one before conviction, and I think you said you thought it would be necessary before conviction?—I think so.

641. Do you realise that that is a very important change in the Criminal Law?—Yes, I realise all that.

642. You force a man or a woman to provide proof to convict himself or herself?—No, I do not think so.

643. I think I was right in saying that you said you thought the compulsory examination, if it took place at all, must take place before conviction. You do not like compulsory examination, but you thought it must take place before conviction if it all?—Certainly, unless the person pleads guilty.

644. Therefore I think I am justified in putting to you that position—that it is forcing a criminal to give evidence against himself?—I think there is the other way of putting it—that if the person is innocent she or he is only too willing to be examined.

Chairman.

645. May I point out that there are other offences mentioned in this sub-clause besides that of communicating venereal disease?—Yes.

Sir Willoughby Dickinson.

646. I was dealing with venereal disease?—I understood you to be dealing with venereal disease only.

647. Although 40 (d) was the basis of this Clause 5, the two differ in two very important details. 40 (d) says that no woman who is suffering from venereal disease shall have sexual intercourse. Clause 5 says "A person who is suffering from venereal disease." So Clause 5 includes both men and women, and makes it penal for either a man or a woman to convey this disease?—Yes.

648. In passing Regulation 40 (d) why did you not pass it in a form in which both the soldier and the woman should be made liable for communicating disease?—I explained the history of the Regulation to you. It was issued at the urgent request of the Colonial Office, as the result of the vigorous protests of the Dominion Premiers at the Imperial War Conference. The various Departments concerned had inter-Departmental conferences, and they came to the conclusion that it was really necessary to do something in the interests of the population at that particular time. The result was this Regulation. I may say quite frankly that the Army Council itself did not approve of the Regulation, but the War Cabinet decided that it should be issued. We were then informed that we had no power, under the Defence of the Realm Regulations,

to

17 October 1918]

Right Hon. I. MACPHERSON.

[Continued]

Sir Willoughby Dickinson—continued.

to apply the Regulation to the whole civil population, that it was *ultra vires* if we did so, but it was *intra vires* to apply it to His Majesty's Forces; and I believe that is the case—that is, quite *intra vires* to apply it to His Majesty's Forces; and that was done. Since then the Americans have applied it to theirs and the Canadians have also applied it to theirs, and also have extended it to Canada.

649. Excuse me, but you have not answered my question. My question was this. You made it a penal offence for a woman to have sexual intercourse with a member of His Majesty's Forces, in order to prevent the spread of disease in the Army?—Yes, because it was an injury to the Realm.

650. What I asked you was, why you do not impose the same penalty upon a member of His Majesty's Forces who communicates disease to a woman?—I stated that before; because I think he is penalised in another way. I told you about his hospital stoppages and everything else.

651. I should have thought it would have been a much stronger deterrent to have had a definite Order that it was a penal offence for any soldier to convey disease?—You cannot have that. It must be within the Army Act.

652. This is not the same case. You punish a man who has got the disease, who has caught it from somebody else. I want to know why you do not put a penalty upon the man who, having the disease, communicates it to a woman. I should submit to you if the one is effective in stopping the disease, the addition of the other would be still more effective?—I do not think so at all. I think the soldier is penalised enough.

653. With regard to 40 (d), as it has been in operation some time, you have returns which give you full particulars about the convictions, and so forth?—I think we have.

654. Could you supply them to us?—I will try to. I will get all the returns we have got; but the Home Office will have some too, I should think. I think it would be more from the Home Office. Those cases are tried in Civil Courts.

Chairman.] We got some figures from Sir Ernley Blackwell.

Sir Willoughby Dickinson.

655. What I want are figures under Regulation 40 (d)?—Certainly. I will give you any figures I have got, but, as I was saying, I think the Home Office would be a fuller list, because they are civil processes; they are not courts-martial at all.

656. To make clear what I was wanting, it is this. I should like to know the number of prosecutions, the number of convictions, the number of acquittals, the number of cases in which examination took place, and the number in which the examination was found to prove the disease and not to prove the disease?

Mr. Neville.] Sir Ernley Blackwell gave us those figures.

Witness.] If I can help the Committee in any way I will get any figures I have. There have been a great many acquittals, it is true. There have also been a great many convictions, and I myself think the regulation has justified itself.

Sir Willoughby Dickinson.

657. That is a question I was going to put to you. You do think the regulation has done good?—I do.

658. Why?—Each woman may be a centre of infection and she may incapacitate a very large number of men. There is always that possibility; one woman may do that.

659. Have you any reports from your officers as to what in their opinion has been the effect of the regulation?—They think it has been effective.

660. You have reports to that effect?—I have only one report myself, but I think I saw two with the Home Secretary from chief constables.

661. I hope we may have any reports that there are to that effect?—I am told that Sir Ernley Blackwell handed in one report, but I think the one that I have seen was from the London Command, General Fitzpatrick.

Chairman.] We are going to have Sir Ernley Blackwell here again.

Sir Willoughby Dickinson.

662. I should have thought it was the War Office who is concerned with this?—No; the War Office is not concerned. We do not prosecute at all; it is done in a civil court.

663. That I quite understand, but it rests with the War Office as to whether you repeal or whether you continue this regulation, and I presume you would have got the information upon which to base your decision?—Certainly. The military authorities have no doubt at all that this regulation has been beneficial.

664. Have they given you their reasons why?—Not definitely; but the very fact that we have secured even 30 or 40 convictions is a very significant fact when one realises what these centres of infection mean.

665. Do you mean that you have put away a certain number of dangerous women?—Certainly.

Mr. Neville.

666. Your attention has been drawn to the difference between sub-clause 3 of Clause 1 of the Sexual Offences Bill and sub-clause 3 of Clause 5 of the Criminal Law Amendment Bill, namely, the difference between "charged" and "convicted"?—Yes.

667. Is not the trouble here really due to the fact that this legislation is confusing two things; that is to say, it is trying to be a health Act and at the same time it is trying to be a criminal law? If you are going to look solely at the point of view of health what you would require if you want to stamp out a complaint is to get at it as quickly as possible?—That is so.

668. Therefore directly the charge is made you want, if you can, to ascertain the truth of the charge, and, if necessary, segregate or isolate that particular case so as to prevent the spread of disease?—Yes.

669. Therefore it would be more important from the point of view of stamping out the disease that the examination should be earlier rather than later?—Yes.

670. Your suggestion, as I understand, also is that in certain parts of the world—I think you said Victoria—there is anonymous prosecution—I mean the defendant is anonymous?—No. What I meant was that where a person is infected with the disease the authority does not give his or her name but gives his or her number.

671. The idea of an anonymous defendant is not unknown in this country. You are a lawyer yourself, are you not?—I did practise formerly.

672. Anonymous defendants are not unknown in this country. You are aware, for instance, that when a man is charged with an offence under the Bankruptcy Act his name is not published until he is declared a bankrupt?—That is so.

673. May I suggest to you that one way of getting over any difficulty there may be, which I look upon as the greatest difficulty of all, would be that in these cases until the conviction took place the defendant should be anonymous or anonymous. Would that help in any way with regard to the health part?—I think the administration of a regulation of this sort, or even Clause 5, could be improved administratively.

674. So that there should be no possibility of publication until there was no reason why it should not be published, and it would be in the interests of the country to publish it?—Yes. In Canada I think under 40 (d) all cases are heard in private.

675. In camera?—In the judge's room, I am told.

676. There would be no objection, I take it, to these cases, certainly in the first instance, being heard in camera?—No.

677. Would you go so far as to suggest they should be heard in camera in the first instance?—I should; it would be a great relief to both parties.

678. I think there has been some little misunderstanding with regard to the word "wilfully." From what I could gather from some of the questions that were put to you, the idea of "wilfully" was that it was with the intention to communicate disease?—Yes.

679. Is that what you thought it meant?—No.

680. You thought it simply meant that a person who might or might not have the disease, and who ought perhaps to have taken precautions to find out whether they had the disease because they had run the risk still is so reckless that they do not mind whether they do or do not communicate the disease?—Yes, that is so.

681. I

17 October 1918.]

Right Hon. I. MACPHERSON.

[Continued.]

Chairman.

681. I do not know that the Committee would wish to examine you upon any of the other clauses?—No, I am afraid my information would not be of any value.

682. I do not like to say that, but not from the point of view of the War Office?—No. I may say this on Mr. Neville's point. Of course I have been looking at this ever since I went to the War Office, from the point of view not of crime, but entirely of health.

Mr. Neville.

683. That is so; the difficulty here does arise from joining the two things?—Yes.

Viscount Sandhurst.

684. I think you were going to add something?—I merely said, on a point which was raised by Mr. Neville as to joining a Health Bill to a Criminal Law Bill, I personally have not been looking at this from the point of view of crime at all; I have been looking at it entirely from the point of view of health and the efficiency of the forces.

Mr. Neville.

685. And the civil population?—And the civil population, of course.

686. Do you say you do not desire to offer any evidence, at any rate, upon the remaining clauses of the Bill?—That is so.

687. I just want to ask you, because of something you said just now, whether you have looked at Clause 9 of the Sexual Offences Bill. It is one that gives power to the Court with regard to hearing all these cases and the publication of evidence, and so forth. I imagine from something you let drop that you probably approve of that clause?—Without doubt. I should like all these cases if possible to be heard in camera.

Mr. Tyson Wilson.

688. Is it a fact that if a woman contracts the disease from a soldier, and if she complains to his commanding officer, the commanding officer can deal with the man by court martial?—Yes, he can, certainly. That is concealing the disease. It comes under the section of the Army Act which makes him liable to two years' imprisonment with hard labour.

689. Could you tell the Committee whether you know of any instance where a woman has complained?—I do not know of any case at all. As I say, unless I expressly asked for them the Judge-Advocate-General would have the figures; but I will make inquiries.

(After a short adjournment.)

MR W. J. EVANS, CBE, and SURGEON-CAPTAIN D McNABB, C.B., are called in; and Examined as follows:—

Chairman.

700. Mr. Evans, I think you are here on behalf of the Admiralty. We shall be pleased to have any evidence that you can give on this matter. How should you be described?—(Mr. Evans) I am the head of the Legal Branch of the Secretary's Department.

701. And you, Dr. McNabb, I think are the Surgeon-General?—(Surgeon-General McNabb.) Surgeon-Captain and Deputy Director of the Medical Department.

702. Mr. Evans, I should like to ask you generally whether the circumstances of the Navy lead the Admiralty to attach importance to legislation of this kind being introduced at the present time. That would mean, I suppose, whether the Navy just now is suffering, as we have been told that the Army is suffering, through the large number of men who are affected by venereal disease?—(Mr. Evans.) I think I may say that the Admiralty would gladly welcome any legislation which would have the effect of reducing the prevalence of venereal disease. That is stating the matter quite broadly. So far as I have been able to study the two Bills that are brought forward here, I did not quite gather that they had such a big effect as regards venereal disease as in regard to some other aspects of this question which you are considering. On those aspects I do not think I could offer any useful opinion.

703. The case put before us by the War Office is that

Sir Willoughby Dickinson.

690. If he did not conceal the disease he would not be punishable, would he?—I understood Mr. Tyson Wilson's question to mean this: "I assume that any man who told the commanding officer that he had the disease would be in hospital." Therefore I inferred from his question that this man had told nobody that he had the disease and that it was brought to the attention of the commanding officer only from an anonymous letter which the woman infected had written to him.

Mr. Tyson Wilson.

691. The real point of my question is this: Can a soldier be punished by his commanding officer by court martial if a woman complains and proves that she has contracted the disease from the soldier?—Most certainly, if he has concealed the disease from his commanding officer. If the first information that the authorities concerned have that the man has got the disease comes anonymously, then he is subject to court martial.

692. That is not quite the point. Assuming that the man has not concealed the disease and he has connection with a woman and he transmits the disease to her and that she complains, can the soldier be punished further than for concealment of it?—Not under this regulation at all.

693. Or under the Army Act?—He cannot even under the Army Act.

Earl of Desart.

694. How in fact are cases tried under 40 (d)? They are tried summarily, I know?—Yes.

695. But are they limited to stipendiary magistrates, or can any ordinary bench of magistrates take them?—I think ordinary magistrates may take them, but in almost all cases I have known they were before stipendiaries.

Mr. Neville.

696. You say in the case of an accusation made by a woman against a soldier the only offence which he has committed which can be tried by court martial is not having notified?—Yes.

697. Would you have any objection to making that an offence which is punishable by court martial?—That would have to be a matter for the House of Commons.

698. It would be a matter for a regulation, would it not?—No, it would be a matter for the Army Act.

699. Would you be inclined to consider whether that would be a fair thing to do under the circumstances?—I think it certainly would.

*(The Witness is requested to withdraw.)**Chairman—continued.*

a large number of men are suffering from diseases of this kind, and it was put as high, I think, as that at one time the equivalent of a whole division was *hors de combat*. Is there anything comparable to that in the state of the Navy?—Perhaps Dr. McNabb would answer that with better knowledge. (Surgeon-Captain McNabb) I cannot give any exact figures beyond saying that as the result of recent investigation as to the effect of venereal disease in the ships of the Grand Fleet and those round about our own coasts, the ratio of venereal disease has been about five per thousand.

704. Since the war began, do you mean?—No; that is recently. I might say that that is almost up to the present time. That is the current ratio.

Sir Willoughby Dickinson.

705. Do you mean that five in every thousand of the personnel are infected now?—Yes.

Mr. Neville.

706. One-half per cent.?—Yes, one-half per cent.

Chairman.

707. The total would not amount to the crew of a battleship, would it?—Not knowing what the total number of the personnel is, I cannot give you that. I do

17 October 1918.]

Mr. W. J. EVANS, C.B.E., and Surg.-Capt. McNABB, C.B.

[Continued.]

Chairman—continued.

I do not know at actually, because it is a floating quantity.

708. You cannot put it in that picturesque way?—I cannot put it in that picturesque way. Very probably it does amount to nearly the equivalent of a battleship.

709. What is the evil that the circumstances of the war has shown to exist as affecting the Navy? I think in the examination of the War Office representative he began at once to speak about the reception that men, when they come on leave from the front, find when they arrive in London. Do you find the same thing with your sailors?—(Mr. Evans) Not nearly to the same extent as the Army, because the conditions of the two services are so different. The sailor is usually discharged at a port, and any temptations likely to assail him are more likely to be met with at a port than on a casual visit such as he might make to London, bearing in mind the comparatively few sailors who have their homes in London. If you ask what is the condition of the ports, I find it extremely difficult to say anything on the subject. We can only tell from the medical returns as to the effect of the disease, and those returns do not show whether the conditions at any particular place are really worse than at any other place. The returns come from individual ships which are not always at the same port. But for what it is worth, if this is permissible, I may hazard a remark that I heard from a young officer the other day, a man in whom I have every confidence. He referred to the aspect of Chatham; he said that Chatham was worse than London.

710. For the Navy?—I suppose he was speaking generally.

711. I should rather have expected a statement of a little length from you as to the view generally of the Admiralty—I do not say necessarily on these particular Bills but with regard to the necessity, on account of the gravity of the situation, of doing something or other by way of legislation?—The Admiralty, of course, would gladly welcome any legislation which would have the effect of reducing the liability to venereal disease. As regards the men themselves, every effort is made to teach them the perils of the disease and warn them against its effects. In many ways the Admiralty are taking steps with a view to lessen the prevalence of the disease, so far as they can, without resorting to legislation. But it is clear, and I think everybody will readily admit, that from an Admiralty and a naval point of view any legislation which will check the prevalence of venereal disease is to be desired.

712. At present you do in fact rely a great deal upon what may be described as education. What do you mean by that? What do you do?—I think Dr. McNabb probably might give you more direct information on that (Surgeon-Captain McNabb.) What we try to do is, in the first place, by delivering health lectures to the men. That is done in every ship more or less according to a standard type of lecture, dealing with general hygienic conditions on board ship and the general question of hygiene relating to the seaman's life; also warning him and describing the dangers that he runs in connection with the venereal disease, and how to avoid these diseases as far as possible; also dealing with the question of temperance. The whole thing is embodied in one lecture, in which we endeavour to put the matter as clearly before him as possible. These lectures are delivered according to the size of the ship, so that each man, at any rate at least once a quarter, has the subject brought clearly before his mind. As far as it lies in the power of the medical officer, he puts the matter in the aspect which will appeal to the nature of the man. He does not put it only as a medical officer; he also puts it as one man talking to another, in order to enlist the sympathy and the attention of the men whom he is addressing.

713. Do you consider that that method has had good results?—I think I perhaps can summarise by giving my own experience. In one ship in which I was senior medical officer, prior to the lectures being instituted, each time we gave general leave at the port to which the ship was attached each visit was signalised by an outbreak of venereal disease. These lectures were instituted and were carried out, and to my knowledge on three subsequent visits to this port, where general leave under exactly similar conditions was given, there was

Chairman—continued.

not one single case of venereal disease following those visits. That is a concrete example that I can speak personally. Whether or not it has been equally successful in other ships under similar conditions I am not prepared to say, but I think that on the whole the giving of those lectures, besides ventilating other subjects, has also been beneficial in trying to educate the men, and to steer them clear of the venereal risks that they do run. While I am speaking about this perhaps you will not mind me saying this. At places in some parts of the country, which since the war have been opened up as repair bases and so forth, there has been more trouble than there has been in the recognised naval ports; that is possibly because the local authorities have not been quite so alive to the necessity of dealing with the situation there as they are in naval ports.

714. I suppose in places such as you describe you do not have a body of men belonging to one ship; so that you cannot get the same kind of influence over the men that you can with a ship's company?—No. In the particular instance that I am thinking of, which was away from the naval port, the ships affected were mostly destroyers which came in for refit one after another. The incidence of venereal disease amongst these men was so noticeable that the senior medical officer drew the attention of the senior naval officer to the occurrence, and they tried to get the local people interested to try to stop the evil. That is when it came to my notice.

715. What sort of suggestions were made for stopping the evil?—I do not know that I can say exactly what was done. There was some local action taken.

716. Do you represent that the system of education to which you refer resulted in producing a state of virtue amongst the ship's company?—Comparative.

717. Is there anything in the Navy that corresponds to Regulation 40 (d), of which we have heard so much in relation to the Army?—40 (d) applies to the female

718. But does it apply to the Navy?—Yes, I think so. (Mr. Evans.) 40 (d) is, of course, in the Defence of the Realm Regulations I think that only applies to women and not to men. The man has to give information. I might mention this matter here: a man in the service who contracts the disease is bound to acknowledge it and come forward and have it treated. If he attempts to hide it he commits an offence against naval discipline, and is dealt with for that offence under the code of discipline which obtains in the Navy. So that by that means we can always be certain that these cases are brought to light and are dealt with, and such precautions as are possible taken to prevent the man spreading the disease (Surgeon-Captain McNabb.) The precautions taken to prevent the spreading of the disease are that a man is not allowed to go out of the ship or establishment until he is in a condition not to communicate the disease to anyone. So that once a man has contracted the disease he is kept practically either a prisoner or under observation until he is clear.

719. Is there any way of knowing whether he has got the disease or not, except his acknowledging it and going into hospital?—No, unless the disease is such as to draw the attention either of his messmates or his officer.

720. From some physical appearance?—Yes.

721. Do you know whether the Admiralty were consulted as to the issuing of Regulation 40 (d)?—(Mr. Evans.) Yes.

722. Are you at liberty to say what the view of the Admiralty was on the subject?—They thought it was a Regulation which could only do good and could not do harm.

723. They were not opposed to it?—No.

724. I daresay you know that very strong representations were made by the Colonial representatives as to the state of danger to their troops?—Yes.

725. That, I suppose, only referred to military men; it did not refer to Colonials who were in our Navy? I do not know if there are any in our Navy?—Yes, there are some, but I think the conditions of the two services are so different that it is extraordinarily difficult to compare them. Their habits are different. Their time of going on leave and all arrangements of that sort are so very different that entirely different conditions exist, and what would apply in the case of one service does not necessarily apply in the case of the other.

726. Your

17 October 1918.]

Mr. W. J. EVANS, C.B.E., and Surg.-Capt. McNABB, C.B.

[Continued.]

Chairman—continued.

726. Your attitude evidently is not the same as that of the Army, of looking to the various provisions to be, if possible, brought into operation as soon as possible as being essentially necessary for the maintenance of man-power in the Army?—I think the point of view of the two services is the same there—that anything that reduces the prevalence of venereal disease is a distinct gain to the service.

727. Yes, I quite see that; but I mean, you do not put it forward with anything like the same sort of strength as the Army people do?—Only because we do not feel the effects to the same extent as the Army do. That is the point.

728. The effect is not so great?—No, but it is still so great that the Admiralty would gladly see some improvement.

Mr Locker-Lampson.

729. Are there any stoppages of pay when the man is in hospital?—(Surgeon-Captain McNabb) Yes, I think there are.

730. In the case of the Army, we heard this morning that there are stoppages of pay in the case of a soldier in a hospital from venereal disease?—Yes, I think a sailor also is subject to stoppage of pay when he is suffering from venereal disease.

731. Do you think the ratio of five in every thousand is higher now than it was before the war?—Not very much.

732. Just about the same?—It is a little more, but nothing very much. Of course, as the numbers have increased immensely it means a very much actually increased number of men on the sick list; and that is only dealing with a portion of the Fleet.

733. These lectures, you say, have the effect of practically exterminating the disease?—I am only quoting one instance. It would not apply probably all round.

734. Was it that the men were told in the lecture that if they provided themselves with certain prophylactics if they considered there had been any risk, probably that would put a stop to the disease coming on?—They were told that they could have these things if they wished, and they were told how to use them. Whether that was the cause or not I have no means of knowing, or whether all the men afterwards had used them or whether they had not.

735. But in these lectures they were told what to do?—Yes, and I think that applies to all the lectures.

736. So that it did not really turn it into virtue?—No; I said it was only comparative.

Mr Neville

737. The statistics with regard to the Navy are obviously better than those of the Army. Is there anything, in your opinion, which would prevent the Army being treated in the same way as the Navy?—There is one thing, that the Army is on shore nearly every night.

738. Could not they treat them regiment by regiment, very much as you treat them ship by ship, and use the same influence and give the same lectures and the same opportunities as you give the sailor. There would be no objection in the Army to that, would there?—I should think not; but, of course, that is a matter for the Army.

739. Would there be any difficulty in their doing so?—Yes. As I say, the men are in the position of being on shore every night; our men are not.

740. There would be no difficulty in parading the men of the particular regiments as you parade the men on your ships for lectures and giving them the same opportunities of learning?—No, I do not think so.

741. May I put it to you that the reason why the statistics of the Navy are so much better than those of other branches, either civil or the Army, is that they are much better educated in the Navy?—That may be so to a certain extent, but there is also the lack of opportunity, if I may put it in that way.

742. Have you any knowledge of the civil population at all?—No.

743. In your opinion, should I be right in saying that the ordinary civil population is woefully ignorant on this point?—Yes, I think you would.

744. That they have never had their attention properly drawn to these matters in a scientific way?—Yes. Judging from what information I have been able to gather from the young medical men who have come

Mr. Neville—continued.

to join the service from the hospitals, and seeing how little they know about venereal disease or its importance, I should think it is quite right to say that the civil population is not educated.

745. Therefore, from the point of view of the race, which is what we are really looking after here, the opportunities which the Army and Navy afford for education on these subjects are of the greatest possible value to the future of the race?—Absolutely; I have no doubt about that whatever.

746. And the greatest civilising thing at the present moment which this country possesses?—The Army and the Navy have unique opportunities of studying the question and of evolving something which is beneficial to the whole race, and not the Army and the Navy only.

747. Do you know Portsmouth?—Yes.

748. At Portsmouth there is a hospital, is there not, which is devoted to the study of this complaint, and I dare say there are other ports similarly situated. Can you tell us how long have statistics been available at Hulsea?—That is an Army hospital.

749. Is there not a naval hospital?—Yes, Haslar.

750. How long has Haslar Hospital been going on from the point of view of the study of this complaint?—As long as I remember.

751. Can you say that the hospital there contains statistics which would enable us to see whether the prevalence of this disease in the particular port of Portsmouth is being diminished or not?—No, I cannot; because that hospital does not receive men only from Portsmouth, but from all over the world.

752. What does Hulsea take?—Hulsea is an Army hospital. As to that I can say nothing; I do not know anything about Hulsea at all.

Sir Willoughby Dickinson.

753. I understand that Mr. Evans said the Admiralty was consulted about 40 (d)?—(Mr. Evans) Yes.

754. Did the Admiralty give any attention as to its advisability?—Yes, they agreed to it with, I think, their eyes wide open as to the possible effects and what could be said against it.

755. I understood you to say that you looked upon it as an improvement, but nothing much more?—It is not a perfect Regulation, inasmuch as it only applies, you may say, to one section of society, and anything that does that, of course, is not perfect; but it was an improvement on something that existed before, and there was a call for something of that sort put forward at various times from isolated ships in the Navy. It was said that a lot of cases had occurred, and could not something be done to stop it.

756. You have had requests before to-day for something in the way of legislation?—I will not say for legislation, but for some steps to be taken. People who wrote were not quite well aware of what could be done; they said: "This is a very serious state of things; we cannot give our men leave to go on shore here because so many of them come back with venereal disease, and some steps ought to be taken by the civil authorities to stop that sort of thing and to make it healthier."

757. You have never formulated any method of dealing with it? I suppose this matter has been, long before the war, a matter for your consideration?—Yes, it always has been a difficult question to deal with.

758. You have not formulated any plans for dealing with it?—Only such as Dr. McNabb suggested just now—lectures to the men, teaching them the importance of purity of life and so on. I may say that these lectures, of course, do not only deal with the question from the point of view of disease, but they also point out in most cases that it is perfectly possible for a man to live a pure life, and there is no necessity for him to resort to prostitution.

759. Then up to the present the Admiralty have evidently not thought it wise to make it a penal offence to contaminate another with disease?—I am not quite sure I appreciate the question.

760. I only want to know how far the Admiralty think it desirable to alter the law with regard to this matter. You have pointed out that the Admiralty have tried to meet the minds of the men dealing with that question, but they have never suggested making it a penal offence, as this Bill does, to infect another person with

17 October 1918]

Mr. W. J. EVANS, C.B.E., and Surg.-Capt. McNABB, C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

with disease?—I think they have only been prevented from doing that by the very clear idea that it was no use suggesting legislation of that sort.

761. I suppose there is no punishment in the Admiralty Regulations that you can inflict upon a man because he has infected a woman with this disease?—No.

762. But there is if he has the disease himself and conceals it?—Yes.

763. He is bound to tell you that?—He is bound to tell you that—either that disease or any other, as far as that goes.

764. If he comes back from shore with the disease upon him and says he has got it, there is no punishment then for him?—No.

765. We were told by the last witness that the Americans have made it a punishable offence on the part of any American soldier to have the disease at all. Would that be, do you think, a possibility in the Navy?—I do not think the Admiralty would be prepared to go so far as that unless you make it an offence for everybody. I do not think you would say that you ought to treat a sailor worse than you treat a civilian.

Earl of Desart

766. It is punishable if the sailor does not notify that he suffers from this disease?—Yes.

767. By whom is the punishment inflicted? Is it by the captain?—By the commanding officer.

768. I assume he satisfies himself that the man knew he had got it?—The offence really does not occur, I suppose, until the disease is in such a state that it can be observed.

769. I want to ask Surgeon-Captain McNabb a question. When leave is granted in a port, as a rule, what time do liberty men have to come on board?—(Surgeon-Captain McNabb) In the morning, at seven o'clock.

770. You give them the whole night's leave?—Yes.

771. Therefore, on those occasions, and only on those occasions, they are in the same position as soldiers with regard to being about the streets at night?—Yes.

772. I was not clear whether they came off in the evening or in the morning?—They sometimes can come off in the evening, but, as a general rule, in the morning. (Mr. Evans) I think the soldier does not get so much long night leave. He can always come back to the barracks practically at any time during the night. That is not the case with the sailor. The sailor can only come back at certain given times.

773. By the liberty boat?—By the liberty boat and so on.

774. The great proportion of the men, I may put it, were caught young and have been trained under the supervision of responsible people, from 15 or 16 years of age?—Yes, the seaman class.

775. That again brings them constantly under the hands of people likely to guide them more or less in the right way. Is not that so?—(Surgeon-Captain McNabb) They are protected, really.

776. Under present conditions in the Navy all the men are very closely in touch with their superior officers and are on terms of confidence and trust with them. Is not that so?—Yes, that is so.

777. Does not that all combine to give what I may call the Navy man a better chance of knowing where he is and what his risks are and what his position is than a man in the Army can possibly have, even with the best possible intentions?—In a well-organised ship that is undoubtedly so.

Earl Beauchamp.

778. I only wish to make quite sure that there is this punishment in the case of a man who admits his illness and goes to hospital. You are quite clear that there is a stoppage of pay?—Yes, that is so.

779. Can you tell us whether it is a considerable stoppage, and, if he has a wife, does it affect the allowance to his wife?—That I could not say; I do not quite know what the extent of the stoppage is, but it is a material thing. (Mr. Evans.) We could find out, and we might add to the evidence if you would allow us to do that. (Vide Appendix B.)

O.179

Sir William Collins.

780. I think you said the ratio of cases of venereal disease to the total force was five per thousand?—(Surgeon-Captain McNabb.) Total Force serving round about the British Isles.

781. Does that mean the home station?—Yes.

782. Could you give us the figures for the whole Fleet?—No, I cannot. These figures have only been obtained recently, and it is simply as the result of weekly returns given in, and these, to be of any use, could only be got from the ships which are at hand.

783. Are they for this year?—Yes.

784. What does five per thousand include? Is it all forms of venereal disease?—Yes, all forms—gonorrhoea, syphilis, and chancre.

785. Because the figures seem so different from those given to the Royal Commission on venereal diseases. Sir Arthur May put in a table which purported to give venereal diseases 1905 to 1912. comparative table ratio of cases of disease per thousand of the total Forces total venereal diseases in 1905—121 per thousand, in 1912—105 per thousand. If your figures are comparable they show a remarkable improvement since 1912?—The figures are not comparable. Sir Arthur May's figures referred to the total number of men in 1,000 who are infected in the course of one year. Mine referred to the actual number of men out of action on any one particular day owing to venereal disease.

786. Then for the home station only there is a comparative table showing the ratio of cases of venereal disease per thousand of Force in the various stations. In the home station 1912 it was 109.54 per thousand. Would these figures be comparable with those you have given to-day?—I do not know how to compare them, I can only give you the actual results of the figures as we obtained them. We got a weekly return of all the ships on the home station of all the cases which were suffering from venereal disease, and these figures, compared with the total complements of the ships, gave the ratio which I gave you just now.

787. Can you give us the total proportion that would cover?—No; I could get it for you later on. (Vide Appendix A.)

Chairman

788. It is very difficult not to think that these calculations must have been made on different bases?—They may have been.

789. There is one explanation that occurs to me at the moment, which is that with the conditions of the Navy after the war broke out the opportunities of communicating disease were very much fewer than they were before that time, and produced this tremendous result. What, therefore, we want is that you should let us have a return of what the proportion is, because, upon the supposition that I have put forward, it may be true that it is a very low proportion since the war. I think the date of this return is 1912?—Yes.

Sir William Collins.

790. Would Surgeon-Captain McNabb be able to provide us with a table of figures similar to the figures given to the Royal Commission from 1905 to 1912 up to the present date?—No, I am afraid I cannot, because, although I might be able to give you a continuation of the figures up to the beginning of the war, on the outbreak of war all statistical work ceased, and it has only just recently been taken up again. At the present moment the staff are dealing with 1914 and part of 1915. So that until all the data that we have have been gone through—I do not know when that will be—the actual comparative tables will not be available. The figures that I have given were the result of inquiry that I instituted some little time ago when this question began to crop up, and in the absence of any of these statistics I thought we had better have something or other, and this is the outcome.

791. If the statistics you have given us to-day are comparable with those put in by Sir Arthur May, and the suggestion of the Chairman is correct, it would appear that the causes associated with war in the case of the Royal Navy, at any rate, have been largely satisfactory as regards the reduction of disease in the Navy?—I think the suggestion is probably correct, because, apart from venereal disease altogether, the general sick list in the Navy since the outbreak of the war

E

war

17 October 1918.]

Mr W. J. EVANS, C.B.E., and Surg.-Capt. McNABB, C.B.

[Continued.]

Sir William Collins—continued.

war has been about half what it was before the outbreak of war

Earl of Desart

792 In these figures you give do you include marines?—It is all the ship's company

793 But there are some marines ashore and some marines afloat?—Only afloat. It was only from ships' companies serving afloat

Sir William Collins

794. Have you been able to institute any recent comparison between the home station and other stations as regards venereal diseases?—No, because this is a more or less immediate inquiry, and it would take months perhaps to get statistics from China, from Australia, and from other outlying ports, and in order to have something to deal with I got these, which, as I say, are within a couple of months

795 You mentioned Australia. From the figures mentioned in the Royal Commission it would appear that from 1905 to 1912 the figures with regard to Australia were worse than anywhere else?—It was a very bad station.

796. Did I understand you to say that the younger medical men who come under your notice are imperfectly acquainted with the nature of venereal diseases?—Yes.

797. Does that apply to the most recent entrants?—Yes, pretty well

798 Do you think a great deal remains to be done with regard to better teaching in hospitals in regard to venereal diseases?—Yes, a very great deal. They do not realise that it is an important thing socially as well as in every way.

799 Do you mean as regards not warning patients suffering from those diseases as to the dangers that may be incurred?—Not only that, but not understanding the necessity for adequate treatment

Chairman.

800 Do you mean that the patients do not understand it?—No, the young medical officers

Sir William Collins.

801 Do you think there has been any improvement since the issue of the Report of the Royal Commission in 1916 which called attention to that question?—I do not think there is sufficient time to see that. And, of course, another thing has been that the teaching at the schools has been to a certain extent disorganised by the war, and whatever they may have in their minds in that way I do not suppose they have had the opportunity of putting it into effect. But I do feel that after medical officers have been through the Navy and the Army and seen what the effects of the treatment are, as they are carried out there, they will go back to their civil life much better educated than they were before.

802. Are the methods which are carried out as regards diagnosis and treatment on board ship what may be called the more modern methods?—Yes

803. There is facility for applying the modern methods of diagnosis and the arsenical treatment?—Yes; they are not actually carried out on board ship. The diagnosis is carried out satisfactorily, and then the arsenical treatment, and so on, is either carried out on board a hospital ship or at a hospital. We do not consider it advisable to carry out that part of the treatment on board ships.

804. We were told this morning by the representative of the War Office that the Army Council was opposed to Regulation 40 (d). Were you never aware of that when they were consulted on the subject?—(Mr. Evans.) I think so. I think the opposition to it was that it was a rather one-sided Regulation, and that you could not apply it to a soldier without applying it to civilians. I think that was their trouble about the Regulation

805 Had the Navy anything to do with suggesting the form of 40 (d), or were they more or less desirous that something should be done?—I forget for the moment who did suggest 40 (d), but when it came to the notice of the Admiralty they were quite ready to back it up as being the best that could be obtained and in the hope that it would prove efficacious

Earl of Desart.

806 We know that various ports differ in character very much; in some there would be much more danger

Earl of Desart—continued.

to men from being ashore than in others?—(Surgeon-Captain McNabb.) Yes.

807. Is there a difference as to the leave granted in various ports because of that different degree of danger in this respect?—I do not know that there is

808. There is greater danger, is there not, of a man going with a woman at night than there is in the day? Would something of this kind be possible that at some ports you would only give day leave and at others you would give night leave?—I do not think the matter has ever reached that stage, as far as I can carry my memory back (Mr. Evans.) It depends so much upon the individual commanding officer and the local conditions. You cannot tell what really actuates him in regard to the regulations he issues.

809 It is a fact, is it not, that there is a much greater danger in certain known portions of the East from disease than there might be in, say, Portsmouth or Chatham?—(Surgeon-Captain McNabb.) I do not think there is very much to choose between any of the ports in the East.

810. But as compared with home ports?—I would not like to say anything more than that. Some of the home ports are very nearly as bad. Though the type of the disease may be worse in the East, yet the actual incidence of the disease is almost as great in the home ports.

Mr. Neville

811 The suggestion was made by Sir William Collins, as I understand, that the figures that you have given us to-day do not quite tally with, at all events they are very much better than, the figures that were produced before the Royal Commission?—Yes.

812 Have you, of your own knowledge, any information which you could give the Committee upon the fact as to whether that reduced ratio is due to the more rapid cure effected by the new arsenical treatment? I understand that the cure is much more rapid now than it used to be?—Yes, that is so

813. Would the ratio probably be due to the fact that cures are very much more rapid now than they were?—I do not think that the difference in the length of time taken to cure the disease has had sufficient time to make itself felt in that direction.

814. Your figures are for a number of men who are in hospital over a particular time?—The figures include men sick on board and in hospital.

815 What is the average time now that men are in hospital with this disease?—About four months; the man is not in hospital all the time, nor is he on the sick list

816 But would you say he would be out of the hands of the hospital after about two months if it is taken in proper time?—Yes, you might say that.

817 If that is so, and under the old system it was four months, it is quite clear you would then get your ratio very much diminished with regard to the number of cases in hospital at a particular time. I only put that to you in case you wanted to look it up further, you might take that into consideration?—Yes

Sir William Collins.

818. Do your figures show the number of cases of infection per thousand?—The number of men actually suffering from these venereal diseases at the time.

Chairman.

819. That would account for part of it?—Yes.

820. With regard to women who are pictured as being in waiting for the sailor when he arrives, are those women properly described as amateurs or as professional prostitutes?—Do you mean at any port?

721. I do not wish to prejudice any question by the language that I use, but does the danger to the sailor come from the amateur ladies or from the prostitute?—It is difficult for me to say that. If I were on a ship I might be able to ask the men individually where they contracted it and from whom they had it, but in my present position I am not in touch with that, so I am unable to say.

722. We have heard so much of the idea that what has been called here the amateur really prevails much more largely nowadays than does what is called in the Acts the common prostitute. You have nothing to say about

17 October 1918.]

Mr. W. J. EVANS, C B E., and Surg.-Capt. McNABB, C.B.

[Continued.]

Chairman—continued.

about that, have you?—I could not say anything worth any opinion

823. When the sailor comes ashore who is it who solicits? Is it the sailor who solicits or is it the lady who solicits?—My own personal opinion is that it is the lady.

824. And that that is the danger to the man? If there had not been a lady there he might be expected to go and amuse himself in some less questionable a manner?—Yes, quite possibly.

825. Have you looked at Clause 5 of the Bill?—Yes.

826. Have you any remarks to make upon Clause 5 or upon the first sub-clause of it? Is that a clause that you, from the Navy point of view, would wish to see put into force?—(Mr. Evans.) Does that include sexual intercourse between the same sex?

827. I think that what you refer to is not called sexual intercourse?—No.

828. I think you can take it, at any rate for the purpose of my question, that I am speaking of a man and a woman. You have not considered that particular matter, have you?—(Surgeon-Captain McNabb) Only in this way, that all our efforts are directed towards making our men in a condition that they will not communicate any disease, and if a man is in a position to communicate any disease then he more or less comes under the Naval Regulations as to concealing disease

829. This clause, of course, puts severe penalties upon the woman if she solicits him if she is in that condition?—Yes. That is, of course, what we have been asking to have done before under 40 (d) This more or less coincides with it, I think.

830. So you mean to say you do approve of it?—Yes

831. I do not want to commit you to all the details, but roughly?—Yes.

832. Now will you look at the corresponding clause in the other Bill? You see it says "wilfully communicate such disease in any manner to any other person." Referring to communicating it in any other manner than by sexual intercourse, do you think there is anything in that? Do you think that a proposal of that sort is a good one or is a practical one?—The word "wilfully," I suppose, governs the whole sense of the clause?

833-4. Yes, certainly as drawn?—That covers also, I suppose, anyone having sexual intercourse?

835. It does as drawn?—Of course, the disease naturally can be communicated in various other ways, and then that would not be wilfully

836. You say that would not be wilfully?—Presumably not. I mean a man who does not know that he is infected may kiss a child, for instance, perfectly innocently. He may unfortunately communicate the disease to that child.

837. Can you not conceive, in any of the other ways in which the disease may be communicated, that it can be done wilfully?—I can only say that I have never imagined a case where it could be.

838. Or with culpable negligence?—I think if you introduce culpable negligence you are drawing rather too fine a distinction. The individual probably is not sufficiently aware of the responsibility that rests on him to be able to appreciate such a fine point as culpable negligence

839. Such things have never arisen, as far as you know, in the Navy, that there are such monsters that they would deliberately do things of a beastly character that would cause their fellows to run the risk of being contaminated?—(Mr. Evans.) I have never heard of such a case (Surgeon-Captain McNabb.) I do not know quite what you are pointing to.

840. One of the very common things one hears of is using towels?—Yes, that is generally by accident.

841. Of course, it may often happen by accident. Have you ever known of the case of a man who deliberately used a towel and left it where other people might use it?—No, never.

Sir Willoughby Dickinson.

842. You instanced a case of a man kissing a child. Supposing that man had been told by his doctor that

Sir Willoughby Dickinson—continued.

he must never think of kissing anybody and he did that, that would be a case, would it not, where he would be doing it wilfully?—Yes, he would do it wilfully then.

Chairman.

843. Will you look at sub-clause 3 of Clause 5?—Yes. That is the question of medical examination.

844. Have you anything to say to us upon that part?—Personally, no. I can see no objection to it.

845. If you are in favour of Regulation 40 (d) you would probably be in favour of that, I suppose?—Yes.

Earl of Desart.

846. In your judgment does "wilfully" really mean more than "knowingly"? Is it not the same thing?—I think it means the same as "knowingly."

847. Is there any distinction in your mind between "wilfully" and "knowingly" communicating?—No.

Earl of Strafford.

848. I should like to ask whether you have actually in your experience come across any case that you know of where the disease has been communicated otherwise than by sexual intercourse?—Oh, yes.

Mr. Neville.

849. And your lectures, I suppose, would point that out; for instance, the case of a kiss?—Yes; they point out the communicability of the disease by sexual intercourse and other means

Chairman.

850. Have you any remark that occurs to you to make to us on the subject that we are dealing with today?—(Mr. Evans) I do not think there is anything except that "wilfully" may, in the minds of some people, indicate a deliberate attempt to communicate the disease, and not merely where the disease is communicated through the lack of proper precautions, with full knowledge perhaps of the circumstances. I think I may draw a distinction between the two things, and that the word "wilfully" rather implies to the man in the street that it is a deliberate attempt to infect a person for some bad motive.

Mr. Neville

851. From the point of view of a health measure it would not matter if the word "wilfully" were taken out if you had "knowingly"?—No, I think not. In the case, of course, where it is done by men in pure ignorance it is rather a difficult matter

852. We know what the definition of "wilfully" in law covers. Therefore, if it was taken out it would be wider and safer?—Yes

853. And as it is covered by *mens rea* and knowledge, as it must be under the section, it really is not wanted?—That may be so.

Earl of Desart

854. It does not matter what the man in the street thinks of it; it is a matter of what the court and the jury may think of it?—Undoubtedly, but I was thinking that in this case it would be an offence against the law of the land which might be tried by a naval court-martial, and they have not quite the legal training of a civil court. If it occurred on board ship it may be said: "This is a dangerous thing; it is the law of the land that you must not communicate these things to one another. You have been guilty of allowing your towels to lie about."

855. I only put it to you that the offence is necessarily doing it knowingly?—That is true.

856. If you do it knowingly you do it wilfully in law?—Yes, that is so.

Chairman.] We thank you for having come here to give us your evidence

(The witnesses are directed to withdraw.)

Die Martis, 22° Octobris 1918.

MEMBERS PRESENT :

Earl of SANDWICH.
Earl of BEAUCHAMP.
Earl of STRAFFORD.
Viscount SANDHURST.
Lord MUIR-MACKENZIE.

Sir WILLOUGHBY DICKINSON.
Mr. GODFREY LOCKER-LAMPSON.
Mr. JOHN O'CONNOR.
Mr. TYSON WILSON.

LORD MUIR-MACKENZIE IN THE CHAIR.

THE HONOURABLE TREVOR BIGHAM AND MISS MACDOUGALL are called in; and Examined as follows.—

Chairman.

857 Mr Bigham, are you Assistant Commissioner of Police?—I am one of the Assistant Commissioners, my Lord.

858. You represent the Commissioner?—Yes, I am instructed by him to appear.

859 Miss Macdougall, What is your position?—(Miss MacDougall) I am Lady Assistant of Metropolitan Police (Mr. Bigham) Perhaps I may say that Miss MacDougall has acted for many years for the Commissioner in investigating cases affecting children and young girls, that is to say, taking their statements and enquiring into cases in the first instance with a view to their being put before the Court, and, if the case does go before the Court, accompanying the children there while giving their evidence, and afterwards following up cases and doing what can be done for them. She has had a very large experience of that class of work

860. You, as representing the Commissioner, I suppose, speak more as to order and decency in the streets and so forth, rather than as to questions of disease?—Well, yes; that is no doubt the question in which we are primarily interested, but the question of disease has come before the Commissioner a great deal in respect of the new Defence of the Realm regulation, and it is a question upon which he has pronounced views. The question is always coming up in connection with charges against prostitutes and that kind of thing. We cannot put it on one side in the kind of work that we are doing.

861. No, I did not suppose so. We have had a good deal of evidence here, and there are public statements to the effect that the condition of things in London, at any rate, is very bad. We have had it stated to us that the representatives of the Colonies at the Imperial Conference spoke in very strong language on that subject. Have you had representations?—We have had many representations made on the subject of venereal disease, and also as to what is called the state of the streets and so on. That has been constantly before us for a couple of years at any rate.

862. Is it your view that some steps are required to be taken, and that legislation must be resorted to?—In what respect—with regard to the prevention of the spread of disease?

863. These Bills deal with both subjects. I should like to ask you your opinion on both subjects?—The Commissioner instructs me to say that as regards venereal disease his view is that it ought to be made notifiable.

864. One observation I have to make upon that is, that it is our desire to confine ourselves as closely as we can to the proposals that are made in these Bills. We have ruled that way already, and although we do not exclude your statement of the views of the Commissioner, I do not think we want to go into that subject?—Quite so; I understand that, my Lord, but I thought you asked whether he thought any steps were necessary with a view to combatting this evil; and that is his view. If you wish me to express his views with regard to the proposals in these two Bills I will do so.

865. I will take you through those if you will allow me in detail, taking each clause as it comes in the Bills. I only want to ask you a few very general questions. The substance of my questions really is whether the Commissioner thinks that legislation is necessary?—The answer would be, yes.

Chairman—continued.

866. So I understand. Do you attribute the state of things, as it now is, to the great influx of people from all parts of the world, chiefly, or to a large extent, soldiers congregated in London, and is it your view that the concentration in London of so many people just now perhaps tends to the aggravation of the state of things that has been deplored?—Yes, I would like to distinguish with regard to the state of things. I do not know whether you refer to the conditions of the streets or to the prevalence of venereal disease.

867. I was rather referring to the number of people in the streets?—It is obvious that the condition of the streets in the centre of a place like London at present must be very different from what they are in peace time. You have vast numbers of soldiers on leave, and you have a very large number of young women living a much more independent life than they were in peace time. I would like to say that I think that the representations that have been made in some quarters with regard to the conditions of the streets are very much exaggerated. I mean to say that we are constantly having streets which are complained of visited and watched, and it is very surprising to me to read the kinds of things that are said in the newspapers about them. I think that those who raise these criticisms are apt to forget that the public is entitled to use the streets as a promenade, and that it is not the duty, or should not be the duty, of the police-force to interfere with that use of the streets, unless it is of a disorderly character. The mere presence of people in the streets whose character may not always be all that it should be is not a thing with which the police force ought to interfere.

868. But at any rate it is the fact that the streets are much more crowded now?—Undoubtedly.

869. Do you say that the increase manifests itself chiefly in soldiers and other men, or do you say that girls in the streets are much more numerous?—I certainly say that there are a far larger number of young girls and young women in the streets in the evening than there were in times before the war.

870. I think that one might ask you whether your view is, as it is, I think, of many people, that the general manifestations of mutual regard are less reserved than they used to be before the war?—Undoubtedly. There is no doubt about it at all, my lord.

871. Could you say which sex is the more aggressive in the streets?—That is a very embarrassing question to ask, and to answer.

872. But that bears, of course, on the very, very difficult question of solicitation?—It does. I think that the comments one sees in the Press exaggerate the women's side, if I may say so. I mean to say that they put too much the view that the men are a prey to the women, and are molested by them. I think the matter is, putting it very generally, much more a mutual one than it is generally represented to be.

873. I will not pursue that, having got your view on the subject. The next thing I would like to ask you is whether you think that the present law dealing with these subjects can be described as one-sided? It is often said that it is more directed at the women than at the men. Do you think that that is the present state of the law?—No, I do not think so. I may say, before I answer that question fully, that I do not think the

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Chairman—continued.

the present law is by any means satisfactory in all respects, but I think that there is, under the present law, sufficient provision for dealing with men who interfere with women as much any way as there is for dealing with women who interfere with men.

874. And with regard to these Bills, do you think that the charge can be made against them that they are in terms, or in tone, one-sided?—Well, the Bills deal with a very large number of different questions, and it is a little difficult to give a general answer. It would be more easy to give an answer to the question upon each section as it arises, because some sections clearly are directed more against men than against women, or almost exclusively against men, whilst the operation of others must fall much more heavily on women than on men. To take an example: The first two sections of the Criminal Law Amendment Bill here are directed in substance against men, whereas Clause 3 in a sense is directed against women, although it is designed for their protection.

875. The word "person" is used, I think, in these Bills in many clauses?—In some clauses it is, and there are other clauses where I think it might well be substituted for the words that are used.

876. I have no more general questions to ask you. Before we go into the clauses I think members of the Committee may wish to ask you some general questions, not going outside, of course, the general purview of the Bill?—Certainly, my lord

Mr Tyson Wilson.

877. Were you present when the Criminal Law Amendment Bill was discussed by a Committee of the House of Commons?—No, I was not.

878. Are you aware that both of these Bills refer to the same matter that was then dealt with?—Yes.

879. Is there any great increase in the number of women who are prostitutes in the streets of London?—That is a very difficult question to answer, because it is difficult to say nowadays who is a prostitute and who is not a prostitute.

880. You have already said that there are a good many more young girls and women going about the streets now?—Yes, certainly there are.

881. I take it that the Home Office will have complaints regarding the number of those girls that are seemingly out of control altogether?—Yes

882. The difficulty of the Home Office is in connection with deciding which are really prostitutes and which are not, is it not?—I do not know that that is a difficulty so much. The question really is how they behave. It is upon their behaviour that they can be dealt with, not upon their character as being prostitutes or not being prostitutes.

883. Have any inquiries been made regarding these girls in the streets as to whether they are following any regular occupation or not?—Constant inquiries are being made, not only by ourselves but by all kinds of societies who are there for the purpose

884. Are there a great number who are not in employment of any kind at all?—Yes, there certainly are a certain number.

885. Has the Home Office ever consulted its medical advisers regarding the cause?—You are asking me questions about the Home Office, which I do not represent. Those questions would be better put to the Home Office

886. You represent the Police Commissioner?—Yes

Earl Beauchamp.

887. Could you give us figures about the number of prosecutions which have been brought by the Commissioner of Police on charges of soliciting?—I could give you any figures you wish. If you would give me a note of the kind of period that you want me to take I could get them in a very short time, my lord.

888. Would you give us something to compare the number of cases you take now as compared with what you took before the war? That would give us a good idea?—Say over a period of six months, or something of the kind?

889. You have great experience; I will leave it to you?—It may take a day or two to get them out.

890. And, at the same time, the number of prosecu-

Earl Beauchamp—continued.

tions you undertook against men for soliciting. I saw there was a case last week at the Old Bailey?—Such cases are extremely infrequent.

Viscount Sandhurst.

891. If you can give figures such as Lord Beauchamp suggests it might be helpful, if we could have them for a period of six months before the war began as well as during the current period?—I understood Lord Beauchamp asked for that. Cases of men being prosecuted for interfering with women are extremely infrequent.

Earl Beauchamp.

892. I happened to see one last week, as I have said?—There was one.

Sir Willoughby Dickinson.

893. What are the words under which a man is prosecuted?—He can be prosecuted under two sections really. If the matter is a comparatively trivial one, just a single instance, he would probably be charged under a section of the Metropolitan Police Act for using insulting words and behaviour, but he could be charged under the Vagrancy Act of 1898 for soliciting. That is a charge which practically never occurs

894. Would you give us the words, please?—Do you mean of the Metropolitan Police Act?

895. No; the words under which you say a charge practically never occurs?—The Vagrancy Act of 1898, section 1. "Every male person who (a) knowingly lives wholly or in part on the earnings of prostitution, or (b) in any public place persistently solicits or importunes for immoral purposes." That would cover such a case, but I do not know of a case of a man being charged under that section.

896. That would cover the case of a man who is pretty often in the street trying to induce women to go away with him?—Yes, I think so. I am not aware of any such charge ever having been made, but I think the words cover it. As a matter of fact, the section has been used for an entirely different class of person.

897. Yes. The police would not prosecute, I suppose, under that section—the policeman himself, I mean. He would prosecute a woman who he knew was walking the streets fairly constantly for the purpose of solicitation, but not a man who might be doing the same thing?—I do not know what you mean by saying that the police would not do it.

898. The policeman himself?—If a man was persistently interfering with women in the streets, and going on doing it, the policeman himself would have power to arrest him under the Police Act, and the probability is that the man would be charged under the Police Act for using insulting words and behaviour. I think that if you had sufficient evidence that a man was constantly in a place and constantly behaving in that way and molesting women you could charge him under that section of the Vagrancy Act, and that would probably be done under the Commissioner's direction.

899. It would be an exceptional case to make use of that section?—It would be an exceptional case. I do not remember it ever being used. I merely say that it appears to me that the section does cover such facts.

900. You said just now that you thought the present law not satisfactory, and that it would be possible to so alter the law that it would be equal with regard to the two sexes. What is in your mind; how would you do it?—What was in my mind, as a matter of fact, at the moment was making use of some section, such as section 2 of the proposed Sexual Offences Bill, and substituting for the words "common prostitute or night walker" the word "person."

901. You think that the law could be made so that it would apply equally to men and women, in theory at any rate?—Yes, I think so.

902. But it would not in practice, I suppose?—Well, the fact is this—that for one man who goes out into the streets for the purpose of molesting women or speaking to women for the purpose of sexual intercourse or whatever you like to say, there must be hundreds of women, and you would never get the thing to work equally as regards numbers.

903. Because

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Sir Willoughby Dickinson—continued.

903 Because the women are doing it for money, you mean?—Yes. There is no reason whatever, to my mind, why it should not be equally an offence for a man to speak to a woman for that purpose as it is for a woman to speak to a man for that purpose. I see nothing in theory against it.

904. In practice, in your experience would it be possible, if it was desired to stamp out solicitation by both sexes in the streets, for the police to take effective action against men?—It would be very much more difficult, because the women who do it habitually become known by sight, whereas you can scarcely conceive the case of a man who spends every evening in going out for the purpose of speaking to women. It does not happen, and, therefore, you would not get the charges. It is quite an exceptional case to get a man loitering about and speaking to this and that woman in the public street and generally being a nuisance.

905. Does difficulty arise from the fact that you would have to prove that it was more or less constantly the occupation of the person who is charged?—Yes.

906. You do not think it could be made an offence, whether it was constant or otherwise?—I think it could be made an offence, but I do not think you would practically ever get any prosecutions under it.

907. If you could not get prosecutions by the police, you could get prosecutions by means of detectives. Supposing it was thought necessary to try to stamp out the practice of solicitation by either sex in public places, would it be possible to do it by that means?—I feel very doubtful about it, because, in practice, the administration of these laws must rest so much on what is known of the character of the woman from constantly seeing her about.

908 That has been hitherto due to the fact that you could only prosecute a prostitute?—I think that if you took out the word prostitute it would still remain the same, because, as a general rule, you will not get a policeman, and rightly, to take the risk of arresting a person for an offence of that kind unless he is pretty sure, from having seen her constantly there, that she is there for that purpose and for no other purpose.

909. That is if you leave it in the hands of the policeman ordinarily patrolling the streets?—I am not speaking of that. Practically all these arrests are made by men specially there for the purpose, and that is the way in which I think it would always have to be done.

910. By policemen in uniform, of course?—No; sometimes in plain clothes.

911. Is Miss MacDougall giving evidence?—Yes.

911A I would like to ask you, Miss MacDougall, what suggestion you think—(you have had great experience in this particular question)—you can make for reducing the amount of solicitation in the streets. Might I ask you just what your experience has been generally?—(Miss MacDougall) If some punishment were given to the young girls, that would be one thing.

912. Your experience agrees with what we have just heard, that there is a large amount of pseudo-prostitution going on amongst girls who are not prostitutes?—There are a great many young girls in the streets. Whether they actually become prostitutes or not I think it would be very difficult for anyone to say.

913. Are they girls who solicit?—They talk with soldiers.

914 But are they soliciting for the purpose of getting money?—A great many young girls do not take money at all if they go wrong. They are simply out for a lark, and if we could prevent those girls being there in the streets it would be a great help, I believe.

915. There are also girls, I suppose, who, whilst not regular prostitutes and making a trade of it, do go in the streets at the present moment for the purpose of making money—or do they not? What is your experience?—I think there are more younger girls on the streets for the purpose of making money now than there were, say, before the war.

916 When you say younger girls, what age do you mean approximately?—Between the ages of sixteen and eighteen.

917. Are there a large number between sixteen and

Sir Willoughby Dickinson—continued.

eighteen?—It is very difficult to say. I do not think there are many charges against girls under eighteen.

Viscount Sandhurst.

918. There have been two or three questions about soliciting by both sexes?—(Mr. Bigham.) Yes.

919. Supposing it was possible to lay down by legislation that no men or women should address each other for that purpose, that would not stop prostitution?—No.

920 A look is quite as useful for the purpose of invitation sometimes as the actual word of mouth?—Certainly.

921. I do not know whether you will be quite able to answer this question. Do you know that some time ago the lounges in the big places of amusement were closed, at any rate in some cases, under the order of the London County Council, I believe?—Yes.

922. Had that the support of the Commissioner of Police, do you know, or was it done on his initiative?—I rather think not; but I should like to look up that point. I think the step was taken independently of the Commissioner of Police altogether, but I would rather like to look up that point before I answer the question.

923 Perhaps it was made on behalf of a purity society?—Yes, pressure was put on the County Council on the subject, and I forget whether it was after communication with the Commissioner of Police.

924. We were told here—and I think that Miss MacDougall endorsed it just now—that the element of non-professional prostitutes is rather on the increase—that is to say, the amateur—and that the professional prostitute is being crowded out by various means—harrying, and so on—and her place is being taken by the amateur?—Yes.

925 Would the closing of the lounges rather tend in that direction?—Yes, I think it would. But you close one place, and you nearly always find that some other place is resorted to. There are places besides lounges in the music-halls. There will always be a tendency in the middle of big towns towards that.

926. And does not this also ensue—that closing the lounges (I have no information myself at all on this) tends to drive the professional away, and that soldiers and young men, whoever they may be, who are in search of that sort of thing go out in the dark streets and pick up a young girl or woman, and so stand more chance of disease than if they had stayed in the lounge?—I believe I am right in saying that probably the young girls are more dangerous disease-carriers than the older professional prostitute. So I am informed. I think that I may go to that extent.

927 Quite so, and therefore the turning of these professional prostitutes out of lounges or places of public resort may rather tend to increase disease than otherwise?—Yes, it may; but it is a very difficult question to be positive on.

928. I think you said that before the war there was considerable improvement in the state of the London streets over a period of ten years?—Certainly, and a longer period—a very marked improvement. Those who knew the streets before could testify to that.

929. Taking the war as an abnormal period, do you see any reason why they should not continue to improve?—No, none at all. I think that on a return to normal conditions there is no reason at all why we should not get back to at least as good a state of things as before the war.

930. There is no comparison between the state of the streets now and what it was forty years ago?—I think none at all.

Earl of Sandwich

931 Do you think that after the war there will be the probability that these young girls who are so-called amateur prostitutes, having got into the way of it, will still continue to remain on the streets even when the glamour of the uniform disappears?—It is so difficult to say what is likely to happen after the war. It must depend to some extent, I suppose, on the conditions of employment and so on, which I think it is impossible to prophesy upon. It is manifest, I think, that if a young girl has found that she can lead a good life and make a certain amount of money she will tend

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Earl of Sandwich—continued.

to remain where she is unless something better offers. I think that the present condition of things is a danger to young girls.

932. My point is that I feel that we may not go back to the conditions existing before the war, and prostitution may not decrease as it did before the war. You may have the younger girls taking the places of the older ones, from the fact that they have had so much more opportunity?—Yes, I think so. But against that opportunity there is the probability that you will have got rid of an enormous number of soldiers and people about the streets at present for the purpose of amusement and in idleness—soldiers on leave, for instance. That must make a difference.

933. You do not think that the habit will be formed and may continue with normal conditions?—In some cases, yes.

Mr. John O'Connor.

934. In continuation of my Lord's questions, you have said that there was an improvement before the war in the condition of the streets?—Yes.

935. And in reply to Lord Sandhurst you said that that was noticeable for about 10 years before the war?—I believe for a longer period. It goes back before my time.

936. To what do you attribute that improvement?—I think mainly to a stricter enforcement of the law against solicitation.

937. Have you thought that out. Can you attribute it to any other cause or causes—say, for example, the operation of certain societies that try to improve the morals of the people, and especially with regard to keeping the streets clean of vice. Do you still attribute it to the operation of the law rather than to other improving causes?—Well, there must be other improving causes, but they are so intangible and difficult to gauge the effect of education generally must improve such matters.

938. And it may be that the conditions of the streets 10 years before the war can be attributed to other causes as well as to the operation of the law?—Yes, I would not suggest otherwise.

939. Are those causes still in existence?—Do you mean are there still the same agencies at work?

940. Do the other causes to which you attribute the improvement still exist?—Yes, I presume they do.

941. And they would be likely to persist after the war?—Yes.

942. From that would we be correct in concluding that the condition of the streets after the war will show a continued improvement?—Well, that is my hope. I cannot say whether it will. Other causes making it worse may arise which we know nothing of at present. We may have other difficulties to deal with.

943. Other difficulties, you say?—I feel it very difficult to prophesy in general terms like that as to what the condition of the streets will be after the war.

944. I fancy that you ought to try to help us in that very way, because we are called upon to alter the law and strengthen the law, and we ought to be assisted by those who are observing causes and effects. I think you have already said, in the early part of your general examination, that it is the opinion of your office that a change of the law is necessary. Did not you say that?—A change in the law with regard to which question?

945. I think you were inclined to say, or to intimate, that there is necessity for an alteration in the law and a strengthening of the law as it stands now?—As regards solicitation?

946. Yes?—I think the law as regards solicitation can be improved in its wording, and I think that a provision is necessary, or very desirable I will say, of the kind which is here provided under Clause 3—that is to say, attempting to prevent young girls from taking to a life of prostitution.

947. In that connection you have also said that there were infrequent prosecutions of men. Is it that the police are more on the look-out for women offenders than for men offenders?—I do not think so. I think it is because men offenders in that respect are so extremely uncommon compared with women offenders.

948. There is no inequality in the law dealing with offences in that respect as regards men and women? The law is alike with regard to solicitation?—No, it

Mr O'Connor—continued.

is not alike. You cannot say that it is alike, because there are at present certain sections which deal with female prostitutes as such and with nobody else, and therefore it cannot be said that the law is absolutely the same as regards men and women.

949. Very well, you have already said "no" to the question. Do you say that there are a larger number of women in the streets now than there were before the war?—I think that the streets are generally far fuller in the middle of London, especially in the evening.

950. Are there more people practising prostitution now than before the war?—It is very difficult to say whether there are more people who are actual professional prostitutes. I would not like to say.

951. What I want to ascertain by this question is what effect has the very large amount of employment of the working-class girl had upon the condition of the streets as regards prostitution? Has employment decreased prostitution?—I am afraid that that is a question which I really do not feel competent to answer.

952. Would you apply your mind to that point?—I will try to make inquiries with regard to whether employment has increased or decreased professional prostitution.

Mr John O'Connor.] I will put it generally. What effect has the employment of young girls had upon prostitution? It is very often stated, and I have often heard it stated in discussions in our House, that these young girls take to the streets because they are not sufficiently well employed, that they are attracted by money and dress, especially dress; and now that they have employment and ample means to purchase dress—and we know that they are purchasing very expensive dresses, furs, and so forth—ought not that naturally to have the effect of decreasing prostitution and decreasing the number of women who parade the streets for the purpose of prostitution?

Chairman.] You mean what is called the professional prostitute?

Mr. John O'Connor.] I mean the young girls who drift into prostitution.

Sir Willoughby Dickinson

953. Can we have Miss Macdougall's view upon that?—(Miss Macdougall.) I think that a number of girls, say from sixteen to eighteen, are certainly earning a good deal of money now, and therefore they have a good deal of independence. There are many girls between those ages living alone in lodgings, having left their own homes, and they are out in the street in the evening, and in that way they fall into prostitution. They are getting more money, and that takes them away from their own homes and from natural protection, and puts them into danger in that way.

Mr. John O'Connor.

954. You have said that there are more young girls in the streets now than there were before?—Yes.

955. You also spoke about preventing those girls from going into the streets. Would you interfere with their personal liberty in that respect? Do you mean to say that?—I am afraid that I am thinking of the girl herself. She does not realise what she has started.

956. I know very well what is in your mind, I think I live in a locality where it comes under my observation every day almost, and every evening. There are hundreds of wounded soldiers about Hampstead, and there are hundreds of young girls who have a perfect right to be there. What would you do? Would you prevent those girls from promenading Hampstead Heath—along Spaniards-road, for example?—I do not see how you can. They have a perfect right.

957. Then what did you mean by saying what you did? They are probably at work every day, but they are constantly associating with soldiers on all parts of the Heath. How do you think it would be possible to prevent it? Do you think there is any danger to the morals of these young girls under these circumstances? Hampstead Heath is wide, you know?—There must be danger.

958. I take it that you have come here to help us. If you want a change in the law you must tell us the reason why, if you can, and I should like to have very definite

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Mr. O'Connor—continued.

definite answers to these questions. Unless you have got your own minds made up as to what you want you cannot expect us to legislate without knowledge?—If quite a young girl was known—

959. They are young girls, and they are mostly pretty, and they are well dressed?—If she was known to frequent Hampstead, say you saw a young girl walking about there every evening who looked under eighteen, why can you not bring that girl before the Court and say: "This girl is here for no good"?

960. Would not that be a very serious matter? Would it not be a stigma upon her? What right have you to put a young girl who may be perfectly and absolutely innocent in that position? Would it not be a great danger to empower policemen to do that sort of thing?—A policeman would not interfere with a girl unless she was behaving in a disorderly way

961. He would not?—No

Mr. Tyson Wilson] I think that you are a little bit wide of the mark, Mr. O'Connor. Miss MacDougall has not come here to ask the Committee to alter the law at all. She has simply come here to help

Mr. O'Connor] That is what I said.

Mr. Tyson Wilson] No

Mr. O'Connor] If you will excuse me, I said that the lady had come here to help us

Mr. Tyson Wilson] You said to ask us to alter the law

Mr. O'Connor] To help us to arrive at that state of mind which may suggest an alteration of the law

Mr. Tyson Wilson] You say that now; but you also said that she is asking for an alteration of the law, which is quite a different thing.

Mr. O'Connor] I do not recollect exactly what I said, but I do not think I am wrong.

Chairman] It did not occur to me to interrupt Mr. O'Connor, and still I do not consider that I have a right to interrupt people on very minute differences of opinion as to what questions may be put. I would rather suggest that we should not go very minutely at this stage. We can get a little closer when we get to Section 2.

Mr. O'Connor] In that case I will ask no more questions.

Mr. Locker-Lampson

962. Is it not the case that the area which is really affected is very small—that is to say, badly affected? If you take London, it is only in the case of a very few streets where the evil is really very pronounced, is it not? Just in the neighbourhood of the stations, where the soldiers go backwards and forwards—streets like Victoria-street, Waterloo-road, and Vauxhall Bridge-road. Could you not make out quite a small list of streets where the evil is very, very bad, and concentrate on those streets more particularly? (Mr. Bigham.) Yes, that is true to a great extent. There are large quarters of London where you see practically nothing in the streets, but it is rather wider than you think. You have a great many open spaces in London where a good deal of difficulty occurs in the way of public order, and they are spread over a very wide area.

963. One other question in this connexion. Is the Y.M.C.A. the only institution that makes arrangements for opening halls and giving entertainments to soldiers on leave? It seems to me always that outside Victoria Station, for instance, you find only one Y.M.C.A. hut, the entrance to which is not very easy to find. If there were a little more accommodation for soldiers at, say, Victoria Station you would absorb hundreds more than are absorbed. I live at the Grosvenor Hotel, and I see soldiers constantly going backwards and forwards. Directly they get out of the train they pour out into Victoria Street. Do you not think that if there were some other accommodation for them near the station—something attractive—you would be able to absorb more?—I think that, obviously, the more there is of that kind of thing the better; but I was certainly under the impression that there was a great deal near Victoria Station.

964. Only one Y.M.C.A. hut?—There is one near Grosvenor Gardens

965. There is no other place where they can go in

Mr. Locker-Lampson—continued.

and sit down and listen to music and have a cup of coffee or tea. There is only that one hut?—I think there are at least two. There is one over the Underground Station. But, still, that is a matter on which I have come unprepared, certainly. The more of that kind of thing the better.

966. I see thousands of them every day, and it seems to me always that there is very little accommodation. However, perhaps that is not a question for you?—No.

Viscount Sandhurst.

967. One question, Miss MacDougall. You mentioned young girls between the ages of 16 and 18. We have heard a good deal about their going out for the purposes of pleasure, as we will call it. Does not their freedom amount a good deal to a want of parental control?—(Miss MacDougall.) Yes; I should say so.

968. There are a large number of young women now who are earning considerable wages about that age in various munition works, and so on; so much so that one sees in the newspapers that it is very difficult to get servants of a certain class—I do not mean expert servants, but scullery maids, and so forth. Now those young ladies are all on their own after the regular hours are over, and there is not the supervision of the mistress of the house, and so on; and, owing to the wages they get, they are able to go out and enjoy themselves in various ways?—Yes.

969. Now, does not a good deal of this hankering after indulgence, pleasure, and so on, come originally from the way in which these girls, as children, are brought up or controlled?—I think there is a good deal less parental control.

970. There is something in what I put to you?—Yes

971. You know that there is an institution called the Boy Scouts?—Yes

972. I understand that it has proved of immense value in forming the character of youth?—Yes

973. I believe that that is generally acknowledged in some places in the country; I do not know how far it is so in London. To use a term that we hear, they catch them early, and teach them this and that; they teach them drill, obedience, discipline *esprit de corps*, and so on. It is more difficult, perhaps, in the case of girls than in the case of boys; but, supposing the system could be developed, do you think that that would have a good effect on the moral training and up-bringing of these children?—Certainly. There is already the Girl Guide movement, which is the outcome of the Boy Scouts, and which is under Sir Robert Baden-Powell, too.

974. Is it making any way at all?—I think that it is making a good deal of way just now. The heads are trying to push it in every direction, on account of the war problems with the girls.

975. It stands to reason that in a great populous city like this, or Manchester, or Liverpool, or any other great centre, the problem is ten thousand times more difficult than in a smaller place?—Yes. You do not have open solicitation for prostitution in a small place, do you—in a village?

Viscount Sandhurst] No

Chairman.

976. Mr. Bigham, we would like now to go through the clauses of the Bill. Of course, in asking you any questions, I shall be guided to a great extent by the memorandum which you were kind enough to send in, so as to give you an opportunity of putting before the Committee what you have put down on paper. With regard to the first two clauses of the Criminal Law Amendment Bill, and Clauses 7 and 8 of the Sexual Offences Bill, I think that you are in favour of the clauses as contained in the Criminal Law Amendment Bill?—(Mr. Bigham.) I am.

977. Rather than of the other clauses?—Yes.

978. The main difference, I think, between them is in the raising of the age?—That is certainly the principal difference.

979. Is the Committee to understand that you prefer the limit of age as it now stands to the raising of age as proposed in the Sexual Offences Bill?—That is so my Lord. The Commissioner's view is that there is not sufficient ground to make a change.

980. That

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL

[Continued.]

Chairman—continued.

980. That is all that you wish to say on the subject?—Yes; I think that is all I wish to say on the subject, my Lord.

981. There has been a suggestion made—I am not sure whether it is on our notes in previous evidence, but it is certainly coming before us—that it might be possible in some way to make the consent—that is to say, not the first party to the communication, but the second party to the communication—liable as an accessory. Do you think that any provision of that sort is practicable or possible?—You mean—if I understand you, my Lord—that if a man was charged with carnal knowledge of a girl under 16, she might be made an accessory to the offence?

982. Yes. I gather that that is what is suggested. It is not my suggestion?—I do not think that that would do at all, my Lord.

983. You do not?—I am afraid that it would simply discourage the victim from coming forward.

984. Then, to go on to another thing, does the fact that you approve of Clauses 1 and 2 of the Criminal Law Amendment Bill, as they stand, mean that you approve of abolishing the defence of reasonable cause, as is proposed?—It does, my Lord. Our experience, generally, is that the defence is what I may call a dishonest defence, and that there is no ground for fearing that an innocent person will suffer from doing away with it. It is a defence which is constantly set up, and which appeals very easily, to juries especially, and sometimes is strongest in the case where the victim suffers most. I mean that it very often happens that by the time the victim gives evidence at the court of trial she is substantially advanced in pregnancy, a condition which almost invariably makes her look a good deal older than she is, and it is therefore very easy to make an appeal to the jury by pointing to the girl and saying: "You can judge for yourselves of her age."

985. Might I put it in this way? Is it your view that it is the young girl of a certain age who is to be protected—not the one who appears to be of a certain age, but the one who is of a certain age?—Yes. The Commissioner's view is that there should be—if I may use the expression—a clean cut at 16, and that any interference with girls under that age should be a criminal offence, and that the risk of it should rest with the man.

986. Would it make a difference to your view on that point if the age were raised? Supposing that the age were 17—or even 18—would you still think that it is better that the provision should be a clean cut, as you call it, rather than that there should be a vague provision?—I should be much more inclined to include this proviso if the age be raised, though I personally do not like it. I certainly think that there ought to be some kind of protection—either that or of another kind which, I think, has been suggested; a proviso such as exists in Section 2 of the Act of 1885, excepting girls who are prostitutes, or of known immoral habits. That is another way in which protection of the kind which, I think, is aimed at might be put in. But if the age is kept to 16, I am of opinion that reasonable cause to believe might well be done away with.

987. The only other question I would ask is whether you have anything to say about what, I think, appears in both Bills with regard to the extension of time. Would you look at sub-section 6 of Clause 2—the 12 months? Have you anything to say about that?—Yes, my Lord. The Commissioner is in favour of that alteration. Cases have come to notice in our office where a real injustice has been done, in our view, by the limitation of time. If there was an improper delay in instituting proceedings, that would always, under any circumstances, have an effect upon the court who tried the case; but cases have occurred where there has not been an improper delay, and where no punishment has followed, because of an accident, so to speak. Cases undoubtedly do happen of girls—say of 14—who may not realise what has been done to them until a period of six months has passed and it ought not then, I think, to be impossible to prosecute the offender.

Mr. Locker-Lampson.

988. What you call the clean cut at 16. I suppose in effect, would really protect persons up to 17, *præc.* 0 179.

Mr. Locker-Lampson—continued.

tically; because people would not take the risk; so that it would be more or less of a safeguard up to the age of 17, or thereabouts?—I should not like to say that; but, of course, it would tend to make people more careful how they behaved to young girls generally.

Sir Willoughby Dickinson.

989. You say that you think that if the age be raised to 17 there ought to be an extension of the proviso with regard to reasonable cause as an excuse. Now, I want to ask you this: I suppose you would mean that up to 16 there would be no excuse of reasonable cause?—Yes.

990. But between 16 and 17 there might be?—Yes.

991. Is that the solution that you put forth?—That is what I should suggest; but it would make rather a complicated condition of the law.

992. Anyhow, even if the age were raised to 17, you would not contemplate leaving it possible for a man to excuse himself for having indecently assaulted a girl of 15 on the ground that he thought that she was older?—No; I would not.

993. No; I thought not?—No.

994. I do not quite know why you object to the raising of the age from 16 to 17. No doubt you know that there is a great public demand on the part of certain people—especially among women—for raising the age even to 18?—Yes; I know.

995. It is 18, I believe, in some countries abroad, is it not?—It may be so.

996. Why do you object to 17?—It is extremely difficult to give reasons, except in the most general possible terms. I am expressing the views of the Commissioner on the subject, namely, that 16, on the whole, is a fair age at which to draw the line. It is obvious that at whatever age you draw it you will have hard cases on either side of it. Sixteen has been the age for a considerable time. The tendency, if anything, is for education, to allow girls to know more now of what the dangers are than what they did before. The Commissioner does not feel that there is sufficient grounds for altering the age.

Chairman.

997. What do you mean by hard cases? Do you mean that a man may be prosecuted for something which he never intended to do?—You might get a case, if you settle the age at 16, where a man had been, to some extent, led away by the girl. You do get girls sometimes who, even at that age, are depraved, and so on, and that might be brought forward as a ground for some sympathy with the man; but you would have that, whatever the age was, it seems to me, and it would be a question for the Court in considering sentence.

Sir Willoughby Dickinson.

998. It is only up to 17, is it not? That is to say, you are protecting girls who are generally called 16 years of age?—Yes.

999. It is a comparatively young age, is it not, for a girl to know the full effect of her actions?—Yes; it is.

1000. If the idea is to protect the girl who does not know what the effect of her action is, the girl up to 17 requires as much protection, does she not, as the girl up to 16?—Many do, no doubt; but, on the other hand, many do not.

Mr. Tyson Wilson.

1001. Under the present law, Mr. Bigham, is it not a fact that the question of consent even after action has been taken is very often got over during the hearing by the payment of a sum of money to the girl. I mean, supposing that there is an adjournment in connection with the case, when the case comes on for second hearing the girl admits that she has consented, or something of the kind?—Are you speaking of a case of indecent assault?

1002. The consent of the girl to sexual intercourse or indecent assault, whichever you like?—Consent would not arise in connection with sexual intercourse.

1003. Indecent assault?—In indecent assault it would.

1004. An act of indecency?—Both men and women are prosecuted for indecency, and will be under the clause

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL

[Continued.]

Mr. Tyson Wilson—continued.

clause. I am afraid that I do not quite follow the point that you have in your mind, sir

1005. A case is heard for the first time on Tuesday, if you like?—What kind of case?

1006. Indecent assault say—an indecent action against a girl under sixteen. It is adjourned from Tuesday until Thursday. On the Thursday an admission is made that the girl consented. The conclusion one is compelled to draw is that she has received a sum of money from the man?—I do not remember any such case; but, of course, that kind of thing might happen in almost any kind of prosecution. A prosecutor may be, so to speak, squared and afterwards come back into the witness-box and alter his evidence. That is, I am afraid, a liability that all criminal proceedings are open to, but I have no recollection of a case of the exact kind that you mean under that section. Prosecutions for indecent assaults on girls of that age are not very common.

1007. Under sixteen?—They are generally younger than that in the cases where there is a charge.

1008. I am rather inclined to think that an act of indecency will cover more than an indecent assault—indecent behaviour in the public streets, shall I say?—You are suggesting that Clause 7 is better?

1009. I am only asking. The point of my question is this. In cases of prosecution after the first hearing, after the case has been adjourned we often see and hear in court that the girl in some way or other admits that she consented, and the suggestion is that she or her parents have received a sum of money?—Then would not the proposed section 1 do away with the possibility of that?

1010. What I am saying is that under the law as it is at present that happens. This would get rid of it?—Certainly, it would get rid of the possibility—at least of its effect on the course of justice.

1011. The offer of money is my point?—Yes.

Chairman.

1012. We will now please pass to Clause 5 of the Government Bill and Clause 1 of the other Bill. They are very important clauses. I should like to know generally what is the view of the Commissioner as to the desirability of the clauses, taking them as a whole?—Well, my Lord, of course the Commissioner has had a good deal of recent experience of a similar enactment, not an identical enactment, known as 40 (d) of the Defence of the Realm Regulations, and his experience in this district, I say advisedly in this district because it differs somewhat in the country, has been an unfortunate one as regards the utility of that section. For various reasons the numbers of prosecutions that have been found possible at all to start have been very small compared with the numbers of complaints, and the numbers of successful prosecutions have been even smaller—very small indeed. Looking at these sections, and seeing that safeguards to the defendant are put in which are not present in Regulation 40 (d), one cannot but assume that if this passes into law the number of successful prosecutions in proportion to the number of complaints will be even smaller.

1013. Do you mean by that that you would leave out the provisos A and B?—No, my Lord, I did not intend that. I only meant it as expressing generally the Commissioner's view that legislation of this character is unlikely to result in many successful prosecutions.

1014. That it is ineffectual, in fact?—I think it will be ineffectual from that point of view. Of course, it is very difficult to say what its effect may or may not be in the way of prevention, as a deterrent, and so on. That is a thing we can scarcely gauge; but, judging from our experience of the other regulation, we think that you will get very few cases which you are able to prove, and that is to some extent an argument against such legislation—the mere fact that you so seldom get a successful prosecution.

1015. You think that a proposal which excites great irritation and opposition is not worth pursuing if you think you are not likely to get any results from it?—Yes, exactly.

1016. You have not referred, in the note which you gave to me, to Clause C under the first sub-section of Clause 1 of the Sexual Offences Bill with regard to

Chairman—continued.

wilfully communicating such disease in any manner. Have you anything to say about that?—All I have to say is that it seems almost incredible that you would ever get a case of wilful communication of disease to any other person, if by that is intended that intent is proved to communicate the disease. If such an intent was proved I should have thought it could have been dealt with under the existing law. But I confess that I have not been quite clear as to what is intended to be included under the sub-section—what class of case it is directed towards.

1017. I think that it has been suggested here that "wilful" would include gross negligence, and that under this clause would come in the cases of people who are in a state of communicable disease using towels, lavatories, and so forth, therefore deliberately, you might almost say, communicating the disease—almost certainly causing the communication of disease to other persons, and even to a particular person who is known to use the same place for washing or other purposes?—I see nothing wrong in making gross negligence of that kind a criminal offence, my Lord, but there again I feel very strongly that you are not likely to get many cases under it. The difficulties of proof would be very great.

1018. You rather put it under the same category as your general view of the section—that it is likely to have no results?—There is not likely to be a very great result on the question of venereal disease; but in principle I see nothing wrong in making it an offence to communicate it in this or in any other way.

1019. Then, going on, have you any view to express upon sub-section 3 of the Sexual Offences Bill?—Yes, my Lord. There, again, I was a little bit doubtful as to the intention of the sub-section, and whether the word "convicted" in the first line of it is intended, or whether the word "charged" was intended to be put in.

1020. It looks to me as if the reason of it was probably this. As you see, sub-section 3 refers to a great many things?—Yes.

1021. And "charge" might be the proper word to use if the clause simply were "where any person is convicted of an offence under this Act." Perhaps it ought to be, "where any person is charged with an offence under this Act." But when you come to all the other things that are put there, probably "convicted" is the right word if those things are to stand?—I see I rather read it differently. I thought that it was intended as an assistance to the Court in cases, for instance, of assaults upon women and assaults upon children, to enable the Court to satisfy itself for the purpose of proving, as sometimes might be necessary, whether the person charged was, in fact, suffering from venereal disease. Perhaps I misread it, but I thought that that was at any rate one of its objects, and, if so, you want, of course, the word "charged" in.

1022. Yes. I would ask you whether, when you say that you approve of that sub-section, you approve of the whole of it, because it is a different thing to approve of it in respect of an offence under the Bill and to approve of it in respect of an offence under the other Acts that are referred to there. Do you approve of the whole scope of the sub-section?—Yes, I do approve of the whole scope of the sub-section; but I should like in a sense to make it wider. I think that a Court ought to have the power to call for medical examination in these cases and in a number of others. For instance, I do not quite see why they should have power in the case of indecent assault and not in the case of rape.

1023. What do you say to the words "other offences of a like nature," which have been strongly objected to? Would not that bring about what you want?—That is a legal question which I would not like to answer off-hand; but I should think that it would be quite easy to draw up a complete list of offences where it was likely that the question of venereal disease might be material for proof. Cases, for instance, occur where a man would be charged with an indecent assault or carnal knowledge with some child who is found to be suffering from venereal disease. Then it becomes a matter of great materiality whether the man himself is suffering from it, and I think that the Court ought in such a case to have power to order examination.

1024. Therefore,

22 October 1918.]

THE HON. T. BIGHAM and MISS MACDOUGALL.

[Continued]

Chairman—continued.

1024. Therefore, you do approve of the clause as it stands?—I approve of the principle of the clause.

1025. Of the whole of it? In this case and in others, Miss MacDougall, if it occurs to you that you could give some useful addition to any answer that is given by the Assistant Commissioner, perhaps you would do so?—(Miss MacDougall.) I entirely agree with Mr Bigham that there should be the possibility of ordering the examination of the man. We have had quite a number of cases of young children found to be suffering, and if the man could be examined it would help tremendously in the corroboration, of course.

1026. Your saying that makes it occur to me that this clause is one which seems to be directed at least as much against the man as against the woman?—Yes; more so, is it not. (Mr. Bigham.) I so read it, my Lord; but perhaps I did not quite understand what its object was. I see, of course, that it includes power to examine women who are charged with solicitation

Earl Beauchamp.

1027. No, not women who are charged; women who are convicted?—Yes, convicted. I beg your pardon.

1028. There is a great difference?—Yes.

Chairman.

1029. I do not think I have anything more to ask you upon this clause. It was suggested to us, I think by the Chief Magistrate, that there ought to be power of detaining people longer, and not allowing them to go out if they were once got hold of until they were free from venereal disease if they had it. Have you any views on that subject?—I was going to raise that question myself if I might, my Lord. I was going to say that it seems that legislation is incomplete if you do not also provide for the detention of people found to be suffering from disease in an infective form; and, if I might say so here, I would say that it is the Commissioner's very strong view that there ought to be legislation to allow of the detention of the person in prison, workhouse, or any other public institution who is found, while there, to be suffering from disease in an infective form, irrespective of the circumstances that the person is in for, or sex, or anything else. That seems to be one of the plainest and easiest ways of preventing the spread of disease.

1030. You are not proposing that the governor of the prison should be entitled to examine him?—No; but it is well known that the presence of venereal disease does become known in a prison or in such an institution apart from examination, especially if a person is there for some time. That is a separate question, but it fits in with this clause. If you are going to have such a clause as that you should continue it with the other, I think.

Sir Willoughby Dickinson.

1031. I notice you said just now that you would advocate that the examination should be made compulsory in every case where a man or woman is charged under the section before conviction?—No, I did not intend that at all. I intended that a Court should have power; but the question what is to happen if the person refused is a difficult one, which I really feel unable to answer. To make a forcible examination is, I understand, an extremely difficult and almost impossible thing to do. But that is a matter of medical opinion really.

1032. Then it is not much good giving power to order the examination if the examination cannot be carried out?—Of course, some other sanction might be put in.

1033. I have noticed you said: "As in the case of indecent assault." Is there any power to order an examination?—I did not intend to use those words. I do not think there is any power to order now.

1034. Neither to examine a man nor a woman?—No.

1035. Of course, it really comes to this—that it is giving a Court power to extract from a prisoner some evidence of his own guilt?—Yes.

1036. That is a proposition that is very contrary to our present criminal law, is it not?—I suppose so; but I think it is one which might be ventured on without prejudice to justice.

O.179.

Sir Willoughby Dickinson—continued.

1037. I take it you think the circumstances are sufficiently serious to justify that interference with the liberty of a man to stand on his defence and compel the prosecution to prove its case?—I think in this case it might be.

1038. You have said that the prosecutions under 40 (d) have failed in a large number of cases?—In London. The circumstances are rather different in London to what they are in the country, from a variety of reasons.

1039. Can you give us the number of prosecutions and the numbers of those that were successful?—Up to about a week or so ago there had been fourteen prosecutions in London.

1040. From when?—From the time when it was passed, which I think was in February or March of this year. There have been three convictions.

1041. That means that eleven have been acquitted?—Yes.

1042. Can you tell me at all in how many of those fourteen an examination took place?—I cannot tell you off-hand, but I know that it was in a great number of them—I should say nearly all, off-hand.

1043. That examination took place under the fourth provision of Regulation (d), which has now been incorporated in sub-clause 3 of Clause 5?—Yes.

1044. That provides that a person charged, if he so requires, shall be remanded for a week for the purpose of such medical examination as may be requisite, and the defendant is to be informed of his right to be remanded as aforesaid. Now, in practice, does not that really come to this. That a defendant has to choose between being examined and being convicted?—No, I do not think that has been so in London. But I should like to look up the two or three cases where the defendant has refused to be examined before I answer that. I am speaking from recollection now. I do not think in London we have had a conviction on the evidence of a complainant plus a refusal of the woman to be examined. I do not think so, but I would not like to speak positively. I will look it up if you wish.

1045. A woman under this Order has the right to refuse to be examined?—Yes.

1046. Do you know whether, in the cases in these Courts, she has been informed that she is quite at liberty to refuse to be examined, and it will not damage her?—I take it the magistrate has always informed her of the option she has.

1047. What are the reasons why there have been so many failures in London?—There are several. One of them is the circumstances we are going through at present. The complaint generally comes from soldiers who are normally stationed at some distance from London, and who have been up here for a short period of leave. Then they catch the disease, and they go back to their camp, and after a certain time the disease develops, and it is diagnosed by their doctor, and then they are called upon to make some statement as to where they got it from. All that takes some time. Then they give what particulars they can. Very often they are quite insufficient particulars to enable the person from whom it is alleged they got it to be traced at all. If the particulars appear to be fairly full, they are passed on to the Provost-Marshal's department of their army in London, and then passed on to the police. All that process involves a good deal more delay than exists in country cases. By the time it reaches us, generally speaking, a month or five or six weeks has elapsed since the disease is alleged to have been caught. Then we have to make inquiries to find out whether anybody corresponding to the description or the name of the person accused is to be found at all. Very often that takes a little time, and very often nobody at all is found; and, with one thing and another, a considerable amount of delay has arisen before a defendant has been put in the dock, in the cases where any defendants have been put into the dock. Then the question of the medical evidence arises. As regards the cases that have come into court, the difficulty has practically always arisen over the uncertainty of the medical evidence. It appears to be so extremely difficult to say with any certainty whether a person is suffering from one or both of these diseases, and still more whether they were suffering from it at some period in the past.

F 2

Very

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Sir Willoughby Dickinson—continued.

Very often the doctor's evidence is what I call of the merely negative kind. He says: "She may have the disease, but the tests we have been able to take have been quite negative, and of no use."

1048. There have been cases in which the evidence has shown there was no disease?—Yes.

1049. Can you tell me what number?—I do not like to speak from a medical point of view and say the evidence has shown that there was no disease. Reading it as I read it, it usually seems to me more of a negative character—that they cannot say one way or the other.

1050. Have you had the facts of these cases before you?—Yes, practically all have gone through my hands.

1051. May I take it, then, that most of these cases are cases in which the soldiers have really been forced to take action by reason of the action of their regimental officers?—That I cannot tell you. I really do not know whether they have been forced or not. I have heard it said that some of them have come unwillingly—and I believe some of them do come unwillingly—into the witness box; but that is a question you would have to ascertain from their own Provost Marshal's Department.

1052. It is rather important, because one can quite understand that the military authorities, who are anxious to get rid of these diseased women, would take every step to bring them to justice?—No doubt; they are most anxious.

1053. Much more than the individual is?—Yes, certainly.

1054. From your knowledge of these cases, although there were only fourteen, have they been cases of recognised prostitutes or not?—Practically all have been people whom we knew to be leading an immoral life. I will not say prostitutes, but people who were leading an irregular life, because there have been a number of others where the evidence was very thin, and where absolutely nothing was known against the woman—she appeared outwardly to be a perfectly respectable person, and no proceedings have been taken.

1055. Why not?—It has always been the evidence of one person. Therefore you may take it that the cases in which proceedings have been taken have always been cases where we knew something more than the bare statement of the soldier which made it likely that the person had committed the offence.

1056. You did not like to risk a failure?—We did not want to risk a failure, manifestly, at the beginning of this thing; it would be much better to start it as carefully as you could.

1057. But we have been told the disease is much more rampant amongst amateur prostitutes than among the others?—I do not say they were all prostitutes, but they were mostly people about whom we already knew that they were not leading a regular life.

1058. Then may we say that this Order is inoperative as against the amateur at the present moment, so far as your experience of London goes?—I think it is pretty well inoperative in London altogether, because the number of complaints we have had is very large compared with the number of cases we have taken into court at all.

1059. The number of complaints from the military authorities, I suppose?—Yes.

1060. Do they all come from the military authorities?—Nearly all; not quite all.

1061. If a complaint comes to you from an individual man, would you not feel bound to take that up?—We always take it up and enquire into it; but very often it is obvious that it is unreliable before you get to the question of prosecution. For instance, a man may say he got it from a certain woman, and then you ask him whether he was with any other woman about the same time, and he says, "Oh, yes." Then it is quite obvious that it is impossible to take the case into court. That is what I mean by saying cases that we have not gone on with.

Mr Tyson Wilson.

1062. You are aware that there is a very large amount of this disease in London?—Yes.

1063. And you say you agree, in the main, with the propositions in Clause 1 of the Sexual Offences Bill?—

Mr. Tyson Wilson—continued.

I have already said I do not think this clause is likely to be very effective. I do not see any objection to such legislation being passed, except that I think the number of cases you will get under it will be very small.

1064. You prefer it to Clause 5 in the Criminal Law Amendment Bill?—I really had not considered them both together, from the point of view of drafting. The only serious difference I saw was in sub-Clause 3.

1065. You suggested, in a remark you made, that to stamp out this disease notification would be necessary, in your opinion?—It is the Commissioner's opinion, and I may say it is my opinion too; but whether it would stamp out the disease is another matter; but it is the Commissioner's opinion that it is the right way to go at it at present.

1066. That would mean that different machinery would have to be set up to that contained in the Bill?—Yes; quite.

1067. And if notification is a better way of dealing with the disease than the provisions in the Bill, you would prefer that to be put into operation?—I think so.

1068. Suppose this Bill was passed into law, and an examination of the woman took place—if you like, as they take place now—and it was proved conclusively that she was innocent, and there was no disease there at all, there is no compensation whatever given to that woman, in any shape or form? Under Regulation 40 (d) there is no compensation?—No.

1069. She is degraded, in a sense?—In the sense that everybody who is charged with a criminal offence and acquitted is degraded.

1070. Therefore any legislation that is passed ought to be drafted in a most careful manner to prevent, as far as possible, innocent people being treated in this way?—Certainly.

1071. Do you think the provisions of either of those Bills would have that result?—You mean the provisions as regards examination? Of course, I realise that it depends on the way the power is used by the courts; but I see no reason why the courts should not use the power in a wise manner.

1072. You rather suggest, in your replies, that legislation of this kind will not be very effective at all?—I do not think it will.

Earl of Stafford.

1073. Under 40 (d) we have been told by another witness that the total number of prosecutions was, I think, 206, and there were 102 convictions. That is to say, practically 50 per cent.?—Yes.

1074. In the case of the London area, with which alone you are concerned, the convictions amount to practically 20 per cent. I follow that it is much more difficult to trace the cases, but I do not quite follow why, when the case has been traced, the convictions should be so very much less in the London district as compared with others?—The only other reason I can give you is that the conditions in the provinces enable the cases to be brought before the Courts very much more quickly.

1075. But the development of the disease in each case takes the same time?—Yes; but the presence of the disease in the defendant is very much more likely to be detected, I understand. So I am told.

1076. I do not quite follow that?—I gather that the medical evidence as regard the condition of the defendant is more likely to be clear and reliable if the examination, if there is one, takes place as early as possible; and, as I have already said, in a small place in the country, at a place where there is a camp of soldiers, any women who may be about are all more or less known. You can put your hands upon them at once, and very often quite a number of soldiers may be able to tell you about them; whereas in London the population is so enormous that it is quite different.

1077. I quite understand the difficulty in tracing the case; but, once the case is traced, I am not quite sure that I follow why the proportion should be so much less. It looks as if more mistakes occurred in bringing prosecutions in London than in the provinces?—I do not think necessarily so, because I do not at all accept the view that in the eleven cases of acquittals which have occurred in London the defendant has been not guilty actually. I do not at all accept that; but I say the

22 October 1918.]*

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Earl of *Strafford*—continued.

the evidence of the prosecution has not been strong enough.

1078. Of course, the figures that you have given would be contained in the 206?—Yes, no doubt. They have been supplied by the Home Office.

Mr. *John O'Connor*.

1079. From the trend of your evidence, may I take it that your Department, as a whole, would prefer to do without these clauses? Do you think it worth while to have these powers conferred upon you?—I do not wish to express an opinion as to whether I should like it or not. I only say that I do not think we should be able to make very much use of it. We do not ask that it should not be put in for that reason. I do not see any positive objection to it.

1080. You do not see any public advantage in including it in a Bill, do you?—Judging from the experience of London, I do not think there would be; but the experience of the country is so different that I would not like to put forward my opinion against the Bill.

1081. You would not like to put it as strong as I do?—No, not as strong as you yourself do.

1082. Your attention has been drawn by the noble Chairman to these words in Clause 1, sub-clause 1 (c) of the Sexual Offences Bill: "Wilfully communicate such disease in any manner to any other person." Have your Department considered the very wide and far-reaching meaning of those words?—I do not quite know what you mean by "far-reaching."

1083. It is: "Wilfully communicate such disease in any manner to any other person"?—As I told the Chairman, my view of what was intended was that it was intended to make it an offence for a person deliberately to infect a person.

1084. You used the words, "if it means intent." You know, of course, the meaning of the word "intent" with regard to accusations in cases of crime?—Yes.

1085. Would it not necessarily devolve on the prosecution to prove the intent?—Yes, I think so, under that sub-clause.

1086. Would not there be very great difficulty—in fact, would it not be impossible—to prove intent in a case of this kind?—I think it would. I understood that it was supposed to cover mere negligence, which is another matter.

1087. Will you look at page 3? Have you read sub-clause 3 of Clause 1: "Where any person is convicted of any offence under this Act"?—Yes.

1088. You have read that right through, have you not?—Yes.

1089. You see the very loose way in which it refers to very many offences, and then these words occur: "or other offences of a like nature," following upon indecent assault, importuning and solicitation?—Yes.

1090. Would not that be liable to very great abuse? I give every credit to your men, the police; probably on the whole they are a very worthy class of men, but would it not be open to them to inflict very great inconvenience and very great wrong upon people under that loose wording, "offences of a like nature . . . or the aiding or abetting"?—I do not quite follow why you should think "offences of a like nature" would give a peculiar power to the police to misconduct themselves in that way, more than the words above it.

1091. Have you considered the whole wording of that sub-clause?—Yes.

1092. Have you any observations to make upon it?—I do not like the way in which it is drafted.

1093. Do you not consider it very loose?—Yes, I do think it is badly drafted.

1094. Do you not consider it very inconsequential—the whole of it?—I do not quite know what is in your mind by the word "inconsequential."

1095. For example, you have the ascertaining whether that person is suffering from venereal disease in cases of indecent assault, offences of a like nature, offences with regard to children. Do you think it follows that in many of these offences an examination should occur?—If any offences are to admit of such a power, the offences should all be set out I think. I should not put in, "other offences of a like nature"; it is too uncertain.

Mr. *Uyson Wilson*.

1096. Could you tell us whether any of the fourteen persons who were all charged under Regulation 40 (d) were charged by civilians?—It cannot be.

Chairman.

1097. It is only soldiers?—Yes.

Viscount *Sandhurst*.

1098. I understand it refers only to soldiers?—Yes.

1099. Do you ever get complaints of a similar nature from civilians, that they have been infected by people?—Occasionally we get an anonymous letter or something of that kind alleging that a particular woman has got a disease.

Mr. *Uyson Wilson*.

1100. May I ask if Miss MacDougall has any observations to make on this particular provision in the Bill, or any suggestion to make in connection with it?—(Miss *MacDougall*.) About examination for disease, do you mean?

1101. Generally, whether in your opinion the two clauses in these Bills will be effectual; whether they will be of a beneficial character so far as dealing with the disease is concerned?—I think that Sub-Clause 3, if the word "charged" were put in place of "convicted," would be of enormous help in getting corroboration in cases of offences against children and girls under 16. But, then, if you did that you would have to take out the "loitering" and "importuning" down below.

1102. Has your Department given any consideration to whether it would be desirable to make the disease a notifiable one?—I can only express the Commissioner's opinion on that.

Sir *Willoughby Dickinson*.

1103. You are looking at it from quite a different point of view—the transmission of disease to children?—Yes.

1104. To young girls?—Yes.

1105. Are there a large number of such cases that have come under your notice?—A certain number of cases.

1106. How did they arise? How do they come under your notice?—If a complaint is made by a parent to the police, then it is my duty to interview the child.

1107. Are there many cases of this kind that you have to interview?—I interview all the cases of complaints with reference to children in the metropolitan area.

1108. Could you give us any idea as to the approximate number of cases in the year that you have investigated in which the charge is that the man has conveyed venereal disease to the child?—No, it would not be on the charge; it is only what I get to know from the child or the child's mother; it would not appear.

1109. You have this experience; the cases are brought before you in which men have conveyed disease to young children?—Yes.

1110. I was rather anxious to get at some idea as to the magnitude of that problem, whether there are a very large number of cases or a small number of cases?—I could not give you anything definite without looking up the cases, I think. It would not be fair to say off-hand, but such cases do occur.

Mr. *Uyson Wilson*.

1111. Do medical men report cases of that kind to the police?—They are not allowed to.

Chairman.

1112. Now, will you kindly go to Clause 3 of the Criminal Law Amendment Bill. Generally speaking, is the Commissioner in favour of the clause?—(Mr. *Bigham*.) Generally speaking, he is in favour of such a clause: of the principle of providing a means, other than sending to prison, of dealing with young girls who are in danger of becoming prostitutes habitually.

1113. Have you any view as to the particular age, under 18, that is laid down there?—I think 18 is a fair age to take.

1114. At any rate, you would not support the proposal to raise that age?—I think 18 is the best age. but

22 October 1918.]

The Hon. T. BIGHAM and Miss MacDOUGALL.

[Continued.]

Chairman—continued.

but I certainly should not oppose raising it to 19. I believe the Chief Magistrate has suggested that that is the best age. I think 18 is the best.

1115. I think it has been suggested that the clause ought not to be introduced with the words, "being a common prostitute"—I hoped that this clause could be framed in such a way as not to make it necessary that the girl should have become a common prostitute before the protective measures were applied to her. But I am aware there are very great difficulties in so drafting it. To some extent the question works in with that of the law against the common prostitute, which is to be considered under Clause 2 of the Sexual Offences Bill. If you do away with the words "common prostitute" there, you could do away with them here. There are other offences besides these which I think might also be put in the first sub-clause of that clause. For instance, I see no reason why one of the classes of conviction should not be indecency in public places.

1116. That has been suggested to us before?—Yes, I think the Chief Magistrate also suggested that. I should like to say that if the clause went in in its present form I think the number of girls who would be brought within its purview would be very small.

1117. And you think that your proposal would add to the number?—It would add to it to some extent. Of course, if you took away the words "common prostitute" it would add to it still more.

1118. What do you say about the limit of time for detention?—I think the limit of time is somewhat low.

1119. I think we have had it suggested that the general power of the Court should go as far as to the age of twenty-one?—I do not see why it should not. There would always be power in the Secretary of State to release a girl at any earlier period where it was proper to do it. But if you got a girl who was just under 18 when the Order was made, it might be really no good to put her in one of those homes merely for a year.

1120. We have had submitted to us by the Chief Magistrate a clause of his own for dealing with it. I think he has three alternatives that he proposes. Do you know the clause?—I have seen his clause, and I entirely agree with the wide alternatives he gives; I think the more alternatives the better.

Earl of Sandwich

1121. Do you not think if it was done as you suggest—that you should take away the words "common prostitute"—it would strengthen the argument for the age either being raised or no limit being put to it at all? My point is that many girls would well profit by being placed in an institution, and you need not fix any age, especially if you cut out the words "common prostitute," and admit the much larger class of girls who have become prostitutes. What is the object of putting in any age at all?—Only this, that the clause was originally designed simply for the protection of the young. It would make it an entirely different thing if you are going to allow a woman of any age, on the ground that she is acting as a prostitute, to be sent to an institution for a period of years. It seems to me to alter the intention of the clause. The intention of it, as I understand, was simply to try and protect the very young girls from the consequences of a state of life that she is not in a position to understand.

1122. If you were to cut out the words "common prostitute" and by that admit many more of these girls who may be considerably older than 18 or 19, do you not think then it would be a good thing to have the age extended or to have no particular fixed period put to it? Do you not think that under the conditions to-day during the war there are girls a good deal older than 18, or even 19, who get into trouble?—I should hesitate to interfere to that extent with a girl of practically adult years. I think, at any rate, I should like to see the clause passed in its present form and see how it worked before trying to extend it to a higher age.

1123. You would not extend it to 21?—No, I think not.

Viscount Sandhurst.

1124. If it were possible would it not be well to draft this clause so as to try to get hold of these girls before they crossed over the brink?—I should like it

Viscount Sandhurst—continued.

very much if it could be done. I have considered that myself, and I find very great difficulties when it comes to putting the thing into words. Of course, there is similar legislation in the Children Act, but when it comes to extending it to girls of a higher age I feel there are very great difficulties.

1125. Perhaps you think that it could only be done by moral persuasion and not by the power of the law?—It is difficult to put into words the circumstances under which a girl could be brought before a court for this purpose; but what I feel is that, if the principle could be established by passing a clause of this kind, it may be found to work so well that it might be afterwards extended.

1126. Even supposing that we could arrange words to get the common prostitute in, she is already a prostitute and addicted to that life, and she is extremely likely, for one reason or another, to go back to it?—I am told by people who have to deal with girls at that age that there is a very substantial hope, with proper treatment, of getting them right. It is a question very largely of age.

Sir Willoughby Dickinson

1127. You have just mentioned the Children Act. What are the provisions with regard to girls under the Children Act? Up to what age can they keep them and at what age can they be put into homes?—They can deal with children up to 16. (Miss MacDougall.) Up to 14 a child can be sent to an industrial school, from 14 to 16 to a reformatory; and they are detained at the reformatory until 18, and then out on licence for a year. So they are under the reformatory until 19.

1128. Therefore the present law admits of detaining a child until 19?—Yes.

1129. What is the provision with regard to Borstal institutions? How long can they detain a girl in a Borstal institution?—They do not take them under 20, I think.

1130. I wanted to get that clear. They do not take a girl into a Borstal institution until 20?—I believe so.

Viscount Sandhurst] 18, is it not?*Sir Willoughby Dickinson.*

1131. I think it is rather important if we can ascertain precisely what are the conditions under which a girl can be sent under the Children Act and also under the Borstal Act?—Borstal was on indictment and the others are in the Children Court.

Chairman.

1132. We can get that from Sir Ernley Blackwell; he is coming before us again?—(Mr. Bigham) It is really a Home Office matter.

Sir Willoughby Dickinson.

1133. Miss MacDougall, you do have to advise about sending children to homes under the Children Act, do you not; that is part of your work, is it not?—(Miss MacDougall) Where we have the case of a girl who has been criminally assaulted; sometimes there are cases where girls are charged in the Children's Court. In these cases the ordinary reformatory is not a suitable place for such a girl, and great difficulty arises as to how the girls should be dealt with.

1134. What does happen to them?—Sometimes the magistrate will put a girl on probation, the provision of probation being that she shall reside at a place approved by the Court, say, for a year or two years, and then the girl is put into a voluntary home; but it is a very cumbersome sort of arrangement.

1135. That is not necessarily because the girl has committed an offence, is it? It is done in order to protect the girl?—To protect the girl entirely.

1136. And to give her an education and to give her a chance in life?—Yes. In London those would chiefly be girls who have left their own homes.

1137. And their parents have no control over them and want one to protect them. That is the object of this clause, is it not?—I believe so.

1138. Do you think from your experience that it would be effective from the point of view of protecting the girl?—If the clause were passed, and police officers and also rescue workers and social workers, seeing young girls about in the streets, said to them: "If you do

22 October 1918.

The Hon. T. BIGHAM and Miss MACDOUGALL

[Continued.]

Sir Willoughby Dickinson—continued.

do not go back to your parents you are likely to be sent to a home," I think it would be a great protection and a great deterrent.

1139. Do you from your experience think it is really advisable in the interests of the girls themselves that this clause should be inserted in the Bill?—I do not know about the clause just as it stands, but that some clause should be framed for the girls' protection.

Mr. John O'Connor.

1140. You think the law as it stands requires strengthening?—Yes.

Mr. Tyson Wilson.

1141. Do you think that girls ought to be sent to institutions different to prison reformatories?—Yes

1142. Are many of the girls that come under your notice of weak intellect?—Weak will, I think, more than weak intellect.

1143. I know they do not mean the same thing?—No.

Viscount Sandhurst.

1144. You said just now that some of these girls are put on probation, I understood, and then went voluntarily to a home?—To a voluntary home. I mean not a reformatory home.

1145. To an institution?—Yes, an institution.

1146. Do you have much difficulty in persuading those girls to go to these institutions?—No, not generally.

1147. Have they gone in numbers—I have known a great number in my experience.

Earl of Sandwich.

1148. I would like to know what you think about the question of raising the age or keeping it at 18?—I think it is a very good age.

1149. You think it is old enough to cover these cases?—Yes, I think so. I would be hardly fair to raise it too high for the girl.

1150. Do you not think that 19 would be a better age than 18?—Quite good, but I would not make a great point of it.

Viscount Sandhurst

1151. You said a great number of these girls you were interested in, that you know, have been to these institutions. Were you able to follow them up at all or to know what happened to them when they came out?—Yes. That is my great point.

1152. Were the results distinctly beneficial?—Yes. For a number of years before I was appointed to the police I was a rescue worker, and in that way a great number of girls passed through my hands, and I am still in close touch with girls whom I helped 15 or more years ago.

Chairman.

1153. We will now pass to Clause 2 of the Sexual Offences Bill. We know that you have some remarks to make upon that. I think I would first ask you generally whether you think the law as it stands is satisfactory or not, or whether, generally speaking, you wish to see the law altered?—(Mr. Bigham.) I would like to answer that question in this way. I think the law as it stands works fairly well, but when an opportunity like this of amending it comes I think it should be taken, because the way it works is, in my opinion, by straining its wording unduly; I mean that the clauses under which solicitation is dealt with at present in London are so worded that the facts proved really do not go as far as the clause, and the clause has to be strained in order to make it cover the facts. I think that is all.

1154. Therefore you think that this clause as drafted would be an improvement on the present law?—Certainly, in every respect except one; that is, that the maximum penalty provided is clearly not large enough.

1155. What is your suggestion as to the maximum penalty?—My suggestion is that it would be convenient to adopt as the penalty the existing penalties of the Vagrancy Act.

1156. I think it has been suggested that the clause should be drafted in such a way as to enable those provisions to be repealed, to make one clause that would cover them?—Although there is no schedule to

Chairman—continued.

this draft, I take it that it was intended to substitute this clause for the existing clauses dealing with solicitation.

1157. It is not carried out on the face of the Bill, but you think that would be a proper thing to do?—Yes; I think it would be useless to add another provision to the existing provisions with regard to solicitation.

1158. You would not merely leave it to the Statute Law Revision Act to get rid of it; you would repeal it by a schedule to this Act?—I think it should be repealed. That would mean the Metropolitan Police Act, Section 54, sub-section 11, would go, and one of the sections of the Vagrancy Act.

1159. Now we will go to the question of the words "common prostitute." Do you go so far as to suggest that the clause should run "every person"?—Yes, I do. I am aware that others do not agree with that, but I am unable to see any sufficient reason why the words "common prostitute" should be retained in legislation of this kind.

1160. You go beyond this clause; your observation practically extends to two or three clauses of the Bill?—It would affect Clause 3 of the other Bill. I do not know that there is any other one. My reason for saying that is that it appears to me that what legislation should be directed at is the conduct of persons in the streets irrespective of their character, to put it quite shortly. I do not know whether you wish me to say anything about the reasons why the existing clauses are unsatisfactorily worded; probably that has been already dealt with by the Chief Magistrate or some other witness.

1161. I think I should like to hear what you have to say on that. I do not think we have had it gone into in detail; but, whether we have or not, I would rather hear your view?—I can put it quite shortly. There are two clauses under which prostitutes are dealt with in the Metropolitan Police District. Some courts prefer to use one clause and some courts prefer to use the other, which is itself somewhat inconvenient. One of them is Section 54, sub-section 11, of the Metropolitan Police Act, 1839; the other is Section 3 of the Vagrancy Act, 1824. The Metropolitan Police Act, I think, is more commonly used. That runs as follows: "Every common prostitute or night walker loitering or being in any thoroughfare or public place for the purpose of prostitution or solicitation to the annoyance of the inhabitants or passengers." She is liable under that section to pay 40s, a penalty that is far too small to be of any use. The Vagrancy Act, Section 3, runs: "Every common prostitute wandering in the public streets or public highways, or in any place of public resort, and behaving in a riotous or indecent manner." In the Metropolitan Police Act it is necessary to prove loitering, to prove that the woman is known as a prostitute, and to prove solicitation to the annoyance of the inhabitants. In fact the evidence as regards annoyance is extremely thin, and that is another objection that we have to that clause. In practice the evidence that is given is the evidence of the police-constable that the person to whom the woman spoke appeared annoyed, and that is accepted by the court for the purpose of bringing it within the section. We think that "to the annoyance of the inhabitants" was never intended to be proved in that way. It was probably intended, when that was passed, that the inhabitants themselves should complain. But it has got after many years to this state of things; and we suggest it would be very much better to cut out the words "to the annoyance of the inhabitants" or the words "to the annoyance" at all, and simply put it on the ground of loitering for the purpose of solicitation. The same criticism to some extent applies to the Vagrancy Act, where the offence is "wandering in the public streets or public highways, or in any place of public resort, and behaving in a riotous or indecent manner." Where that section is made use of, the only evidence of behaving in a riotous or indecent manner is the same evidence of solicitation.

Sir Willoughby Dickinson.

1162. Is it "riotous and" or "riotous or"?—It is "riotous or"; therefore again it does not look as if "riotous or indecent behaviour" was merely intended to be nothing but solicitation. That clause is also open

22 October 1918.]

The Hon. T. BIGHAM and Miss MACDOUGALL.

[Continued.]

Sir Willoughby Dickinson—continued.

open to the criticism that the evidence does not really bring the case within the wording of the sections. For those reasons, if there is an opportunity for amending and consolidating them we suggest that it should be taken.

1163. Is there not a third clause—insulting behaviour?—Yes. That clause also is used. It is the same section of the Metropolitan Police Act, 1839—that is to say, Section 54. It is sub-section 13. "Every person who shall use any threatening, abusive, or insulting words or behaviour with intent to provoke a breach of the peace." That is used very often in cases of girls or women who obviously by their conduct seem to be soliciting for this purpose, but who are not definitely known to be prostitutes. It is not suggested that that section should be repealed, because it is a section which is used for other purposes, mere disorderly conduct, and so on.

Chairman.

1164. When you talk about the maximum penalty do you think that there ought to be any difference in the penalty, or that you can make any difference, where the convicted person is suffering from venereal disease?—I think that is a question which might well be left to the court.

1165. You think that the court could properly take that into consideration when considering what the sentence was to be?—I see no reason why not; and the suggestion which is made, that persons who are suffering from venereal disease should not be released from prison until they are in a safe condition, or should not be released from some restraint—not necessarily from prison—I think would cover the point. I think that would be the better way to do it.

Mr. Tyson Wilson.

1166. You rather suggest that action is taken under the present law which the present law does not quite justify?—That is one way of putting it. The practice has existed so long that I think that is rather a hard way to put it.

Chairman.

1167. But constant decisions of the courts could be quoted as showing that it is the law, though you may be surprised when you read the clause?—Yes, but still it does not prevent it being the subject of criticism of the wording of the sections.

Mr. Tyson Wilson.

1168. If the words "common prostitute" are taken out of the clause, would it not render anyone liable to be arrested even if he or she were waiting in the street for a tram?—In theory it might, but I think I can assure you that in practice it would not. I want to emphasise that point, if I may. I do not think that if this clause, or a clause in this kind of wording, is passed it will make any difference in the practice. I do not think anybody need be afraid of that. But I think it will make the evidence given in court accord more closely with the terms of the law, which will be very much better for the police, and I think also for the courts. I know some learned magistrates feel very strongly about the wording of these sections.

1169. Would you leave out the maximum period of imprisonment altogether?—No; I should be inclined to make the person convicted under that section liable to the same penalties as under the Vagrancy Act.

1170. What is that?—That is a month or a corresponding fine for the first offence; then three months or a corresponding fine, and lastly, the possibility of sending them to Quarter Sessions as incorrigible rogues, which may involve 12 months' imprisonment.

Sir Willoughby Dickinson.

1171. The suggestion that you make of putting the words "every person" would include, of course, men?—I think it would; I do not see why it should not. I was just looking at the words. My view is that it would just if a man were habitually soliciting.

1172. I was going to ask you that; including men, it would not make much difference to the present law?—No, I do not think it would. I do not think there would be any danger of a different class of woman or man being arrested under this section from those arrested at present.

Sir Willoughby Dickinson—continued.

1173. As far as the men are concerned, it would be re-enacting the law that is at the present moment applicable to him. If we use the words "any person loitering or being in any public place for the purpose of prostitution or solicitation" that would, as regards men, be re-enacting the existing law?—If my suggestion is taken it would make the penalty much heavier.

1174. But the offence would be of the same character?—Yes; you would have to prove the same kind of conduct for it.

Mr. John O'Connor.

1175. The section reads, "every common prostitute loitering or being within a thoroughfare for the purpose of prostitution shall be liable." Who are to be the judges as to whether they are loitering? Is it the police?—The Court.

1176. But in the first instance?—As to whether they shall be arrested?

1177. As to whether they shall be arrested and charged?—The police. It must be so.

1178. This is an extension of the power that they already possess?—Barely. I think it is barely fair to say it is. I regard it as a re-enactment of the power, in more proper language.

1179. A re-enactment of the power already in their hands?—Yes; the power already in their hands, in more appropriate language.

1180. Has that power been wisely exercised?—I think quite wisely.

1181. Prudently?—Yes.

1182. Have there not been some very distressing cases?—I have now nine years' experience in New Scotland Yard, and I have never up to now come across a case which can properly be described in that way.

1183. The punishment is a term not exceeding one month. May it not be useful to give the magistrate power to inflict a fine?—I think he has the alternative already, under the Summary Jurisdiction Act, to inflict a fine.

Mr. Locker-Lampson.

1184. Do you know if there is any legislation in any other country which is at all like this, supposing you put in the word "person"? Has the United States, or has any other country, got legislation of that sort?—I have tried to find that out, but I am afraid I have not had time to do so. The laws in the United States, I imagine, differ a good deal, because they have tried a great many experiments over there. I should think, guessing, it is probable that there is, but where I do not know, and it would take some time to find out, and also to find out how it worked.

Mr. John O'Connor.

1185. Have you not got the Statutes at your office?—No, we have not got the American Statutes of all the States.

Mr. Locker-Lampson.

1186. I was only wondering whether this was quite a novel experiment or whether it was based on experience elsewhere?—I am afraid the suggestion is not made on the ground of what has been done anywhere else. It is simply made on the ground of experience gained here.

Chairman.

1187. Do you agree generally with the proposals to increase the penalties against brothels?—Yes; we do.

1188. I will not ask you more than that; but you, on the whole, agree with the general proposals that are made on that subject in the Criminal Law Amendment Bill?—Yes.

1189. You have been good enough to send me a copy of a proposed clause with regard to indecent advertisements?—Yes.

1190. We will have that printed and circulated, and will consider what you have been good enough to give us. Perhaps you will be satisfied with that, and, if necessary, we will ask you to come some other day, and we can ask you about it?—If you please. If there is any point on the subject on which I could be of assistance to the Committee, I should be very glad to come.

Chairman.] We are very much obliged to you, and also to Miss Macdougall, for the assistance you have given the Committee.

(The Witnesses are directed to withdraw.)

22 October 1918.

Dr. HELEN WILSON is called in; and Examined, as follows.—

Chairman.

1191. I think I am right in calling you Dr. Helen Wilson?—Yes.

1192. Do you speak for any Association?—I understood I was invited as an individual, and I have come as an individual. I did not consult anybody before coming. I am very closely associated with the Association for Moral and Social Hygiene, but I come as an individual.

1193. I would like to ask you one or two general questions within the scope of the Bill, and then I propose to go through the clauses of the Bill to which you have referred in a memorandum which you were good enough to send to me. I have read the memorandum, but it has not been circulated to the other Members of the Committee; therefore I think I shall ask you to read the statement that you were good enough to forward, or most of it, at any rate. I will put my questions to you in such a form that it will probably be convenient to us, as well as to you, if you read what you have written; and I shall interrupt you probably with very few questions. Then any Members of the Committee will ask you any further questions they wish to. I hope that will be convenient to you?—Certainly.

1194. First of all, I would ask you about the general position, as to whether you look upon it that the condition of London and other places is serious on account both of the state of the streets and of the general question of order and decency, and, still more, on account of the spread and prevalence of venereal disease. I should like to ask whether you consider there is a serious state of things, and that it calls for a remedy, and that the remedy probably must be brought within the range of legislation?—As to the condition of the streets of London, I do not myself live in London, and I have not been here much lately. The evidence is, of course, very conflicting as to whether it is relatively worse than at other times. Undoubtedly the state of things in many parts is very bad, as I suppose it is in every great city. I am not prepared to say whether it is so much worse than at other times. It is always serious, and fluctuates more or less. As to the disease, I suppose it is a matter of common knowledge that there is an increase of venereal disease always in connection with every war. The conditions of war time are such as to predispose to a great increase of the disease. At the same time, in relation to venereal disease especially, there is a tendency to have panics at recurring intervals about the extent of it. As far as I have been able to form an opinion, I should say that while there is a great deal of disease, there is no occasion for dealing with it as disease otherwise than by carrying out vigorously the system of free treatment and of enlightenment that has been undertaken by the Local Government Board.

1195. Do I gather from that, that it is your view that the passing of such Bills as this is not called for?—It is very difficult to speak of the Bills as a whole. I think undoubtedly the first two clauses on this paper would do something, and some of the other clauses would do something; they all help. So long as one is sure they are going to do more good than harm, there is call for them to be passed.

1196. We shall hear in due time which clauses you refer to as clauses that you disapprove of, and those, on the contrary, that you think may be of some use. As to the character of these Bills, should you say that they are impartial as regards the sexes, or do you see in them a sort of motive against one sex and not the other?—I do not think there is a motive against one sex and not the other. I do wish to oppose those clauses which extend the penalties for solicitation, because I think that the existing laws against solicitation do discriminate unfairly between the sexes. Some of the clauses which are in themselves perfectly equal might, in connection with those existing laws, work out unequally.

Mr. Tyson Wilson.

1197. I rather gather from your last reply that, in your opinion, while the clauses may be drafted to apply equally, in administration they would not apply equally?—When you are dealing with men and women it is difficult to prophesy exactly beforehand, and

0.179.

Mr. Tyson Wilson—continued.

undoubtedly the practice would differ in different Courts in that matter. There are some of them that might be applied very unequally.

1198. I gather that in your opinion the Bill is not altogether unnecessary; that it may do some good?—I think some parts of it are very necessary; for instance, the first two clauses. But as to what I may call the controversial clauses, if they are not going to do good, of course they are not necessary.

Mr. John O'Connor.

1199. You spoke about the discrimination that already exists between the sexes in respect of the law as it stands. You mentioned something about that?—Yes.

1200. You said you did not want them increased or extended. Do I interpret you rightly?—Yes.

1201. To what clauses of these Bills now before us do you refer?—I refer principally to the two clauses which give increased penalties for a common prostitute loitering.

1202. Do you mean Clause 2 on page 6?—Clause 2 on page 6, and also Clause 3 of the Criminal Law Amendment Bill—girls under 18.

1203. Were you in the room when the last witness was examined?—I am sorry, I was not.

1204. The gentleman who represented the Commissioner of Police stated that this Clause 2 did not extend the law, but re-enacted the law as it stood?—But it increases the penalty. It does not alter the definition.

Chairman.

1205. I will now take the paper with which you furnished me, and follow it. First of all, with regard to Clauses 1 and 2 of the Criminal Law Amendment Bill and Clauses 7 and 8 of the Sexual Offences Bill, speaking generally, do you approve of those clauses as they stand?—Speaking generally, yes.

1206. I have no doubt you have something to say about the limit of age. The Sexual Offences Bill puts the age at 17 as against the existing age of 16, which is maintained in the Criminal Law Amendment Bill. Will you kindly give us your view upon that subject?—I think 17 would be better than 16, and I think it would be still better to make it 18, which is for other purposes, at any rate the Education Act, the limit of age for a young person. Under the Education Act young persons up to 18 are regarded as being still unable to determine their own lives and require the protection of the State. If this were done certain other amendments would follow; one would get 18 instead of 17 in Clauses 7 and 8, and there might be some corresponding amendments in the Children Act.

1207. With regard to Clause 2 of the Criminal Law Amendment Bill and Clause 8, Sub-Clause 2, of the Sexual Offences Bill, what have you to say about the defence of "reasonable cause"? Both those clauses proposed would alter the law, of course, upon that subject, and make that no longer a defence. I should like to know what your view is; you have not said anything about it hitherto?—I certainly think that that alteration ought to be made. I approve of both of the clauses in that respect. I know this chiefly from a number of vigilance workers and rescue workers, who have often told me the very great drawback that occurs with the present clause—that it is possible for anyone to get off. Further, there is this difficulty that there is often some months' interval between the offence and the time of trial, and that in the meantime the girl may look much older than she did at the time, which misleads a jury; and, further, that, as in the case of the laws about gambling with minors or moneylending to minors, the burden of proof ought rather to be put the other way.

1208. You have mentioned the limit of time. Both the Bills, I think, increase the time to 12 months as to prosecution?—Yes.

1209. Have you any views about that? You, of course, approve of it generally, because you approve of the clauses. Perhaps you will say something about that?—I suppose it is understood that the main reason for that is in cases where pregnancy supervenes—that it may

G

22 October 1918.]

Dr. HELEN WILSON.

[Continued.]

Chairman—continued.

it may be nine months, or getting on for nine months, before the fact is known or investigated. Therefore it is important that more than six months should be given for the time of prosecution, and it ought to be even more than nine months, because of the work that has to go through.

Mr. John O'Connor.

1210. I should like to ask what you mean by changing the burden of proof. At present where does the burden of proof lie?—I think that was a wrong expression. What I ought to have said is this. Just as it is for the moneylender to ascertain whether the young man is over 21 or not, so in the case of a man who has to do with a girl who is somewhere near the limit, it ought to be his responsibility to make sure that she is over 16. I know of a case where a man met a girl under 16. He asked her how old she was, and she said, "Fourteen." He said, "That is a pity, because if you were 16 I could have taken you for a walk." Then she managed to remember that she was 16, and afterwards he took advantage of her. The men themselves persuade the girls to say they are over 16, and then the thing is done.

1211. Does it occur to your mind that there is no analogy at all between the cold, calculating moneylender and people acting under the influence of human emotions? Is there any analogy between them at all? Do you not think you might try and find some other analogy?—There is not, of course, an absolute analogy. Perhaps I ought to say that on these clauses I was not expecting examination. I am in general agreement; I might put it that I am not prepared on the spur of the moment to argue this point, because it has not been in my mind in any detail lately.

1212. May it not well be that circumstances would occur in the investigation of a case where the man might be reasonably allowed to advance some excuse for his conduct?—I presume that in any trial for any offence defendants are allowed to put forward excuses for their conduct.

1213. But you want to take it away here?—As a defence, but not as an extenuation.

1214. Of course you know very well—nobody knows better than you—how very different people are in human nature. For example, I have known young men of 16 who may be taken to be 20; they were men?—Certainly.

1215. And I have known people of 20 who looked like mere boys or children. Why sweep away all this possibility of mistake? If you think of it fairly, is it not a very harsh suggestion and proceeding to sweep away this altogether, having regard to the difference in human beings?—I am not a lawyer, and I do not know what parallels there are.

1216. Please do not take it that I am asking you as a lawyer; speak as a human being?—As a human being, such questions as you have raised would extenuate the offence a very great deal in many cases; there is no doubt of that. But it appears to me to have been unnecessary in the original Bill to put in a special section saying that the appearance of the girl, or reasonable cause to believe her over 16, might be taken to be a complete defence.

1217. Then you see no danger in eliminating from the law as it stands this defence of "reasonable cause"?—I see no danger. Every law is subject to the possibility of being administered harshly and unjustly. If you have laws at all that must be so.

1218. Do you make no distinction between these laws and other laws, where human emotions come into play so much? Do you want to reduce them to the hard-and-fast line of all law?—I thought that was partly what judge and jury were for—to administer the law according to the circumstances of the case.

Mr. Tyson Wilson.

1219. I understand that you are in favour of raising the age to 18?—Yes.

1220. Are you not in favour of early marriages?—No. I think as a rule 18 is too young to marry.

1221. A large number of girls are married under 18, are they not?—Yes; I think it is a pity, but I may say I do not think that exactly comes into the question.

Mr. Tyson Wilson—continued.

I understand that at present the legal age for marriage is 12. Is not that so?

Chairman.

1222. I thought you could marry at any age?—I understood in England the legal age for marriage is 12.

Mr. Tyson Wilson.

1223. Looking at it from the standpoint from which Mr. O'Connor was looking at it, it seems to me you would have to prohibit the marriage of girls under 18 years of age?—I think marriage is a different matter.

Chairman.

1224. With regard to this particular defence, "reasonable cause," does your view of that defence differ at all if the age is raised? Do you think that the defence ought to be allowed where the limit of age is 17, or still more if it is 18, or do you have the same view whatever the age may be?—I think I have the same view whatever the age may be; and I have heard many experienced workers say that for the protection of girls it is even more important to do away with that "reasonable cause" defence than it is to raise the age. Does that answer your question?

1225. It does not exactly answer my question. We have had more than one witness here who agree with the clause in the Criminal Law Amendment Bill as it stands, getting rid of that defence as regards girls of the age of 16, but they say that if the age was raised to 17, and still more if it was raised to 18, they would not think that that defence ought to be taken away?—I should perhaps say this. I have always felt that for a girl, say, between 16 and 18, there ought to be some provision—I am not prepared to say what—there ought to be a kind of semi-responsibility. At present, to treat anyone, whatever her age, as an absolute child in this matter, quite defenceless up to a given day, and then to make her a fully responsible adult in such matters as this is hardly reasonable; but I am not prepared to say how that is to be met. I would like, if I may, to go back for a moment to Clause 7 of the Sexual Offences Bill where we have it, "Any person of the age of 17 years or over who commits an act of indecency with a person under the age of 17." Apparently if both the parties are under 17, or under the age whatever it is, there is not now, and there would not be then, any means of dealing with them at all.

1226. I think that has been pointed out, as a matter of drafting at any rate. That will be looked into. I quite sympathise with you that we ought not to cross-examine you too closely upon those points where you have not particularly prepared yourself for coming here?—I think there will be many others who can speak much better on these two clauses.

Sir Willoughby Dickinson.

1227. Do you know anything about the law in other countries in regard to what is called the age of consent?—Only very generally.

1228. Can you tell us at all what you know? I think you have studied it, have you not?—I have not studied it for some years. I would rather look it up afterwards and put in a memorandum. There has been a tendency to raise the age during recent years. In some of the British Dominions it is now 18.

1229. There are some countries in which the age of consent is 18; that you know for certain?—Yes.

Chairman.

1230. We will now go on to Clause 5 of the one Act and Clause 1 of the other. You have written a very full, and, if I may say so, an excellent memorandum on the subject of those clauses, and I think the most convenient thing would be for you to read it forthwith. Is that agreeable to you?—Certainly. I oppose this clause as a whole on several grounds. (1) It provides for what amounts to compulsory examination. This is wholly unjustifiable in any case, and is an intolerable outrage in the case of an innocent woman falsely accused. If anything could make it worse it would be the sub-clause in the Sexual Offences Bill, extending the

22 October 1918.]

DR. HELEN WILSON.

[Continued.]

Chairman—continued.

the examination to "any offence of a like nature," a phrase to which I take strong objection. (2) Whether with or without compulsory examination, the difficulties in regard to the medical evidence required to establish or rebut a charge are such as to render the clause unworkable. On this point I hope the Committee will receive more competent evidence than mine. I will say at once that I have been out of actual practice for a good many years, and I have had no personal experience of all the new discoveries in regard to venereal disease, so I am not prepared to stand a cross-examination on that, but I believe you are going to have witnesses, some of whom I know, who will deal more fully with that. (3) Even if these objections and difficulties could be removed, there are grave objections to this clause on broad grounds of public policy; these are what I specially wish to point out. The actions or negligences to be dealt with vary so widely in character, in circumstance and in degree of culpability, that it is inexpedient to bring them under one definition, or subject them all to the same penalty.

1231. In my copy I have the word "impossible"; did you wish to correct that?—Yes, I did; I put "inexpedient" instead. I have made a few corrections. While a certain number of cases might properly come under the criminal law, as offences against the person, the great majority would be better dealt with, if at all, either by Public Health legislation or by the laws of marriage and divorce. I propose to analyse these different categories and show how the clause would affect them.

(1) As to infection in marriage. The cruellest of all cases of wilful or careless communication of disease are those where one spouse infects the other. Most of these cases would probably be excluded from the operation of the clause by the sub-clause requiring corroborative evidence. Even if that sub-clause were waived, the value of criminal legislation in such matters is very doubtful. In any case the clause should be safeguarded by stating that proceedings cannot be instituted except by the injured party. Apart from other considerations, a woman who has no income except from her husband's earnings has very solid reasons for not wishing to have him sent to prison. She will even be deterred from applying for a separation order if she has reason to think that the evidence given in support of her application may be made the basis of a criminal prosecution which will result in cutting off her maintenance. As things are, venereal disease is probably more often overlooked and neglected in married women than in any other class of persons. If this clause gives them an additional motive for neglecting or concealing disease it will be prejudicial to themselves, to their children, and to the public interest. For cases of infection in marriage the most important step, whether we regard the welfare of the injured party or the public interest, is to permit release from marriage or from its obligations, either by divorce or decree of nullity, or separation order. For this purpose further legislation may be needed, but I presume that this is a subject which does not come within the scope of this Committee.

(2) Infection in promiscuous intercourse. The definition of the offence in the Bill seems to be framed with special reference to this, which is by far the most frequent source of infection. It would seem to belong rather to the sphere of public health than of private injury. In view of the difficulties as to evidence, it is certain that the actual convictions obtained would be too few to have any appreciable effect in reducing disease. No doubt it is hoped and intended that the chief value of the measure would be its educational and deterrent effects. In my opinion it is likely to have the opposite effect from that intended, unless indeed it remains a dead letter. It is essential to keep in mind the fact, established by observation and research, both medical and social, and now generally admitted, that promiscuous sexual intercourse is in itself essentially unhygienic. The most rigid systems of control applied to prostitutes have always failed to give to their clients any security against infection. What has proved impossible in regard to professional prostitutes is obviously still more impossible in regard to the large body of men and women who indulge in

O 179.

Chairman—continued.

promiscuous intercourse. Therefore the object of hygienic effort ought to be to discourage all such intercourse, since it can never be made safe or healthy. In the interests of public health this kind of careless and dangerous conduct should be repressed and discouraged in the healthy as much as in the diseased. The person who carelessly and wilfully exposes himself—

1232. "Himself or herself"; I suggest you ought to insert that?—I will do so. Throughout this I want it to be "him or her"; I want it to be equal. The person who carelessly or wilfully exposes himself or herself to contagion is almost as much in need of restraint as the person who wilfully or carelessly transmits it. Women frequently transmit disease without knowing they have it, and sometimes without having it; that is, by "mediate contagion." In the case of all other laws dealing with infection or contagion the object of restrictions on the sick is to protect other people while going about their necessary or lawful business. Laws cannot protect a person who voluntarily places herself in circumstances of special danger; for example, a nurse or doctor in a fever hospital. Such individuals either face the risk or rely on personal precautions. The State may encourage and facilitate these precautions, but success depends on individual co-operation. Promiscuous sexual intercourse is and always must be a circumstance of special danger. Persons who indulge in it are not going about their necessary or lawful business. They are voluntarily placing themselves in circumstances of special danger, not like the nurse or doctor, for the public good, but for their own pleasure; and they are encouraging an unhygienic practice. In short, I maintain that such persons have no claim to legal protection even if we knew how to protect them. Moreover, there is no means of protecting them, even if they had a claim to protection. The clause will not only be useless as a public health measure; it will probably be actually harmful hygienically as well as morally. Every individual has it in his or her power to protect himself or herself by refraining from intercourse with unknown strangers. The sooner this is recognised the better. The object of health authorities in endeavouring to eradicate venereal disease should be to encourage individual responsibility in sex relations. The effect of this clause would be exactly the opposite. Let us suppose that it has become law. Large numbers of men, and especially visitors from abroad, being led to suppose that solicitation by diseased women is now stopped, will feel that no care or self-restraint on their part is called for. But solicitation by diseased women will not be stopped. Even assuming, for the sake of argument, that on a given day every diseased woman in the country has been interned, it is plain that by the following morning some thousands more women will be infected by the men who are left at large; these women will disseminate infection before they can be detected, before they even know themselves to be diseased; in a few weeks things will be as bad as ever, and probably even worse. For the false security offered will remove the prudential check which now restrains some men, while in the case of others who were previously deterred by conscience or conviction their moral sense will be confused by the apparent effort of the State to sanitize, that is to say, make healthy, what they have hitherto regarded as vile and unworthy.

1233. A "shameful vice" is put in my copy?—Yes. I prefer the words "vile and unworthy." In the above paragraph I have assumed that the clause would be chiefly enforced in the case of women. Even if an attempt were made to apply it impartially to both sexes it would be impossible to convict more than a small minority of the offenders, and a false security would be offered to women as well as to men.

(3) Infection also occurs in extra-marital intercourse, which cannot be described as promiscuous, as, for instance, persons living in concubinage, or cases of seduction. Some of these instances reveal conduct of the most cruel and heartless kind. Some of the worst of these cases could be dealt with by raising the age of protection to 18 or 20 for both sexes. In older persons there are occasional cases of great hardship, but these do not justify a clause so sweeping or so open to abuse as that proposed in the Bills before the Committee.

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1234. Your

22 October 1918.]

Dr. HELEN WILSON.

[Continued.]

Chairman—continued.

1234. Your statement goes on with regard to part of that same clause, but I think we will just stop there for the present in case any member of the Committee wishes to ask you any question on what you have read?—Yes.

Mr. Tyson Wilson.

1235. I take it that in your opinion the teaching of a higher degree of morality and practical hygiene would do more to stop this disease than these Bills?—I do not think there is, ultimately, any other way.

Earl Beauchamp.

1236. Might I direct your attention to the third sub-clause of Clause 1 of the Sexual Offences Bill? You see there the clause says "Where any person is convicted of any offence under this Act." I suppose you object to that less than you would to the provision in the Criminal Law Amendment Bill in so far as it concerns people who have already been convicted of having committed some of these offences and who only then may be subjected to compulsory examination?—That certainly is somewhat less objectionable.

1237. You see, they must already have been proved guilty of an offence before the examination takes place?—Yes. I do object entirely to compulsory examination of this kind for everyone, but it is less objectionable if they are already convicted.

Sir Willoughby Dickinson.

1238. Do I understand, from the statement that you have just read to us, that you hold the opinion that there ought to be no attempt to make punishable the transmission of venereal disease from one person to another?—At one time I thought there ought to be some attempt to do it. The more I look into the different categories the more impossible it seems to me, as far as I can see. I recognise that there are cases where moral and grievous wrong is done to an individual. I should be glad to see a remedy found for this, some enactment which would impress the need of responsibility in regard to sex relations. Even here the difficulty of proof seems to me usually insuperable, and I do not myself see how to define the offence in such a way as to include some cases of cruelty while excluding irresponsible promiscuous sexual relations. I do not think there should be any attempt to punish communication of disease in promiscuous intercourse. If a definition can be made which would exclude those while including other cases I should be willing to consider it, at any rate. The difficulty of proof would still have to be got over.

1239. I wanted to get at your state of mind, because I have before me a clause that I think you yourself suggested, making punishable the knowingly communicating of venereal disease to any other person. You now have come to the conclusion that it is wiser to have practically no penal legislation against that?—Yes. The thing that specially influenced me in changing was that I saw it ought to be looked at as a public health matter. If it is a public health matter you must deal with everyone who runs the risk. That clause meant that only if actual disease has resulted was there to be punishment. That was treating it as an offence against an individual.

1240. That is what our Clause 5 does?—No, excuse me, it does not.

1241. "A person who is suffering from venereal disease in a communicable form shall not have sexual intercourse with any other person." Then there is punishment for it; it makes it penal?—It looks to me as if the definition in this Clause 5 was drafted on the lines of a public health measure applying to everyone who runs any risk of infecting others. That is the same as you would do if anyone has smallpox. You punish him if he rides in a public conveyance or does any act of that sort. But the penalty is rather devised on the lines of an offence against the person.

1242. That is my difficulty. From the commencement of your statement just now I thought you were arguing that the transference of venereal disease ought to be prevented by legislation, in the same way as you would try to prevent the transmission of infectious disease as an affair of public health; but now you

Sir Willoughby Dickinson—continued.

say that, owing to the difficulties in administration, you think it is advisable to abandon that position altogether. I am rather thinking of what is actually in your mind?—When I wrote that paper that is before you I was looking at the cases of actual personal injury that we all know of, and to which I have just alluded here, and I thought that they ought to be treated as offences against the person. I understand that some 30 or 40 years ago certain convictions were obtained in this country for that offence under the Offences Against the Person Act, but I understand that in an appeal case it was declared that the transmission of any disease cannot be regarded as a grievous bodily injury. If that decision could be overruled so that it was treated as an offence against the person, then I think there are some cases that could properly be dealt with; for instance, cases of seduction with the communication of venereal disease. But, on the other hand, if one comes to prostitution, or, as I prefer to put it, promiscuous sexual intercourse, if anything at all is done it should be on the lines of a public health measure. Because there is no question of a careless or intentional wrongdoing of a particular person there.

1243. Then I take it that you would approve of some legislation that would punish a person who was transmitting disease knowingly. For instance, suppose a man who suffers is told by his doctor that under no circumstances ought he to have any intercourse, and he is daily, or often, going about having intercourse, do you now think that that ought not to be punishable at all by law? I want to get really at what amount of change of opinion has come in your mind?—I think a woman who will consort with a man who is practically a stranger to her and with no sort of guarantee has willingly placed herself in circumstances that must be dangerous. If, on the other hand, that man should seduce a girl under promise of marriage and communicate disease to her I should like to punish that if I could do it, because it is not such irresponsible conduct on the part of the girl. What I mean is this. I think that in promiscuous sexual intercourse there is no responsibility to begin with; you cannot enforce responsibility in it, because the whole thing is irresponsible from beginning to end. If a man seduces a girl under promise of marriage her conduct is not right, but still there is a degree of responsibility; it is not the same miscellaneous matter; and I should be willing to see that man punished if he infects her. But I do not myself see how one can distinguish, and therefore it seems to me that, taking it as a whole, we shall be doing more harm than good if we attempt to do anything which can profess to make safe what never can be safe, if we attempt to enforce responsibility in a business where there is no responsibility.

1244. That is a different view. I quite understand that view; but I really was wanting to get at your position from a public health point of view; because I understood that you rather took the view that the State was entitled to take such action as would protect the public health, and I put to you this case, which is, of course, not at all an unusual case, in which a man who is in the habit of going about promiscuously with women, knowing that he has this venereal disease, is told that he ought not to have anything to do with women, and nevertheless goes and does it. That is a case which you would say ought not to be punished. Do you really say that?—Yes. I do not think that you can punish that without doing more harm. I would like to add also that the other point which convinced me against my earlier proposal was this. In the case of an offence against the person I believe it is law, and certainly it is fair, that the attempt should be punishable as well as the completed offence, though the penalty may be less. That was where it seemed to me that I was wrong in that original proposition. The real offence is in exposing another person to the risk of disease. According to what I suggested there, it would only be punished if disease has resulted. But that is a matter which has nothing to do with the volition of the guilty party. It is, as it were, a matter of chance. Two men do exactly the same thing; in one case infection results; in the other it does not. They are exactly equally guilty morally, but in the one case the harm happens to another, and in the other case it does not. I have come to see that it would be inexpedient in many ways to punish only on the question of disease actually taking place.

1245. I

22 October 1918.]

DR. HELEN WILSON.

[Continued.]

Earl of Strafford.

1245. I understood you in your statement to refer to the possible transmission of disease by a person not actually diseased. Did I understand that aright?—Yes.

1246. To what cases do you refer?—Where a woman receives a good many men in succession it is quite possible that if she receives a diseased man and shortly afterwards she receives another man, the disease may be transmitted from the one to the other.

1247. Without actually herself being infected?—Without herself being infected at the time; and perhaps without developing disease afterwards: for instance, if she has previously had syphilis and is consequently immune to another attack.

Mr. John O'Connor.

1248. Do you know that by recent legislation under the Public Health Acts, I think it is, means are being provided for dealing with the spread of this disease; I allude to free treatment?—Yes.

1249. Do you rely more on that than on these proposed penal clauses to keep this disease within the bounds and within check? Do you rely on the provisions of these Public Health Acts more than you do upon these punitive clauses for the reduction of disease or for the preservation of the national health, I may say?—It is, I think, not an Act, but the measures the Local Government Board are taking to provide free treatment. I do think that is much more reliable, and that the two things would militate against each other. If we penalise we shall be driving people away from the free treatment. I may remind you that the Royal Commission which reported two years ago, after a very careful consideration, came to the conclusion that provision of free and confidential treatment was the most important and valuable means of diminishing or eradicating venereal diseases. The Commission also brought out this point. If you begin to penalise people you are tending, in as far as you do it vigorously, to drive them away and make them afraid of free treatment. You lead them to conceal their disease lest they should get into trouble.

Chairman.

1250. I have not asked any questions upon your statement, not because I do not think there are questions to be raised, but I think the statement is so clear and so good that I would rather leave it alone. It will all appear, of course, upon our notes, and we shall be able to consider it exactly as it stands. But you have not quite done with the clause in your statement. You have some remarks upon the Sexual Offences Bill, Clause 1, sub-clause 1, sub-paragraph c, about "wilfully communicate," and so on. Will you kindly read your statement upon that subject?—The Sexual Offences Bill has an additional sub-clause making it unlawful to "wilfully communicate such disease in any manner to any other person." The meaning of this is not clear to me. Acts of deliberate intention may occur, such as by surgical inoculation of the disease, but they must be excessively rare, and I am informed that they could be dealt with as "infliction of grievous bodily harm." If the word "wilfully" is intended to include "negligently" it would apparently refer to so-called "accidental infection," namely, through cups, towels, lavatories, etc., or through personal contact, as in kissing. Malice can hardly be supposed in such cases. They would be analogous to a person with smallpox riding in a public conveyance, and should be dealt with, if at all, by health legislation rather than by criminal law. In any case two years' imprisonment is a very excessive penalty for that kind of carelessness.

1251. You do not say excessive if there were a case of wilful transmission or of such gross negligence that it amounts to wilful?—Does "wilfully" include "negligently"? I am dealing with it as it stands. Certainly if it was definitely wilful I do not think two years is excessive for that. Everyone can protect himself against ordinary danger by personal care, and the true preventive is the spread of such knowledge and

Chairman—continued.

such standards of cleanliness as will ensure that care. Habitually cleanly habits are the best safeguards against either transmitting or acquiring these diseases.

1252. Do not those words go very far? They seem to me almost to go the length of recommending what I believe are called prophylactics?—Are we to go into the question of prophylactics here?

1253. No; I only wished to observe that. You say everyone can protect himself against the danger, taking the case of cups and towels and so on. You would not say that nobody is ever to use a towel that is used by another person?—No, but I do say that the cases of infection by that means among people who are of habitually refined habits are almost infinitely rare.

1254. But surely we are dealing with a class of persons who do not come under the description that you have just given?—I do not think you would be able to stop them by any such clause as this.

1255. That is another thing?—And I may say that the cases that we know of where the disease spreads very widely by these means are in very overcrowded, uncleanly, unhealthy manners of living.

1256. I did not mean to stop you; will you please proceed?—The case of children exposed to such dangers is somewhat different. They have not the power or the knowledge to protect themselves. In their case the responsibility rests on the parent or guardian who fails to take reasonable precautions to protect the child from a known danger, namely, contagion from a person known to be diseased, who may be either the mother herself or some other inmate of the household. In such cases proceedings can be taken, and have been taken, under the Children Act, Section 12, which refers to neglect or exposure of a child "in a manner likely to cause injury to health." It seems possible that the Children Act may need strengthening on this point; I think the amendment, if any, should be made to refer to any communicable disease and not merely to venereal disease.

1257. Of course, "any communicable disease" would be going beyond the scope of these Bills that we have before us?—Yes.

1258. Would you say that because we are not here dealing with other diseases, therefore we should not deal with venereal disease?—No, certainly not. I am informed that the Children Act is sufficient to protect children who are exposed to this danger, and, as I say here, proceedings can be taken and have been taken. I can refer to one or two if necessary, to show how in these cases a mother has been prosecuted for neglecting her child in a manner likely to cause injury to health; the neglect consisted in allowing the child to acquire venereal disease from herself. I only say possibly the Children Act may need strengthening; but if so it should be done on the Children Act.

1259. It seems to me that the last part of your observations does point towards making venereal disease a notifiable disease, as others do. That is outside our Bill; there is no proposal to do that; but I should like to ask you shortly whether you think that it should be made a notifiable disease?—No, I do not; chiefly for the reasons set forth fully in the Report of the Royal Commission on Venereal Disease.

1260. Now we will go, if you please, to Clause 3 of the Criminal Law Amendment Bill. That is about the detention of girls under 18. You have also put your views in writing there, and I think it would be very convenient if you would read what you have written?—I should like to see sub-clause 3 of Clause 3 modified and the remainder of the clause deleted. My objections rest on several grounds: (1) The general objection to the solicitation laws, as stated below. (2) It is absurd to treat girls up to 18 as minors for this purpose, while they are protected against corruption or seduction only up to 16. (3) If the detention for a period up to three years is regarded as imprisonment it is a very excessive sentence. If it is regarded as care and protection it ought to be given in the earlier stages of the girl's career, and not deferred until she has gone so far as to be convicted as a common prostitute. Hitherto there has been no power to get public funds for the care or education of any girl on the ground that she is neglected or in moral danger, unless (a) she is under 14, when she may be sent to an industrial school; or (b) unless she can be placed under the Guardians as a pauper. Under the new Education Act it seems possible

22 October 1918]

DR. HELEN WILSON.

[Continued.]

Chairman—continued.

sible to evolve a satisfactory method of dealing with disorderly young persons of both sexes. I put in a memorandum on this subject.

1261. We will have that printed and circulated so that we can read it. I think we will not go into it just now?—I would like to add, besides that, that I think the Juvenile Department of the Home Office is dealing in an admirable manner with young persons generally, or is attempting to deal with them, and that memorandum sounds like taking it too completely out of their hands; but I do not wish to ignore the excellent work that is being done there. (4) It is very doubtful whether there are at present any Homes suitable and willing to accept girls under this clause. I understand there are a good many Homes that are willing, but as to whether those Homes are also suitable I have grave doubt. Lastly, the Bill makes no financial provision for carrying out the clause. Then, as to sub-clause 3, Houses for Remand Cases: With the intention of this sub-clause I am in agreement. Remand houses for girls are greatly needed, but they should be available for girls charged with any offence, and not solely for alleged prostitutes.

1262. But you would not go so far as to say that that is an objection to doing it here with regard to these offences?—No, I should not, but I think it would be a great pity, while you are at it, to restrict them. Then the fourth sub-clause, which says they are not to be sent to any place where women over 21 are received, is presumably intended as a protection against corruption of young girls. I think it would be quite useless for that purpose, and would be an unnecessary and arbitrary hampering of reformatory institutions. There is no reason to think that a woman over 21 is any more of a corrupting influence than some girls of 16 or even 15.

1263. You say it is absurd to treat girls up to 18 as minors for this purpose. If the age were raised above 18, would that diminish your objection?—It would remove that particular objection altogether, of course, it would not remove my other objections, but it would remove that one.

1264. I was only dealing with that particular objection. It has been suggested to us that it should be up to 19 years. Would you remove any age limit at all?—I think that young offenders up to 18, or whatever age is selected, should be dealt with in a manner different from what they are at present. I should like to see something like the plan advocated and adopted by Judge Ben Lindsay where, as he informed us, if any young person breaks the law, that person is brought into Court not as a criminal to be charged but as a young person whose morals are such that he is in need of education and assistance. I should like to have some means of dealing with girls up to 18 which would enable one to give them the care and the education they need before as well as after they have actually become common prostitutes.

Earl of Sandwich

1265. Do I gather that you really, then, take objection to this Clause 3 principally on the ground that you disapprove of the institution *per se*? For instance, if probation is substituted for an institution, or if the institutions were of a special character differing from those in existence, would you then object to girls being placed under that system?—I object altogether to the differential treatment for common prostitutes as such, but, waiving that, which will come later on, I do not object to institutions altogether as such. I think they are a lamentable necessity, but that they do appear to be a necessity for many at present. I should like a great extension of probation. I think that the less compulsion there is about institutions the better it is for all parties concerned, both for the girl who goes there and for the people who have to deal with her.

1266. You would approve such an institution as one I have had to deal with in connection with the colony system, where you get a special form of education, giving a good deal of self-government?—Yes, I approve very much of that, and I have a good deal to do with such a colony for girls of this class, where there is no compulsion but where we do receive them on probation. I think we want to get away from the idea that

Earl of Sandwich—continued.

by simply putting a girl for two or three years where she is prevented from certain forms of conduct we are really doing anything to improve her character. Merely withholding her for two or three years and putting her under such control that she cannot do wrong is not really doing anything for her character. We should not think it so in the case of a man, and we do not think it so in the case of these girls.

1267. But with regard to this sort of treatment in Clause 3, if it was applied to the type of girls who have been called amateur prostitutes, or who were on their way to become such, you would not disapprove of that training to those girls?—I do not disapprove of training, but I disapprove of compulsion on hard and fast lines, prescribing the same kind of training for every case. I have known a girl say "I could be happy here, and would stay willingly. But the knowledge that I am compelled to stay makes me want to run away." To commit them to an institution with the knowledge that they must stay for so many years is positively harmful in some cases. The clause says that there may be provision in the Homes for licensing out "There may be," but I think there ought to be in all cases, if the clause is passed at all. Many girls need care and supervision, but I consider that probation, with some money behind the probation order, would be much better than a mechanical system of sending them all to Homes. Some cases might suitably be sent to Homes under a probation order.

1268. Do you think if the period of time at which they were kept at an institution were left entirely to the discretion of the person in charge of that institution that would be workable?—I am not sure that it ought to be left entirely to the discretion of the person in charge; certainly not if it is supported by a capitation grant.

1269. I meant more if the power were taken away from the Court and left to the discretion of those in authority?—Of someone like the probation officer or education authority, yes—a sort of indeterminate sentence.

Chairman.

1270. I think that you have already said that you have not the same objection to sub-clause 3 of that clause as you have to the clause in general. Where it is a remand you do not object to her being sent to a Home?—No. At present she is sent to prison, and I think that very great harm indeed is done. I think the evidence is unanimous on that—that in the case of a girl who perhaps is not guilty, whatever the offence is, or who has only just begun on an evil career, for her to be sent to Holloway while on remand does her a great deal of harm and does not serve the ends of justice. Further, if she were in a proper remand Home there would be more opportunity, with a proper person in charge, of finding out what was the best thing to do with her afterwards.

1271. Are there any such Homes at present, do you know?—There is one which I believe was opened last month. There are informal Homes connected with some of the police courts. Mr. Chapman has told me how he has dealt with such cases. If it is a girl he thinks will not run away, she is put in charge of the police court missionary; but a regular Home of that sort has been opened last month; I do not know how it is going on.

Viscount Sandhurst.

1272. I think you mentioned probation houses just now, did you not?—I mean they are sometimes put under a probation officer, and the probation officer can insist that they go to a home. They are put under the probation officer with the condition that they will go to a Home.

Mr. John O'Connor.

1273. When sent to Holloway are these young girls put into a cell all alone?—I am not very certain about that, but I think they are put in a cell alone, and they are allowed to exercise with others, and in exercising with others they come under a great deal of harmful influence.

1274. The reason I ask that question is that it is something very terrible, if you only had experience of it, to put young people into a cell all alone by themselves. I have heard these young people at Holloway cry and howl all night, the boys usually, and girls no doubt. If put into a cell alone it is a very cruel torture.

22 October 1918.]

Dr. HELEN WILSON.

[Continued.]

Mr. O'Connor—continued.

torture?—There is a case being taken up now where a girl, not for this offence—I forget what it was for, but it was not for prostitution, I think—is said to have been driven mad while on remand in Holloway. The facts are being investigated.

Sir Willoughby Dickinson.

1275. I may take it from you that you are of opinion that it is advisable that something should be done with these young girls who are possibly entering on a life of prostitution?—Yes, but not as prostitutes. I want them got hold of, as young people in need of protection and re-education; not that nothing should be done for them until they are branded as common prostitutes.

1276. I think I remember seeing some statistics that were got out by you showing the large proportion of prostitutes who entered on that career at a very early age?—Yes.

1277. Are you able to give us those figures? It struck me that they might be useful?—Yes; I will put them in. I got them out in 1913. 830 cases in rescue homes, not all actual prostitutes, were investigated. In 341 of those where they had actually been prostitutes we got the age at which they began the career of prostitution. In 24 it was under 16; in 103 it was from 16 to 18; in 91 it was from 18 to 20; in 55 it was from 20 to 22; over 21 years of age there were 68. The first lapse from virtue usually would come months or years earlier than when she became a prostitute. In 401 cases I have a statement as to the girl's age at the time of her first lapse; under 16 years of age there were 76; under 17 there were 139; under 19 there were 92; under 21 there were 50; out of the whole 400 there were only 44 over 26. This is an investigation I had something to do with. It corresponds with inquiries almost everywhere; in France, in America and elsewhere.

Chairman.

1278. Were these people in London?—These were in England, mostly London.

Earl of Sandwich.

1279. You say they became prostitutes; do you mean they were for the first time brought into court for prostitution?—No, they began practising prostitution. This would mostly be got from their own story or from that of others. May I put in one thing, as Sir Willoughby Dickinson has asked me about this? In this same paper I have something about the very large proportion who never have had a proper home, whose parents were either dead or worthless, or something of that sort. A very large proportion of the most difficult cases are very much in need of that protection of which I have spoken, because they have not had, from one reason or another, any proper parental care. I think that is an important point in dealing with the matter. They need care before they get on the streets.

Chairman.

1280. It is very important, because I think you have already spoken of the desirability of being able to send girls back to the protection of a home. Where there is no home what are you to do?—I want an education authority or some other authority to do it; to do it for the girl as a person who is in need of help, and not, as I say, to wait until she is convicted.

1281. Now will you please go on to Clause 2. You have some remarks to make upon that, I think, that you referred to a little time ago, as to your general objections to the laws affecting solicitation. Probably you would at any rate wish that the words "common prostitute" should come out of that clause as drafted, but I noticed in your very last remarks that you spoke of "prostitute" and of "prostitution" as if you knew very clearly in your own mind what that meant; that is to say, that you were quite prepared to define what a common prostitute is and what prostitution is?—May I read some remarks that I have put down on this subject?

1282. May I ask if that is what you referred to in your note to me as a précis which you thought you might put in?—Yes. I should like to say that the clause existing in the Metropolitan Police Act which refers to solicitation has proved insufficient and ineffective for dealing with order in the streets. I sub-

Chairman—continued.

mit that is because it does not correspond to the facts of the case. It refers to a state of things which has passed away, if it ever existed. It assumes, first, that the only persons who cause annoyance are women who ply their trade for gain; secondly, that these women constitute a definite class recognisable by dress, by demeanour, or by being about in the streets when respectable women are not seen; and, thirdly, that while men can protect themselves against all other dangers of the street, these common prostitutes are formidable persons against whom special police protection is necessary. These assumptions, even if true at some former period, are now notoriously untrue. The greater part of street disorder is due to loiterers of both sexes, including, besides prostitutes, large numbers of girls who are out to amuse themselves, and still larger numbers of men seeking distraction, some of whom are deliberately intending to respond to solicitation. The regular prostitutes nowadays dress quietly and have no distinctive outward characteristics. There is no means of identifying them on the street, except by watching to see whether they habitually repeat actions which are in themselves harmless. Of course I do not mean literally that you never identify them otherwise, but I think broadly that statement is true. This leaves two alternatives open; first, either to make prostitution itself a punishable offence, which I believe to be quite impracticable; or, secondly, to regard these women as members of the general population and subject them to the same regulations. If they create a nuisance or obstruction let them be dealt with on the same lines as any other persons who create a nuisance or obstruction. What course are the police instructed to pursue in the case of men who accost and annoy women? There is always some of that going on. I can remember that 35 years ago I heard much of the dangers to girls in London streets. We do not hear so much about that now. I believe the same incidents happen; girls are accosted by men now as they were then; but now the girls are not frightened by it and their relatives are not frightened, and therefore the streets are actually safer for respectable girls, because they know how to take care of themselves. That is the main part of what I wanted to say. As I say, the laws against solicitation by prostitutes do not correspond with the facts of the case to-day, and they hamper the police in keeping order rather than help them. I believe that by a judicious use of men and women police moving on all disorderly characters and preventing all annoyance the streets would at any rate be no worse than they are now, and probably would be a good deal better.

1283. We have had before us no less a witness than the Commissioner of Police, who recommends with regard to this class that the words "common prostitute" should be taken out and that the word "person" should be put in. "Every person loitering or being"?—That is loitering or being for the purpose of prostitution, is it?

1284. He did not propose to take out those words?—Then it would become a question of administration. I am quite sure that men ought to be dealt with the same as women.

1285. He is entirely with you about that, I think?—The question is whether it actually would be administered in that way.

1286. That of course we cannot tell?—I am afraid it is the strong current belief that prostitutes are the great cause of the trouble, which hampers more than perhaps anything else the right dealing with the problem. May I add these few lines? The conventional view, which governs law and police procedure and which underlies much of the public outcry, is that all the trouble is due to women who ply their trade for money. That view is totally incorrect. It is a red herring drawn across the track, diverting attention from the real problem, which consists in the fact that there are vast numbers of young men and women who have no sense of moral or social obligation, and who are totally irresponsible and ignorant about their sexual relations and responsibilities. The passing of money is a mere irrelevant incident so far as health or public order is concerned. It is admitted now to be of no consequence as regards public health. I think it is of very little consequence as regards public order. The sooner this is recognised the sooner we shall be on the

22 October 1918.]

DR. HELEN WILSON..

[Continued.]

Chairman—continued.

the way to find a solution for the larger question. The commercial side of the matter is important so far as the exploiters are concerned, but not as far as the actual parties are concerned.

Sir Willoughby Dickinson.

1287. I take it from you that, roughly speaking, you would approve of this No. 2 as proposed to be altered—that is to say, if the words "common prostitute or night-walker" are taken out and "every person" put in?—No, I think hardly. I think there ought to be some more definition if that is to be done, or some statement as to how you are to ascertain that they are there for the purpose of prostitution or solicitation. With the clause as drafted it supposes that it is only a prostitute who will be there for that purpose.

1288. But, nevertheless, you think it would be an improvement on the existing clause?—It would be an improvement on the existing clause, certainly.

Chairman.

1289. Leaving in the words "for the purpose of prostitution", prostitution is always regarded as meaning a woman?—Yes.

1290. So there you would still have your clause limited?—And solicitation is always interpreted as meaning by women.

1291. I think the tendency even of the Bill as it stands is to get rid of that limitation to a great extent. Of course, it may be perhaps that we must get rid of the word "solicitation" and describe it in some other way?—You know that the clause dealing with this is different for London from what it is for all other towns.

1292. Yes; you are referring to the Metropolitan Police Act?—Yes, and the other is the Towns Police Act.

1293. I do not think we need go into that unless you wish to?—No; I do not wish to.

1294. We have had it very clearly put before us by the Commissioner of Police?—May I say that in the Towns Police Clauses Act it only says "prostitution" and it does not say "solicitation."

1295. Now may we go on to Clause 4 of the Criminal Law Amendment Bill and Clause 3 of the Sexual Offences Bill. From what you have told me I think you are rather inclined to approve of those clauses, but you have some suggestions to make as to what is done in America, I think?—I do not disapprove them; I doubt very much whether mere increase of fine will be of very much value, but I do not disapprove it.

1296. Will you kindly read your paragraph on the subject?—I have no objection to these penalties, but I doubt if they will effect the purpose. What is required is to make the use of premises for immoral purposes seriously unprofitable to the owners of property as well as to the tenants. This is said to have been successfully accomplished in many of the American cities by the Injunction and Abatement Law. A similar law might with advantage be enacted here. The essential points of this law are that houses of ill fame or assignation are declared to be nuisances, that any citizen can institute proceedings for the abatement of the nuisance, that the general reputation of the place is made admissible as evidence to prove the existence of the nuisance, and that if the complaint is proved the court can not only issue a permanent injunction but can confiscate the furniture and can forbid the use of the premises for any purpose whatsoever for a year. That gets over the difficulty, which I believe is often met with in London, of finding out who really is the owner and getting at him. Another provision that is made in some other American cities is what they call the Tin Plate Ordinance, which requires that the name of the actual owner of every house shall be affixed on a metal plate somewhere on the outside of it; but these are matters that are beyond my legal knowledge.

1297. Do you mean that the Archbishop of Canterbury and the Duke of Norfolk should have a tin plate with their names put on their doors?—It need not be on the door; it must be outside. I have an article here setting forth the Injunction and Abatement Law with a great deal of legal terminology.

1298. Will you kindly refer us to it?—It is an American publication called "Social Hygiene." As it is American I do not know that it can be obtained here, and I will leave this copy with the Committee.

1299. If you will kindly lend me personally the copy

Chairman—continued.

I should very much like to read it. Can you tell me whether this American legislation has ever been under consideration in this country?—As far as I know, it has not.

1300. I think there was a Bill brought in a few years ago in the House of Lords trying to deal with this subject. I am talking rather at random just now, but I think there was?—That is so.

1301. And I think it was lost amongst the mass of Bills in the House of Commons and never came to anything. Considerations of the sort that you mention as having prevailed in America must have been debated at that time?—This law only began to be introduced in America about that time, and I do not think it had proved itself in America then.

1302. If you will lend that to me it will give me an opportunity of mentioning to the Committee, after I have read it, any points that are raised on it, and we will consider them. I think there is really nothing to ask you upon Clause 4 of the Sexual Offences Bill. You, of course, object to the sort of foundation of it, that it rests upon reputed prostitution?—Yes.

1303. You have given your views to the Committee upon that subject?—Yes.

1304. The only other clause that you say anything upon in the memorandum you have sent to me is Clause 9, about the powers of the Court to exclude people. Will you say anything you have to say on that subject?—There are some magistrates who at present interpret their powers under the Children Act that in unpleasant cases they will exclude from the court all women, while leaving men and boys present, so that a girl may have to tell a very painful story without a single woman of any sort being in court. I think that ought to be made quite impossible. It would still be possible under the clauses drafted here. I believe there is a suggested amendment to the Children Act which to a certain extent meets it, providing that there should always be a female present over 16 years of age whenever a girl is either a defendant or a witness.

1305. I do not quite see how you would work that. You could scarcely compel somebody in the public to stay. I noticed that you say in your note: "One or more respectable women ought always to be present," but I should have thought respectable women were the ones who would hasten out of court?—Sometimes there is what is now called a police court rota of ladies who are watching and who have been turned out.

1306. You refer to that?—I also refer to the fact that actually police court missionaries or probation officers have been turned out of court in these cases.

1307. Do you say turned out?—Distinctly, turned out; all women were to go and they had to go. I have here a carefully thought-out amendment to the Children Bill.

1308. There is no such amendment before the House of Commons just now, is there?—No, I do not think so. I think they have just got out this, and it will probably be introduced quite soon.

1309. I should like to hear it if you have it there?—I might mention that in the same pamphlet of proposed amendments on Clauses 16, 17 and 18, which have to do with the corruption of girls, they suggest also other valuable amendments which would strengthen the protection of young girls very much. The paper is issued by the National Society for the Prevention of Cruelty to Children.

1310. I note that you do not say anything about the indecent advertisements clause or anything about the clause which deals with what are commonly called quacks. Have you any observation to make upon either of those clauses?—I have read through the one on indecent advertisements, and it seems to me on the whole that I am in favour of it.

1311. Without going into particulars, are you disposed to approve of those clauses in the Bill?—I would rather say I have no particular opinion on them; I have not gone into those subjects.

1312. You do not wish to say anything about them here?—No.

1313. Or about unregistered practitioners?—No; I have nothing special to say about that.

Chairman] I think we have nothing more to do but to thank you for your very clear statement, which will be of very great advantage to the Committee.

(The Witness is directed to withdraw)

Die Jovis, 24^o Octobris 1918.

PRESENT :

Earl of SANDWICH,
Earl of STRAFFORD,
Viscount SANDHURST,
Lord MUIR MACKENZIE,

SIR WILLIAM COLLINS,
SIR WILLOUGHBY DICKINSON,
Mr. NEVILLE,
Mr. JOHN O'CONNOR,
Mr. TYSON WILSON.

LORD MUIR MACKENZIE, IN THE CHAIR

Mrs. OGILVIE GORDON, D.Sc., Ph D., is called in ; and Examined.

Chairman.

1314. Mrs. Ogilvie Gordon, I think you are President of the National Union of Women Workers of Great Britain and Ireland?—Yes.

1315. In anything that you tell us to-day you are representing that Association?—Yes.

1316. You have been kind enough to give me a note of what your evidence will be to-day. As you know, I have not seen it until just this minute; I have only just had time to run my eye over it. I think I will ask you to be good enough to read it, if it is agreeable to you, the first two pages of it, because it seems to make very clear what your position is, and the general scope of your evidence?—I shall be very glad to do that. The two Bills under discussion were carefully considered by the Executive Committee of the National Union of Women Workers on the 19th July of this year, and, as President of that body, I was empowered to place their views before any committee of inquiry formed under Parliament. Reports on those Bills, or on certain clauses, have been submitted to the Executive by: First, The Rescue and Preventive Sectional Committee, which is the expert Committee of the Union dealing with questions of public morality and immorality; second, The Legislation Sectional Committee, which studies existing legal conditions and has a watching brief over legislative measures before Parliament; third, The Public Health Sectional Committee, which concerns itself with the safeguarding of the health of the community and deals more particularly with the clauses in these two Bills relating to venereal diseases; fourth, The Women Patrols Committee, which controls a large body of workers devoting special attention to the behaviour of young girls in the streets, and endeavours to prevent them from falling into irregular habits of life. The conveners and several leading members of these committees are also members of the Executive Committee, and their personal views and expert knowledge are of great value in securing that the various aspects of such complex problems shall be fully put before the Executive. Further, the Executive Committee of this Union is not a small body, but consists of over 100 members. About half the number are elected by a large representative Council of Branches and affiliated Societies, and about half the number are drawn solely from branches of the Union scattered throughout England, Wales, Scotland and Ireland. Thus local impressions and local experience have full opportunity of being heard in the executive. Again, a small group within the executive is elected solely by the Women's Societies affiliated to the Union; and these Societies hold widely divergent views on a number of questions. Thus it will not be a matter of surprise that the members of the Executive Committee were unable to come to a unanimous finding on the more contentious clauses of the two Bills. On the other hand, there are some very important points which they regarded as fundamental, and on which they were all agreed, and the unanimity of such a representative Executive Committee on any great question of morality may be taken as a reliable indication of the public opinion among women throughout the country. Not only the members of the Executive Committee, but also the representatives of all our branches and affiliated Societies sitting in full Council have time and again publicly and unanimously passed resolutions urging that an equal moral standard for men and women should be required in society and in

0.179.

Chairman—continued.

law. New legislation should, in their opinion, be based upon the recognition of equality of the sexes and their methods of administration. Without that recognition they believe that new legislation will fall far short of the necessities of the case; they ask for no mildly ameliorative measures, but a bold, scientific reconstruction policy that will deal adequately with the whole field and will build up a stronger and better land for the oncoming generations of British men and women.

1317. I would like to ask you two questions upon what you have read: You say that the Societies unanimously passed resolutions urging that an equal moral standard for men and women should be required in society and in law. Do you consider that these Bills that are before us do not fulfil that requirement? Do you think that they can be described as one-sided?—I think that a large section of our Union would consider them so.

1318. When you say they believe that new legislation will fall far short, do they mean that these Bills do fall far short?—I believe so.

1319. I think you know that the committee does not desire to go outside the proposals which appear in the Bills?—Quite.

1320. I propose to ask you one or two general questions besides what you have dealt with in your memorandum, and then to go through the clauses of the Bill. I think, though I have not been through it, that you have done so in your memorandum?—Yes.

1321. I will ask you to go through the clauses of the Bill and let us know what your views are on the different clauses in the order in which they appear in the paper. We shall perhaps trouble you with a few questions arising out of the answers that you give. The committee would like you to tell them generally as to whether you consider that there is now a serious state of things as exhibited in our streets and as illustrated by the prevalence and the danger of venereal disease, and whether you think that it can be dealt with and ought to be dealt with by way of legislation rather than by relying, as has been suggested to us by some people, upon education, whatever that may mean, for remedying these evils?—I presume that you know that I am here not to state my own views unless you specially ask for these; I am only here to be the mouthpiece of the Union.

1322. And in that respect sometimes you are in the difficulty that your clients are not always agreed?—Yes, but I will answer your questions as well as I can from the point of view of the Union. Should you ask my personal views, that is quite for you to decide whether you care to have them. From the point of view of the Union, we are all unanimous in the belief that the state of affairs just now is exceedingly serious; that it constitutes a real menace to the community and to the future of our whole race, and that therefore they believe that some treatment is required. That is the first part of your question. You asked a second question: Whether I thought that the state of affairs was such as to call for legislation.

1323. Yes, and whether legislation is an adequate and proper mode of dealing with the state of things that you refer to?—I believe I would be taking a safe middle line in saying that if the Union were gathered together it would say that both these measures were required, that we require to have legislation dealing with the immediate needs, but that we also require,

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and

24 October 1918]

Mrs. OGILVIE GORDON,

[Continued.]

Chairman—continued.

and that very urgently, some proper constructive policy in which educative measures would form a large part.

1324. You know, with reference to that, that very strong protests have been made by the representatives of the Colonies upon the state of things which they have found in the Mother Country—I am aware of that.

1325. Do you look upon the state of things as abnormal, arising out of the war? We have had a great deal of evidence to the effect that there was good progress being made before the war, that the general statistics show that. Are you of opinion that the main evil that we have to deal with has arisen out of the abnormal conditions of the war, and that we ought not to be hurried into what some people might think extreme measures because of the state of things that is going on just now?—I find several questions in that question. Taking them by degrees, I should say that the evil was there in a very serious condition before the war, and that even if the war had not taken place a very serious position had existed and ought to have been attended to. Attention was being given to it from certain quarters, but we had not the feeling, as a body, that sufficient attention had been given or that the men of the nation as represented in Parliament were dealing with it seriously. That was before the war. The fact that the evil had not been properly dealt with and fully grasped in legislative or educative ways made it almost an unfortunate consequence that when war conditions arose the evil was very much aggravated, and that many of us felt that during the war, for the sake of any immunity, or help towards immunity, for our young soldiers, some measures might have been regarded as necessary. These could only have been taken as purely superficial, as adventitious, and they could not be of such a character as to strike at the real root of the evil or afford us protection for the future in any way.

1326. You rather criticised my method of putting a question to you, but I think you will realise that at our present stage at any rate I only wish to enter upon the subject in the most general way, and that the different questions all bear upon one another so closely that I think it is better to pursue that course just now rather than another one?—Yes.

1327. Do you regard the state of things just now as a novel feature, both as regards the state of the streets and as regards the prevalence of venereal disease; that it is amongst women chiefly that the aggravation appears, and that it appears in a younger class—a more promiscuous class—of women, and that it is not a case of the aggravation of affairs amongst what I may call the old-fashioned prostitute?—I think that that is the case; that owing to war conditions we have found that the evil has been spreading amongst a younger class than was the case previously.

1328. That to a great extent the problem with which we have to deal is affecting that class of very young women?—I think that that is one of the most urgent problems of the moment.

1329. I think the only other thing I wanted to ask you was if you could explain, if it is possible to explain it, what is meant by education in this connection. Is it religious and moral teaching, the endeavour to make the community, and especially the younger ones, more virtuous, more moral, or does it mean that cleanliness of habits will produce this result? When we are told that cleanliness of habit has to be looked at for a remedy, of course it suggests many things to us, by no means all in the direction of morality?—I think so far as we use the term "education" it is used in the very widest sense possible, and if we could interpret the idea in the minds of those who look in the other direction, of remedial measures, we should have to improve public instruction on the line of public health generally. No one can imagine that, however well you educated the young population on what ought to be modern lines, you could really make much headway in improving their minds unless you at the same time gave far better conditions of home life and of housing in which their environment is placed. Those who argue that education may do much are fully aware that also the environment of upgrowing children is of very great importance, and that the whole housing question is wrapped up in that. That is one of the reasons why women are so urgent in regard to housing

Chairman—continued.

reform. It is not only for the sake of the greater comfort of the adults; it is for the sake of the upbringing of young children and young minds in their adolescence in surroundings that are apt to render them cleanly of habit and cleanly of mind, and to keep them from too premature knowledge of conditions of existence that, given at the right time in their lives, might come quite easily before them, but given too early is apt to misdirect their young energies and to pollute their thoughts before they have had a chance of growing up pure-minded. With regard to the question of education, I think that that is rendered far more promising, that it has caught a greater hold of the minds of large numbers of people within the Union, since the new Education Act has been passed. Because the fact that the adolescent period of existence is now to be taken in under the education authorities unquestionably opens the door very much more widely to a considered method of dealing with sex questions and keeping in touch with young persons, giving them the necessary time for recreation under suitable care and so on, and in fact it does open the door to reformative agencies in a natural way, in place of the rather forced method of confining boys and girls in institutions; and it gives room for constructive minds who are interested in young adolescent life to formulate new plans and ways of appealing to them and of preventing their falling into evil ways because of unrestraint at home and the laxity of the streets. I certainly think that the whole question of educational treatment has been immensely raised and put on a higher platform and made far more possible of good achievement by the new Education Act. One cannot forget that the continuation class system is not only intended to be a matter of instruction, but it explicitly says in the Act that it is also to provide some care for the moral question and the recreative question, and that these may be dealt with largely by the juvenile organisations throughout the country. Thus it is being made far more possible that the educative agencies under public control and the juvenile organisations which make a specialty of young life, should be placed in a better and more practical position. I think there is far more prospect now of the educational agencies helping in this problem than there ever was before; and that, on the other hand, if we retain the homes and the institutes that we have already throughout the country, which are doing estimable work in many cases, there will be a general demand throughout the country with regard to any girls or boys placed there for purposes of educating them along better lines during their adolescent period, that they should be put there on a proper maintenance allowance, and that it should not be left to their work practically to finance the institutions, as is the case in many places at present.

1330. I think, though it is my own fault, that I have rather led you into going beyond what we wish to discuss here. I know it is my own fault, because I have asked you what you meant by education, and you are assisting us, in a very luminous way, to understand your views upon the subject?—May I say that I am not necessarily giving them as my views. I am trying to interpret the views of those who wish to see education a larger factor.

1331. I gather, from what you have already said, that you do not look exclusively to education and those other fields that you have described for the improvement that we hope for, and that your Association does think that some legislation on the lines that these Bills indicate is desirable notwithstanding that your real outlook for the future relies upon education?—I think that my previous answer implied that our Association is of opinion that measures of a legislative character are required at present, while still reconstructing upon a broader basis.

Mr Tyson Wilson

1332. You say that the members of your Union have passed certain resolutions, I think?—Yes.

1333. Is that in branches throughout the country?—The resolution to which I might make reference was one passed in 1917 at the national meeting, the meeting of all the representatives from the branches and from the societies. The resolutions are circulated beforehand

24 October 1918.]

Mrs. OGILVIE GORDON.

[Continued.]

Mr. Tyson Wilson—continued.

beforehand, and they come with instructions. The resolution passed was as follows:—"That the National Council of Women of Great Britain and Ireland affirms its unshaken belief in an equal moral standard for men and women. Since the present laws relating to solicitation and riotous conduct in the streets are complicated, unjust and ineffective in practice, the National Council of Women urges that a law on an equal basis for men and women in regard to administration, evidence and penalties should be substituted to deal with molestation or annoyance by any persons in the streets." I cannot remember at the moment whether that was passed unanimously. The equal moral standard has been passed unanimously on frequent occasions, but this further part relating to the present laws I would imagine was not passed unanimously, but probably by two-thirds majority, which is required before it can be entered upon our hand-book.

1334. The meaning of that resolution is really, then, that whatever legislation is passed shall apply equally to men and women?—That is so; that is fundamental.

1335. I take it for granted that the Union is of opinion that legislation is necessary?—I have tried to reply to that, that legislation is necessary, but not this particular legislation.

1336. With regard to one of your replies to the Chairman, you said "such treatment as was required." What is meant by "treatment required"?—the establishment of dispensaries?—I noticed the word as soon as it slipped from my mouth. I do not think I was referring to any specific treatment, but I thought immediately after, that that might be taken as specific; it was not intended as such.

1337. You laid stress on the necessity of teaching, moral teaching particularly, but I take it you meant hygiene as well?—Yes, sex hygiene teaching.

1338. Do you not think that years of moral training and of teaching are gone in an hour, very often?—I should be very sorry to think so. You mean that momentary impulse might defeat the whole object.

1339. I go further than that, and say that a large proportion of the girls with whom it is intended to deal have had moral teaching for years, and that during the last four years all that moral teaching has been forgotten in five minutes?—I think we have to go on and endeavour to teach in more and more enlightened ways, the great responsibility of young people in their future and towards the race; and I cannot suppose that because now and again you have instances where certain years of teaching have been gone in an hour that proves that it is not desirable that the teaching should be given nevertheless; because we do not know all the cases where it has been of great moment.

1340. Has any attempt been made to collect the evidence in regard to the number of young women who have gone astray during the last four years who have had the best of education and also high moral teaching?—I do not think that our education has ever properly dealt with this question. I do not think they ever have had a proper opportunity in the past. It has never been taken up under our system of public education.

1341. I will not pursue it any further, because it does not altogether come within the scope of the Bill, although it has a bearing on it?—There is one point of difference. You are touching on moral teaching that has been given by private institutions, groups of people, churches, and so on, but I was talking of education under the educational system of the country, and it has never had an opportunity.

1342. I was referring more particularly to the lectures that are given. You know that lectures have been given for years all over the country?—I do know, but it has never been incorporated in our educational system.

1343. No; that is a different matter altogether?—That is so.

Sir William Collins.

1344. You have spoken as to the state of things now existing as being exceedingly serious, and the evil you stated was very serious before the war. Do I understand you to mean by the evil a moral evil or a disease evil?—Both.

1345. Does your Society advocate remedies in both directions?—Yes. It would certainly consider it quite

0179.

Sir William Collins—continued.

inadequate to deal with disease without dealing with the moral question and the raising of the standard of morality.

1346. I think you said that a large section of your Union consider that the two Bills now under consideration do not carry out the principle of equal moral standard?—I could not say how many. Two-thirds must have passed this resolution that I read to you. Therefore I am unquestionably right in saying that a large proportion consider them inadequate. Both those Bills were not before us; I think the Sexual Offences Bill came in later; but practically it repeats in many things what was already covered by this resolution that I read.

1347. Are you able to say whether the majority of your Union desire what you speak of as a reconstruction of society rather than legislation directed against disease?—No; I am not in a position to say that, but I read to you quite clearly this resolution which a large majority passed. I cannot go beyond that.

1348. In dealing with the clauses you have probably indicated to us the direction in which a large section of your Society think that the Bills would not carry out the principle of equal moral standard?—A two-thirds majority must have been given to this resolution which I have read to you; therefore a large section are of opinion that the present laws are complicated, unjust, and ineffective, and they urge that a law on an equal basis for men and women should be substituted. But then we did not take up in our full Council those two Bills. We took those up in executive Committee, and naturally the executive Committee cannot give quite so clearly what would be the opinion of the whole majority of the body; it is a fair indication, but it is not such an actual proof as the passing of definite resolution at our annual conference. So there is a slight difference.

1349. I forget whether you gave us the total membership of the Union?—It is rather difficult to state it. As far as the branches go, they might have a membership of 12,000 to 15,000 or more, but when you take in the whole of the body and all that are represented within it when they sit in council, it would be from two to two and a-half millions.

1350. And the number of the executive?—Slightly over 100.

Mr. Neville

1351. When you refer to the equal standard of morality, so far as I can understand from what you said, you refer to equal standard of public morality—that is to say, in the streets, police offences, and things of that sort?—No; I think what our Society means is an equal standard of morality in individuals, in society and in law.

1352. The instances you give chiefly apply, I understand, to solicitation, molestation, and offences of that sort?—Because that particular type of legislation was before the country at the time, but we have in previous years passed resolutions simply stating we wanted an equal moral standard as between men and women. We wish really the individual standard of morality that is required of men and women to be alike.

1353. And that you think you will get by new methods of education?—I do not think I said that.

1354. I wanted to ask you whether that was right?—My Union has never said how they expected that to be achieved, but I think I interpret the general view of the Union rightly when I say that if reconstructive methods, more particularly relative to a fuller and wider system of education on these subjects according to a freer interchange of knowledge and communication of knowledge, were followed, then it would be more likely that you could attain a recognition of the equal standard amongst boys and girls and men and women—that that would conduce towards attaining an equal standard.

1355. Has your Union thought out any sort of syllabus or any sort of scheme for the education? This is really the education of human nature, is it not?—May I say that our Union is also the National Council of Women; that is affiliated with the National Councils of many other nationalities in the International Council of Women, and that is a subject that has been dealt with not only by our National Council but by other National Councils. In Norway, Sweden and Denmark those systems have been thought out; and shortly before the war we were as a Union studying those

H 2

24 October 1918.]

Mrs. OGILVIE GORDON,

[Continued.]

Mr. Neville—continued.

those systems, endeavouring to have the systems translated from the languages that were used in those countries, and we were endeavouring to build up an equal moral standard, and had fully intended to draw out a scheme for ourselves; but that has not been accomplished, largely owing to the war.

1356. May I put to you that this is about the biggest thing that has ever been attempted by human beings within the knowledge of the history of the world, for some ten thousand years?—That what is the biggest thing?

1357. That the suggestion that you are going practically to change human nature by your educational system is about the biggest thing that has ever been attempted by the human race within the ten thousand years known to history?—I cannot accept your assumption that we are wanting to change human nature.

1358. The history of human nature is, I believe, about ten thousand years; I hope you will succeed, I am thoroughly with you, but it seems to me that it is the biggest undertaking that human nature has ever undertaken against itself. To which do you attach most importance, the race or the individual?—The race.

1359. Therefore, from the point of view of the race, I suppose that the disease will be the most important thing—to get rid of the disease from the race?—More important than what?

1360. More important than even the educational part or the change of standard?—Of course we wish to get rid of the disease, but the further question is the question of method—how we are to get rid of the disease I could not compare the getting rid of the disease with the method; they are not comparable.

1361. Has your Union considered the question of co-education?—At times.

1362. Are you in favour of that?—Do you mean as a person?

1363. I mean your Union, of course?—The Union has never declared itself very definitely, to my recollection.

1364. But your Union is familiar with the experiments?—Quite familiar.

1365. Have you any means of knowing what view your Union has on the question of co-education?—No, I could not say; but I know, of course, that in the parish schools in smaller districts in Scotland more particularly, co-education has been a custom for many a long year, and it has been found quite successful.

Sir Willoughby Dickinson.

1366. You mentioned the number of members in your Union?—Only approximately.

1367. I understood you to say there were from 12,000 to 15,000 members of branches, and then two to two and a-half millions of members. What is the distinction between the two?—It is in this way. Individual members who have joined branches might number about 12,000 or 15,000, but I have not really counted them this last year, and they have been very much increased lately. On the other hand, in the branches there are affiliated with them a large number of local societies, altogether about 1,540 throughout the whole country, and the members of those societies have the opportunity of putting their representatives on the body of the branch, and also the members may attend the meetings, and so on; and if we count that indirect membership, then it is that we arrive at the larger number of the millions.

1368. Then, so far as an expression of opinion goes, you represent the opinion of the smaller number?—No, by no means; because all those resolutions are dealt with by the representative bodies in the branches where the representatives attend from the various societies that they are representing. Any views that I give represent the whole number.

1369. Then I suppose I should be right in saying that this particular subject has been more or less a matter of consideration for all these constituent societies at one time or another?—Yes.

1370. Am I right in thinking that they have all taken a great interest in this?—An enormous interest. There is no point on which women feel more keenly.

1371. I rather wanted to get this clear. In what way in your mind at present is there a different legal standard between men and women?—I beg to say that I am not speaking for myself, but I am speaking for

Sir Willoughby Dickinson—continued.

those who feel strongly on that point. They feel that the administration of the laws is very unequal, that the solicitation laws are, of course, made applicable to women, and that women are dealt with under the solicitation laws far more numerously than is the case in respect of infringements by men. Of course there is the law for solicitation by men, but they feel that the whole administration of the laws is such that the women are dealt with in very large numbers, and that the men are not. For example, we heard at one meeting that there were 19,000 cases of women who had been brought up to court and convicted for importuning within a certain period of years, and only three men during the whole of that period in that same court.

1372. You would say that whatever offence is punishable by law should be an offence that is committed by men and women alike. Of course there is a difference in the offence?—In the nature of the offence, yes.

1373. You would say that solicitation by a man ought to be dealt with in exactly the same way as solicitation by a woman?—I beg again to point out that it is not that I should say. I am endeavouring to answer you with regard to the views that I have heard expressed from certain sections within the Union. It is the case that they believe that importuning should be dealt with equally between the sexes, that the same treatment should be dealt out to men; it should be done on an absolutely equal basis.

1374. Do you realise that the offence at the present moment is not quite the same thing? The offence at the present moment is that the prostitute importunes. That would not be applicable to a man unless you make a new offence; that is to say, solicitation *per se*?—Yes, when you mention a common prostitute, I may explain that the members of whom I am speaking do not think it right that any woman should be considered or dealt with as a common prostitute under 18 years of age.

Viscount Sandhurst.

1375. You mentioned just now a good deal about education, housing, and so forth. The evidence we have had at present is that, as I think you admitted, the practice of prostitution has travelled beyond the professional prostitute to a younger class called the amateur. You mentioned also that a great deal of good could be done by education promoted by the Church and other bodies. But in the case of these young girls would not that come in rather late?—I think I mentioned that the Education Act contemplated the care of young people up to 18 years of age; therefore it would really be covered.

1376. Do you think that much greater influence could be brought to bear if you get it by catching these children quite as young children? Would not the class of home have more to do with it than any lectures? Lectures and education may no doubt improve the methods of future mothers, but as regards these girls themselves has not the influence of the home more to do with it than anything else?—I really think that will come up better under another clause, because it introduces the whole question of the treatment, the punishment, and what is to be done with them after conviction, and so on.

Earl of Sandwich.

1377. Arising out of what Mr. Tyson Wilson said, if it is true that the whole of the teaching has broken down in an hour under special war conditions, would you not attribute the failure of that teaching to it being badly conducted in the home? Do you not think that the teaching in these matters by the parent has failed because it has been badly put or put in the wrong way?—I think there are many causes which might conduce to failure. First of all, we have the weak-mindedness of girls very often to a certain extent. Then again you have the fact that the home is not such as to confirm the teaching; and example, of course, as we all know, is better than precept. I certainly think that what you say is right, but that that should be no discouragement to taking all the measures we can.

1378. Do you not think it is more likely to be successful if put by the school teacher, or in any other way, outside the home rather than in the home itself?—I think it should be done in every possible way.

1379. Do

24 October 1918.]

Mrs. OGILVIE GORDON.

[Continued.]

Earl of Sandwich—continued.

1379. Do you not think it would be more likely to succeed if dealt with in a proper sort of atmosphere by properly trained teachers than if it is put in the very casual way in which it is done by parents?—I think it should be dealt with systematically in the schools as well as in the homes, if it were possible.

1380. Do you think it should be done by means of popular lectures by properly trained people, as has been done during the war to some extent? In my own country we had a most successful large meeting of young women, girls of 16, 17 and 18, addressed by a lady doctor from London, and it had an extraordinarily good effect. Do you not think meetings of that sort are very useful?—Yes; I have seen the same with very good effect in various places; I think they are most useful.

Mr. John O'Connor.

1381. In continuation of that point, would you have it enacted in an Educational Act that such lectures as those referred to should be carried out in the schools?—I should think it would be quite suitable to be enacted, provided that it was, as usual, left to the local authority in the first instance to put it into operation. I mean that a permissive clause might possibly pave the way for something better.

1382. In the same manner as we look after the health of children, you would look after their morals and their physical health?—Absolutely. I think the State is responsible as well as the parents, and more so, of course, than the child. The views I am trying to interpret put it that the State, the guardian, the parent, the community, all these are responsible agents in connection with misdemeanours of young adolescents up to a certain period of life, and that the punishment, if it is a punishment, should not fall, as it were, directly upon the young, because they have not been properly led, but that the whole dealing with them should be on the lines of further training and instilling by every possible means the right line of action in life.

1383. Do you think, therefore, that the condition of things that we are now endeavouring to deal with is due to ignorance which you would remove by that means?—Due to ignorance on the part of the young person, do you mean?

1384. Yes?—Not the whole. I think it is due to want of foresight on the part of the State and the guardians of the children. I think that much might have been avoided if legislation and the means of attacking the question had been rather different.

Mr. Tyson Wilson.] I think perhaps it would be for the information of the Committee if Mrs. Ogilvie Gordon would give us her own views upon the particular point raised. She has been expressing the views of the Union. I rather gathered, from what she said, that she did not altogether agree with some of the opinions of the Union. The experience of a lady like Mrs. Ogilvie Gordon would help the Committee, I think.

Chairman.] That raises a rather large field.

Witness] I should like to conclude my examination as representative of the Union.

Chairman.] I think we might go on with the clauses now. I feel very strongly what Mr Tyson Wilson has said, because I feel that already Mrs. Ogilvie Gordon has produced an effect upon our minds that must make us wish to know what her individual opinions are.

1385. Still, you have come here, have you not, wishing to convey to us what are the views of the Association?—I am trying to and naturally you are asking the views of one particular element in the Association. I am endeavouring to give them to you.

Sir William Collins.] Will the Chairman ask the Witness whether the views she will give on the clauses are those of the Association or of herself or of the Executive?

Chairman.

1386. You will let us understand that as you go on. You have done so very clearly so far. When you are asked a question you will kindly let us understand whether it is your own view or whether it is the view of the Association?—I have only one view to give you just now on the clauses, and that is the view of the Executive, which examined the Criminal Law Amendment Bill and had the Sexual Offences Bill in its hands for comparison, after having had reports from the

Chairman—continued.

various Committees which I enumerated at the beginning—that is to say, the Women Patrols Committee did not give a special report, but the members were all there to take part in the discussion, and had attended the other meetings.

1387. Have you any objection to being asked what your own individual opinion is?—At this point I think it would be rather unfortunate to mix my own personal views with the views of the Union. I should like to try as clearly as possible to convey the feeling of what are the views of the main groups of members in our Union.

1388. I think, on the whole, that is the best course. I think we should get into rather a difficulty if we had before us the view which you represent as President of the Association and your own personal view?—Yes.

1389. Now, will you be good enough to take the blue paper before you. You will see that the first clause is Clause 1 of the Criminal Law Amendment Bill, which corresponds with Clause 7 of the Sexual Offences Bill, and then there is Clause 2 of the Criminal Law Amendment Bill, which corresponds with Clause 8 of the other Bill. I see from the paper that you have handed in, that the Association agree generally with those clauses, but you mention specifically that they approve of the raising of the age. Will you give us, as best you can, the reasons why it is better to have the age of 17 than the age of 16?—Some members would wish the age to be 18, but dealing with these Bills they are taking the higher age as the one they prefer, 17. They believe that no girl under that age ought to be regarded as personally the one at fault; that she should be looked upon more or less as a ward of the whole community, and that her consent should not be looked upon as legal consent or as meeting the legal requirements until she is of a certain age.

1390. Is that one of those things upon which you said there was unanimity?—Absolute unanimity from all sides, to raise the age of consent.

1391. I do not myself propose to take you through the details of these clauses; you have given that general opinion; but I should like to ask you about one point—that is, about the defence of "reasonable cause." Suppose that a man is justified in thinking the girl was over 16, or, as it would be under the Sexual Offences Bill, over 17, can you give us your view as to the reasonableness of that as a defence?—We think that this has often been allowed in the Courts where it was really not justifiable, and we consider that very often the case comes before the Court after the girl has become pregnant, and her appearance, of course, is undoubtedly older at such a time, and that the Courts have often been misled and have said there was reasonable cause, when, if they had seen her some months previously as a young and innocent girl, they might never have thought there was reasonable cause. We think in actual application it has not been properly carried out, and that it would be a very great advantage if we could have it removed.

1392. Might it be put in this way: that the protection ought to be of the girl who is, in fact, under a certain age, and not merely of the girl who does not look as if she was of a greater age?—Yes; I think so.

Sir Walloughby Dickinson.

1393. I understand from you that there is unanimous desire that the age should be raised to 17?—Yes.

1394. You said that some of them wished it to be 18?—Yes.

1395. Was it not the fact that last year there was a question raised as to whether it should not be raised to 18, and your Union came to some conclusion upon it?—I am sorry to say I have forgotten if that is the case, but I know that quite a large number of the members of the Union would like it to be raised to 18. At the same time, what we have actually passed in the Executive was to raise the age of consent, and we preferred 17 to 16, those being the two ages named in these Bills, when we dealt with these two Bills.

Chairman.

1396. It is the proposal in the Bill?—Yes.

Mr Neville.

1397. You did not deal with the age of consent except so far as relates to these two Bills; for instance, your members do not suggest that the age should be

24 October 1918]

Mrs. OGILVIE GORDON.

[Continued.]

Mr. Neville—continued.

21 or 20 or 19?—I really thought I was to give you the considered decision and opinion upon those two Bills.

1398. I say your Union confined itself to those two Bills and nothing else?—My replies were confined to these two Bills. I was not instructed by the Union to give evidence outside these two Bills.

1399. But your Union confined its attention to these two Bills?—No, the Union did not confine its attention to these two Bills, but I was not empowered by the Union to express any opinion beyond these two Bills.

1400. Then anything you express outside that would be your own views and not the views of the Union?—I thought it was understood that I was only to give the views of the Union. I am perfectly agreeable to give my views, if it is quite separate from my evidence as President.

1401. Then the Union did not consider any question of any other age except with regard to those mentioned in these two Bills?—While they were dealing with these two Bills they dealt with the two ages that are mentioned in the two Bills.

Mr. Tyson Wilson

1402. I take it for granted that the members of the Union are quite aware that raising the age to 17 really means raising it to 18 to all intents and purposes?—It says: "Girls between 13 and 16 years of age shall be amended so as to substitute the words '17 years'." So it would be girls between 13 and 17 that the Union would understand, not between 17 and 18.

1403. The Union are in favour of raising the age to 17 on purely moral grounds, I take it?—On all grounds.

1404. Not on physical ground; they cannot possibly?—I think so. They want to make it a deterrent as well as anything else.

1405. Girls get married at 16 or under?—We do not think it is desirable that they should; they are not mature at that early age.

Mr. Neville.

1406. Would you, then, alter the age at which a woman can marry?—I think that is outside the scope of the Bills.

1407. It is an important matter, it seems to me?—I think that is rather a question in regard to the physique of women, but we know from the very best medical evidence that it is not considered that a woman is mature for child-bearing at those early years.

1408. I quite agree, but still it is a very great business if you are going to alter that age, because the age has been known for a thousand years in England?—It would be like the other question you have spoken of. We do not want to alter human nature.

1409. But it would be a big thing if you were going to alter the age at which girls should marry?—I do not understand it was proposed in these Bills.

Mr. Tyson Wilson.

1410. This question affects a far larger question, and that is the reason I asked the question before?—Yes, I am quite pleased to answer.

Chairman.

1411. The next clause of that paper you will see is Clause 5 of the Government Bill, which is Clause 1 of the other Bill. May I ask you first generally whether the Union approve of those clauses in principle?—May I ask you to turn to page 4 of my evidence?

1412. Will you please read it?—Under Clause 5, Sub-Clause 1, it reads in the Criminal Law Amendment Bill: "A person who is suffering from venereal disease in a communicable form shall not have sexual intercourse with any other person, or solicit or invite any other person to have sexual intercourse with him or her." The Executive, after considerable discussion, decided that they wished the latter part of that clause to be entirely deleted. After the words "not have sexual intercourse with any other person" it should read "and shall not wilfully communicate the disease in any manner to any other person." They wish entirely to omit the part "solicit or invite

Chairman—continued.

any other person," and that it should read "a person who is suffering from venereal disease in a communicable form shall not have sexual intercourse with any other person and shall not wilfully communicate the disease in any manner to any other person."

1413. In that form, which takes out "solicitation," and brings in sub-Clause (c) from Clause 1 of the other Bill, you are here to support that?—Yes; as more likely to be equal between men and women.

1414. Then you note, I see, that there was a proposal to make an addition to the Clause; but that was lost on a vote, so perhaps we need not go into that?—No; that is for your information.

1415. With regard to sub-Clause 2 of Clause 1 of the Bill: the penalty, and the provisos you would leave those in, I suppose? In fact, you must?—Yes; that was left in by the Executive.

1416. You have nothing to say about those?—Not with regard to sub-Clause 2 and the provisos. It was practically agreed; but with regard to the further points on sub-Clause 3, there were certain amendments.

1417. I am coming to those. But you did deliberately approve of the proviso (b)?—I think that puts it rather far. It really means that the Executive Committee did not come to any decision on any amendment of them. It does not necessarily mean that the Executive Committee were absolutely agreed; because in the case of sub-Clause (b), "unless such witness be corroborated in some material particular by evidence implicating the accused," there was an amendment of that which I have given you.

1418. Which was not carried?—A certain number wanted to have it that the evidence should also be given by more people than simply the police officer and anyone who might be called. There are quite a number who wished that the person who is suffering from the disease should also be required to give evidence—the infected person.

Sir Willoughby Dickinson.

1419. The person to whom it has been communicated?—Yes; that they should be required to give evidence.

Chairman.

1420. Whatever that amendment amounts to, it was not definitely agreed?—No; it was not put forward definitely.

1421. However, you throw it out as a suggestion for consideration, as to whether amendments in that direction might be made?—That is so.

1422. I should like now to hear what you have to say about the two sub-Clauses 3?—The Executive wished that there should be some addition to that sub-Clause after the word "person": "the same shall apply to a woman, and the examination shall be conducted by a female doctor."

1423. It is rather curious that the Government Bill, as drafted, only refers to the male sex?—Yes.

1424. Except that, by ordinary interpretation, the male includes the female if there is nothing to the contrary. But, of course, the real explanation of that is that sub-Clause 3 was taken from something else; it was copied from regulations which deal with soldiers?—Yes.

1425. Subject to that, you are here to say that you approve of that sub-Clause 3?—I think that the sub-Clause is a subject on which opinion is very divided, and it would be very difficult for me to say that the Union approves of it. I think they were simply meaning that, if this went forward, at least that should be done; but it is quite another—and a much larger—point how far they would go with it. For example, the power to remand is considered to be a very difficult point. Some think that, in view of the fact that young girls or children might be contaminated by vicious men, they would hesitate to condemn it altogether. But then, in the event of it being allowed, they would be very clear that they should like the right of asking that they should have their own doctor to be equally granted as between men and women.

1426. That, of course, is done in the Clause of the other Bill?—Yes; I see that.

1427. Your remarks are not made upon that other sub-Clause, but upon the sub-Clause as it appears in the

24 October 1918.]

Mrs. OGILVIE GORDON.

[Continued.]

Chairman—continued.

the Government Bill?—I was making them on the Criminal Law Amendment Bill, sub-Clause 3, to which you drew my attention.

Mr. John O'Connor.

1428. Did your Society consider that sub-Clause 3 very carefully?—Yes; quite carefully. They have very divided opinions upon it, of course. We know now that the whole question is altered; but I did not think that his Lordship wished me to go into the question as it stands now. I was taking it as it stood on this Bill.

Chairman.

1429 I do not quite follow what you mean?—I mean since we have had the Defence of the Realm Act, 40 (d), and so on, the whole question has been gone into from that point of view; but I am simply giving you just now the actual decision that was arrived at by the Executive when it was dealing with these two Bills that are now before this Committee.

Mr. John O'Connor.

1430. Did any considerable portion of the Executive consider that it was a very serious consequence, namely, the examination for such offences as solicitation or offences of a like nature?—Yes, quite a large section considered that it was absolutely uncalled for and quite wrong in principle. On the other hand, there was another group that thought at that time—remember, I am speaking of July—that if it were required in the interests of the safety of the health of the community, one would have to face it, provided that the woman was given her own rights equally with men and that she should have a woman doctor and that it should be put clearly to her that she would not need to go through that unless she gave consent to it, and so on; I mean with certain safeguards. But unquestionably there was a very large section that thought it was an interference with the liberty of the individual that was quite uncalled for. I did not think you wished me at this point to enter into the more recent evidence that we have now, that there is no secure finding as far as the medical profession is concerned; that they do not think it serves the purpose for which it was intended.

Chairman.] I think we had better have that, if you are prepared to speak upon the subject. You can be asked about that presently.

Mr. John O'Connor.

1431. You stated that your Society wished to eliminate this sub-clause (b) of sub-clause 1, namely, "a person who is suffering from venereal disease in a communicable form shall not solicit or invite any other person to have sexual intercourse with him or her." You wish that to be deleted?—Yes, largely for the reason that they thought it would be made applicable mainly to women.

1432. Do you observe in the other parts of the Act that all the provisions of these Acts are applied equally to the two sexes?—We have read them quite carefully, but we think, judging from past administration, that probably the methods of administration would be such as to make the women chiefly come under them in larger measure than the men.

1433. You decided to retain sub-clause (c), "wilfully communicate such disease in any manner to any other person." Did your Society not see any danger in such wide words as these?—We really dealt with the Criminal Law Amendment Bill, and that particular sub-clause (c) to my recollection was not freely discussed; but we took it, as it were, to introduce it into Clause 5: "and shall not wilfully communicate such disease in any manner to any other person." We agreed that we should incorporate sub-clause (c) into Clause 5, sub-clause 1, as it were. So that we did agree to that; we did not think it was too wide.

Earl of Stafford.

1434. Do I gather that your Society were divided in opinion as to whether transmission of venereal disease should be made a penal offence or not? You do not unanimously recommend that the transmission of venereal disease should be made a penal offence?—I

Earl of Stafford—continued.

think they distinguished between the laws that should deal with transmission in the case of young girls and in the case of older women. They were considering venereal disease in the case of young girls.

1435. I am not quite sure that I follow your answer. Do they recommend that transmission of venereal disease should be made a penal offence applicable to either sex, that is to say, as against a woman or as against a man?—I think they were quite agreed on that.

Sir Willoughby Dickinson.

1436. I should like to ask you a further question about your proposal to leave out the words "solicit or invite any other person to have sexual intercourse with him or her." You say you would do it because it would operate unequally as between men and women. But is there any objection to a woman knowing that if she knowingly has the disease she ought not to solicit?—I should like to say that those words "solicit or invite," and the whole sub-clause are objected to; because they consider that its practical application would be based on the previous law of solicitation, and that as such they cannot look forward to any real justice and equality in carrying them out. They have distinct objection to the use of the term "solicit or invite," simply because it has become associated with what they call the injustices in previous Acts, and their administration.

1437. I think I may press you rather upon that question, because it seems to me that they are going a little too far in that direction?—They may be; but, of course, I am here only to tell you what their views are.

1438. Is it their view that on those grounds it should not be rendered improper for a woman, knowing she has disease, to solicit? I quite understand the attitude with regard to the general administration of the law?—I think that the use of the word "solicit" is what they specially object to. The act itself of importuning, if it were applied equally to men and women, would be another matter; but the use of the word "solicit" seems always to refer back to the laws of solicitation as applied to women. That is the ground of the chief objection to the term "solicit."

1439. I can see the sentimental objection to it; it is an objection which I feel with you; but I still do not see why, even under those circumstances, it is inexpedient that the law should say that a woman, knowing she has disease, should not solicit. It says that a man should not, either. I quite agree with you that probably the cases of men would be very few—or it might be otherwise—but in this case it applies to each. But is there really any reason why the law should not make this condition, that either a man or a woman who knowingly has the disease should not solicit?—I do not think that there is any reason; but I think that the whole feeling is that if it were so worded, as is put down here, it would not be applied equally.

1440. Did I understand that on Sub-clause 3, which is practically the re-enactment of 40 (d), there is no unanimity?—No unanimity.

1441. And not sufficient opinion of the majority?—They all wish it withdrawn as it stands now. They have come to the conclusion that 40 (d) should be withdrawn; but I did not think I was to be examined on that to-day.

1442. I was not asking you about 40 (d); but it comes to very much the same thing. Sub-clause 3 of Section 5 of the Criminal Law Amendment Bill is a re-enactment in this Bill of 40 (d), only applied to men and women alike, and I wanted to know if you are in a position to say what the general opinion of your Union is with regard to this particular proposal?—Do you mean on page 3.

1443. "A person charged with an offence under this regulation shall, if he so requires, be remanded for a period (not less than a week) for the purpose of such medical examination."?—They have come to the conclusion, as there cannot be any real affirmative evidence given from the medical point of view that the disease is really there, that it is quite unnecessary, and they entirely disapprove of it being carried out.

Mr. Neville.

1444. I understand that your objection to sub-clause (b) of Clause 1, sub-clause 1, on the right-hand column of page 2, is that it imports inequality?—Yes.

1445. No

24 October 1918.]

Mrs. OGILVIE GORDON.

[Continued.]

Mr Neville—continued.

1445. No other?—That is the main objection, as far as I gather it from those who took that view.

1446. It is still an offence—and a very serious offence—as Sir Willoughby Dickinson has just said?—If it is considered an offence and treated as an offence equally whether a man or a woman commits it.

1447. But, from the point of view of the race, it is very serious and equally improper?—I am glad that you allow that it is improper. If the law would treat it as such, I think a great deal would be done.

1448. May I put it to you that offences consist of the actual commission of the offence and the attempt to commit the offence?—Yes.

1449. Instead of putting in the word "solicit," to which you object because it has a history attached which you think imports inequality to women, would you object to having the word "attempt" put in, which is a well known word in law?—Then we have "accosting," and other words.

1450. Never mind about "accosting," but simply "attempt." In all criminal enactments you have the commission of an offence—like larceny, for instance—and the attempt to commit larceny, which is, according to law, an equally improper and criminal offence as the actual commission of the act?—How would it read, then?

1451. It would read "who attempts to have sexual intercourse with him or her."?—That has not come before my Union.

1452. That is the Common Law of the land with regard to every other criminal offence, and in this case the words "solicit or invite" only cover the attempt to commit it. Do you think your Union would object if we got rid of the history which you say is imported by the word "solicit"—if we had the word "attempt" only?—It would be very difficult for me to say.

1453. I understand that your Union does not wish to have solicitation by people who can communicate disease?—No.

1454. They want to stamp it out, as well as anybody else?—Yes.

1455. Therefore they do not wish to have either party soliciting?—I think that these people who are objecting to that chiefly think that any attempt of the kind could be brought under the Common Law, and need not be incorporated in a special Act, which is dealing with solicitation generally.

1456. But, unfortunately, there is no Common Law with regard to this particular offence. If there was a Common Law this Statute would not be required?—You have molestation, breach of the peace, and insulting behaviour.

1457. That is under an Act of Parliament, but not Common Law?—No, it is not Common Law.

1458. There would be no trouble if it was Common Law?—No.

1459. You said something about Police Magistrates remanding. I did not quite gather what you meant?—I was thinking about the remanding when they cannot deal with a case immediately, or when girls have to be kept for a time. There is a big question as to what should be done with them during the period of remand, whether they might be allowed to go to their own homes, or whether they ought to be kept in special remand homes, and so on; but I do not think you have come to that yet; it will come under Clause 3, I think.

1460. May I just get this from you generally: does your Union object to the power to remand, or does it wish to have the power to remand? Does it think there ought to be a special remand to a special home?—What I was talking of at the time was when the remand was given, what was to be done with the girl.

1461. Your Union did not object to the power to remand, and the exercise of the power to remand, but what they wanted was to have a special remand in special cases to a special quarter or to a special place?—That was so.

1462. For the benefit of the girl?—Yes.

Sir William Collins

1463. What was the date when the Executive of your Union considered this Criminal Law Amendment Bill?—19th July of this year.

1464. Was there any resolution passed by the Executive in reference to sub-clause 3 of Clause 5, approving it or disapproving it?—I do not think there was a reso-

Sir William Collins—continued.

lution passed, but I gave you exactly what was suggested. I told you that there were the two views taken, one that if it was absolutely necessary in view of the health of the community, then it would probably have to be done under certain safeguards, while others at that period already declared that there was no need of it for the health of the community, or, at least, that it would not carry out the purpose that was in view and that it should not be done under any circumstance.

1465. Were these views expressed in debate, or did they embody this in a resolution or amendment?—They were expressed in debate, and I think the agreement at the end was to let it go for the time being until further discussion would be taken. We decided that it should be remitted and dealt with at a larger meeting later on. It was not finally decided at that time.

1466. Then there was no resolution of the Executive approving of sub-clause 3?—There was divided opinion, and there was no two-thirds resolution that would make it a definite finding of the Executive.

1467. Do all resolutions have to be taken by a two-thirds majority?—Yes, if they are to be taken as a finding.

1468. What is the number of quorum present?—There must be 20 present.

1469. Attention has been called to the fact that sub-clause 3 of Section 5 practically reproduces the words of Regulation 40 (d), substituting "he" for "she"?—Yes.

1470. Did I understand that your Executive has since given consideration to Regulation 40 (d)?—The point was brought up at our annual meeting, when we passed that we wished it withdrawn.

1471. Was that by resolution?—Yes, by resolution.

1472. Was it by a majority?—Yes, a full majority.

1473. Can you give us the figures?—I did not think I should be asked for them. It must be two-thirds at least.

1474. When you say the annual meeting, was that the Executive?—No, the whole Council; the representatives of the full body discussed 40 (d).

1475. Can you tell us how many were present then?—I am afraid I must get you those figures. Those two Bills were not dealt with at the meeting, so I did not think you would bring up that meeting. I should say there would be about 300 to 400.

1476. Then the Council who considered 40 (d) was a much larger body than the Council who considered sub-clause 3 of Clause 5?—Yes, but a great deal of time had elapsed. The Council met on the 9th October, and we had had experience of 40 (d) during those months.

1477. I was going to ask you whether it was the experience which had accrued since July which led the Council to take that view?—Yes, I think a good many of the most important members who in July thought that it might be necessary in the interests of the health of the community had realised that that was probably not the case, that it did not serve that purpose, because of subsequent evidence, and articles that had appeared from the medical profession, and at the same time their experience of the actual mistakes that had been made in the administration of 40 (d).

1478. Then the resolution calling for the withdrawal of 40 (d) was passed by a two-thirds majority?—Yes; I think it was larger; I think it was almost unanimous.

1479. What was the date of that meeting?—That meeting would be the 9th October. I think; but I can let you have in writing the exact wording of the resolution.

1480. Did your Council or Executive ever have occasion to consider the report of the Royal Commission on venereal diseases?—Yes; they did some time ago.

1481. I thought you might tell us whether they passed any resolution on the recommendations of that Commission?—I could not tell you that.

1482. Do I understand, then, your Union's objection to the latter words in sub-clause 1 of Clause 5 was based upon the way in which the law might be administered, rather than upon the actual wording of the Bill?—I think I have told you, there is one particular element in the Union—one group, as it were—who object to any law such as you are proposing should be made just now, and that particular group are more critical of the wording than the general body of the Union. They are trying to safeguard the position in every possible way.

1483. Is

24 October 1918.]

Mrs. OGILVIE GORDON.

[Continued.]

Sir William Collins—continued.

1483. Is the criticism directed to the mode in which the law is administered rather than to the terminology of this Bill?—Yes, the mode in which the laws up to the present have been administered, the unfairness and injustice of them in their opinion, and anything which reappears in this Bill which would seem to perpetuate the possibility of such unfairness is at once anathema.

Mr. Tyson Wilson.

1484. Just following the point made by Sir William Collins, am I right in assuming that if it is made quite clear that these clauses would be applied equally to men and women you would not have any great objection?—I think there would be considerable objection on the part of the group of the union of which I am speaking, but I think the union as a whole would be very willing to accept any legislation that would be likely to secure immediate progress and some more effective means of dealing with the disease, and with these young girls more particularly.

1485. The opposition is really from the fear that the law will not be equally administered?—Not only that, but they do not think that the law is equally expressed.

1486. Taking sub-clause 3, you are aware of the kind of examination women have to undergo?—Yes.

1487. Do you consider it a degrading examination?—It is a degrading examination.

1488. Do you think that the examinations are satisfactory?—On that point our union accepts the evidence of the medical profession, that they are not satisfactory from the point of view of giving any affirmative evidence.

1489. Therefore, seeing that the doctors disagree in regard to examination, the clause is practically useless?—Yes, we think so.

1490. You are aware that the clauses in both Bills are drafted with the object of preventing the spread of the disease?—Yes, I am aware that that is the intention, but I believe that when this sub-clause was written possibly even those who drafted the Bills had not the full information that they now have. We have been increasing our knowledge on these points all the time.

1491. Do you think that a Bill passed containing this sub-clause 3 would really achieve the object sought?—No, I do not think so.

1492. Therefore, so far as your union is concerned, this clause is useless?—I am sure the union would be of that opinion with regard to the clause as it stands.

Mr. Neville.

1493. Has your Union formulated any suggestion itself for assisting in stamping out this disease? Have they themselves any idea of any way which they think would be effective for checking the spread of this disease?—They have been doing a great deal of excellent work under the Women's Patrol Committee.

1494. But I mean with regard to legislation. Have they no suggestion?—No; they considered that the National Council for Combating Venereal Disease was the body which would take up the matter.

1495. The difficulty with these two Bills is that they deal with two different subjects, one of morality and one of health, and they are both in the same Bill. Now I want to know has your union any suggestion to make of a constructive nature? Your criticism at the present time is to destroy both these Bills?—I was not commissioned to give any reconstructive policy from the union.

1496. Not reconstructive—any constructive suggestion?—I was not commissioned to do so. I was only commissioned to tell you the opinion of the union on these two Bills, but if you ask for a constructive policy I could only make personal suggestions.

1497. Has your union considered in regard to these two Bills—I do not ask whether it has come to resolutions or not, but has it formulated any scheme for dealing with the difficulties which arise, and which are tried to be dealt with in these two Bills, in a different way to the way in which they appear in these two Bills?—We look to Clause 3 of the Criminal Law Amendment Bill as the constructive element. You have not asked me on that clause yet.

1498. You did not yourself formulate any clause which would satisfy you and which would at the same

0.179

Mr. Neville—continued.

time help to stamp out that disease?—No, we did not do that, not with regard to the venereal disease clauses

Chairman.

1499. Will you now take Clause 3?—Yes.

1500. I think it would be rather convenient if you would read what you have written upon Clause 3?—Clause 3 of the Criminal Law Amendment Bill in its various sections was the subject of considerable division of opinion, but there was unanimity on the point that the term "common prostitute" should not be applied in law to girls under eighteen years of age, and that these words should be omitted in any such clauses as Clause 3, sub-clauses 1 (a) and (b), of the Criminal Law Amendment Bill. A proposal to further amend Clause 3, sub-clause 1 (a), of the Criminal Law Amendment Bill by the addition of the words "provided that the person so importuned is required to give evidence" was lost by a vote of 11 for and 24 against. But on Clause 3, sub-clause 1 (b), an amendment to add "provided that evidence in addition to police evidence is required" was agreed to. It was also agreed to amend Clause 3, sub-clause 1, by substituting "and" for "or" in the phrase "loitering or importuning." Clause 3, sub-clause 1, was unanimously amended by the introduction of the words "in industrial and other" after the word "instruction" and before the word "training"; so that that should read "And the court is of opinion that the girl is under the age of eighteen, and is likely to profit by the instruction in industrial and other training provided in an approved institution or home, the court may, in lieu of" Then they wish to change the words "awarding any punishment" to read "fine or imprisonment," so that it should read "in lieu of any fine or imprisonment order the girl to be detained until she attains the age of nineteen, or for any less period, in an institution or home for the time being approved by the Secretary of State for the purposes of this scheme. The Committee was absolutely divided on that point, some of them not approving the confinement of girls, the detention in homes, under any circumstances. Then on Clause 3, sub-clause 4, that is an institution or a home, it was unanimously agreed to amend the latter part of the clause by deleting the words from "prostitutes" onward, and reading as follows—"An institution or home shall not be approved for the purposes of this section unless the Secretary of State is satisfied that suitable provision is made for classification of inmates." That is to take the place of the words, "prostitutes who have attained the age of twenty-one," and so on. They thought "classification of inmates" might meet that point.

1501. In addition to what you have read, at the end of the paper that you supplied to me there are some remarks upon this clause. Will you read those?—In the course of debates held both in the Sectional Committees and the Executive Committee a strong cleavage of opinion has made itself felt with regard to the placing of girls in houses as set forth in Clause 3 of the Criminal Law Amendment Bill. While the Rescue and Preventive Sectional Committee profoundly believe that with due safeguards the betterment of the girls is to be looked for by individual care within the homes, there is a widely diffused feeling among some women that it is an undue hardship to place girls under the restraint of forced existence away from their own homes and surroundings, and that the purposes in view could be better secured under the careful application of the greatly extended powers under the new Education Act. I should add to that that they fully recognise that certain cases would have to be dealt with along reformatory lines. These women hold the view that up to the age of eighteen the State, the community, and the parents should be held responsible, and that the girl's liberty should be the very last point to be sacrificed in the effort to save her from her own weakness and from being a source of danger to the community.

1502. I am afraid we must close now. I dare say the Committee would like to examine you a little further, and perhaps there is something more that you might wish to say?—I think on Clause 3, that really might wish to say?—I think on Clause 3, that is receiving so much attention from women's societies, it is possible you might like to examine me more fully.

1503. Perhaps you will allow me to communicate with you

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24 October 1918]

Mrs OGILVIE GORDON.

[Continued.]

Chairman—continued.

you again and see whether we can arrange another day. I am afraid we cannot ask you to be here this afternoon, because we have already arranged for Sir Herbert Stephen to come?—Clause 3 is a clause that falls more within the scope of the activities of our union than the venereal disease clause. We endeavour to avoid overlapping with other bodies, and with regard to a constructive policy that is really what deters us from taking up the question on those lines, because we had every reason to believe that possibly proposals would be put in concrete form from the side of the National Council for Combatting Venereal Diseases, and we have considered it only right to wait until they had done so.

Mr. Neville.

1504. But that would not affect the criminal side?—No, I quite understand.

1505. That is the difficulty we have here; we have a great difficulty?—Yes, I see.

After a short adjournment,

SIR HERBERT STEPHEN is called in and Examined, as follows:—

Chairman

1508. Sir Herbert Stephen, you are Clerk of Assize of the Northern Circuit, are you not?—Yes.

1509. You no doubt are very fully acquainted with the Acts of Parliament with regard to the subject with which these Bills deal, and with all the practice of the Court and the administration of these Acts?—Yes, I have been practically seeing a large number of trials under the Criminal Law Amendment Act of 1885 ever since that Act was passed.

1510. I think the Committee would wish to take you at once to the clauses of the Bill, taking them in the order in which they appear on the blue paper which I think you have seen. The first clause on that paper is Clause 1 of the Criminal Law Amendment Bill, and Clause 7 of the Sexual Offences Bill. Had you anything to say as to the comparison of those clauses?—I have only to say that the Criminal Law Amendment Bill appears the simpler way of doing it; but since I have made a note of what I was to say I have been thinking further about this point.

1511. Have you a copy of the note that you sent to me? I should be glad if you would not mind reading in most cases what your note was, because then we get it upon our notes?—My note is this. I think the provision in the Criminal Law Amendment Bill is to be preferred to that of the Sexual Offences Bill, which involves the creation of a new offence. The case where the offender is under 16 years must be sufficiently provided for by the general law as to the punishment of young persons under the Children Act, 1908. Since writing that I have been thinking about the subject, and I have rather revised that opinion. I do not like the invention of new legal fictions. I think that providing that consent should be no defence to a charge of indecent assault is making a legal fiction wherever the consent is a real consent. A very young child may easily consent to acts which constitute indecency; but it does not consent to the indecency, because it does not understand it, and does not know what is going on. Therefore it is not a legal fiction at all to say that such a child does not consent to indecent action; it is true. I am now inclined to think that if it is thought advisable to make a new offence of doing indecent acts with girls between 13 and 16, that ought to be made a new offence. But I myself should think that that was rather to be regretted; I do not think there is any necessity for such an alteration of the law.

1512. Then you are probably not prepared to say what words you would use in order to carry out that if you do not approve of it, you do not wish to suggest words?—Assuming that Clause 7 of the Sexual Offences Bill was proposed to become law, I should say that 17 was much too high, and that it ought to be 15; and that that is the right way of doing it, making a new offence.

1513. You would prefer the drafting of Clause 7 if the word "16"—or you say even "15"—were in it instead of "17"? Is that so?—That is so.

1514. Will you show the Committee exactly what are the words in Clause 7 under which a new offence is

Chairman.

1506. I should like to communicate by letter or have a short conversation with you upon the subject of whether it would not be possible for us to examine you upon your own individual opinions. I wish you would think over that, and we might communicate with you. I should very much like to have your individual opinions, if it did not put you into an awkward position?—Of course, it is much easier to give one's individual opinions than to endeavour to not say any word further than ought to be said from such contending elements as exist in our union. One would speak more freely and probably more reasonably in giving one's own view.

1507. Your great experience and your wonderful clearness of expression would make you a very valuable witness?—Thank you very much.

*(The Witness is directed to withdraw)**Chairman—continued.*

created?—"Any person of the age of 17 years or over who commits an act of indecency with a person," and so on. I think those words create a new offence, in the same way as the words in the short section in the Criminal Law Amendment Act, 1885, which makes it an indictable offence for a male person to commit an act of indecency with a male person. That was a perfectly new offence at that time.

1515. Do you not urge that Clause 7 followed the existing Act of 1885?—The words "commits an act of indecency" are, in my opinion, very different from the words "indecent assault." "Indecent assault" implies that there was no consent on the part of one person. In Clause 7 I should consider sub-clause 2 surplusage; I do not think it is necessary.

1516. It shall be no defence?—Yes. I think the offence will be created by sub-clause 1, and that sub-clause 2, though it explains, is not, strictly speaking, necessary.

1517. So that, leaving out the question of age at present, you would prefer Clause 7 having sub-clause 1 and sub-clause 3?—I should.

1518. Perhaps you have something to say on that?—No; I have nothing to say on sub-clause 3.

1519. I forget whether it is in this statement or in a letter that you kindly wrote to me privately, but I think you had some suggestion to make that the girl might be treated as an accessory?—I did make that suggestion.

1520. We are not by way of going into things that are not proposed in the Bills; but it seems to me that to deal with that question does come within the scope of the Bills, and I should like to hear what you have to say about it?—The Criminal Law Amendment Act of 1885 provides, in the Fifth Section—and it was then a new provision—that it is unlawful for any person to have carnal knowledge of a girl under the age of 16 and above the age of 13. That section was so worded that, in my opinion, it might very well have been argued—and I think it was argued—that it covered the case of the girl herself, to this extent, that if she freely consented and assisted in the commission of the offence she was what is called a principal in the second degree; that is, she was a person who was present aiding and abetting in the commission of that act which was made a misdemeanour.

1521. Was that argued in a case?—A young woman was convicted as aiding and abetting. She was probably convicted for the purpose of raising the point, as was the practice in those days, and the case came before the Court for Crown Cases Reserved.

1522. It was before the Court of Criminal Appeal existed?—Yes. The reference to the case is *The Queen v. Tyrrell*, reported in Law Reports [1894], Queen's Bench, at page 710. Two of the Judges gave judgments and the other three concurred. They unanimously decided that, the Act having been intended for the protection of girls, a girl could not be an offender under that particular section, and they quashed the conviction. That unanimous decision of the Court for Crown

24 October 1918]

Sir H. STEPHEN.

[Continued.]

Chairman—continued.

Crown Cases Reserved is, of course, equivalent to a decision of the Court of Criminal Appeal, and must, until further notice, be treated as unquestionably the law.

1523 The Court of Criminal Appeal would consider themselves bound by that case?—I cannot tell you whether they would consider themselves bound, but they would consider it was a decision of as nearly the same Court as themselves as could be; in fact, actually the same Court under a different name and with different powers.

1524 They would be very unlikely to decide otherwise. I do not know whether I ought to ask you whether you think the decision was wrong. At any rate, you do not agree with it, I imagine, do you?—I would have been prepared at that time to argue it, and should have preferred arguing it the other side, in favour of the conviction. But it seems to me that it would have been an additional and very desirable protection to girls of between thirteen and sixteen if the act of unlawful carnal knowledge was made a criminal offence on their part as well as on the part of the man; and I think that might be done by a section enacting in so many words that where a girl of that age assisted in the commission by some man with her of a misdemeanour under that section she should be guilty of aiding and abetting in the commission of that misdemeanour, and should be punishable accordingly.

1525. You call that a protection to the girl?—Yes; perhaps not a very effective protection, but some protection. I think it would get to be known, and I think it would assist some girls not so to behave.

1526. You mean it would act as a deterrent to the girls?—I think so.

Mr Neville

1527. I do not quite follow. What do you think about sub-clause 2 of Clause 7?—That clause, I think, is unnecessary; not wrong, but I think it merely reaffirms the statement of sub-clause 1.

1528. And might create a confusion possibly?—It appears to me to be merely a worthless repetition.

1529. Surplusage?—Surplusage, exactly.

Sir Willoughby Dickinson.

1530. If you were to make the girl equally liable, do you not think that would rather deter cases being brought against men?—No, I do not think so.

1531. I suppose the cases are usually brought by parents, are they not, when they find out that the trouble has arisen?—Yes.

1532. Then if they knew that their daughter would be punished equally would not that tend to deter them from prosecuting?—I admit that that is a consideration. I think that is fully worth considering. My impression is that it would not stop prosecutions very much, because I do not think that such a law would be put into force, or could be put into force, unless in the case, of which there are a certain number, where the girl is really a very bad girl, and has been obviously committing the offence extremely willingly.

1533. You would have a prosecution of the man on the evidence of the girl, and then a prosecution of the girl afterwards by direction of the Court, I suppose, or something like that. How would you do it?—I do not think that it has stood much in the way of prosecutions for bigamy for the last twenty years. In a great many cases the person who is not actually guilty of bigamy, I mean the one who has not married twice, is aiding and abetting. Just of late years they have begun to prosecute for that at the same time, and the two persons are very often prosecuted together now. But for years it was generally the man who was being tried, and it has been obvious that the chief witness against the defendant was herself guilty of aiding and abetting in a felony, but that did not seem to check the prosecutions for bigamy at all.

1534 Do you mean if a woman marries a man who has got another wife she is herself guilty of aiding and abetting bigamy?—Yes, if she knows the man is already married.

1535 Those prosecutions, I suppose, are brought by the police or by the Treasury?—Very often by what we call the first wife, the real wife.

1536. But not brought by the aider and abettor?—No; but she is generally a quite willing witness for the prosecution.

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Earl of Sandwich.

1537. Would it not be rather a terrible thing to conceive of a girl of the age of thirteen to sixteen being charged with an offence of that kind when she is really not in a position to understand the situation? I mean to bring her under the process of criminal law when she is of quite immature age, and to be charged in a court with a criminal offence when she really does not know anything about it?—You mean if the alteration which I have suggested was made?

1538 Yes?—I think that the only girls against whom there would be any question of putting it into force are such very bad characters that I do not think serious harm would be done by treating them as criminals, always assuming—upon which one must base everything—that this act of premature carnal knowledge is an offence, and is to be treated as such.

1539. The very large proportion of young girls who are treated in this way generally have no understanding of the situation. Is not that so?—I do not think it often is above the age of fourteen or thereabouts. If that were so I do not think there would be any likelihood of a girl being prosecuted, or any possibility of her being convicted.

Mr John O'Connor

1540. With regard to the case that you referred to, where the young girl was convicted, and the conviction was quashed, I suppose that decision of the Court for Crown Cases Reserved was as to the interpretation of the meaning of the Act?—Yes, that is so.

1541. They found from the words of the Act itself what the intention of Parliament was?—Exactly.

1542 Does it therefore appear to you that the finding was this: that the conviction was a contradiction of the intention of Parliament?—Yes.

1543. In interpreting these Acts the Court—now the Court of Criminal Appeal—would endeavour to find from the words of the Act what the intention of Parliament was?—Always.

1544 That being so, do you not think it would be absolutely necessary for words to be put in if it were the intention of Parliament to make the young girl an accessory to the Act?—Certainly.

1545. It could not be gathered from the Act as it now stands?—No.

1546. Therefore we should have to suggest an amendment?—You would have to suggest a new clause.

1547. Unless such a clause were put in the finding of the Court for Crown Cases Reserved will stand as the law?—Yes.

Chairman

1548 I suppose that there is a provision, is there not, in the Criminal Appeal Act under which a case might be brought to the House of Lords upon the point?—You would first have to get a judge sitting in an assize court or at the Central Criminal Court to overrule the decision of the Court for Crown Cases Reserved, to which I have referred, and so get a conviction. Then you would have to get the Court of Criminal Appeal, before whom otherwise the case could not come, to hold that the judge was wrong, because there is no appeal by the Crown to the Court of Criminal Appeal. There could only be an appeal to the Court of Criminal Appeal upon a conviction. Therefore the judge of first instance would have to direct a conviction in flat contradiction of the authority. Then the Court of Criminal Appeal would have to uphold the authority and say that that was right, and then the Attorney-General would have to give leave for an appeal to the House of Lords upon the question of law.

1549 I think we may be satisfied now that it would need a clause to alter the law?—Yes.

1550 You have completely answered me. It did occur to me that it was possible somehow that the Attorney-General might come in and raise the question, but I do not think he could after what you have said?—I am afraid he would find it very difficult.

1551. I intended to ask you one question on the language of Clause 1 of the Criminal Law Amendment Bill as to whether the words "to the act of indecency" were not a little wide. Ought it not to repeat the words above and to say that he or she consented to the indecent assault?—Personally I should consider that a contradiction in terms. My definition of an assault is that which is not consented to.

1552 I am not referring to that. I was referring to

24 October 1918]

Sir H. STEPHEN.

[Continued.]

Chairman—continued.

the words, "the act of indecency." An act of indecency is not exactly the same thing as an indecent assault. They are not absolutely coterminous?—I suppose it is not, but I do not think any practical difficulty will arise from the difference.

1553 There was a witness who said something to that effect; that is why I thought I would ask you. Now, if you please, will you go on to Clause 2 of the Bill and Clause 8 of the other Bill, and tell us what you have to say about the age of consent. You were good enough to make a note of it, and I shall be glad if you will read it?—It is obviously necessary that some age should be fixed as the age of consent, unless the legislature is prepared to make all non-matrimonial sexual intercourse an offence, which is not proposed in either Bill. Some girls are in appearance and manner so very much more mature than others at the same age, or substantially older, that it is impossible to fix an age which shall be satisfactory in every instance. I am decidedly of opinion that it would be a mistake to substitute seventeen for sixteen as the age of consent, and would lead to more frequent acquittals of men, most of whom would be guilty.

1554. Those are not the exact words that I have in your statement before me—the last few words that you used?—I apologise; I must have miscopied it.

1555 May I read what you have in your statement: "And would increase the proportion of acquittals, really due to the reluctance of juries to enforce a law which they considered to be too severe"?—I certainly adhere to that. I have not got it before me. I am obliged to your lordship.

1556 You adhere to that view?—I do.

1557. I think I will ask you to read on, because it covers the Bill?—I am afraid I am reading from a rather imperfect draft. Whether the limit of sixteen years be altered or not, I think the proviso as to the defence of "reasonable cause" and so forth ought to be retained. In my experience the proviso is set up in only a small number of prosecutions under Section 5 of the principal Act, and when it is set up it is usually unsuccessful. In the few cases where it is successfully put forward I think the accused ought to be acquitted on the general ground that by reason of a mistake in fact he had no intention of committing an offence, and did not think he was doing so. Then I proceed with reference to the time limit. I think the limitation of time for a prosecution to six months after the offence is advisable, and that it ought not to be extended to twelve months.

1558. I think from the evidence that we have had before us the women seem to be very strongly universally in favour of raising the age. It seems to me that that is a very important consideration. It is a woman's question to an immense extent. Does it not weigh with you that the women have so strong a view upon that subject?—It does to some extent, but I think they are mistaken.

1559 Would you mind enlarging upon that a little? Why do you hold that view, or do you just simply rely on your experience from what you have seen?—It follows from what I have said about the necessity of establishing what is called an age of consent, that it ought to be the free right of a woman to have carnal knowledge of a man if she thinks fit to do so, married to him or not, as far as the criminal law is concerned, and that the mere act of carnal knowledge between two persons who are not married to each other ought not to be criminal. I think that to many persons, especially to many women, that may be a disagreeable, if not an offensive, proposition. In my view of what I have seen of the world at large, and of the classes of persons among whom these acts occur, I think that is right, and that, whether you like it or not, non-marital sexual intercourse ought to be a question of morals and not a question of criminal law. Of course, that is the law at this moment, and I suppose always has been. That continuing to be the law, it is always a question, so to speak, of degree: at what age a woman is so far a woman entitled to full political rights that she ought to be at liberty without any check, without the check of criminality on the part of the man, to have connection if she thinks proper to do so. I think that, upon the whole, young women of sixteen are so far grown up that they can and do take care of themselves—apart from another matter to which I made refer-

Chairman—continued.

ence, having regard to their domestic relations. I should make a qualification about that. When the question is between the two ages, sixteen and seventeen, I think that by raising the age to seventeen you would considerably increase the proportion of cases in which the sympathy of the public, rightly or wrongly, is rather with the man, on the ground that if he did what is alleged, or what he admits that he did, he ought not to be punished for it as a criminal.

1560 Have you anything to say upon the subject of the defence of "reasonable cause"?—I should like to dwell upon that a little, because when this Bill, or an equivalent Bill, was being discussed in the House of Commons there was a statement reported in the newspapers to have been made in debate, apparently upon authority, that, as I read it, 50 per cent. of the charges made under this Section 5 resulted in acquittals owing to the proviso about "reasonable cause to believe," and so forth. I presume that the statement was made. If it was made it astonishes me. I cannot imagine where the information came from; because I am completely certain that all the acquittals in charges under this section do not amount to 50 per cent., or nearly 50 per cent., of the charges. It is a case in which acquittals are fairly frequent, but I should be very much surprised to find that more than 30 per cent. were acquittals at all, and of those I am perfectly certain that by far the greater number are acquittals on the ground that it is doubtful whether the man did it. In my experience a successful defence that the man had reasonable ground to believe that she was of or above the age of sixteen is very rare. I can only speak for the three northern counties, where I sit in court and see the trials, but it is a defence which, if I may say so, juries do not like. If the matter is raised, which is not very often, there almost always comes some evidence that there was talk about the girl's age in the family circle, or she says that she told him her age, or that he asked her her age. The age is a point with which all young persons seem to be extremely familiar. Girls know perfectly well why it matters whether they are over or under sixteen, and that sixteen is the age; and the men, as a rule, are equally aware of the risk incurred. When there is any evidence given that there was some conversation, and that he was told that she was in fact under sixteen, the jury will hardly ever acquit him under that proviso.

1561 It naturally goes against the grain, looking at it from the point of view of a criminal lawyer, that anybody should be convicted when he did not intend to do the thing. You say that the man did not intend to have intercourse with a girl who was under sixteen; but he intends, does he not, to have intercourse with the girl whom he sees before him?—He does.

1562. You do not think that he ought to take the risk which he runs?—I think he ought to take the risk, subject to this: that you must remember that the burden of proof is on him to make the jury believe that he had reasonable cause to think that the girl was over sixteen. If the burden of proof was the other way, I should be more inclined to say that he ought always to take the risk; but the burden of proof is put on him by the Act.

1563. But still, it is the case, is it not, that you wish to protect the girl who is in fact under sixteen, not merely the girl who looks to be sixteen?—That is so. What I should like to do, if it were possible, would be to make the law that wherever the girl was not really a woman capable of taking care of herself, suited, if anybody can be suited, for the privilege which, according to my conception of the law, an adult woman has of deciding for herself whether she will be carnally known by a man or not, there should be no offence, and that in the case of all women, sixteen, seventeen, or eighteen, or, of course, imbeciles (that case is provided for), who are not really fully women to the extent that they ought to have that responsibility put upon them, I should like in every such case the man to be an offender. But it is practically impossible, in making a law which is to apply to everybody, to adopt any rule except one of age, and whatever age you adopt there must be plenty of young women who look more and are less and plenty of young women who look less and are more. Therefore you cannot get a law which applies absolutely satisfactorily to every individual case.

1564. I should like to ask you if you are disposed to enlarge

24 October 1918.]

Sir H. STEPHEN.

[Continued.]

Chairman—continued.

enlarge upon what you say about the extension of time from six months to twelve months?—The time was originally three months in the Act of Parliament. It was then increased to six months I think that that increase is sufficient. I say nothing about that increase, because it is past, but I think if you go beyond six months in matters of this kind, when a prosecution starts with a story that is six months old, it is very difficult in a great many cases to come to a satisfactory conclusion about it. I think it gives a great help to the absolutely fraudulent accusations under this Act, of which there are always a certain number. It is much easier to make them when referring to a long time ago than to make them about the day before yesterday.

Mr. Tyson Wilson.

1565. In cases that have come to your notice of charges made against a man of having connection with a girl under sixteen does it often, or not very often, come out in evidence that she said she was over sixteen?—Fairly often.

1566. That shows that the man did ask or try to ascertain what her age was?—Yes, they often do.

1567. Do you think that would occur if the age were raised to seventeen?—Yes, I think it would occur just the same, precisely. I think now when a man asks that question the girl always says she is over sixteen. If he asked her when it was the age of seventeen, she would say she was over seventeen, as a general rule.

1568. That would be, in a sense, clear evidence of consent on her part?—In the great bulk of these cases where the girl is between thirteen and sixteen no question arises as to consent.

1569. With regard to increasing the period from six months to twelve months, you do not think that if it was increased you would give a girl or her parents an opportunity of more clearly proving a charge against the man?—No. If the prosecution is allowed to be brought within twelve months it is possible for a girl to have a baby, which is what in half the cases calls attention to these matters, and then she may make an accusation against a man which is an accusation of conduct leading to the birth of a baby. I think if the man is going to be dealt with criminally for responsibility of that kind the criminal proceedings ought to begin sooner than that. Suppose a man's criminal behaviour towards a woman led to the birth of a baby and no criminal action is taken against him till after the baby is born, I think it has become very difficult to get trustworthy evidence.

1570. In your opinion, you think that in the case of a girl under sixteen years of age having connection with a man, if it has been against her consent, she ought at once to make a complaint to her parent or guardian?—Yes, that is the accepted view. If it is against her consent she must be expected, if she could not prevent it, to complain of it.

Mr. Neville.

1571. Then you think six months is sufficient time?—I do.

1572. Because in that time if there were any signs of pregnancy, or anything of that sort, they would have shown themselves?—That is one reason. I do not put it only on that ground, but generally that I think proceedings ought to be taken within six months of the alleged offence; if not, it throws a great doubt on the genuineness of the charge.

1573. These cases, of course, largely arise where you have a fluctuating or shifting population, which may or may not be found at the end of six months in the same place. There is a difficulty in getting evidence?—Yes.

1574. I mean people leave their places and go north or south?—Certainly; wherever considerable movements of population are taking place—changes of employment, and so forth—that is so.

1575. It is the old legal maxim of "press suit" being the essence of the matter?—Yes.

1576. The Bill says twelve months?—It does.

1577. Have you thought of this or not? Supposing it is limited to twelve months, and supposing the further extension is given to twelve months, in that

Mr. Neville—continued.

twelve months the whole appearance of the girl would have entirely altered?—Probably.

1578. Would that not have the effect very largely of inducing juries to take the view which you suggested? It would make it much more difficult to get a conviction, supposing the twelve months had made such an addition to the girl's appearance of age?—It would.

1579. Do you think that really twelve months would probably enable a large number of criminals to escape from justice who, if they were limited to six months, would be caught?—I think that might be so in some cases. I think it is quite probable that if the limit were twelve months those who wanted to make a charge in respect of the child might wait to make it.

1580. You said something about the age of consent—sixteen—and you said there was some qualification with regard to domestic relations that you thought you were going to allude to afterwards. Will you allude to it now or on some other clause?—Perhaps his lordship would direct me, but I did make a further suggestion for the punishment of men who had connection with their own daughters. Shall I speak about that now?

Chairman.

1581. No, I think not?—That is what I was thinking of.

Mr. Neville.

1582. I understood you to say that, after having considered the whole matter, you came to the conclusion that you must have a fixed limit of age; or did you suggest that you were in each case to consider whether the girl was *apta viro*?—No, that seems to be impracticable. I am of opinion that there ought to be a fixed limit of age.

1583. That any question of *apta viro* is beyond the scope of any court satisfactorily to decide?—I think so.

Sir Willoughby Dickinson.

1584. All cases that come before you in Court are cases of girls who are under 16?—Practically all. Of course, what with charges of rape and charges of abduction—where the age is 18—one is constantly seeing in court as witnesses girls of all ages from 15 to 20.

1585. In this particular case it is under 16?—Yes.

1586. I notice you said from common observation the age of 16 is well known amongst those classes as being the age of consent?—Yes.

1587. That is to say, the ordinary man knows perfectly well that it is a very risky thing to touch a girl under 16?—I think so.

1588. And the girls know the same thing?—Yes.

1589. I suppose that acts as a deterrent and a protection for girls under 16?—No doubt.

1590. Common knowledge that 16 is a dangerous age?—Yes.

1591. Do you think the deterrent would apply in the same way if you raised the age to 17?—I think it would, to some extent.

1592. The ordinary man would know that he was running a risk if he had anything to do with a girl under 17?—Yes; I think that would be so. He would know that he was running a risk; but I think he would be less reluctant to run that risk because of the greater severity of the law. I think many men would have a feeling that it was a harsh law.

Chairman.

1593. I thought your observation upon that subject was as to what should be the feeling of the jury, not the feeling of the culprit. You said you did not think that juries were likely to convict in those cases?—Yes; that is so. But I think also, when it is put to me, that there would be a deterrent effect if the age was fixed at 17 in more cases than if the age was 16. There would be a deterrent effect where the age was, in fact, between 16 and 17. That I quite agree to; but I suggest that that is to some extent counter-balanced by the fact that the deterrent effect would not be an equally effective deterrent.

Sir Willoughby Dickinson.

1594. I quite understand; because it has been stated before, in other places, that if you raise the age to 17 there will be greater possibility of juries acquitting; and that is your view?—Yes.

1595. It

24 October 1918.]

Sir H STEPHEN.

[Continued.]

Sir Willoughby Dickinson—continued.

1595. If it is made a definite crime by law to have connection with a girl of a certain age, and it is proved that the man has had connection with her at that age, do you mean to say that the ordinary British jury lets him off because they feel that the law is unjust, if the case as proved?—I will not commit myself to the statement that the ordinary British jury would always do so; but I will say with confidence that if the law is stricter than the jury likes, it will acquit much more often than strict adherence to the law would allow.

Mr. Neville.

1596. They are passive resisters, you mean?—There are all sorts of people. For instance, I have seen two or three cases, and I have heard of others in different parts of the country, of men who come home and murder their wives who have been unfaithful to them, or in some cases murder the paramour, or supposed paramour. No one can believe that juries have strictly applied the law in those cases, or that verdicts of acquittal that one has heard have meant that they have had any real doubt about the matter.

Sir Willoughby Dickinson.

1597. I suppose the amount of punishment that would be given in these cases varies very much, according to the circumstances?—Yes; it varies from the maximum to some trifling matter. If the offender is very young he would be put under probation, or something of that kind.

1598. The jury is only asked to convict of the crime?—That is so.

1599. The judge, of course, can take into consideration the circumstances under which it is committed?—Certainly.

1600. This tendency of juries not to convict in some of these cases has arisen, has it not, from the somewhat strong fact that they have had the loophole that has been provided by this proviso—namely, that if he had reasonable cause to think she was above the age, it was no crime?—I do not quite think that, because that proviso is a defence which you cannot raise along with the defence that you did not do it. In order to raise that defence you have to admit that you did it.

Mr. Neville.

1601. Confession and avoidance?—Yes.

Earl of Sandwich.

1602. Quite apart from the reasons you have with regard to raising the age, do you think 17 would be a better age from the point of view of making a man take care that the girl was more than 17, rather than in the case of 16? Do you not think it would make the age more easy to distinguish?—No; I do not think one age is more easy to distinguish than another.

Mr. John O'Connor.

1603. Are you opposed to the retention in the Act of those words about reasonable cause to believe?—I wish the proviso to be retained as it is in the Act of 1885.

1604. I am putting it that you are of opinion that if a man has the assurance of the girl that she is over 16 or 17, as the case may be, plus a mature appearance, it ought still to be retained as a defence?—Yes.

1605. And you would regard it as a hardship to convict the man under these circumstances where such a severe punishment is involved?—I should.

1606. Do you remember when the limit of 16 years was first adopted as the age when a child might be expected to make a decision for herself? Do you recall, from your experience of the law, that 16 years as the limit where children might be expected to be able to make the choice, was adopted by the courts of law in the case of children who were separated and who were asked under those circumstances which parent they would live with?—I am afraid I do not remember that.

1607. You do not recall it?—No.

1608. You probably will take it from me that that was where the 16 years first came in?—Yes.

1609. Do you recall that when we were passing the Act of 1885, which was the first Act I ever had anything to do with as a legislator, we adopted 16 years in that Act because the courts of law had fixed it in

Mr. John O'Connor—continued.

another connection as being the age of choice?—I never knew that, but if you will allow me to say so, I am very much interested to learn it.

1610. You may take it from me that that was the case; it was so stated. If that were so, would it confirm you to retain the age of 16 rather than extend it to 17?—It would.

1611. Being judge-made law?—Yes; it is not the worse for that, if it is good law.

Mr. Neville.

1612. Is there any evidence at all that juries are liable to take the view which French juries take of the *crime passionnel*?—They are always told that they are not to do so.

1613. Since the war, for instance, has there been any tendency which you have noticed of taking what perhaps is an un-English view; you know what I mean?—I do not like to say "un-English," but I have a very lively recollection of one case in which the accused man avowed what he had done, and only lamented that he had failed to kill the offender.

1614. Is not the difficulty in these cases due to the fact that they are known as what the French call *crimes passionnels*?—Does *crime passionnel* mean where sexual matters come in?

1615. Passion?—I do not think it is so much that, as that it is a general feeling that where the jury are all thoroughly satisfied that the man who was killed or hurt by a soldier was served right, they are very reluctant to convict the soldier.

1616. Are you familiar with the trials that took place in the Eastern States, the Puritanical States of America, in the 17th and early 18th centuries, where offences of this sort took place?—No, I am afraid not.

1617. There the penalties were very strict for pure carnal knowledge, or impure carnal knowledge?—Yes.

1618. You are not familiar with the way in which juries dealt with the offences in the Puritan States of New England?—No.

Mr. Tyson Wilson.

1619. Could you say whether the charges of indecent assault against girls under 16 years of age have been on the increase during the last four years in the part of the country that you are best acquainted with?—I think not. I think that the number upon the whole has decreased during the war.

Chairman.

1620. I should like you to go on to Clause 5 of the Criminal Law Amendment Bill and Clause 1 of the Sexual Offences Bill. According to the note that you kindly furnished to me, you do not say much about that except that you think that the clause will not do much. Will you kindly read your note?—I think it would be so difficult to obtain a conviction of any person for matrimonial intercourse with his or her spouse that, as far as regards married persons, this clause would do more harm than good. I do not know how venereal or other disease can be wilfully communicated in any way which would not amount to the unlawful infliction of grievous bodily harm and be punishable accordingly.

1621. You have omitted some rather important words which are in my copy. After referring to matrimonial cases, you say, "and generally as regards indictable offences"—I suppose you mean offences indictable under these Bills—"I should expect this clause to be of very little use." Do you adhere to that opinion?—Yes.

1622. I should like to ask you how you arrive at that in one or two particulars. Do you refer to Clause 5, sub-clause 2 (b), about corroboration? It has been suggested that that sub-clause practically makes the rest of the clause ineffective?—It looks to me as if that sub-clause (b) was a proper enactment and the kind of enactment you might expect.

1623. It is a proper enactment, but it is very difficult to get that corroboration?—It appears to me that a conviction without it would be very unsatisfactory.

1624. Have you considered the form of Clause 1, sub-clause 3, of the Sexual Offences Bill, on the right-hand column of page 3? You see it deals with a great many cases. "Where any person is convicted of any offence under this Act, or under Sections 16 or 17 of the Children Act," and so on, and it ends up with saying

"or

24 October 1918]

Sir H. STEPHEN.

[Continued.]

Chairman—continued.

"or other offences of a like nature, or of any attempt to commit." Do you think if that clause is a good one as regards offences under this Bill it ought to go on to all those other things? Have you considered that at all?—I am afraid I have hardly considered that. Unless it was a matter of direct evidence in the trial on some indictable offence, the jury of the Criminal Court with which I am concerned would never think of exercising the power contained in the last words of sub-clause 3.

1625. The only other thing I want to direct your attention to is what I think you have already read out—your reference to Clause 1, sub-clause 1 (c), of the Sexual Offences Bill, about wilfully communicating. You say that you cannot conceive of any cases, I think?—It seems to me that if the disease is wilfully communicated that must be unlawfully inflicting grievous bodily harm.

1626. Therefore you say that those words are really unnecessary?—As relating to indictable offences, I think they are.

Mr. John O'Connor.

1627. With regard to that last matter, "wilfully communicating such disease in any manner to any other person," would not that involve that the prosecution would be always called upon to prove intent?—I presume so.

1628. With regard to the whole of Clause 1?—Yes, that is how I read it. I think they would have to prove that it was the wish of the person who was suffering from the contagious disease that the other person should be infected by it.

1629. Would it refer back to (a)? I will ask your opinion as a lawyer "A person who is suffering from venereal disease in a communicable form shall not (a) have sexual intercourse with any other person; or (c) wilfully communicate such disease in any manner." Would it not be necessary, with regard to the whole clause, to prove intent?—It seems to me to amount to that, but I have not really given careful study to this clause, for the reason that it seems to me not to have any great importance in the Courts with which I am familiar.

1630. I am very anxious to have some enlightenment on that point from somebody who knows, and if you would be good enough to apply your mind to it you might possibly let us know another time, having regard to the fact that in ninety-nine cases out of a hundred there would be no intent to communicate disease, it might possibly be the result of some sudden emotion, and would it not be very difficult to prove intent in any case?—I think very.

1631. Even where the intention did exist?—Yes.

1632. Therefore practically this whole clause would be inoperative. I should like enlightening upon that point?—I think the whole clause is a clause of the greatest possible difficulty of enforcement.

1633. Of the greatest possible difficulty in drafting?—Yes, and that is why I have not come prepared to answer about it so fully as perhaps I might, because I have not regarded it as a clause which would practically have any results in the court in which I act—that is, the branch of the law with which I am familiar, the trial of indictable offences before juries. This sub-clause 2 makes the offence punishable as an indictable offence, but alternatively makes it punishable as a summary offence, and my experience is that with that kind of thing when a magistrate can deal with it he does not send it to the assizes. This sub-clause 2 would practically prevent these cases coming into the jury court; they would not be committed for trial by a jury. I should fully expect that where the magistrate has power, as he has power under sub-clause 2, he would deal with it himself. But supposing that indictments in this form became common in the courts where indictments are tried before juries, I foresee great difficulty with any charges under Clause 1. You will have to prove both sexual intercourse, which is difficult to prove, and you will have to prove venereal disease at the time, which is very difficult to prove.

1634. Now with regard to sub-clause 3, have you made a note on that?—No, I have not.

1635. Would it be too much to ask you to make a

Mr. John O'Connor—continued.

special note on sub-clause 3 for us? It is one that really can hardly be developed by examination—something that could be put upon the notes?—I would ask to be excused from expressing an opinion about that this afternoon, because that is so far from my department in the court where indictable offences are heard that I have really not considered this sub-clause at all.

Chairman.] The point of your evidence, as I gather, is that you think that this is an ineffective clause whatever the object of the clause may be. I am putting this as how I imagine it would affect the mind of the committee: that the clause being very strongly objected to in many quarters, if it is a clause of which we have strong evidence that it would never do anything, what is the use of it?

Mr. John O'Connor.] That is what I have been seeking to develop, my lord.

Chairman.] I do not say how we shall eventually come to think about it, but that is the importance, as I gather it, of Sir Herbert Stephen's evidence on this clause.

Witness.] I do not feel that I have any special claim to say anything about summary offences or the discharge of their duties by magistrates. I have no special knowledge of that. As far as regards the trial of indictable offences before a judge and jury, I am very clearly of opinion that this clause would have, in the long run, practically no effect.

Earl of Sandwich

1636. With regard to sub-clause 3, on page 3, do you consider this clause would be made more workable if it were made compulsory for the court to order the examination instead of if being left to them to decide whether they would or not? You said, I think, just now that the Court would never ask for this examination to be made. If that was made compulsory, would you then think that the clause would be more effective; that is, putting in the word "shall" instead of "may"—"the court shall, for the purpose of ascertaining whether that person is suffering," and so on, "submit him to a medical examination"?—As I have said about the alternative clause in the other Bill, I have not thought about this sub-clause 3 because it does not appear to me to have much to do with the trial of indictable offences. It seems to me outside the subject which I happen to understand more or less.

1637. With regard to the word "wilfully," do you consider that would cover gross negligence?—Words like "wilfully" and "gross negligence" always depend in the last resort upon the verdict of the jury. You cannot do more than indicate the intention of the legislature. You must use words, and the jury really, subject to what the judge says, are the ultimate judges of what is meant by the words used. The jury may, and will if they think that they must in order to do right, put very singular constructions on words that are used in Acts of Parliament.

Mr. Neville.

1638. I understand your evidence on Clause 5 and Clause 1 of the two Bills is that for practical purposes there will be a difficulty of proof in each case?—Yes; there will be a very great difficulty of proof, I think, in almost any charge under that clause.

1639. The object of the Bill is to prevent the spread of this disease, and to make it an offence. Of course, it is a new offence so far as you are concerned?—Yes.

1640. Now is there any way in which you can do that? If this is a good object of the legislature, what do you think is the proper way of doing it? We are here to protect, as far as we can, the health of the race. We have here certain clauses which are designed for the purpose of protecting the health of the race. Everybody who has come up has criticised them. What I want to get at is somebody who will say what ought to be done, if anybody can make a useful suggestion, because I think everybody has agreed that they want to protect the race?—I do not think I could make a useful suggestion. I could make a suggestion, but I do not think it would be of the least use.

1641. You think it cannot be done legislatively. You think there is no criminal means of protecting the health of the race in the manner suggested here?—Not effectively.

1642. I

24 October 1918.]

Sir H. STEPHEN.

[Continued.]

Mr Neville—continued.

1642. It is only, then, because there would be a sort of moral deterrent in having the provisions on the Statute Book, although they could not be enforced?—Yes.

1643. A pious opinion in fact, a good resolution?—Yes.

1644. Objection was taken to sub-clause (b) of the second Bill on page 2, "solicit or invite any other person." The objection taken was that those words import practically an inequality with regard to women, and the objection taken to them is not that it ought not to be an offence for a person who has this disease to solicit, but that the word "solicit" casts a slur or casts a partiality upon women and that therefore it ought not to be there. Now can you suggest any words which would have the desired effect and would not cast that slur?—I do not know any word to substitute for "solicit," and I do not know why there should be an objection to "solicit" any more than to "invite." Apparently "solicit" is supposed to have a slang meaning.

1645. No, not a slang meaning; it is a police offence of solicitation?—Thank you. I see.

Mr John O'Connor] My Lord, would it not be as well to explain to the witness that the cause of the objection was that it was generally applied to women and not to men, and that that was the only objection to the word "solicit," because by the interpretation of the Courts it came to be that it had allusion only to women soliciting and not to men, and that that was the objection raised by the ladies to it. I think it would help the witness to know that.

Witness] I do not see what would be lost by striking out the words "solicit or" and leaving "invite." I do not understand that "solicit" adds anything to "invite."

Mr Neville

1646. I should have thought not; it is a term of art, is it?—I was very properly reminded that it was which I did not know, or had forgotten.

1647. It has been decided, for instance, that molestation, which is the converse, is not a word of art?—It is a term of police court art; solicitation is an offence known to the police, but there is no such indictable offence, and therefore for the moment I forgot that it was an offence at all.

1648. With regard to the word "wilfully," almost every witness has dealt with sub-clause (c) and the word "wilfully." I understand that originally it was "wilfully or negligently," and that in Committee the words "or negligently" were cut out. Now do you think that we might, without any loss at all to the force of the clause, cut out the word "wilfully"? Do you think it is at all necessary?—Of course you make it much more severe if you cut out the word "wilfully."

1649. The object is to stamp out this disease and to benefit the race. Does it make any difference whether it is "wilfully" or not?

Chairman] I am not quite sure that Sir Herbert Stephen has come here to-day with intent to benefit the race.

Mr Neville.

1650. I will not press it. Now another point was taken. You see there are on page 3 two sub-clauses 3. There is a distinction between a person charged with an offence and a person convicted. On the left hand side of the page it refers to a person charged with an offence, and the other clause refers only to a person convicted of an offence. In the one case you have to get a conviction before you can make any order; in the other case the person is charged. Now is that a common provision in a judicial matter like this, to deal with a person charged before conviction?—The person charged under the Criminal Law Amendment Bill, sub-clause 3, is only to be remanded "for the purpose of such medical examination as may be requisite," if he so requires.

1651. Yes; in the other case it is, "Where any person is convicted"?—Therefore I do not see that they have any right to examine him unless he requires that he should be examined. Then he has nothing to complain of. In the other case, after the person has been convicted the Court may have him examined.

1652. May I put it to you in this way: From your experience of the criminal law, is it not entirely contrary to it that the defendant himself should provide

Mr Neville—continued.

the evidence to convict him, as it would be in this case?—I presume that he would not provide it.

1653. Here is a suggestion that he is to be entitled to do so, and there is an inference to be drawn if he does not?—That does seem to be so. It seems to be making a presumption against him.

1654. If he does not choose to submit, it is for the jury to draw such conclusion as they think right?—Of course that is contrary to the old spirit of the law.

1655. This contains what you may call practically a provision contrary to the spirit of the common law?—I think so.

1656. You said the difficulty is the difficulty of proof, for instance, with regard to Clause 1, "A person who is suffering from venereal disease in a communicable form shall not have sexual intercourse." First of all, you say there is the difficulty of proof. Of course in this particular case you cannot get over that difficulty like you get over it under the Divorce Act, where there is a presumption in certain cases?—That is so.

1657. A divorce court practically acts upon presumption in many cases out of ten?—Yes.

1658. But that does not, of course, affect a criminal case like this?—No.

1659. Therefore you would have what is admitted practically in law to be the most difficult thing to prove, and which you would never be able to prove practically in a divorce court unless you had a presumption?—Unless some special and fresh words were put into the Act I think the effect of this sub-clause I would be this. When some person was tried under it by a judge and jury I expect the direction to the jury would be that they must have clear and definite proof both of the venereal disease and of the sexual intercourse, and that mere presumption of sexual intercourse would not do.

1660. Or presumption of the disease?—I do not think it would by any means do to prove that a man and his wife lived together for a week.

1661. Therefore unless you could have actual proof that a man had the disease, by examination which would probably be the only way in which you could, you would never get a conviction?—No; I do not think so.

1662. And as the matter would not come up for consideration perhaps for weeks or months afterwards, the chances of proving it at that date would be almost infinitesimal?—They are steadily declining as time goes on.

Sir William Collins

1663. I have before me the report of the Royal Commission which in 1871 inquired into the operation of the Contagious Diseases Act. I see they considered the suggestion which is embodied in this Clause 5. It is paragraph 61 of their report. They say, "Another suggestion which we cannot adopt is, that it should be made penal to engage in sexual connection when the party, whether man or woman, is to his or her knowledge affected with venereal contagion. The creation of such an offence would in our opinion be objectionable owing to the number of scandalous and demoralising judicial inquiries. Although it may properly be the care of the State as the guardian of the public health to check the progress of this disease, it does not follow that an accomplice in guilt should be allowed to set the law in motion for the punishment of an offender. If any farther reason is required, it may be said that the proof of the evidence would be almost impracticable, since corroborative evidence in addition to the oath of the principal would be indispensable; and the law would be used, if it was used at all, as an instrument of malice and extortion." Do these objections commend themselves to your mind?—That commends itself to my mind. I hear that report now for the first time. I have no answer to it at the moment.

1664. In addition to the various reasons given, I understand you to say that in your opinion practically such a clause would probably be inoperative?—I think so, as far as the trial of indictable offences is concerned.

Chairman.

1665. I thought you said that you could make a suggestion. We should all be very much interested to know what it is, but not here, I think?—You do not wish me to say it here?

1666. No

24 October 1918]

Sir H. STEPHEN.

[Continued.]

Chairman—continued.

1666. No, I think not; you told us you did not think it would be of much use?—That is so.

1667. The only other thing on which you have made a note, I think, is upon Clause 9, where you indicate in the paper before me a very strong opinion against that clause. Perhaps you would read it?—I am afraid I have not a complete draft.

1668. Will you allow me to read what you have written?—If you will be so kind.

1669. That is what you say in the note you have given me: "I protest earnestly against the holding of trials for indictable offences otherwise than in public. I believe the Judges of the King's Bench Division to be unanimous in the opinion that the section of the Punishment of Incest Act, requiring cases thereunder to be heard in camera ought to be repealed." That is all that you say upon this note?—That is all I wrote. This is a subject on which I do feel very strongly indeed. I think the provision for hearing cases in camera in the Incest Act is unspeakably deplorable. How it came to be inserted in the Act I have never known, but I think the result is deplorable. A man can be deprived of his liberty on a charge, very likely false, and tried and severely punished, and no human being can know a word about it; it is done practically in a dungeon, no reporters allowed to be present, nobody knows if the judge goes wrong, nobody knows if the counsel misbehaves himself; the man disappears. It does not very often occur, because prosecutions under the Act are not very frequent, but I do think it is a most terrible injustice and really a very serious matter indeed. I know that Mr Justice McCardie, who has spoken about the matter in open Court, agrees with me; I believe that all the judges agree with me, and if a similar provision was put into the Bill which is under your consideration I think it would be a tremendous misfortune.

1670. Then may I ask you whether this is a similar provision?—It gives the Court the power.

1671. But that is a very different thing, surely?—I am almost passionately of opinion that they ought not to have the power to conduct their proceedings in secret.

1672. Do you really consider that this Clause is anything approaching the Clause under the Incest Act? Does not the Clause of the Incest Act say that the trial is to be held *in camera*? This does not say that the trial is to be heard *in camera* or anything approaching it?—No, but it gives power.

1673. It rather suggests, I think, that the words, if anything, could be almost construed to say that the trial is not to be held *in camera*. It says: "If, upon the trial of a person for any offence under this Act, it appears to the Court to be desirable, in the interests of decency, morality, humanity or justice, that all or any portion of the public should be excluded during any part of the hearing, or that the whole or any portion of the evidence, documents, speeches, or summing-up should not be reported or published, the Court may make an Order to that effect." Surely that is a very different thing to the Section in the Incest Act?—With great deference, I do not think it is. If the Court chooses to have some view about decency or morality or humanity or justice, it gives the Court power to exclude all the public. That includes the Bar, the Press, everybody; and that is a trial in secret, and I hold that a trial in secret for an indictable offence is a thing which ought never to be allowed.

1674. It is quite clear, from what you have already told us, that there is no Judge on the Bench who would make an Order for such a hearing *in camera*, but the Judge might make an Order, might he not, at a certain point in the evidence, or might make an Order about the publication of the evidence?—That I regard as a point of no importance. I have never known a newspaper want to publish anything it ought not to publish in that sense.

1675. Are you referring to the whole range of newspapers?—I am referring only to reports of trials where these sexual matters are involved: rapes, unnatural offences, offences with girls between 13 and 16, and so forth—all that order of cases.

1676. And no part of the Press, you say, ever publishes reports of cases of that sort?—Not to my knowledge. I think they are not sufficiently interesting. The Press has no wish to publish any licentious matters when these cases are tried. Therefore I attach no im-

0.179.

Chairman—continued.

portance whatever to that. I do not care what the law is about it so far as regards the question of reports, but I do care very much indeed about the point that all proceedings in respect of indictable offences should be heard in public, and that persons who wish to be present may have a right to be present if there is room for them.

Mr. Neville

1677. On this last point of yours, these accusations may affect the most important part of a woman's life, her reputation. Do you think that there ought not to be an opportunity, at all events, in case the investigation ends in an acquittal, of investigating the matter without any chance of her name or anything about her appearing?—I do not quite understand. Am I to understand that the woman is a witness or an accused party?

1678. Suppose the defendant is a woman, suppose there is no conviction, the mere fact of her being tried on such an offence as this is a very serious damage to her reputation. Do you not think that the Courts might protect her without doing any injustice to the public?—If the woman was being tried she would be accused under these Clauses that you have lately been discussing?

1679. Yes, I am assuming that the Bill is passed?—No; my opinion is that whatever there is to be said on that head is overridden by the real essential importance of having public tribunals only to dispose of indictable offences.

1680. The law is rather careful, is it not, of the reputation of a man's financial position? Do they not investigate his financial affairs in bankruptcy without mentioning his name until he has been adjudicated? It is merely a number that is referred to?—There is nothing of that sort in the Criminal Court.

1681. But I say in bankruptcy, where the man's financial reputation is concerned, is it not the fact that a preliminary investigation takes place under a number, and that until the man is adjudicated a bankrupt his name does not appear, and nobody knows anything about it?—I take it from you.

1682. Do you not think that a similar sort of process might take place in these matters where the reputation, which is the most delicate matter with regard to a woman, is concerned? Do you not think that some sort of arrangement might be made for similar protection to her reputation?—I do not. I think that the only way that you can guarantee a really fair trial and a steady continuance of fair trials for all time is to have them all in public.

Sir William Collins

1683. Then it is your considered opinion that not only should not the Statute say that such cases must be heard *in camera*, but it should not be even within the power of the Court under any circumstances to order the Court to be cleared during any portion of the proceedings?—Yes, with regard to the general public. I do not say it is not proper to clear children out and sometimes young persons, but I do not think the Court ought to have the power to turn out adults of either sex.

Chairman

1684. I think we have gone through all the points on which you desired to give evidence, but you had a suggestion to make. I do not feel very clear as to whether it would come within the legitimate meaning of this Bill, but I do not like that you should leave us without having mentioned it. Perhaps you would read your note upon the subject?—I suggest that where a man has carnal knowledge of a girl over 13 who is his daughter, such girl being under some age, I suggest 18 years, he shall be deemed to be guilty of rape. In a large proportion of cases under Section 5 of the principal Act the offender is the girl's father, and in a fairly large proportion he is her step-father. The paternal authority in such cases is very nearly indeed equivalent to overmastering violence, in some cases it is fully equivalent. Such cases seem to me to deserve the severest punishment.

1685. Of course, the Criminal Law Amendment Act, which is the Act we are amending, does leave out the subject of rape, does it not?—Not of rape, I think, except in providing where the charge is for rape the

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verdict

24 October 1918.]

Sir H. STEPHEN

[Continued.]

Chairman—continued.

verdict may be felony in respect of a young child, or vice versa. I think it is only to that effect.

1686. I rather doubt whether we could extend this. I should like to ask you this question. Why in that case do you take eighteen years?—Because I think that the feeling that a daughter has of the authority of her father and of the obligation to do as he tells her lasts a long time; I think it lasts about as long as that. I think a girl of sixteen or seventeen, who has lived most of her life in the same house with her

Chairman—continued.

father, so to speak, has not got a fair chance; that, though she would be called an adult woman in respect of a stranger, in respect of her father that is not so; it is much more difficult for her to resist.

1687. It is an exception to your view of the age of sixteen?—Yes.

Chairman.] We are very much obliged to you for your evidence.

(The Witness is directed to withdraw.)

Die Martis, 29^o Octobris 1918.

PRESENT:

The Earl of SANDWICH,
Earl BEAUCHAMP,
The Earl of STRAFFORD,
Viscount SANDHURST,
Lord DESART (Earl of DESART),

Lord MUIR MACKENZIE,
Sir WILLIAM COLLINS,
Mr. NEVILLE,
Mr. JOHN O'CONNOR,
Mr. TYSON WILSON.

LORD MUIR MACKENZIE IN THE CHAIR.

SIR MALCOLM MORRIS, K C V O, and Mrs. GOTTO are called in; and Examined.

Chairman

1688. I am afraid that Dr. Rawlings is not well enough to appear.—(Mrs. Gotto). May I apologise on her behalf, my Lord. She is still laid up with influenza, and has asked me to make her sincere apologies to the Committee, and to express the hope that she may have an opportunity of being heard later. She telephoned from a sick bed this morning.

1689. I am sorry to hear it. Sir Malcolm Morris, you appear here with Mrs. Gotto as representing the views of the National Council for Combating Venereal Diseases?—(Sir Malcolm Morris.) That is so, my Lord, and, in addition, I would like to give supplementary evidence on my own behalf.

1690. I was not aware of that. You were a member of the Royal Commission on Venereal Diseases, were you not?—Yes.

1691. In speaking here to-day, do you represent the views of the Commission? We have had the Commission quoted once or twice before, and we rather looked forward to your coming here to answer any questions as to what they really did recommend as to the clauses bearing on venereal diseases?—Yes.

1692. You are able to speak to that?—Certainly. That Commission sat for two years, and reported at the end of that time.

1693. Your evidence, I gather, on behalf of the National Council, deals with those clauses that bear directly on questions of venereal disease?—Yes, that is so.

1694. You do not practically, I think, in the paper which you were good enough to forward to me, deal with the other clauses?—No. So far as the National Council is concerned, we limit it entirely to Clauses 5 and 6.

1695. Quite so. May I take it, Sir Malcolm, that you are yourself acquainted with what venereal disease really means, and its causes and treatment?—I have had forty-nine years' experience. I was a resident at the Lock Hospital forty-nine years ago, and from that time to the present I have been studying and working and practising to a very large extent in connection with the particular subject, more especially one disease—syphilis.

1696. I would like to ask you one or two questions, though I feel that they are very amateur questions to ask; but still, they have haunted my mind a good deal during these discussions. How do these diseases really begin? Can they originate without sexual intercourse at all?—Oh, yes, my Lord.

1697. I do not mean can they be communicated from one person to another without sexual intercourse, but,

Chairman—continued.

in the beginning, how does disease begin? Does it necessarily entail connection between a man and a woman?—No, not of necessity. I can give an example which has nothing to do with the question of sexual intercourse. A man might be suffering from gonorrhœa, and have a discharge which may be spread upon a linen sheet—his bed. And a person who comes in the morning to make that bed may get some of the discharge on the finger, and may inoculate the eye, and lose the eye.

1698. I quite understand that. But how does gonorrhœa begin?—It begins through an infection which may be caused in various ways. The usual way that gonorrhœa is got is by impure sexual intercourse.

1699. That is what I want to know?—In the main, that is so.

1700. It must begin in that way?—Not necessarily must. I think that that is too emphatic. To a very large extent it would begin that way, but not must.

1701. Can it originate with a man, or does it always originate with a woman?—The disease is produced by what is called the gonococcus—a little organism which multiplies when it happens to settle on the mucous membrane. That may be either in the case of the man or the woman.

1702. It may be either?—It may be either.

1703. I am thinking of the question of comparative blame between the sexes. Some people talk about the present state of things as though the girls who have been spoken of in this Committee as amateurs contract diseases that are brought amongst them by soldiers. On the other hand, you hear the opposite. It is said that it is the innocent Tommy from the country or the Colonies contracts the disease?—I think that both applied. The man may be infected, and may infect many women if he is in the habit of going with women indiscriminately. On the other hand, the woman may be infected, and may infect many men. I do not think that one sex is more to blame than the other. I think that both are to blame.

1704. These questions might be pursued much further. They have always been in my mind, and I have not heard anything like a definite answer before. I dare say that is due to my ignorance. Before going into the particular clauses that you speak of, I would ask you if you have anything to tell us generally—your view of the position in relation to venereal diseases, and as to whether you consider it is a very serious one at the present time?—It is an extremely serious one at the present time, my Lord.

1705. Arising, do you consider, out of the abnormal conditions

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Chairman—continued.

conditions due to the war, or do you think that, generally speaking, there is a spread of the disease independently of the gathering together of people through the war?—I think that the various changes produced by the war to a very large extent have spread the disease, and will spread the disease very much more later on.

1706. We have had a good deal of evidence before us to show that the disease was really on the decrease before the war?—Quite so, it was; and that was evidenced before the Royal Commission.

1707. Do you consider that, at any rate since the war, there has been a great increase of it?—Yes.

1708. And that it threatens to continue after the war?—That is so.

1709. Is it your experience that the spread of the disease is amongst the professional prostitutes, or is it your view that it very largely prevails amongst what are called amateurs?—A certain amount is spread by the professional prostitute, but the professional prostitute is not the greater sinner in that particular direction, because it is her living, and she takes every possible means and precaution to try to take care of herself. I think that the greater amount of spreading is done by what are called amateurs, who know comparatively little about it, and are very much more careless.

1710. Do you consider that it is a subject that can be dealt with by legislation? Some of the people who have been before us think otherwise?—I think so, in certain directions; but only in very limited directions. I think that knowingly transmitting the disease to another person ought to be a crime.

1711. That is a view you have come here to represent?—I believe that to be right, and I consider that it ought to apply equally to both sexes.

1712. Do you mean that you would treat the girl as an accessory?—If I had distinct evidence that the girl had been warned of her condition, yes.

1713. There is another view, another aspect that occurs to me, coming under the head of a clause that you do not deal with, I think—the clause about reasonable cause to believe that a girl is of such-and-such an age. We are told that many girls get themselves up to look older. Does not that bring them nearly into the category of accessories?—It is a little difficult to answer that question, my Lord.

1714. I will not press it further. I will now go on, if you will allow me, to the particular clauses of the Bill with which you chiefly deal. You have notes on the paper that I have before me that I would rather like you to read, if you would. You, no doubt, have them there?—Yes. "In November, 1916, the National Council for Combating Venereal Diseases submitted to the then Home Secretary the draft of a Bill to prevent the dissemination of venereal diseases. The Bill contained only three clauses. Its aim was to render the conscious transmission of venereal disease a penal offence, and to require that all persons leaving any Government institution while still in an infective condition should be duly warned that the evidence of the medical officer under whose charge they have been would be available for any prosecution taken under this Act. Much to the regret of the Council, the sense of their recommendation was made a single clause in the Criminal Law Amendment Bill—an omnibus measure dealing with many controversial points."

1715. That is to say, the clause that we have got before us?—Yes. The three clauses that we originally drew and submitted to the Home Secretary at the time are in Appendix I.

1716. They come in in your paper, if you would not mind reading on?—"The National Council urge that as there is very little opposition to the proposition that the conscious transmission of venereal disease should be a penal offence, a separate Bill dealing with this point only should be introduced at the earliest possible moment. *Amendment recommended.* The National Council urge that the Criminal Law Amendment Bill version should be adopted from Clause 5 to the end of Clause 6, with the following amendment:—That in place of paragraph (1), 'A person who is suffering from venereal disease in a communicable form shall not have sexual intercourse with any other person, or solicit or invite any other person to have sexual intercourse with

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Chairman—continued.

him or her,' the following sentence should be substituted:—'A person who is suffering from venereal disease in a communicable form shall not knowingly or by culpable negligence communicate such venereal disease to any other person.' This question has been carefully considered by the Medical Committee, and unanimously adopted by the Executive Committee. It is felt that it is a distinct weakness to limit the operation of the clause to those forms of infection acquired through sexual intercourse. A number of cases have come to the notice of the National Council in which parents, by culpable negligence, have infected children; other cases by which persons, by culpable negligence, have infected fellow-workers; and yet again a group of cases arising from lip-chancres, which are communicated by kissing. The form of the amendment proposed by the National Council covers all these cases. Detailed evidence of these three groups can be provided by various medical men and women and others having practical experience on the subject." I have here to-day a long list supplied to our Council from all parts of the country of exact records of actual cases that have occurred which I can supplement from cases in my own personal experience.—"We are advised by our Legal Committee that it would be almost impossible to prove sexual intercourse, but the communication of the disease is a matter of fact. From the legal point of view the penalty should attach to the injury received by the transmission of the disease. In law, at present, promiscuous sexual intercourse is not recognised as a crime. It is therefore a more logical position, and one more easy to substantiate in law, if, throughout the Act, it is the transmission of the disease which is penalised, and not the actual method of its transmission. The National Council feel that Clause 6, extending the powers of Clause 5 to married persons, should be an integral part of the Act. The National Council for Combating Venereal Diseases consulted the governing bodies of a very large number of the women's organisations in the country, and were fortunate in obtaining their support for Clause 5 in the above amended form. The organisations concurring included the Association for Moral and Social Hygiene, the National Union of Women Workers, and the National Union of Women's Suffrage Societies. It will, of course, be known to the members of the Committee that legislation on lines very similar to the clause as amended is already in operation in a number of the Dominions, including New Zealand, Western Australia, Victoria, Ontario, and also in Norway and Denmark."

1717. Thank you. I would like to ask you two or three questions upon that, if I may?—Please do, my Lord.

1718. The first is this. You propose, instead of the words of the Government Bill (Clause 5), to substitute:—"A person who is suffering from venereal disease in a communicable form shall not knowingly or by culpable negligence communicate such venereal disease to any other person." That is very much, is it not, what is in sub-section (c) in the Sexual Offences Bill? You have both Bills before you?—Yes, I have both Bills before me.

1719. The Sexual Offences Bill is drawn in the form of three heads and Sexual Intercourse is the first. The second is Soliciting and Inviting Any Other Person, and then, thirdly, the words are—"Wilfully communicate such disease in any manner to any other person." Have you considered the words of the Sexual Offences Bill (c), "Wilfully communicate such disease to any other person"?—My Lord, that did not exist at the time we considered the other one. That came on later.

1720. Yes, of course?—As Mrs. Gotto says, it did not exist when we drew the original one. When it did come before us we again had meetings, and came to the conclusion that our amendment was the better. After the change had taken place from that particular time, we thought that the new amendment was very much better than the clause which we had originally drawn.

1721. I was rather puzzled by your memorandum?—It extends over a period of time, and there has been a constant change going on all the time. We came to the conclusion that the amended form was much shorter and much clearer and better than the one that we had originally drawn and submitted to the Home Secretary.

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1722. What

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Lord Desart.

1722 What do you mean by the amended form? Do you mean the Sexual Offences Bill?—No; the amended form that I have just read out. We think it clearer, better, and fairer.

Chairman.

1723 It is a mere bit of verbal criticism, perhaps, but as one reads this Memorandum that has just been read by you, Sir Malcolm Morris, it sounds as though the original Bill had not been put in this form. This is what you now recommend. "A person who is suffering from venereal disease in a communicable form shall not knowingly or by culpable negligence communicate such venereal disease to any other person"?—Yes, my Lord.

1724 It no doubt includes sexual intercourse, but it does not express it?—Yes, we purposely avoided expressing it. We want the mere fact of the act of transmitting the disease knowingly to be the thing to be punished.

1725 Do you not think that the way in which it is put in the Sexual Offences Bill is better?—Our answer is that we do not like (a) and (b). Therefore we think that (a) and (b) should be left out, and that the other one is the better amendment.

1726 That is your view?—Yes, that is the view of our Committee.

1727 You have stated that quite clearly. Now, do you adopt or not sub-clauses (a) and (b) of Clause 5, where it is said that a person shall not be convicted under this section if he proves that he had reasonable ground to believe that he was free from venereal disease? That case would come within your clause would it not?—We accept that.

1728 You do?—Yes, absolutely, my Lord.

1729 And you accept (b)—Corroboration?—Yes.

1730 You do?—Yes.

1731 Now I go to a much more important thing. What do you say about sub-clause 3? That is the one that deals with the question of examination, and our friend 40 (d)?—I am on the Government Committee of Investigation with regard to 40 (d) at the present moment.

1732 That does not preclude you from answering the question?—Not in the very least; only I am there to get the evidence, and have not heard the Government evidence. I have my own personal views, but I think it not right to express them as an individual at the present moment, because I am sitting in judgment on 40 (d). Therefore, I think that that point ought to be postponed.

1733 It is rather embarrassing to us. I do not think that a joint Committee of the two Houses ought to be precluded from asking you questions upon it?—No; but I have not heard the Government evidence. As Mrs. Gotto says, the whole Council accepts No 3.

1734 Your Council does accept No 3?—Yes; the Council absolutely accepts No 3.

1735 You know how very strongly it is opposed by most of the Women's Associations?—Yes, I do, perfectly well.

Mr. O'Connor.

1736 When you say No 3, what do you mean? Do you mean (c), or sub-section 3?—Sub-section 3, on page 3.

Chairman.

1737 That is 40 (d)?—No; we do not consider that that is 40 (d), my Lord.

1738 You do not?—No.

1739 It is certainly copied from it?—Yes; but it is not identically the same.

1740 What is the difference; I do not remember?—It is different in the whole way in which it is brought about. It is different in the whole method.

1741 The other is an Army Regulation?—Yes, the other is solely an Army Regulation.

1742 This is extending it?—There is another very important point—namely, that this section applies to both sexes, and the other does not.

1743 Yes; that is a very important point?—Certainly.

Mr. Tyson Wilson

1744 You rather suggested that a good many of the women or girls suffering from this disease were not

Mr. Tyson Wilson—continued.

aware that they had it?—I think that that is quite a possible position. I do not know that I actually said that, but I have no hesitation in saying it. A very large number of them have no notion that they have anything the matter with them at all.

1745 It applies to both sexes, because a young man is in the same position as a young woman?—Not necessarily in the same position.

1746 Is he not?—Not nearly so much so. The difficulty in speaking of these matters is that there are two distinct diseases with totally different causes and with totally different symptoms, and therefore it is very difficult to speak of them as a collective whole, and it is not right to do so. I have to be very definite on that point, that they are quite separate and distinct. With regard to one disease, there are certain stages in early syphilis in which a man may be perfectly innocent, and not know that there is anything the matter with him at all; but it is not so in the acute stages of gonorrhoea. He suffers so much pain and so much torture that he is bound to know. In a woman it may be so transitory and so slight that she may not know that there is anything the matter with her, and yet may be able to infect men.

1747 How long would it take the diseases to develop?—Do you refer to the period of incubation?

1748 Yes?—In gonorrhoea it is said to be from twenty-four hours to ten days.

1749 Therefore, between twenty-four hours and ten days it is quite possible for a man or a woman, not knowing that he or she is suffering from disease, to have connection with another person?—Yes, without knowing, and yet capable of transmitting the disease.

1750 That is so?—That is so.

1751 You are in favour of penalising the person who wilfully transmits the disease?—Yes, I am—very strongly.

1752 There will be great difficulty in a Court of Law in proving whether it is wilfully or carelessly done?—Quite so. It is purely for the Court to decide as to whether it is so. I have seen personally a certain number of cases in which it has been absolutely wilfully done.

1753 You have evidence of that kind?—I have.

1754 Do you think that Clause 5 of the Criminal Law Amendment Bill or Clause 1 of the Sexual Offences Bill will in any way reduce the number of cases?—I do. I think that the mere fact of its being on the Statute Book would be a deterrent, even though it were not operative with regard to punishing the offence.

1755 You look at the matter purely from the standpoint, I take it, of the medical man?—I do. Well, I am looking upon it from the standpoint of a man who has devoted his life to improving the public health.

1756 In giving consideration to this matter, have you also given careful consideration to the question of human nature?—I have.

1757 Do you think that a clause of this kind will, in some way or other, place restraint on human nature?—Yes, I think it would, under the special circumstances. I do not know when I shall have the opportunity of mentioning to the Committee some of these cases that have been submitted to us as a Council, and of supplementing them. I think the Committee ought to have definite evidence of actual cases that have been brought about by culpable carelessness.

Chairman

1758. I had proposed that we should print and circulate the paper amongst the Committee in the form in which it is sent in?—Quite so, my Lord.

1759 There may be some cases contained in that that you may have the opportunity, during your examination, of quoting and referring to?—Thank you.

Mr. Tyson Wilson

1760 I think it is necessary that the paper should be circulated. You are reluctant to give your personal views on 40 (d), because you are sitting in judgment upon it?—Yes; I hardly think it right to say much about my personal views when I have been appointed by the Government to investigate the position.

1761. You say that you have not heard the Government evidence upon it?—I have heard no evidence upon it at present.

1762. Do

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Mr. Tyson Wilson—continued.

1762. Do you think any evidence that may be adduced will in any way alter your views on the point?—I cannot say until I hear it.

1763. Assuming that it does, then, I take it that your evidence on these clauses will not be of very great value?—It does not necessarily follow. 40 (d) is a totally distinct matter.

1764. That is your opinion?—That is my opinion.

1765. I put it to you that if your views are changed with regard to 40 (d) your evidence now in regard to these clauses may be really valueless?—It will be for you to decide that.

Chairman.] Surely it will not be valueless?

Mr. Tyson Wilson.] As the Chairman has already said, 40 (d) is to all intents and purposes incorporated in the Bill.

Chairman.] I did say so; but many members of the Committee do not consider it is so, and I am perfectly well aware that it is an Army Regulation, and not a matter of general law.

Mr. Tyson Wilson.

1766. We do not want to chop legal logic on the subject, if I may say so; but 40 (d), to my mind, is incorporated in the clauses. I may be wrong?—That is not our interpretation.

1767. My point is this. If your views are changed with regard to 40 (d) and the conditions imposed on men and women by Regulation 40 (d), and if your view on the whole question as it appears to you from your work of forty-nine years is altered by evidence given by the Government, then I submit that your evidence now is of very little value indeed. I have no further question to ask?—If you please.

Sir William Collins

1768. You mentioned to the Committee that it was very important in speaking of venereal disease to distinguish between the three different types of disease included generically under that name?—Yes.

1769. You mentioned that gonorrhœa is usually attributed to the gonococcus as the cause?—Yes.

1770. That has been so since 1879, when it was so described by Neisser?—Yes.

1771. Syphilis is in the same way similarly attributed to the *Spirochæta Pallida*?—Yes.

1772. That would be since 1905, when it was described by Schaudin?—Yes.

1773. To what may be attributed chancroid disease?—That is a little doubtful just now. We always used to attribute it to the bacillus of Ducey, which is supposed to be the special one, but now some have a doubt. However, as it is of no serious import to the health of the community, I think we may practically consider it negligible.

1774. It cannot be identified in the same way by an organism as the others can?—No. Very often it is mixed infection, and that leads to considerable difficulty. It has no practical bearing from a legislative standpoint.

1775. May I take it that generally the ground of your objection to Clause 5 in the Government Bill, and your preference for your amendment, is that your amendment is conceived from the health point of view rather than from the point of view of an amendment of the Criminal Law?—That is so. That is the whole point.

1776. To that extent are you basing it on the general principle which has been applied in legislation to the case of infectious diseases?—Yes.

1777. If your amendment were to become law it would not be an offence for a person with venereal disease in a communicable form to engage in sexual intercourse unless infection with the disease followed?—Yes, that is so; that is the whole point.

1777*. Now, your society is described as the National Council for Combating Venereal Disease?—Yes.

1778. Am I right in saying that it was formed with the express object of giving effect to the recommendations of the Royal Commission?—Yes. It was one of the definite recommendations of the Royal Commission that this particular Council should be recognised as an official body that should give information on these subjects. I have the recommendation of the Royal Commission here, and perhaps I might read it

Chairman.

1779. You are going to make a reference to that further in your evidence, I think?—Yes.

1780. You propose that name shall be inserted in one of the clauses?—Yes. It is mentioned in regard to Clause 7.

1781. Yes?—Recommendation No. 35 of the Royal Commission is "The National Council for Combating Venereal Diseases should be recognised by the Government as an authoritative body for the purpose of spreading knowledge and giving advice in regard to the question of venereal diseases in its varied aspects."

Sir William Collins.

1782. May I take it that the object of the National Council is limited to giving effect to the recommendations of the Royal Commission?—Very largely—yes. There have been slight additions since that, but that is in the main what it was started for.

1783. The Council has issued, among other documents, this pamphlet?—Yes.

1784. The document issued by the Council calls attention to the fact that venereal diseases can be stamped out?—Yes. That is a pious hope. We believe that if the recommendations were thoroughly carried out, supplemented by certain legislation within a reasonable time, these diseases might be stamped out.

1785. Does the Council think that by giving effect to the recommendations of the Royal Commission venereal diseases could be stamped out?—Yes.

1786. You were one of the signatories to the Royal Commission Report?—Yes.

1787. In the general conclusions on page 65 the Commission reported. "We have recommended no drastic remedies, and except in certain special cases we have not advocated compulsion in any form?"—Yes.

1788. That is the policy also of the National Council?—Yes; that is the policy of the National Council.

1789. On page 53 of the report of the Commission it is stated: "In present circumstances it seems impracticable to apply a general rule for the detention of prisoners suffering from venereal diseases?—Yes. That is two years ago—as Mrs. Gotto whispers to me—and perhaps there may be some chance in the future of something being done in that direction, because it has been done in other countries. I believe that at the present time it is being done in the United States."

1790. What was the then view of the Royal Commission?—That was the then view of the Royal Commission.

1791. On page 50 I notice that the Commissioners say that they consider that "any suggestion of compulsory treatment or compulsory continuance of treatment might defeat the object we have in view." Is that still your opinion?—That is still our opinion.

Chairman.

1792. I thought that the Bill that you referred to and which you originally proposed did deal with the detention of people in prison if they were found to have venereal disease?—It was only warning and taking evidence of the fact that they are affected.

Chairman.] I have misread my copy of the Bill.

Sir William Collins.

1793. Do you attach great importance (I think that this was part of the Royal Commission's findings) to it being the duty of all medical men who have occasion to diagnose and treat cases of venereal disease to warn the patient of the nature of the malady and the precautions that should be taken with regard to it?—Yes. I have something very special to say on that particular point, which I will read.

1794. On the question of label?—It is one of the recommendations of the Royal Commission.

1795. I would like you to give us the information you possess as to what you speak of as non-venereal communication of these diseases. I do not know whether this is the time for that?—If his Lordship thinks it convenient, I will do it now.

1796. You have certain information on the subject, I understand, and one would not like you to leave the chair without giving us the information. Do you remember

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

Continued.

Sir William Collins—continued.

remember a saying of the late Sir Jonathan Hutchinson that one of the most important things to learn about syphilis was that it was by no means always a venereal disease?—Yes.

1797. Do you agree with that view?—Yes.

Mr. Neville.

1798 What do you mean by that?—I mean that it is not always communicated by sexual intercourse.

Sir William Collins.

1799. Would you lay before the Committee any evidence you have with regard to that particular question?—Certainly. I have divided it into certain groups: First, the infection by workers to their fellows, and the second group is cases of infection by kissing or methods other than by sexual intercourse, and then the communication from parents to children. In the first case, which comes to me from Cardiff, a girl developed syphilis in a munition factory, and attributes infection to wearing a pair of breeches provided her by the factory, without intervening underclothes, though she had noticed that the breeches were stained with leucorrhœa by the previous wearer. Clearly the previous wearer and the patient herself were culpably negligent. The writer of the communication thinks that the management of the factory were culpably negligent for transmitting garments from one girl to another without sterilisation. In another case, also from Cardiff, one sister is infected on the mouth by her fiancé, known to be suffering from syphilis. In due time her sister develops a primary sore on the lip. They have shared the same bed in domestic service, but they emphatically deny that they ever kissed one another or shared tooth brushes, cups, towels, or other articles. Here is another case, which comes from London from a doctor who has the venereal clinic at University College: "I have seen instances in which there was good reason to believe that infection had occurred from workers to their fellows, but these are most difficult cases to investigate. I have under my care at this time at University College Hospital a man who had a primary syphilitic chancre upon his chin, stated to have been conveyed by a barber when shaving him." Then this is one from the surgeon in charge of the venereal clinic at the London Hospital, who is now in the Army. He writes this on October 25th: "I have recently inquired into a case in a military camp where an officer undoubtedly became infected in the eye through washing in a basin in which an infected fellow officer had washed his private parts. I cannot give names for publication, but we had a military court of inquiry, on which I sat. The man who used the basin should actually be punishable under this clause."

1800 Was that a case of gonorrhœal ophthalmia?—Yes. I am rather picking out types. Here is a case of infection by kissing, also from the surgeon in charge of the venereal clinic at the London Hospital: "I had a very sad case some years ago. I cannot put my hand on the notes. A landlady kept lodgings. She had for two years a lodger who was really a superior prostitute. The latter had to leave, and in taking her leave she wept, and threw her arms round the landlady's neck and kissed her, and thanked her for her kindness. The landlady developed a chancre on the lip"—a nice way of showing gratitude. Another doctor writes: "I can give details of a case of a soldier home on leave at Manchester who had a syphilitic sore at each corner of his mouth, and who kissed the child of a friend of his. In four weeks the child got chancre on the cheek. Then her little sister got the disease in a similar place, and then the mother was infected." I might for one moment speak about that. It sounds a comparative trifle that a sore should come on a young child's face, but that is a disease which is going to last in the child for years unless properly treated, and probably destroy the child's health for life by an act of carelessness.

1801. When you say probably destroy the child's health for life, does that mean whether treated or untreated?—It depends entirely on whether there is appropriate treatment, but the chance of the child not being taken for appropriate treatment would add to the difficulty enormously. Another doctor sends a case: A patient, married, was first seen on the 16th March, 1918. There was a history of a sore on the

Sir William Collins—continued.

upper lip two and a half months previously. Then he described the various symptoms: Under treatment with novarsenobillon there was a rapid disappearance of the rash and mucous patches on the tonsils. His wife showed no physical signs of syphilis and her Wasserman reaction was negative. He admitted to having kissed a strange woman a few weeks previous to the appearance of the sore on his lip. Then we come to a family. This is from a doctor at the London Hospital, who is perhaps at the present moment attending more cases than practically anybody in London and has a very large clinic: "A family in which both father and mother were infected, two children infected by kissing, and the maternal grandmother, who lived with the family, also infected by kissing." Then there come cases from Bradford: Girl with primary sore on lip. Had not had sexual intercourse, but admitted to having let men kiss her. Another case, a married woman with primary sore on lip. Husband had ulcers in mouth, but thought they were due to the mercury he was taking. There are several cases of exactly the same kind. We come now to evidence from Newcastle-on-Tyne. Case 1 is a "girl, aged eleven years, with sore on chin, obviously infection from syphilitic child whom she had been allowed to nurse." She was a nursemaid. Second case: "Primary sore on cheek below eye in case of girl working in toy factory. Exact mode of infection not ascertainable, but no case of syphilis in family." We had a series of cases presented before us at the Royal Commission of glassblowers where a whole series in a glassblowing factory in the North of England were infected by the people getting it from the glassblower's tube handed on.

Chairman.

1802. Do we need any more cases?—No, I do not think so, my lord. I would like for a moment to take another type. I have a case of syphilis, which is an important one, here reported by a medical officer of health. Syphilis was contracted by kissing. The medical officer arranged for a person suffering from syphilis to be admitted to the infirmary for treatment under the county scheme for the diagnosis and treatment of venereal diseases. "The person in question was a young woman of unblemished character, who was engaged to be married to a young man who joined the Army, and who, on leave, infected this young woman by kissing, she having developed a chancre on the lip. I am perfectly convinced of the truth of this statement. Indeed, the young woman's mistress had such respect for her that she called personally on me to urge me to get the young woman treated as soon as possible." One more case. "Recently I have seen a woman infected by her husband, who had been on military duty in France. She was delivered of a child with congenital syphilis. A girl of about twelve years of age was set to take charge of her, and she was brought to me with a primary syphilitic chancre on her lip, the result of kissing. The girl was the sister of the infant." There are many cases here besides that. I think I have said enough to show the amount of non-genital syphilis there is.

Sir William Collins

1803. There are also the well-known cases of vaccination syphilis?—Yes.

1804. Do you quote these cases in order to fortify the view of your Council that if the legislature is to interfere further with a view to the restriction of the spread of venereal diseases even the non-venereal types of transmission should be included?—Yes, and that is the object of the change to this particular amendment.

Earl Beauchamp

1805. I have only one question to ask you. I understood from the clause you read out that the National Council did not include in the clause solicitation or invitation as an offence?—That is quite so.

1806. Is the reason for that that you do not think it comes within the province of the Society, or you do not think it right that it should be made a punishable offence?—We came to the conclusion that it did not come within the province of the Council, and, as Mrs. Gotto tells me, we thought at that time that it was not operative. We disapprove of the present Solicitation laws.

1807. As -

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Earl of Desart.

1807. As I understand, you look at this question, mainly at any rate, not from the point of view of amendment of the criminal law, but from the point of view of the effect it may have on the protection of the health of the public?—That is quite so.

1808. A great deal depends on how far this particular Clause 5 of the Criminal Law Amendment Bill and Clause 1 of the Sexual Offences Bill would in fact be effective as an element in the criminal law. You see what I mean. If it was ineffective it would not serve its own purpose, nor would it serve your purpose?—I quite agree.

1809. I want to follow this up, if I may. Let us look at the section a little critically. Apart from the mere fact that making a thing a part of the criminal law deters a certain number of people as a general proposition, what class of cases do you think would ever come into Court. I am thinking of the working of the clause—I will take either form?—I would like to give one case within my own personal experience as an illustration.

1810. That is what I want?—A few years ago a man in a good position in life came to consult me, he having recently arrived from China. He had syphilis in a very marked degree. He had a very severe type, which is supposed to come from a tropical country, and he had bad ulcerations in his mouth, and altogether was in a very bad state of health. I told him that he was in a highly infective condition, and that he had to take the most extreme precautions with regard to what he was doing with his relatives, and so on, so far as care with towels and such things was concerned. Then he said, "I am engaged to be married." I said, "You must not come into personal contact with the girl you are engaged to, and, if you are a wise man, you will break the engagement off, because you are in a high state of infection." This was before the days when the new treatment had been introduced, and it would have taken at least two years, probably three, before he was out of the state of acute infectivity. He said, "I cannot break it off. I have come from China on purpose to marry the girl, and I am going to marry her." I said, "Well, in my opinion, you will be committing a criminal offence if you do anything of the kind." The sequel to the story is told in a very few words. He did not break off the engagement, and he gave the girl syphilis on the lip from his own mouth by kissing her, and she got a most virulent form of syphilis, and died under four years. Now, the parents of that girl knew what the trouble was, and they would have prosecuted that man, without question, and I should have given evidence against him with considerable satisfaction.

Mr. Neville.

1811. Do you say that the parents did not know?—They did know, and if there had been any law they would have prosecuted him; but there was no law under which they could have done so. A man who transmits scarlet fever by a gross act of carelessness is punishable.

Earl of Desart.

1812. I do not want to press you on this, but do you suggest that it is the case that the man could not be prosecuted for such an offence?—He could not, so far as I knew at the time. I remember that a very eminent general practitioner in the suburbs of London came up with the parents at the time, and they went to their solicitor, and would have prosecuted the man if they could.

1813. I had better not argue with you. I only want to get it on the notes that I suggest that the criminal law was adequate at that time to deal with this offence. I merely suggest it to you; I do not ask your opinion on that point, of course. Now, that is not quite the sort of case to which my question was directed. I am taking the ordinary case of infection with venereal disease. You are dealing with any form of communication?—Yes.

1814. Will you for the moment limit yourself to the question of ordinary sexual intercourse. Now, apart from the case of soldiers or people in workhouses or under some kind of public control, in what class of case would you suggest that either the man or the woman would come into a public Court and make a charge? Naturally, they would first have to say that they had been guilty of fornication; and secondly, that they

Earl of Desart—continued.

were diseased. How many cases in a year, or any time, do you think would be likely ever to come into a Court which would require evidence of that character to be given?—I do not think the number would be large; but, at the same time, I think that the fact of its being on the Statute Book would have a very strong deterrent effect.

1815. I follow that point. Now let me put to you another aspect. Do not misunderstand me. I am not arguing against the desirability of something, but whether it will have the effect desired. I am thinking of the practicability. Take the very common case of a man coming home from a play, or whatever you like, meeting a woman, and going home with her and having intercourse, and cases not necessarily limited to that, where human nature, with the passions that have been given to the sexes, comes into force. Do you think that at the moment when there was some attraction and some desire the fact of this being on the Statute Book would deter the man? I will say "the man" for the moment?—Yes. If he knew that he was suffering from disease I do think it would have a deterrent effect. But he must know it.

1816. I quite follow. There is another aspect to the question?—If I may supplement it I would say this: When women are under treatment at the clinics, and they go away and will not carry on the treatment, and are still in a state of active infectivity, having been told that they are in such a state, surely if they go on practising their trade at that particular moment with the knowledge that they are liable to be punished they ought to be prosecuted.

1817. I agree they ought to be prosecuted if you can get evidence, but you see the difficulty?—I think that evidence in that case could be got.

1818. May I take it that in your view it is not very probable that Clause 5 could largely be put into force, but that it is desirable that it should be on the Statute Book, partly as a deterrent, and partly because there would be some cases in which there could be prosecution?—That is exactly it.

1819. You made a suggestion (I think it was on another clause, and it was referred to rather cursorily) that there was some inequality between the treatment of the sexes in these matters. Now it is not all on one side, is it?—The whole tendency of legislation in the past has been to be unequal, and has been on one side.

1820. Take intercourse with a girl under a certain age, whatever age is fixed; it has been held that even if the girl be the temptress, obviously, although the man or the boy, as the case may be, gets convicted, the girl cannot be convicted as accessory?—Yes.

1821. I am only suggesting that inequality is difficult to avoid in these cases?—Yes, it is. Our point is that as far as it can be done the law should be made absolutely equal between the two sexes.

1822. May I follow that up by saying that in your evidence, if I understood you rightly, when you were asked why the limitation to which I have referred should exist, you said you did not think it should exist if the girl had been specially warned. Now, if the defence of reasonable cause is withdrawn it is not suggested that the man should have any such special warning?—I think that it ought to be equal with regard to both sexes.

1823. I notice with great interest your acceptance, guarded acceptance it is true, of the suggestion that education might do something to warn young girls, not being prostitutes, and prevent them from falling into trouble and acquiring disease. I want for my own edification to know what sort of education you think would have that effect?—One of the main objects with which the National Council is formed is for the purpose of educating the public, and we are carrying out a very large campaign with paid lecturers and unpaid lecturers, and many of us who are members of the Council are addressing meetings in all parts of the country. I have addressed over sixty myself in the chief towns of the country for the sole purpose of trying to educate people and spread knowledge on subjects of sexual matters. In the past they have been hidden and nobody has been allowed to talk about them. We are trying to create an atmosphere in which sex matters shall be spoken of openly between men and women. We speak to mixed audiences. We try to do something through the medium of the teachers of the

29 October 1918]

Sir M. MORRIS, K.C.V.O., and Mrs GOTTO.

[Continued.]

Earl of Desart—continued.

the country. We have at the present moment the co-operation of headmasters of all the secondary schools, and circulars have been drawn up to be sent to the parents saying that if parents will not give instructions to their boys or girls, as the case may be, the master or mistress should be allowed to do so, so that people do not go out into the world totally ignorant in regard to this matter. There is colossal ignorance at the present time. Only yesterday a man of twenty-eight years of age, who has been to a public school and to a university, told me deliberately that he thought the mere fact of having sexual intercourse with a prostitute was *ipso facto* venereal disease. Now ignorance more colossal cannot possibly be imagined. Some little time ago I addressed a meeting of 500 clergymen at Queen's Hall, with the Archbishop of Canterbury in the chair, and I told them the facts with regard to these things, and said that we wanted the clergy to co-operate with us in teaching instead of allowing all this to be a mystery. Within a fortnight of that meeting eight of the clergymen present there called at my house and told me that they thought that irregular sexual intercourse meant venereal disease. Now you cannot imagine the colossal ignorance that exists at the present time amongst those who have never given any attention to the subject. We say that education and moral instruction, and religious instruction, and every possible force we can bring to bear, will have an influence upon these young people if they are only dealt with rightly. At the same time we think very much that if they can only be supplied with proper amusement and occupation in the dangerous years of their lives it will be much better than allowing them to run wild in the streets. That is another form of education.

1824 I am glad I asked you the question. Your answer has been very interesting?—I am sorry that my answer has been a lecture.

1825 Not at all?—My answer to your question is that the Council is out to spread information upon these subjects, and we are spending a very large sum of money in doing it at the present time.

1826 I would like before leaving the matter to get a little at close quarters with the Bill, because if it is to have the effect that we all desire we must make it as effective as we can?—Quite.

1827 "A person suffering from venereal disease in a communicable form." That is the governing point. Now, will you tell me what your idea is of the *prima-facie* evidence to be given to prove that a person is suffering from venereal disease in a communicable form? What could it well be, bearing in mind the fact that the prosecution have to establish their case affirmatively? I am in rather a difficulty, because I do not quite see what the evidence would be, except where men or women were under control, to prove the knowledge of the man or the knowledge of the woman. It is a difficulty I feel very much, and I would like to know what you have to say upon it?—It is difficult to answer that question.

1828 Yes I will put this question to you. Supposing that a man had consulted his medical man, and he had warned him, I do not know whether the medical man's evidence would be admissible in a prosecution. Have you any views about that?—That opens up another question altogether—namely, the question of the law of libel. I have been put in the position many times in my life where I have known that a man suffering from syphilis is going to be married, and where I would like to have warned the parents of the girl that there was very considerable risk. That is a question of the law of libel, as I have said. A man would have an action against the doctor who warned the parents of the girl.

Mr Neville] As in Dr Playfair's case

Earl of Desart.

1829. Can you suggest, in the ordinary case, any other class of evidence, except that of doctors, that would prove it? I want to keep to this clause. Ordinarily, you would have to have evidence that the man was not only suffering from it, but knew that he was suffering from it?—There are certain complications; but, at the same time, I think that everybody who goes

Earl of Desart—continued.

to a clinic suffering from venereal disease should sign a paper to the effect that he knows that he is in an infectious state.

1830. You say "to a clinic." I do not quite follow you?—A person is suffering from the disease, and is sent for definite treatment to a particular place, and is told that for a certain number of weeks or months, as the case may be, he will be in a state of infectivity and can transmit that disease to other people by sexual intercourse or otherwise. I think that such persons ought to sign a paper showing that they know they are suffering from an infectious disease, so that it could be used in evidence afterwards if they transmitted the disease to other people.

1831. Would you apply that to a person consulting his own medical man privately in his own house?—I would not hesitate to do that.

1832. To do what?—To recommend that that should be done.

1833. Let us see how it would work out in practice. I send for my doctor, say, in such a case. Do not you think that what you suggest would very largely destroy confidence between doctor and patient? I want to thresh this out, because it is very important?—I have been very strong all the way through this movement, and on the Royal Commission, with regard to, as far as possible, doing nothing to interfere with the relations between doctor and patient, because I recognise the fact, and we all recognised the fact at the Royal Commission, that if you do that you drive the disease underground, and people will not come for treatment at all, but will try to hide the disease. At the same time, when a person comes for treatment he should be told "You are in a state of active infectivity, and you must not do certain things." And, in order to make it certain that this conversation took place, he should sign a paper.

1834. If the clinic patient refused to sign the paper, what would you do?—Then you cannot help it.

1835. Then you are not much forwarder, are you?—I think so, because I think that a very large percentage of them would do it.

1836. When it was known that that was the practice would people who felt unwell and suspected something, but did not know what was the matter, go to the clinic? Would it not have the effect of preventing them?—It might have that effect; but, to a very large extent, the publicity given to these diseases has very much altered the position. A few years ago, when there was no publicity at all, there was much more hiding than there is to-day, as the result of our publicity.

1837. You do not want to check them at all from going for treatment?—No, we want to encourage it.

1838. Would not this deter them?—I do not believe that it would have a greatly deterrent effect. It is not notification, you see. Notification, if it was wholesale notification, would have a greatly deterrent effect.

1839. Would you advocate a specific provision in the law that there should be no privilege as between the medical man and the patient in connection with a charge under this section?—No, I would not go so far as that.

1840. That brings it to a head, and it brings me back, then, to my original question with regard to proof in an ordinary case, because the signed paper would destroy that privilege, would it not, to a large extent?—I look on the signing of the paper much as I look on the amended clause—as having a deterrent effect rather than a prosecuting effect.

1841. If you make the patient who goes to the clinic because he is not very well off, probably, sign that paper, while the richer man who can go to a private doctor can retain confidence between doctor and patient, you are dealing differently between two classes of people. You place them in a totally different position. You create evidence against one man, and give the other man the right to guard himself against signing a paper containing evidence against him?—I do not follow that.

1842. Surely it must be so. It is a very difficult question, I know?—Mrs Gotto reminds me that in the Act in Victoria both are operative. That is to say, first of all the person has compulsorily to go for treatment, and also it is compulsory on the part of the medical man to inform. That is notification. (Mrs Gotto) No. (Sir Malcolm Morris) Mrs. Gotto knows about this

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29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued

Earl of Desart—continued.

very much better than I do. (Mrs. Gotto) In Victoria it is a legal enactment that people should go for treatment if they know they are suffering from venereal disease, and medical men are under statutory obligation to give evidence under this clause, and they are obliged to warn them. The medical man takes no action unless the individual exposes someone else to the risk of infection. It is not a general and definite notification.

1843. Would you advocate that statutory principle that has been applied to Victoria being made a statutory principle here?—(Sir Malcolm Morris) Yes.

Chairman.

1844. Now will you go to sub-section (3)?—May I read the statement on the question of label, because it has a very considerable bearing upon it. It comes in *à propos* of this.

1845. The very question comes up on Clause 7. That will give you full opportunity?—Very well, my Lord.

Earl of Desart.

1846. Take Clause 3 of the Sexual Offences Bill. The provisions of the clause in the left-hand column and of the clause in the right-hand column are different, you will notice. Under the Criminal Law Amendment Bill there is voluntary examination for the benefit of the defence in a criminal proceeding and during that proceeding?—Yes.

1847. The clause in the Sexual Offences Bill, as I understand it, appears to be only to enable the prison authorities to ascertain after conviction whether a person is suffering. Again, taking the Sexual Offences Bill, if that is to have the effect of being any protection, ought there not to be a provision enabling further detention until the person infected is free from infection? I am not advocating either, but from that point of view is not that necessary for it to be any good?—Yes, logically that is so, certainly.

1848. For the purpose of the prosecution would you attempt compulsory examination of a person charged with this offence. That has been suggested here by one witness?—No. I object to compulsory examination, and there is one other point in connection with it which I think it important to note—namely, that the reason why many of these examinations are utter failures is because they are made by men or women doctors who do not know the subject. It requires in many cases an expert to be certain of the diagnosis when the trouble is slight.

Mr. Neville.

1849. And I suppose that a good many of these examinations come late in time?—Late in the history of the disease, do you mean?

1850. Late in the history of the disease, and late in the history of the case?—Yes; very often so.

1851. And that would make it still more difficult to obtain a proper diagnosis?—Yes. There are certain cases, especially amongst women, of gonorrhoeal carriers, where they have no knowledge whatever of the disease, and they are perfectly well. For instance, typhoid carriers go about in perfect health and at the same time can transmit the disease to other people. There is a large camp now of typhoid carriers at Addington. The people are all in perfect health, and to all intents and purposes can do anything, and yet at the same time they can carry typhoid. Gonorrhoeal carriers are in exactly the same position. A person is perfectly innocent and does not know, and yet at the same time is a gonorrhoeal carrier. It is very difficult and requires a skilled pathological expert to detect it.

1852. Do you mean to say that people may transmit gonorrhoea who have not themselves got it?—Who have not got it in noticeable form.

1853. Is there any blood test known which would detect whether a person is suffering from gonorrhoea?—Not for gonorrhoea.

1854. There is for syphilis?—There is for syphilis.

1855. Therefore gonorrhoea is the more dangerous of the two complaints from that point of view?—It is more dangerous in certain directions, and it is more

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Mr. Neville—continued.

dangerous to the health of the community, because it produces nearly 50 per cent. of the sterility of women in this country.

1856. And blindness and other things?—That is one of the reasons why we are making this campaign. There is an enormous amount of sterility produced by it, and not only that, but it has a severe effect on the health of women. At least three-fourths of the major operations on women are due to the results of untreated, neglected gonorrhoea.

Chairman.

1857. Do you refer to married women when you talk of sterility?—Yes, to a very large extent. Competent authorities state that at least 50 per cent. of the sterility of the whole country is due to neglected gonorrhoea.

Mr. Neville.

1858. In man or woman?—In woman, and a very large percentage is due also to man. Woman is so peculiarly made that it is very difficult to get at even in a comparatively early stage. They get infected in the deep parts, and it goes on for years, producing sterility, and afterwards terrible diseases, for which operations have to be constantly performed. The amount of suffering amongst the working class women in this country attributable to this cause is very large.

1859. I wanted to ask you about what has been alluded to as the Victorian practice. I understand that in Victoria the practice is that anyone suffering from either of these diseases is compelled to go to a doctor for treatment, and the doctor makes him sign a paper stating that he knows he is suffering from this complaint; that that admission by the patient is inoperative and in suspense until such time as he is accused of having transmitted the disease to somebody else?

Mrs. Gotto.] Except that there is no signature to any paper. The doctor has to warn him and point out that under the law he would be penalised if he exposes anyone else to the risk of infection, and to warn him that he would have to give evidence against him.

1860. He does not actually have to furnish evidence by his own signature?—No, there is nothing about the signature (Sir Malcolm Morris.) I think I ought to make it perfectly clear that the suggestion of the signature is a purely personal thing; it is not the suggestion of my Council; it is my own view.

1861. It is merely to facilitate the proof?—That is all.

1862. Do you think that the Victorian practice would be a useful practice here?—We have debated this a good deal, as to how far we may go. This, in my opinion, is a counsel of perfection. I do not think that it is quite applicable in all its clauses to this country. I may add I think I am a little doubtful, though it is on the Statute there, whether it has actually been carried out in practice. I doubt that. I have no absolute evidence, but I very much doubt whether any of those clauses are capable of being carried out.

1863. Still, it would have a deterrent effect?—That is the line I have taken all through, that the deterrent effect is an extraordinarily useful one.

1864. So far as you know there has been no experience under that Act which would show you whether it was operative or effective or not?—Mrs. Gotto tells me we have just had a report from the colony, and she can answer your question better perhaps. (Mrs. Gotto.) There have only been three prosecutions under the Penal Transmission Clause, but it is the opinion of the medical officer of the Board of Health that it has acted as a considerable deterrent, and it is for that reason that we are advocating it.

Earl of Desart.

1865. You cannot supplement it by saying whether there have been convictions?—They only put them as prosecutions; they have not given us the result. We have written for that but we have not had it yet.

Mr. Neville.

1866. I suppose from the point of view of pure health of the people compulsory treatment and compulsory notification is the best thing that you could devise?

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29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Mr. Neville—continued.

devise? The question as to whether people would stand it or not is another matter?—(Sir Malcolm Morris) If they would come; but why we have always opposed compulsion is because people would hide all the more; they would not come.

1867. You say the atmosphere of the public upon these questions has largely been altered owing to your publicity campaign?—Yes.

1868. Is this the effect of it: that people are not so much ashamed of coming for treatment of the disease or of admitting the disease as they were before your publicity campaign?—I believe that is so, because we have done our utmost to take away the stigma of the diseases and to treat the diseases as ordinary diseases, and we believe to a very large extent, in the towns especially where we have carried on a very vigorous campaign, that it has had the effect of bringing a much larger number of people to the clinics for treatment.

1869. Would you be in favour of a doctor notifying to some public registry cases that come under his knowledge, not necessarily mentioning the names, but so that the cases could be identified?—On the Council we have been opposed to that particular scheme up to the present, but I believe a time will come when it will be so.

1870. You will be able then to get the statistics of a very large number of cases which could not be got at the present moment?—Yes. The Royal Commission came to the conclusion that those statistics would not be of great value because so many people go to one doctor and then another, and would be notified many times, and that would throw it out from any statistical point of view.

1871. I understand that your point is that the transmission of the disease is the tort?—Yes.

1872. Coupled with that, there must be knowledge that you are doing it?—Yes.

1873. You would not go so far as to say that the mere transmission without knowledge should constitute the offence?—No, because there might be absolute ignorance.

1874. In answer to one of my friend's questions you said that with regard to gonorrhœa the gonococcus was isolated and first noticed in 1879?—Yes.

1875. Can you tell me when the disease was first noticed in medicine?—From time immemorial, so far as we know. Syphilis in this country was first noticed in the year 1497.

1876. That is the theory of coming from the New World with the potatoes?—Yes.

1877. Is there any reason to suppose that it was not here long before then?—We have no evidence at all. The evidence has been most carefully sifted from a historical standpoint, and a great deal has been written about it, but there is no evidence whatever that there was any disease of the kind. But then you must remember that the descriptions were so very loose at that particular time that it is not very easy to identify diseases. There has been considerable discussion as to what actually the plague was in the middle of the fourteenth century.

Earl of Desart.

1878. And the black death?—Yes; there is considerable doubt about it. A great deal has been written about it by Dr. Payne and Dr. Creighton, and many others, and a great deal of work has been done, but after you get beyond a certain date it becomes very hazy. But there is no question about it that there was an enormous epidemic in 1497-8, and it spread all over the country. It was then known for some time as the Neapolitan disease. But so far as gonorrhœa is concerned, that is absolutely lost in the past. From time immemorial that has been mentioned by all kinds of medical writers, as far back as Hippocrates, I think.

1879. It was known to the Romans?—I should think so, without a question.

Viscount Sandhurst.

1880. On the general question, you said you were afraid that this disease threatens to continue after the war in the same volume that it is at present?—Yes.

1881. Why is that? Do you point to heredity?—No; it points to the fact of increased excitement after the war is over and the probable increase of indiscriminate sexual intercourse and a great deal of indiscriminate kissing. On Mafeking night there were

Viscount Sandhurst—continued.

several cases that came to the London hospitals of chancres upon the lip, the result of kissing indiscriminately strangers in the street.

1882. You are a very strong advocate of what is termed education—that is, diffusing the knowledge of these dangerous diseases?—Yes.

1883. There are a variety of ways in which disease can be contracted, as you explained just now—one by glass blowing, and so on?—Quite so.

1884. There is something occurs to me which might be a very fruitful danger in regard to this disease and other diseases; that is the use of the public telephone?—I have never heard of a case of syphilis being transmitted by it. It is quite a conceivable possibility. I do not think in all the literature of it there has been a direct case proved of that; I have never heard of it, and we have an enormous mass of accidental ways of doing it, such as the finishing off of cigars in the making of cigars. There has been a well-known spread of the disease in that particular way.

Chairman.

1885. Where the maker of the cigar is suffering?—Yes. They are generally women who are finishing off the Havama. They are finished off in the mouth by twisting them, and then in biting off the end of the cigar in lighting at syphilis has been spread in that way.

Earl of Desart.

1886. Have you known cases of infection where the mucous membrane of the person who smokes the cigar is perfectly intact, or must there be some lesion?—No, no lesion.

1887. A perfectly healthy person?—Yes.

Viscount Sandhurst.

1888. With regard to the diffusion of this knowledge, you mentioned an individual case just now, I think one within your own experience, where a man coming from China infected a girl?—Yes.

1889. That history is practically the plot of a play called "Damaged Goods"?—Yes, quite, which I advocated should be put on the stage.

1890. Apart from that, do you think that the stage in itself is a good method of propaganda?—I do. I think the play "Damaged Goods" has done an enormous amount of service in this country.

1891. That is your considered opinion?—That is, absolutely. I have had very considerable evidence to that effect, and I should like to see it upon the cinema.

1892. Could the stage be carried further in regard to other social evils?—So far as the horrors of prostitution are concerned, do you mean?

1893. Yes?—That I am not prepared to say. In this particular matter I have not been concerned with fighting prostitution as such. I was fighting really the transmission of venereal disease. If I may be allowed to express my own private opinion, it is that if this Committee recommended to the Government that a Royal Commission should be appointed to investigate the whole question of prostitution it would be doing the greatest service that could possibly be done to the country at this moment.

1894. Just return for a moment to the stage. Of course you are well aware that, as soon as something of that kind is the plot or the subject of a play, there are prurient-minded creatures who go there to see what can be got out of it?—Yes.

1895. Also no doubt it attracts a large number of young boys and girls?—Yes.

1896. Do those disadvantages counterbalance the advantages, in your opinion?—I do not think so at all. I think the prurient-minded man who thinks he is going to have some fun or amusement out of going to see "Damaged Goods" comes away at the end of the play with a very different sense of it; and it has taught many a young man the actual truth of what it means. We think that every possible form of publicity, so that people may really know the actual truth, is the one way out of the difficulty.

1897. In regard to the notification of disease, is it not the fact that all these clinics, the various hospitals, and the Local Government Board centres which have now been started, keep accurate records of all the cases treated?—Certainly they do.

1898. Do

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Viscount Sandhurst—continued.

1898. Do they not keep also the names of the patients?—Only in a very indirect way, so that it is not possible to trace a particular case by name. It is done as secretly as it possibly can be done.

1899. My own view, rightly or wrongly, which I think is shared by you to a certain extent, is that there is a danger that you may drive this thing underground?—Yes.

1900. Supposing exaggerated methods be employed?—Quite so. That is the reason why we have been opposed to compulsory notification, which a very powerful section of the public tried to force upon us.

1901. Do you think that the case would be met perhaps as far as one could hope for success, supposing it was the duty of the medical officer either in my hospital, St. Bartholomew's, or one of these great hospitals or the Local Government Board centres, to say: "No. look here; you, a patient, are in a very high state of infectivity. You must recollect that it is my duty to note this case, I do not necessarily say anything will occur, but there it is in black and white. You cannot get away from it"?—It carries you up to the present moment, because that is the exact point at the present time that we have down on our agenda to discuss on the Council, as to whether the time is not coming when some modification of the question of notification would be of service; a certain limited number of cases of extreme infectivity should be notified and put under restraint, no matter which sex, both sexes equally alike, and it would be only a limited number of very severe cases so as to prevent the risk of their spreading them. We have not come to any definite conclusion, but it is down on the agenda for the next conference we have on this particular point.

1902. That, of course, I did not know. In regard to "Damaged Goods," and suchlike plays, would you have any objection to giving those to boys to read or to be explained in a school or at a lecture?—That is entirely a question of age. I would not unless the master thoroughly felt that the boy was sufficiently grown up for such a subject to be mentioned. We object very strongly in the case of children who are not of mature age; in other words, children that have not really reached the age of puberty, that these matters should be discussed at all. We oppose that very strongly indeed. What we have been urging is that every boy leaving a school, before he goes out in the world and before he goes to the university, or before he goes into the Army, or what not, should be told the actual truth; and the girls, too, exactly the same.

1903. Are not all these cases that are dealt with in these particular clauses that we have been discussing necessarily what may be said to be extremely difficult to prove?—What cases do you refer to?

1904. Infection from various causes?—Not so extremely difficult, as a rule.

1905. In effect may not the diffusion of this knowledge be of more real value than possible penal consequences, about which there is so very much difference of opinion at present?—I think they both have their value. I think the educational value is the greater of the two.

1906. The more practical?—I think so; the greater of the two. It is very difficult to carry out, but I think it is the greater.

1907. Supposing for a moment that we institute some system by which clinics, hospitals and other places should keep their statistics very accurately, would not that help in some way towards general information as to the public health in this respect?—Yes, and that is being done now. Returns to the Local Government Board are very accurate indeed. They were not kept until the time of the Commission, because we sent a circular to all the hospitals of the country and we could get no return at all practically, and we recommended these returns should be kept, and they are done now, and the Local Government Board have got valuable information, only it is of course different lengths of time, according to when the clinics were established. There are some towns in England at the present moment who have no clinics, 2½ years after the recommendation.

1908. Do you remember, say during the 10 years before the war, was the country getting better in regard to this?—Very much. There was a drop in the per-

0 179.

Viscount Sandhurst—continued.

centage so far as we were able to gather, but it was very difficult for us to get statistics that were of any real value, because they were so badly kept. The only ones that were really valuable were the Army and Navy, because they were accurately kept; and there was a distinct fall. I went to India the winter before the war in order to see troops, and I went all throughout and saw a very large number of troops there, and the fall in the amount of venereal disease was very large indeed, in many of the large camps hardly any at all.

1909. Taking the period of the war as an abnormal period, is there any reason why that improvement which had been taking place about 10 years before the war should reappear?—I do not think so. I think there will be a great spread.

Earl of Strafford

1910. I understood you to say that you should advocate the detention of persons in a state of infectivity in public institutions?—No, I have not gone as far as that. I think that is only a debatable question at the present time. The whole tenour of the Commission's Report was no compulsion. But when persons leave prison still in a state of active infectivity they were urged to go to the nearest place for treatment. We did not think, as a Commission, that it was fair that their sentence should practically be prolonged simply because they happened to have an infective disease. That is now being carried out in some countries—in Ontario, for instance.

1911. You would not go so far as to recommend it?—I am not prepared to go so far as that myself at the present time, only it covers this particular form that the person who is suffering from venereal disease in a communicable form shall not knowingly or culpably communicate this to others. They would be informed before they left the prison that they were in a state of active infectivity and then upon them the responsibility is.

1912. In effect the detention might continue for a year or possibly longer?—Quite. It might, according to the character of the case. In some cases, in women, it might be indefinite, because to prove the negative of gonorrhœa is a most difficult thing in some cases, to say that the person is absolutely free and perfectly well.

Chairman.

1913. That would be going even further, because it is a positive case?—Quite, but to tell a person that they are absolutely free, and many doctors tell people they are free of both these diseases. The doctor who is not familiar with the symptoms of syphilis and does not understand the subtlety of it will tell a person they are perfectly free and perfectly fit to marry and he may have seen very often the disastrous effects afterwards.

1914. But the case of the man in prison being let out would be clear if he was positively informed that he positively was suffering from a disease?—That is right entirely.

Viscount Sandhurst.

1915. You have spoken of the gonorrhœa carrier. Does the same thing exist in syphilis?—Yes, up to a certain particular point. All signs of the disease can totally disappear and yet by a blood test you can prove that the disease is still in the body and is positive.

1916. And is communicable?—And is communicable. The disease of syphilis is communicable by the natural secretions of the body, not necessarily disease. That is to say, saliva which to all intents and purposes is absolutely normal saliva often contains the spirachæta.

Earl of Desart.

1917. Would that apply to a case of inherited syphilis?—That is a very doubtful point. That never was absolutely settled, but I should think that there is no doubt under modern tests that would be so.

1918. So that a person who had not got the disease except through heredity might not know it and might still be a bad carrier?—For a certain length of time. It tends to die out.

1919. Would not that depend on the particular form which the transmitted disease took in the individual?—Not necessarily.

12

1920 Following

29 October 1918.]

Sir M. MORRIS, K.C.V.O, and Mrs. GOTTO.

[Continued.]

Earl of Sandwich.

1920 Following that point, is there any possible danger of infection, as was suggested just now, by the telephone—this disease being communicated by the actual touch?—Certainly, if a person with an infected sore lip was to touch the mouthpiece of the telephone and another person came and touched it.

1921 But I mean apart from touch, through the breath?—Not at all.

1922 You said, I think, just now that you look forward after the war to a great spread of this disease through the excitement caused by peace time and so forth. I think you agree, and we have had evidence to show, that the Army is in a very much better condition as regards percentage than it was?—Very much better than the civil population, because of discipline and compulsory treatment.

1923 You do not think the increase that you suggest would be in any way due to soldiers returning home?—Not necessarily at all, but I think they will get infected from the civil population when they are let loose. Those that are still suffering we would urge upon the War Office not to demobilise in too great a hurry until their state of infectivity is reduced.

1924 Do you look to the danger coming from the army of so-called unprofessional or amateur prostitutes?—Yes.

1925 The young girls?—Yes.

1926 Going back to the question of notification, have you started or suggested in your Society numbers being kept on the register instead of names of people being there?—They are.

1927 They are kept by number?—Yes.

1928 With regard to the law in Victoria, do you feel it would be possible to put an amendment into this Bill of the same nature?—No, there is the question of the law of libel.

1929 I think you said you advocated that, at any rate, warning should be given, as is done in Victoria, by the doctor to a patient?—Yes.

1930 You think that should be done here?—Yes. I do not know that I am very strong that it should be compulsory. Mrs. Gotto says I do not quite follow you in this particular point. Every doctor in every clinic as by the Local Government Board regulation compelled to warn every patient that comes, and to give literature.

1931 But you do not think there should be anything further?—No.

Earl of Desart.

1932 Is that a statutory obligation?—No. Those are Local Government Board regulations.

Sir William Collins.

1933 There is no penalty for breach, is there?—I do not think so. I never heard that there was, but I should very much question it, and I have a very considerable experience of the subject. That is actually carried out.

Earl of Sandwich.

1934 You do not think that should be regarded as a basis for evidence in a Court, that a person had been culpably negligent. If, having been told that they spread the disease, do you think that should form a basis of evidence in Court?—I do.

1935 Do you think there is anything that could be put into the Bill which would secure that?—It is a very difficult question to answer how that should be expressed without going too far.

1936 In what way going too far?—I want to have as little legislation as is possible in connection with these matters.

1937 In order not to check people coming forward?—That is so.

1938 When a person has been treated by a doctor and been warned of the danger of spreading infection would you consider that is the only sense in which the person could be said knowingly to have transmitted the disease subsequently, or do you think that that could be extended to cover cases of people who had been educated by lecture or otherwise? Could that be brought in as proof supposing that someone had been infected?—No; I think it is only the direct statement from the doctor to the patient that he was in a state of active infectivity which would count.

1939 You could not consider anything else in the

Earl of Sandwich—continued.

way of a parent having been instructed or having been told by a doctor the case of danger to a child?—Yes, I would include that.

1940 How would you actually define "culpable negligence" from "knowingly"? Would you define it apart, as a different matter altogether? Would you simply regard culpable negligence as leaving things about unwashed, cups and towels, and all that kind of thing?—Yes.

1941 How do you discriminate between the two terms "knowingly" and "culpably negligent"?—On that might I just read this? This is a case of a family. "In June, 1917, the daughter, aged 10, was taken to the London Hospital suffering from acquired syphilis. It was stated that the child had slept in the same bed as her father. At intervals other members of the family had been attending, and the following members of the family had been treated at different times for syphilis: The father and mother of the daughter above mentioned, an elder girl and a baby, both the latter having been infected after the parents had been warned of the danger of infection and both had refused to carry out any treatment." That is an absolutely established case at the clinic of the London Hospital.

1942 That would definitely come under culpable negligence?—Yes, that is what I mentioned it as—a typical case of culpable negligence. It seems to me that that should be punishable. Though I want as little legislation as possible, that seems to me a case in which there should be punishment.

1943 I suppose in one of these cases where a father or mother had a disease in a rather obscure form and they communicated the disease to their child you could not consider that as doing it knowingly?—No, not at all. Probably they did not know. That is perfectly innocent.

1944 But supposing they had been warned by the doctor that they had it in a peculiar form and then they communicated it to a child?—That is a question of evidence, as to how much carelessness there had been in the case, whether it was a culpable thing. It is like the question of spreading scarlet fever by the carelessness of using a cab, and so on.

Earl of Desart.

1945 If you had any legislation would not legislation that provided for compulsory treatment be better than legislation which provided punishment, from your point of view?—I think they should go *pari passu*. I should like the treatment and the punishment in addition when it is a crime.

1946 Treatment first and punishment second?—If they were punished they would be put into an infirmary and treated at the same time, where I considered they had committed a crime against their fellows.

Mr. John O'Connor.

1947 Following up this point, you recognise the great difficulty there would be in proving culpable negligence?—Yes, absolutely.

1948 I notice that in your amendment you say that a person who shall knowingly communicate disease before they can be punished; that is to say, the first thing to be proved in Court would be what we call in law *scienter*?—Yes.

1949 All these difficulties no doubt would have to be investigated?—Yes.

1950 And they were present to your mind when you prepared this amendment of your own?—That is so.

1951 Even though you suggest this amendment, you still acknowledge that there would be great difficulty in establishing *scienter* or even culpable negligence?—Yes, but as I said just now, I think it would have a deterrent effect, not necessarily punishable.

1952 On that account only you desire an amendment of the law?—Yes.

1953 You said, in answer to my Lord Sandhurst, that there was a decline in the ten years preceding the war?—Yes.

1954 To what do you attribute it?—We only have the evidence of the decline in the Army and Navy. I attribute it very much to the co-operation of the commanding officers with the medical profession, which had not existed before, and to the increase of facilities for amusement and occupation of the troops not being neglected, and altogether to the general improving of sanitary conditions generally.

1955. You

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Mr. John O'Connor—continued.

1955. You regard the law in its present state as imperfect and inadequate?—Yes, to some slight extent.

1956. But still you allow, and the effect of your evidence is, that in that imperfect and inadequate state of the law a decline had occurred?—No, you are making a great mistake there.

1957. If I am, I want you to set me right?—It was only in the Army and Navy. I am not saying one word about the civil population, and I do not believe there was any decline there at all. I believe there was an increase, but we have no evidence to prove it. I have the evidence of my own knowledge, having had a clinic for a great many years and having attended congresses all over the world, of the enormous amount of disease among the civil population. I think the benefit that there was, was in regard to disciplined people in the Army and Navy. The civil population is undisciplined.

1958. But the persons who communicated the disease to the Army and Navy were not, in your opinion, diminished at all?—I am sorry I do not quite follow that. Do you mean that I think that the prostitute class were not diminished?

1959. Surely if there was diminution in the Army and in the Navy there must have been a diminution of that class that communicates the disease to the Army and the Navy?—I have never thought that the professional prostitute who made her living by this particular method was giving the disease to a very large extent. I have never thought so. We have seen in our clinics in London only a very few of the people who may be described as the really professional prostitute, because they take the greatest possible care of themselves, and they treat themselves very quickly so that it should not interfere with their particular trade. It is those that are not prostitutes who spread the disease.

1960. Now, with regard to your views about the educational process. We have heard what you have said with regard to lectures and co-operation of the Church. I want to follow that up?—May I say one word here? This Council have given lectures to upwards of two million of our troops before going away. We have got lecturers who have voluntarily given these lectures, and we have evidence as a Council that an immense amount of good has been done in the camps by men being told of these things.

1961. How far would you apply the educative process to the primary schools, educating young people, and at what age?—I answered that question just now. We do not think that young people should be told anything at all about it excepting on the broadest biological principles, and no other; that is to say, on the general question of sex relations in plants, and so on. But we do think that the moment they come to years of discretion—that is to say, when they have passed puberty and can understand sexual things, they ought to be told the truth.

1962. Then at no time would you have these, may I call them, biological lectures or instructions introduced into primary schools?—Yes; in a very modified sort of way. I think that in primary schools a modified biological story is interesting and useful even to children so far as flowers, and so on, are concerned, but I do not think anything sexual should be mentioned at all until the teacher comes to the conclusion that a precocious child is beginning to get bad habits, or something of that kind, and then the time should come that they should be told the truth.

1963. Would not that be a proper subject for your Society to consider and made recommendations upon to the proper authorities?—We have done it, and we are doing it daily.

1964. As to how far such instructions might be given in primary schools?—We have done that, and are doing it in our syllabus, and the whole thing is published. There is a very large amount of literature published; you would see it all there.

1965. You have mentioned the law of libel and the question of stigma that is attached to a person suffering from this disease?—These diseases.

1966. Yes, from these diseases. I think you have been stopped by our noble Chairman from extending your observations about the law of libel?—Yes.

1967. I wanted to ask you, in connection with the signing of this paper, whether you know the very great importance attached in law to the publication of any-

Mr. John O'Connor—continued.

thing that affects a person's character in respect of this disease?—Yes.

1968. You do?—Yes.

1969. Do you know the wide difference between that which is taken out of the category of slander and put into certain things that are not expected to be proved with regard to libel?—Yes, we have been through all that.

1970. They do affect damages, and so on?—Yes.

1971. Do you not think it is a very large order to ask us to change the law that was regarded as very serious, by compelling a person to sign a paper?—I never said "compel."

1972. Then what do you say with regard to the signing of this paper?—To do so voluntarily. The doctor would say "You know, and in order that this date may be remembered that you do know, that it is an infectious thing, will you sign this paper?" I am not asking for the law to compel it.

1973. Do you not think it is a large order to ask a man to sign a paper that would incriminate himself?—Not if he had explained to him what the purpose of it was.

1974. Of course, you know that in all criminal practice a man is told that he need not say anything that will incriminate himself?—Quite so; if he does not wish to do it I would not have a law to compel him to do it.

Viscount Sandhurst.

1975. You said you addressed some 60 or 70 meetings, I think?—Yes; the object of which was to establish branches of our Council throughout the country.

1976. Did you get good attendances at those meetings?—Extraordinarily good attendances. On one occasion I addressed a meeting at Portsmouth of 4,000 people, men and women, on a Sunday afternoon.

1977. I was thinking more of the civilian population, not soldiers?—These were in the main civilians.

1978. Were your addresses followed by discussion?—Yes.

1979. And distribution of literature?—An enormous quantity of literature.

Earl of Desart.

1980. You have handed me another Act about Queensland, I think. Have you any information as to how far that Act has been enforced?—(Mrs. Gotto) No, I have not.

1981. There is one remarkable power of detention of any person suffering and I would like to have your opinion of how that works?—(Sir Malcolm Morris.) We have had very little information about the working of either of them.

Mr. Neville.

1982. The difficulty in the case of this disease is that of shame?—These two diseases are the only two diseases which people want to hide.

1983. For instance, leprosy, I think you have dealt with before, you have been on the International Conference?—Yes.

1984. There is no difficulty between the sexes about dealing with leprosy?—No, not between the sexes; but there has been a good deal of discussion about leprosy and the question of notification.

1985. But you have had no trouble like you have in this case in dealing with that?—No.

1986. Therefore it really comes to this, the difficulty you have in this case is something which goes right down to human nature, which is shame?—That is right.

1987. And which differentiates men from animals on this particular subject?—Yes.

1988. That is the real difficulty?—That is the real difficulty of the whole thing from the start. In most continental countries, especially in the country with which we are at war, Germany, there was very much less shame than there was in this country, and the people never thought anything of coming to the clinics. They treated it as an ordinary disease, just like small-pox or scarlet fever or diphtheria or anything else; but in this country especially, which is a remnant from the Puritan times, this has been a question of absolute shame, and people would hide it, and that has been one of the great dangers of the whole thing.

1989. But going back through history, or looking at savage races, in history, in Herodotus, for instance, there

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Mr Neville—continued.

there are tribes mentioned which he points out had no shame; they did not understand shame at all?—That is so.

1990. And there are savages to-day who have no shame?—That is so.

1991. But the difficulty we have is that civilised life has introduced shame, and we have to deal with it from that point of view?—Entirely.

1992. You have suggested that you thought a Royal Commission on prostitution would be important?—That is so; very strongly.

1993. May I ask why?—Because I think the whole subject never has been properly ventilated. It has got a large number of sides; there are the economic side and many other sides, all of which ought to be thoroughly investigated. Another reason is because the thinking women of the country to a large extent are very bitter, and feel very strongly indeed about the question of solicitation, and so on, and I do think that the whole thing ought to be investigated and put on a proper basis, which should be exactly equal for both sexes. I believe that can only be brought out by evidence before a Royal Commission in a full and proper way, and I believe it would have the same result as our Commission on Venereal Diseases.

1994. Have you seen any figures as regards the prevalence of the disease in Germany in comparison with this country?—Yes; but I have forgotten them. But do you mean before the war?

1995. Yes?—Both diseases were very extensive. Blaschko gave evidence before the Royal Commission as to the amount in Berlin, and it was immense.

1996. Is there any evidence to show that the methods which obtained in Germany have been operative in preventing disease there in comparison with the means adopted here?—I cannot quite answer that question. Mrs. Gotto reminds me that Blaschko said there was a rising incidence before the war.

1997. Is there any reason to think that there was relatively less disease in Germany than here before the war?—No, I do not think so for one moment.

Mr Neville

1998. There was more, was there not?—Very likely more. Quite possible. They were very much more open in their treatment than we have been here.

Mr Tyson Wilson

1999. I gathered from what you said that you are in favour of compulsory examination when a charge is made that a man has acquired the disease from a woman. Take Regulation 40 (d)?—I must not answer that at the present moment. I cannot tell you what my views on that particular subject are, because I am a judge in the question.

2000. May I ask you this. When compulsory examination takes place, is it possible definitely to say that a man or woman is suffering from the disease?—That is too big a question to answer in a single sentence. It is exceedingly difficult sometimes, unless it is done by an expert.

2001. Is the medical profession quite agreed that they can diagnose a case and say for certain?—In certain stages, yes, without a question.

2002. At the very beginning?—Yes. At the beginning of syphilis, if there is a lesion there, it is perfectly possible to prove it macroscopically to be absolutely certain.

2003. Are you aware that since the 8th October, I think it was, there were some cases examined and only three convictions?—You are now speaking of the Army regulations; that is nothing to do with this particular subject.

Chairman

2004. I think you anticipate that such a clause as you recommend—that is to say, Clause 5, with your amendment—is one that might be pretty generally accepted?—I do not think there would be very much opposition to it.

2005. Therefore you would like to see a Bill introduced as quickly as possible dealing with the subject?—Yes, the Council would.

2006. You do not include sub-clause 3 when you say that, do you, because there is immense opposition to sub-clause 3. That is the one that has been taken

Chairman—continued.

from D.O.R.A., about examination?—The whole point of the opposition is to a large extent on the question of solicitation. We omit anything to do with solicitation; therefore that opposition is withdrawn. Ours is only a question of transmission of disease, which is totally different from the question of solicitation.

2007. Will you look at sub-clause 3, on the left-hand side of page 3 of the blue paper? Do you say that you would leave that in, and with that in would you say there would be general assent to the clause?—I do not think there would be very great opposition, but I think it is perfectly possible that there are certain people who oppose everything.

Earl of Desart.

2008. It must be re-drafted, must it not, to make it sense?—Slightly.

Earl Beauchamp.

2009. Practically sub-clause 3 will in no way apply to anybody who solicits or invites?—That is our view.

Chairman.

2010. It would be a person charged with an offence under the Act, as amended by Sir Malcolm Morris?—That is so.

2011. Under those circumstances, would you advocate it being, if he so requires he may be remanded, and so on?—I was asking Mrs. Gotto; we were not responsible for this particular clause. We did not go with this clause to the Home Office. The Home Office drew this clause.

2012. But would you include that clause now? If you could persuade the Government to introduce such a limited Bill as you think desirable, would you wish them to include sub-clause 3 or not?—Yes.

2013. And you think it would not be opposed?—I would hope that it would be opposed very slightly.

2014. I was not quite clear, with reference to this same subject of the examination, whether you considered that one of the difficulties was that these examinations were inconclusive?—Yes, I do.

2015. That is your opinion?—Yes.

2016. The only other clauses to deal with are Clause 7 of the Criminal Law Amendment Bill and Clauses 5 and 6 of the other Bill. You approve of them generally, and I think that the only thing I need ask you about is what you say on sub-clause 4 of Clause 7 of the Criminal Law Amendment Bill. You say that you think your Association ought to be included as well as the Local Government Board as being able to give sanction for these publications?—Yes.

2017. Is there any more to be said about it, except that that is your opinion?—No, my Lord, nothing more.

2018. Then will you please pass to the matter that I ventured to rule out for the moment. Perhaps you will read the last page of your note. I should have been inclined to think it was outside our reference, but if the transmission of disease is made a criminal offence it does, I think, put the ordinary man into a considerable difficulty. Therefore I am inclined to think, on the whole, that your suggestion does come within the limit of what we have to consider, and therefore I will ask you to read it?—The National Council suggest the following clause: "Every duly qualified medical practitioner who has knowledge that a patient is suffering from venereal disease in any communicable form shall warn him or her not to have sexual intercourse with any other person or to perform any action capable of transmitting the disease to any other person, and also, in case he believes that such patient is likely to communicate such disease to any other person, may warn such other person or, in case such other person is a minor, his or her father, mother or guardian, of the risk which he or she will incur by contact with such patient, and shall not be liable for an action at law for so doing."

Sir William Collins.] Is there any penalty for the failure to warn?

Chairman

2019. Will you go on and read the last part of your note?—It is felt by members of the medical profession, and we know by a large section of the general public, that this step is necessary in order to safeguard not only the interests of the contracting parties in marriage but also to safeguard the interests of the future generation.

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Chairman—continued.

generation. The views of the medical profession are such that unless the statutory obligation of making these communications is imposed upon them by the law of the land, the traditions of the profession, as well as the present position of the law of libel, would prevent their taking the necessary action. That is to say, if I might explain it in two words, what we feel is this: the rule which has always existed between a doctor and his patient is that the doctor does not divulge to anybody anything that the patient has told him, with the one single exception, unless he is compelled to do so by the law of the land; but for no other reason whatever. Therefore, if it was optional for the doctor to do so, the doctor would not act; but if the legislature made it compulsory upon the doctor, it would be a totally different matter. They have discussed this matter very fully in a large gathering of general practitioners of the country and the British Medical Association, and that is the resolution that they came to.

Earl of Desart.

2020. Do you advocate it?—I advocate it I am now speaking entirely as a person and nothing to do with the Council.

Chairman

2021. The Council suggest it?—Yes, they suggest it, but there is a different point there, if I may explain. The Council recommend that as it is, but the addendum is the point that I advocate, that it should be compulsory upon the medical man and not optional to the medical man; otherwise it would be, in my opinion, absolutely inoperative.

2022. You say that it should apply to every duly qualified medical practitioner?—Yes.

2023. Not to any other person who may be consulted?—No, we do not count anybody else.

Mr. Neville.

2024. Not to notify would be professional misconduct?—Yes.

Sir William Collins.

2025. May one ask whether it is proposed to attach any penalty to a failure to give such warning, and, if so, what such penalty would be, fine or imprisonment?—I am not prepared to suggest any particular thing. I feel, with the knowledge I have of my own profession, to a very large extent it would be acted upon if it was the law of the land that it should be so. It more or less comes on the lines of the question of criminal abortion.

Earl of Desart.

2026. Would not people put off as long as possible consulting their doctors?—I do not think it would be very operative in that way.

Mr. Neville.

2027. But is not the gist of the matter that the patient is suffering from some disease which militates against that person being admitted into the society of decent people? For instance, are not there other diseases, like leprosy or itch and things of that sort, which would equally render a medical man liable for stating?—Leprosy is debatable as to whether it is contagious.

2028. Itch is communicable?—Yes, but it is curable in a few days and it is not worth inquiring about. The reason for this is that they are transmitting terrible diseases which have an effect not only on this generation but the next.

2029. But the law is that you must not say that somebody is suffering from a disease which renders him unfit for the society of his fellows, on the ordinary law of the land, which goes right back for hundreds of years?—Yes.

2030. Which would apply not only to this disease, but to any disease which unfitted a person for society; there would be no objection to that, would there? For instance, leprosy, if it is communicable, or something else which is communicable?—Quite so. I should see no objection myself at all to including it.

2031. It would be to the interest of the race to inform people who had concern in the matter that somebody was, for instance, suffering from consumption. Suppose two people were going to marry and one was consump-

Mr. Neville—continued.

tive; it would be in the interests of the race to notify the parents, or the parties, that the man or the woman was suffering from consumption?—As a private individual, apart from the Council, I certainly should be prepared to go so far. I think it is logical.

2032. At the present time a medical man might find himself open to an action, for instance, if a marriage was broken off on that ground?—Yes.

2033. Then the question of insanity arises?—Yes.

2034. Although not communicable?—That is so.

Viscount Sandhurst.

2035. Have the Councils, or whatever are the governing bodies of the Royal Colleges of Physicians and Surgeons, expressed any view about this?—I think they have both passed resolutions (Mrs. *Gotto*) I understand they were consulted when the British Medical Association were consulted (Sir *Malcolm Morris*) They were all consulted at the time; I believe they passed definite resolutions, but I am not perfectly certain.

2036. If they did, would not that carry very great weight with members of the profession?—Yes, enormous. Among all the medical men who are in general practice that I have talked to on this subject, and I have seen a great many in different parts of the country since I have been actively carrying on this campaign, I have never met one who took a different view, who said other than: "I would do it if I was compelled by law to do it, but I am not going to do it if I am not compelled."

Mr. Tyson Wilson.

2037. I take it that if a man or a woman went to a medical man, suffering from some other disease, and the doctor discovered that they had got venereal disease, you would in that case compel the doctor to notify it?—It is not quite a question of notifying, it is a question of the doctor warning the parent of the innocent girl that their daughter is going to marry somebody who is infected.

2038. You would not go any further than that and say you are to warn the wife or the husband?—Yes, subject to this in many cases that I have known the husband was infected and you could not warn the wife without the sanction of the husband.

2039. The suggested new clause would remove that?—Perhaps it would to some slight extent, but it is rather a question of pre-marriage than actual marriage. The woman has taken her chance then. We want to save the innocent from being infected.

2040. Would it not save the innocent from being infected if the wife was warned that her husband was suffering from disease?—That is a very difficult question to answer. I do not like to commit myself so far as that.

Chairman

2041. Are you disposed to commit yourself upon any further points to-day?—No, my Lord, I think I have had a pretty good share.

2042. We are very much obliged to you, I am sure. Mrs. *Gotto*, you were good enough to let me know that there were one or two points on which you wished to give some evidence, or are prepared to give some evidence, on your own account. You have written very fully upon the subject, and I should like to have printed and circulated to the members of the Committee what you have said in the paper you have sent to me, and then perhaps you would allow us to ask you to attend some day and let us ask you some questions about it. Would that suit you?—(Mrs. *Gotto*.) Certainly. There is only one point, and that is that I would like to have an opportunity, before that evidence is printed and circulated, to correct a typing error in the figures.

2043. Will you let me know that?—Yes, I will send that down this afternoon.

Chairman.] With regard to the evidence of Mrs. *Ogilvie Gordon*, who was before us recently, I have a letter from the National Council of Women Workers of Great Britain and Ireland. All present will recollect the point. This is the letter: "At the request of our President I have referred to the resolution on Regulation 40 (d) Defence of the Realm Act, which was passed by the National Council of Women at its annual meeting held in Harrogate on 8th, 9th and 10th October, as follows: Regulation 40 (d) D.O.R.A. 'That this

Council

29 October 1918.]

Sir M. MORRIS, K.C.V.O., and Mrs. GOTTO.

[Continued.]

Chairman—continued.

Council of the National Union of Women Workers of Great Britain and Ireland demands the immediate withdrawal of Regulation 40 (d) D.O.R.A.' The resolution was carried *nem. con.*, a few members abstaining from voting. The attendance at this meeting probably exceeded the figure quoted by the President, and may indeed have been between 400 and 500 members, but we have not received the exact figures from Harrogate."

(After a short adjournment)

MR. ARCHIBALD J. ALLEN is called in; and Examined as follows:

Chairman.

2044. Mr. Allen, I think you are the Deputy Chairman of the London Council for the Promotion of Public Morality?—That is so.

2045. Is the Bishop of London your President?—He is our President and Chairman of our Committee. He meant to come, but he has gone to Salonika, so he asked me to come and represent him.

2046. You have to tell us what is the view of the London Council, or do you speak of your own view?—I think I may say that the London Council share my views.

2047. We will take the clauses in their order on the Blue Paper. First of all, Clause 1 of the Criminal Law Amendment Bill and Clause 7 of the Sexual Offences Bill?—That is raising the age of a child for consenting to an indecent assault. On that our view is that a child of those ages is quite incapable of realising the serious consequences of that kind of conduct, and if it is allowed to be debauched and demoralised before reaching the age of 16, it will probably become a prostitute when it reaches that age. If there is aroused curiosity and the sexual instinct, the children become centres of corruption in the neighbourhoods in which they live. Also my view is that it is absurd to call it a real consent unless it is a consent with knowledge of the consequences. In the cases where the consent defence has availed it has not often amounted to much more than not objecting, and there is a wide difference between a child of 13 not objecting to an act and giving active consent. There have been a certain number of cases on the subject. There was a case which I may call the railway carriage case; I do not know whether it has been cited; it was cited by the Bishop of London when he introduced his Bill. In that case the railway man was seen offending with a school girl of 13, and he was charged at the Police Court and he raised the defence that the girl consented. The girl did say to the Magistrate that she would not have made any complaint if other people had not come forward, and on that the Magistrate said it was quite a proper case to have brought, but he could not convict the man; it did not amount to more than the child not objecting.

2048. She was between 13 and 16, was she?—She was just over 13, I think.

2049. There was a suggestion made to us by a very high authority that a girl consenting should be liable as an accessory. Have you considered that at all?—I should not allow that to apply to children as young as 13, myself, because I do not think they have the knowledge that enables them to form an opinion which makes them really accessories. In the railway case the girl was some few months over the age of statutory consent, and seemed to have made the acquaintance of the defendant at Waterloo Station some time before. That was a case reported in the "Times" of 10th March, 1914. The report says: "Mr. Francis said the case had been clearly put before him. There were difficulties in the way, particularly in view of the present state of the law with regard to the age of consent. The defendant would be discharged." I have a note of a case at Highgate where a girl of 13 apparently consented to an offence. There was a case at Halstead quite recently where there was a charge against a man: I think he was charged with indecently assaulting two little girls. One of them was under 13, and he was convicted in respect of her. "There was a similar charge against the defendant with regard to Lily Harrington. Mr. Smith said he would withdraw that as there was a technical difficulty, the girl being of the age of consent." She was just over the age. Then there was a case at Sheffield quite recently, on the 1st November,

Chairman—continued.

Sir William Collins.] I think that supplements some questions that I put?

Chairman] I thought I ought to read that to the Committee.

(The Witnesses are directed to withdraw)

Chairman—continued.

1917. That was a case in which Mr. Justice McCauley said "The law does not provide sufficient safeguards for girls up to 16 and may have to be amended." Those are the only cases I have that are, I think, in point on this particular subject. Of course, a great many cases happen that never get reported, and since the war the newspapers have been fewer and there has been less space to give to this class of case, but I have here two notebooks with extracts that are sent to me by a Press Cutting Association, showing an enormous number of offences against children and young girls. Offences of this kind are really rampant all over the country. Also, there is a class of man who sets himself out to importune schoolgirls on their way home from school. Of course, if he can get a girl to play the fool with him, he would say that she consented; and they are generally above the age. I have not any cases in England with regard to that. I do not know whether there is anything in the law which enables us to deal with it. The only cases I have, come from Scotland (I do not know whether it is under the Glasgow Act), where they have power to deal with people who importune for improper purposes, and I have notes of several cases coming from Glasgow, Govan and Paisley.

2050. That would be the case of a man?—Of a man molesting or importuning school girls. I only refer to that as showing that there is that class of man, and there are more than enough of them, who will get hold of girls on their way from school if they get a chance. I say the age of consent ought to be raised for this offence, and, if it is within the purview of your Committee, I would urge that the law should not only be strengthened but should be more rigorously enforced; also, that magistrates should have the power to inflict the same sentence, subject to a right of appeal, as could be inflicted at Quarter Sessions or Assizes. A great many men in very gross cases get off with six months, which is the limit that the magistrate can give them, whereas if they went to the sessions they would probably get a longer sentence. Of course, there are reasons for dealing with a case at once; because it is bad for the children to have the thing kept going; you want to wash it out of their lives at the earliest moment; that is a reason for having it dealt with summarily. But it does very often result in very gross cases getting very inadequately punished. When the magistrates inflict a fine of a few shillings, then, of course, it becomes a public scandal. That is not a very uncommon thing, I am afraid.

2051. Have you any preference for the one clause over the other?—I think I may say I prefer the one which makes the age 17.

2052. But independently of that point? I thought perhaps you would say what you have to say about raising the age upon Clause 8. Perhaps you have not considered that point particularly; the substance of the clause is the same?—Yes; I would prefer Clause 7 of the Sexual Offences Bill myself, because you get rid of the apparent anomaly of assaulting a person who is apparently willing to be assaulted. That is the only reason I should have for that.

Sir William Collins.

2053. I understand you suggest that there should be no option of a fine for the punishment of such cases?—I do not think so.

2054. What penalty is it that you suggest?—That the magistrate should inflict imprisonment very often to a fuller extent, but some of these cases are very bad cases.

29 October 1918]

Mr. ALLEN.

[Continued.]

Sir William Collins—continued.

cases, some of them really amounted to full offences which the magistrate could not deal with, and then the charge is sometimes reduced to a charge of indecent assault, on which in a gross case he gives the man six months and in other cases he does not think so gross he gives less; sometimes it is only 14 days. What I would suggest is that the magistrate should have power to inflict a longer sentence, subject to a right of appeal.

2055. Up to what maximum term of imprisonment would you give the magistrate powers?—I would give him up to two years, or certainly twelve months. I would be satisfied with twelve months, because people very seldom get the maximum. I should say twelve months would be reasonable. I am not experienced in criminal law, but I am told there are some offences for which a police magistrate can give twelve months, and I do not see why this should not be made one of them.

Earl Beauchamp.

2056. Are you satisfied with the age of 17 years, or do you wish to raise it above that?—In case of indecent assault, Clause 7, I would be satisfied with 17; but, on the other, age of consent, I should welcome 17, though not be satisfied with it. I think, myself, 18 is the age.

Earl of Desart.

2057. You say that there should be no option of a fine in these cases?—That is so.

2058. What would you say if the person assaulting were the same age as, or younger than, the girl assaulted? Would you say that the boy has to go to prison?—I should put him on probation as a first offender.

2059. That is not my question. You are suggesting taking away from the magistrate the discretion to impose a fine. In many very serious offences there is the alternative of a fine, the principle being that the Court ought to have discretion to apply the proper punishment in very varying circumstances. Do you seriously propose in this particular case, where what I have suggested might happen, that the option should be taken away from the magistrate? It is a very serious matter; I do not know whether you realise quite how serious the proposition is?—You could limit it to offenders of a certain age.

2060. What I want to put to you is this. Do you wish to deprive the magistrate of the power of apportioning penalties to the gravity of the charge tried before him?—If you want my personal opinion, I say that a charge of this kind is not a charge for which a fine should be deemed to be an adequate satisfaction.

2061. Under any circumstances?—You have put the case of the young boy; I would leave him to be dealt with by probation.

2062. Will you frame a section; will you show how it ought to run?—I cannot do it at the moment.

Chairman.

2063. Is there any power under the Probation Act? Would it cover a case of that sort?—There have been cases where people have been put under probation and bound over.

Earl of Desart.

2064. I only want to understand what you say. Do you say that although there may be differences of degree from various reasons, in no case should the magistrate have the option of imposing a fine? I want to know if that is your proposition?—No; I cannot put it quite so high as that. In the majority of cases it ought to be. There are a great many cases in which fines are inflicted which never ought to be inflicted.

2065. Do you suggest to the Committee what you did suggest in evidence just now, that the power of imposing a fine should be taken away from magistrates in these particular cases?—No; I think I must withdraw that. I would only urge that it should not be inflicted as often as it is.

2066. I am sure you will agree with me there is often criticism of sentences, and so long as people vary there will be such criticism?—Yes.

Chairman.

2067. On the drafting of Clause 7, is it open to the magistrate to inflict a fine? I suppose it is upon the Criminal Law Amendment Bill, but I should have 0.179.

Chairman—continued.

thought it was not on the Sexual Offences Bill?—I am not sufficiently acquainted with the law to tell you that. I take it that the magistrate would have power to inflict a fine. There is a scale for fining in certain cases that come before the magistrate; I do not know whether this is one of the offences.

2068. I do not think we need pursue that; that will be for consideration when we come to drafting any amendments of the Bill?—Yes.

Mr. Neville.

2069. Your suggestion is that the magistrate should be given greater power to deal with these men summarily?—Yes.

2070. And so avoid the ordinary course, or what often happens, the desire to be tried by indictment and so go to sessions?—I say, subject to the right of the defendant to go to sessions if he wishes.

2071. But that means this. Always if it was at all a doubtful case he would so prefer in order to be tried by a jury?—But a great many of them would like the magistrate to make an end of it, in a very clear case.

2072. If you have a man defended by, shall I say, a clever police court solicitor, he would immediately say in a doubtful case "You had better go to sessions and go before a jury; you may find 12 men as bad as yourself and you may have a better chance"?—Yes.

2073. Your suggestion is that if the magistrate was given a certain power of punishment you might avoid that?—Yes.

2074. Then there would be an appeal on a point of law, not an appeal on a point of fact?—I would give him an appeal on a point of fact if he gets more than the present maximum.

2075. On a question of sentence?—Yes.

2076. I was not thinking of the sentence. I say on a question of fact?—I do not think you can deprive him of that; but I think a number of cases would be dealt with by the magistrates and the man would not appeal. A great many cases are very flagrant, and the man cannot get more at present because the magistrate cannot give him more. But of course it is a very bad thing for children to have these things kept going on, before the Grand Jury, and all that sort of thing.

2077. Have you had any cases in which false accusations have been made by children?—I personally have not any knowledge of any.

2078. I suppose some such charges are occasionally made?—Yes, they must be.

2079. And they are very serious cases to the reputation of the person who is accused?—Yes.

2080. Do you think there is any means of safeguarding people from such accusations? You are going to make the law more stringent; therefore, of course, you are going to make a large number of people come under your law who would not otherwise have come under it, and they would all be liable to accusations. Have you any suggestions to make with regard to safeguarding innocent people who are accused?—No, beyond the ordinary remedies under the law against blackmailing.

2081. For instance, publicity; that there should be no publicity until conviction, or something of that sort?—I think that would be a very reasonable provision; not to allow reports in the press until a man has been found guilty. I think that would be a very proper provision in many cases.

2082. With regard to safeguarding the interests of the child also, the suppression of publicity would be a very valuable thing on behalf of the child?—I think it would.

Earl of Sandwich.

2083. I take it, then, that although you prefer that the gross cases should be dealt with at quarter sessions, from the fact that it is bad for the children owing to delay you would rather that that should not be the case, and that instead you should have the magistrate given power to give bigger punishment?—Yes, that is my view.

Mr. John O'Connor.

2084. In every case where they are to be tried on indictment they are brought before a magistrate?—Yes.

2085. And the magistrate has no power to hear these cases, has he?—Under the Children Act the magistrate can deal with cases where the child is under 16, I think it is. A magistrate has power to deal with cases that

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29 October 1918.]

Mr. ALLEN.

[Continued.]

Mr. John O'Connor—continued.

he would not otherwise have. I think that gives jurisdiction. Otherwise, except with the assent of the defendant, I believe there is no power to try indecent assault cases except at quarter sessions. I think that is the law, but some of you gentlemen who are magistrates will probably know better than I.

2086. Are the cases that come under your notice numerous?—I am not connected with the Children's Society; they publish a very large number of cases. The cases that have come under my notice are cases that are sent to me by a newspaper cutting association; and over a period of three or four years I have, I suppose, some 500 cases; but I do not say that I get every case. One reads in numerous remarks of magistrates about the prevalence of these offences in various parts of the country.

2087. What kind of cases are they—soliciting?—No, indecently assaulting, as often as not attempting to have intercourse with young children; but as a rule, I think, cases of indecent actions with children.

2088. You would like to see the law changed in so far as it would enable the magistrate in the court of first instance to deal with the case?—Yes.

2089. You would have that introduced into these Bills?—I do not see why jurisdiction should not be given by these Bills. I take it you could increase the power of the magistrate under this Bill if you wished.

2090. Parliament can do anything?—Yes.

Mr. Tyson Wilson

2091. In connection with the cases that have been brought to your knowledge, do the same girls appear in quite a large number of instances?—No, I could not say I have ever noticed the same name. The cases come from all over the country.

2092. Can you say how many convictions have been obtained in those cases?—I could if I went through it all again; I could not tell you at the moment.

2093. In the cases that have been brought before the magistrates have they not broken down on account of untrue statements made by the complainant?—In a certain number of cases that has happened, no doubt, but I should not say in many. In some cases I have only got the police court proceedings where the man is committed, and I have never had a report of what has transpired at a later stage. It does not pretend to be statistical to that extent.

2094. Then you could not say whether in quite a large number of instances the man who has been charged may be innocent and someone else has committed the offence?—No, I could not say anything one way or the other on that.

Chairman

2095. Now will you go on to Clause 2 of the Government Bill and Clause 8 of the Sexual Offences Bill?—The same argument to some extent applies. A girl of 16 is practically a child and cannot appreciate the consequences of her seduction. One result of raising the age in 1885 was that the children who were then entitled to become prostitutes of 13 years of age, I think it was, practically disappeared off the streets. There is no reason to believe that the girls of 16 would not to a large extent do the same. It is often said "There are a lot of girls of 16 as bad as they make them." But that is a reason, to my mind, for increasing the protection and trying to stop them from becoming bad. I think it is a terrible thing that a girl can sell herself, as I put it in my précis, at an age at which a boy is first entitled to buy cigarettes; and it is a misdemeanour to invite a boy under 21 to make a bet or to borrow, when you can seduce a girl on her sixteenth birthday. That is a fact that has been made use of by people. I can quote one very flagrant instance of that class of conduct, although most of the cases that come into court are necessarily cases where a girl is just under 16. But, of course, a man who would offend against a girl who is just under 16, *à fortiori* would offend against a girl who was just 16, or over. The first case I should mention was a very flagrant one, where a man who was the employer of a young girl seduced her, according to himself, just after she was 16. The girl's story was that he had been misconducting himself with her some time, in June, July and August of a particular year, and

Chairman—continued.

then again after she was 16. The man's defence was that, being her employer and being in possession of her birth certificate for the purpose of the Insurance Act, he knew that she was not 16 till the 22nd September, and so he did not seduce her until the 24th. The 23rd was a Sunday, and so she was not there. He admitted he had been taking her about in the evening and kissing her and carrying on in that sort of way before she was 16, but he said that, known that she was 16 on a particular day, he did not seduce her till the day after. The jury accepted his statement that it had not happened before and he was acquitted. There was the man's own confession that he knew, as her employer, that she was 16 on the 22nd, and he put off seduction until the 24th. There was a case not so very long ago at Huddersfield, where a manager of a music hall was charged with an offence against a girl who was just over 16. She said it was against her will. Ultimately the magistrate held that she was a consenting party; but in cross-examination it was put to this man whether he thought it was a right thing for him, as an employer, to behave like his with an employee whom he had seen for the first time. His remark was: "I thought she looked over 16". Then there was a recent case at Falmouth, where a man in the position of head waiter made a very determined attempt on a girl who was 15½. There was a case in which a tailor ruined a girl runner of 15 who was in his employ. There was a case of a man who seduced his nurse girl under 16. There was a case of a manufacturer at Luton who took advantage of a girl, an employee, under 16. There was a case of a miller who seduced his nurse girl under 16 at Haddenham. There was a case of a comedian who seduced a child of 13, who was in his charge. He came before Mr. Justice Darling at the Old Bailey, and he got two years. There was a case at Morley of a man who seduced a member of his class. There was a case at Chumleigh of a farmer and a servant under 14. There was a case at Llanelly of a man whose nurse girl became a mother by him at the age of 14.

2096. I do not think we need go into more cases?—I only point out those cases as showing that there are people who take advantage of girls of young age, and therefore that is a reason for raising the age. There was a statement made in a report from the Nelson Weavers' Association referring to this very point. They say: "Some men are put in authority over females and some of these, a small minority we know, take advantage of their position to impose intolerable conditions upon them. We know perfectly well this kind of thing is going on, and we hope in future any female who has anything of this kind suggested to her will at once report to the Association so far as we are concerned."

Mr. Neville

2097. Was that the cotton operatives?—I suppose so. It is the Nelson Weavers' Association.

2098. Nelson and Accrington?—Yes. It is a matter of national importance that as many girls as possible should have the chance of growing into being healthy mothers and have healthy children, and if you are going to allow young girls of this age to be really free to go on the streets you must largely increase the diseased population as well as the vicious population; because it is notorious that it is the young girl who gets the diseases worst and who spreads them most freely. Also a girl of 16 is really too young for marriage or anything like marriage.

Chairman.

2099. I see you mention the Dominions and many of the States of America, I think?—Yes. This was a paper that was published in "The Shield" in 1917. It is a memorandum regarding the age of protection in Europe. At the end of the article they give the ages in the British Dominions and Colonies and in the United States of America. In New South Wales, Queensland, South Australia, Western Australia and Tasmania the age is 17; in Victoria it is 18; in New Zealand it is 15; in South Africa it is 16. In the United States of America: In Arizona, 18; California, 18; Colorado, 18; Delaware, 18; Idaho, 18; Kansas, 18; Louisiana, 18; Minnesota, 18; Mississippi, 18; if she is chaste; Missouri, the same; Montana, the same; Nebraska, the same; New York, 18; North Dakota, 18; South Dakota, 18; Utah, Washington, Wisconsin and

29 October 1918.]

MR. ALLEN

[Continued.]

Chairman—continued.

and Wyoming are all 18. There are 19 States where it is 18 in the United States of America.

2100. Have you anything to say about the defence of reasonable cause?—On the age of consent, I do not know whether you have had your attention re-directed to the opinion of the late Mr. F. S. Bullock on the question of the ages of consent. He, as you know, had perhaps more experience of these matters than most men in the country. He was the national representative under the Conventions relating to the White Slave Traffic. If you have not had your attention drawn to his remarks with regard to the age of consent I should like, if I might, to read them to you.

2101. Yes, I think we had better hear them?—He really was an expert. In one of his reports he said this: "In connection with these is also the much discussed question of the age of consent. If protection is to be afforded to girls on account of their age, the provisions of the law in England seem, if anything, to err on the side of leniency towards the offender, in that the age of 16, low as it is, does not protect a girl who happens to look older. The experience of those engaged in rescue work, strongly inclines them to the belief that up to the age of 18 girls require the protection of the law. In spite of appearances, girls up to this age are ignorant and incapable of appreciating the consequences of their acts until it is too late, and if protection is to be effectual and real, their consent, if consent can ever really be proved, ought not to avail to shield the culprit who takes advantage of them to their ruin. There is no doubt a point on which opinions may differ widely, but it requires careful consideration, and the present condition of the law under which a girl of less than 16 who looks older than her age may be ruined for life by a miscreant who gets off on the defence that he was deceived by her appearance, is far from satisfactory; and still more damaging criticism has been made against the law relating to indecent assaults on young persons, which provides that a conviction cannot be sustained if the consent of a young person over the age of 13 is obtained. This appears to many to be a provision of very doubtful expediency." That was in one of his official reports. In a further part of the report he said: "If, in addition, those sections of the Criminal Law Amendment Act which relate to the age of consent can be strengthened as already suggested, there will be good reason to hope that many sad cases of demoralisation may be prevented."

2102. Have you anything more to say on the point of reasonable cause?—With regard to reasonable cause I would say that that defence is generally an afterthought or a suggestion of the lawyer. In the majority of these cases the man does not think about the age of the girl at all; he simply goes for the girl and the defence is as often as not an afterthought. I have a certain number of cases. There was a case at Herne Hill where a young man went wrong with the servant in his father's employment, where he had clearly not thought about the age. Then there was a case at Hull, where a girl of 16 was charged with procuring girls for a Chinaman, and the Chinaman raised the question of age, but the defence failed. There was a case at Grimsby, where a man said he did not know she was under 16, but he had obviously not given it a thought. There was a curious case at Leeds, where a man had been courting a girl under 16, and then he abducted her. His defence was that he was advised by his solicitor that he would be safe if she was over 16. He had not drawn the line between abduction and seduction, and came to grief over it. Then there was a case at Kildgrove where the defence was raised. That was a case where the girl was only 14, but it was stated that she would have been taken for 16 or 17 when her hair was up. Then there was a case at Warminster in the early days of the war, where two soldiers having had connection with a girl who was under 16, the magistrate took the point that she looked over 16 and let them go. There was a case at Henstridge, where the defence was raised, but when the judge put it to the man whether he had ever thought about it at all he admitted that he had not. There was a case at Lincoln recently, where a man was charged with going with a young prostitute who was only about 15½. There the magistrate took the point that she looked over 16 and the defence prevailed. There was a case recently at 0.197—5.

Chairman—continued.

Richmond, where the defence was taken by a lawyer simply on the appearance of a girl. There was a case at Radstock where the defence was raised, but the judge did not believe it. There was a case at Finningham, where the judge congratulated the defendant on having resisted the temptation of pleading the defence of reasonable cause to believe. There was a case recently at the Old Bailey where the defence was raised, but it failed because the girl had become a mother at 14, and they thought that the man had not reasonable cause to believe. There is something more with regard to the appearance of the girl. I have been told by more than one lady that if, as often happens, these cases do not come before the public until the girl is some way advanced in pregnancy, she looks very much older than she would have looked at the time of the offence. When the Bishop of London introduced his Bill in 1914 he quoted the opinion furnished to him by an eminent barrister-at-law who has had great experience in prosecuting in such cases. I do not know who it is, but I imagine it was Mr. Clarke Hall, who is now a magistrate, because he used to prosecute for the National Society for the Prevention of Cruelty to Children. He said "Juries, in my experience, usually decide this question on the opinion they form of the girl's age, but if she is at the time of trial in advanced pregnancy or if she has already become a mother an opinion formed under such circumstances is altogether fallacious." That was his opinion. What we say of this clause is that the protection should be absolute, and that the loophole should be closed. A book-maker or a moneylender, when he is charged with sending out his circulars to minors, is not allowed to plead that he had reasonable cause to believe that the boy was over 21, not even when he is in the Army. Public opinion, I think, is ripe for an extension. When Sir George Cave brought in his Bill in 1916 "The Times" went so far as to say: "The age of protection might well be raised above its present limit of 16, and there should be no weakening about the proposed abolition of the loophole which has hitherto allowed men to escape, that they had reasonable cause to believe that the girl was older."

Earl of Desart.

2103. From what are you reading?—I am reading from a leading article in "The Times," as expressing public opinion on the subject, because, of course, we have to keep abreast of public opinion the best we can in these matters.

Chairman.

2104. Have you anything more to say on that point?—I do make a point in my *précis* that the law of seduction ought to be on the same footing as the law of abduction.

2105. Yes; I thought you implied that a few minutes ago?—Yes. There was a case I referred to.

Earl of Desart.

2106. It does not arise on this Bill, does it?—No; but it is an argument in favour of raising the age.

Mr. Tyson Wilson.

2107. In the Huddersfield case which you refer to, could you from memory say whether the defence brought forward then was that she had been keeping company, or going out with other men?—The defence was that she was a consenting party; she was over 16. She said it was an assault; the defence was that she consented; and the magistrates took that view. I do not think she was a very estimable girl.

2108. That is the point of my question. I remember the case?—Yes.

2109. Assuming the age was raised to 18, what would you do in the case of a boy of just under 18 and a girl of just 18, and when found out the boy married the girl?—I should say the marriage condoned the offence. Where you have parties of that age I would extend the probation system to a greater age than that at which it at present applies.

2110. Then I gather, in any case where the girl is 16 and the man 30, if you like, and he commits the offence with her, if he marries her the offence would be condoned. You would not take any action at all?—I am not sure that that would not be the law. I think a wife would not be eligible as a witness against her

29 October 1918.]

Mr. ALLEN.

[Continued.]

Mr. Tyson Wilson—continued.

her husband, or she could not be compelled to give evidence against her husband, and the case would fall to the ground. There have been one or two cases where the parties have married and put an end to the matter in that way.

2111. No further action has been taken?—No further action.

Earl of Desart.

2112. Do you say that in cases to which this clause applies the man is always the aggressor or the inviter?

I am not in a position to say that, but I think in most of the cases that I have come across the difference of the ages provides a presumption to that effect, and the evidence has certainly been to that effect. Occasionally a man says he was tempted by one of these young girls, but not very often. I do not say there are not vicious little girls who tempt men, but a man of mature age ought to know better than to give way.

2113. A girl cannot be indicted for committing an offence?—I never heard that raised.

2114. The question of the defence of reasonable cause must to some extent depend on the age limit, must it not? I will put it in this way. If you increase the age to 17 you increase, in the opinion of some people, the desirability of retaining the defence of reasonable cause?—I do not see why you should.

2115. I am not trying to drive you from your point; I am only saying, if you increase it you would give greater force to the argument in support of it?—Some say so; I do not myself see that it does. A man has only to revise his estimate of age and act accordingly.

2116. I do not follow you?—I do not see that you increase the necessity.

2117. What do you mean by "revise his estimate of age"?—At present a man has to judge whether a girl is under 16 or over 16; he would have to judge then whether she was under 17 or over 17. But if it is desirable to increase the age, the protection ought to be absolute. That is the point I should take. If the protection is to be made effective it must be made an absolute protection.

2118. I do not know that I quite understand what you mean by the word "protection" in that connection. You have some experience of the administration of the criminal law, I suppose?—No; I cannot say I have, except from what I have read in law reports and papers, because my practice was at the Chancery Bar.

2119. You have two books full of notes?—Yes; I have notes of cases.

2120. At all events, you are aware that our criminal administration has always looked upon it as almost its greatest pride that it acted in all possible ways against the chance of a man or woman being wrongfully convicted?—Yes.

2121. It is one of the things that we are proudest of in this country?—Yes.

2122. And the obligation on the prosecution is always that they must establish a *prima facie* case before any person is called upon to rebut it or reply to it?—Yes.

2123. Also that, with the exception of some cases which really do not come into this matter, an element in almost every offence is the guilty mind, the *mens rea*?—Yes.

2124. Take a man who commits this offence; I am putting an extreme case because it is the only way I can illustrate it. He meets a woman in the street who invites him, as women do, who appears to be a woman of full age and whom he firmly believes to be a woman of full age, he being a man who would not dream of touching a young woman. He goes home with her. Do you say that man ought to be convicted?—He must take the consequence if he has got hold of a girl within the protected age.

2125. Will you tell me exactly what you mean by that?—It is better that one man in those circumstances should be convicted, although it may seem rather hard on him, than that this defence should be allowed to prevail. That is what I mean.

2126. Wrongfully convicted?—Not wrongfully convicted.

2127. Has he any guilty mind whatever?—There are many offences, I have always understood, on which you can convict and punish for when the offender did not know the law.

Earl of Desart—continued.

2128. Can you tell me some of them?—I cannot call them to mind.

Mr. Neville] There are some under the Food and Drugs Act.

Earl of Desart] Yes; and there are also under the Lunacy Acts.

Witness] Every man will be taken to know, if the age is raised, that a girl under whatever the age is must be left alone.

2129. Then you say that a young man having no intention of doing that, a person of good character, with a moral perception that he is doing wrong, and a man who would shrink from doing such a thing if he knew it, is to be made a criminal and sent to a prison and destroyed for life because of that slip?—I would take it to the extent that a man may not know that she is under age.

2130. Taking the illustration I have given, does it amount to more than this: the man is convicted and punished, not for the offence of doing this knowingly, but for fornication?—No.

2131. You have said he must take the consequences and the chances?—Yes; and that is what I mean.

2132. The punishment is for fornication, is it not?—No, he has had the misfortune to come within the law.

2133. I must bring you back to the guilty mind. He has not done anything consciously with a guilty mind?—I do not think the guilty mind comes in in this class of case.

2134. Have you considered the question of blackmail at all in this connection?—Yes, but I have personally never come across any case of it. I know the Home Secretary was asked about it in the House last year, and I think he instanced two or three. It was always stated that there would be unlimited blackmail when the age was raised last time, but the cases never came.

2135. On what do you base your opinion that there has not been blackmail?—I cannot say that there has been no blackmail, but there have been very few, if any, trials for blackmail.

2136. But is not the essence of blackmail that not only one party but both parties keep it secret? That is the very essence of the thing. Have you ever heard of cases in which the converse to the proposition you put arises, where a girl who appears old at the time the offence is committed, when she comes into court appears a great deal younger? A girl with her hair up in the streets appears with her hair down in court in order to meet this point?—Of that I have not had any experience.

2137. You would agree, I suppose, that there are certainly up to 17—fewer up to 16, but some—girls who are living immoral lives?—Yes.

2138. If you merely make the fact of fornication with a girl who can show that she is under the age, with that alone as an offence, without any guilty mind, is it not a most fruitful field for blackmail?—I do not know why it should be.

2139. A man with a good reputation and character finds himself threatened with this thing, with no opportunity of acquittal. Is it not worth his while to pay anything or to submit to any blackmail to avoid that? You are leaving no loophole, you see?—I cannot say whether people blackmail in these circumstances or not. Personally I have not heard of any cases. I can imagine it, but I do not believe it would happen. That is all I can say; I have no experience of it. It is a supposititious case.

2140. You do not agree with my first proposition that if you increase the age you increase the argument in favour of the retention of this defence?—You increase the argument; I know it is an argument, but I do not think it is a reason.

Mr. Neville

2141. With regard to blackmail, it is only when you have got to the extremity of torture that it comes to the front, when the person cannot bear it any longer and has to take it to the Court?—After all, if anybody who attempts to blackmail a man, the man has only got to refer them to the nearest police station and they drop the thing like a hot coal.

2142. You gave us the ages of consent in various countries. I did not take them all down, but some were 17, some were 18, and I think you told us that in 19 American States the age was 18, and in some it was 18 *dum casta*. Why was that?—I do not know.

2143. What

29 October 1918.]

Mr. ALLEN.

[Continued.]

Mr. Neville—continued.

2143. What is the meaning of it?—I do not know. In Mississippi it is 12 unchaste, 18 chaste; in Missouri it is 14 unchaste.

2144. It seems to nullify the whole of the effect of the age of consent. You have only got to prove one fact and there is no question of consent. Are those the black States, or something of that sort?—I do not know enough about it to answer that. They are Florida, Mississippi, Missouri, Montana, Nebraska, North Carolina, Oklahoma, and Tennessee. They make a difference between chaste and unchaste; the others do not draw any distinction.

2145. I thought perhaps you might be able to tell us that in some of those States there was a negro element very largely, and in others not?—No, I cannot say that.

2146. In one of the Dominions you told us the age was 15. Which was that?—In New Zealand it is stated to be 15.

2147. Can you tell us what the effect has been in New Zealand with regard to that?—No.

2148. Or with regard to these other places, where the age of consent has been raised to 17 or 18?—No, I have given you the ages, and that is all I know.

2149. And no inference is to be drawn from it except such inference as we can draw without evidence?—That is so; that other States have come to a conclusion that it is the right age.

2150. With regard to marriage, you are not suggesting that the age at which a woman is capable of marriage should be altered?—No.

2151. The age at common law is very low?—14, I think.

2152. *Apta viro*, 14?—Yes. There is a great difference in the consequences on a girl's life between marriage and taking up a life of promiscuous intercourse.

2153. One class are *mala prohibita* and the other are *mala in se*?—I mean one case is where the girl's life is one of shame and the other is where, if a child is born, it is born in proper circumstances and the mother is properly cared for. Dr. Saleeby, speaking about the reduction of the age of marriage in Germany with a view to replacing men, said that a girl of 16 was too young to be married, from any point of view.

2154. Too young in a temperate zone, but not too young in Italy or a hotter zone?—Quite.

2155. With a Hindoo the ordinary age is 11 or 12?—Quite so.

2156. There was a case which you gave, I think, in which there was a prosecution, and the parties subsequently married?—I did not refer to that case, but I remember to have read of one where they said the man was going to marry the girl, and they stood it over for that.

2157. You are representing the Council for the Promotion of Public Morality?—Yes.

2158. Does it make any difference to the offence that has been committed whether the parties marry afterwards or not?—From the point of view of private morality, certainly not. I suppose from the point of view of public morality it might, but I am not advocating the view on behalf of the Society in a matter of that kind.

2159. Marriage would have no effect on the question of the guilty mind or not?—No.

2160. You say you would accept the age of 17, but you would prefer 18?—Yes. I have discussed this matter with a great many ladies connected with rescue work, and that sort of thing, and the general impression is that after 18 a girl is much less likely to go wrong than she is between 17 and 18. Many people, if they get beyond 18, have a better chance of running straight; they are more balanced at 18. Of course it stands to reason.

2161. You think they have come into contact with the world and they are better able to protect themselves?—Yes.

2162. And it is from the point of view of protection that you are fixing the age?—Yes.

2163. You would not be prepared to say that they should be protected to the age of 21?—No; I think a young woman of 18 must be taken to know what she is doing in a matter of this kind.

2164. Supposing there was education such as we have heard from some of the previous witnesses, systematic

Mr. Neville—continued.

education through all the primary and secondary schools and in every household, teaching children what they should know at the right age, there would be no reason why you should not reduce the age to 12 or 14 or any other age?—No, I would not go with you there.

2165. I wanted to get whether it was a question of knowledge that you put it?—Knowledge, which must be to some extent balanced by age. A child of 14 or 15 might know a great deal, but not have sufficient sense to withstand the promptings of curiosity, and might make a ghastly mess of things. I am not for teaching children so young as some people are.

2166. Taking it at 15, for instance, supposing that is the age at which instruction is given such as was suggested by Sir Malcolm Morris and others, and that they were really properly instructed as a doctor would instruct them, without any *arrière pensée* at all, they would then have so much knowledge that it would be a question of character; that is to say, weakness of character or strength of character, what in law we call constancy?—And experience in the world. At the age of 15 a girl, except in the working classes, is not out, and we hope before long they will not be out at all before they are 15. It is those few years of experience in the world with the law still protecting her that she wants, to my mind.

Earl of Sandwich

2167. To put that a little further, would you not take the view that a girl of 18 has really more power of resistance?—Yes; to put it in a quite homely way, she is not such a silly fool.

2168. She has more power to stand up against the temptation of a man?—Yes, a girl of 16 is really little more than a child, and she is being spooned by her lover and he makes advances and she thinks he will leave her and then she gives way, and when she gets into trouble she will tell the lady who is trying to help her that she does not know why she did it. It is a common thing. I have not been engaged on any rescue work myself, but my wife has for a good many years, and I have heard a certain amount about it at first hand. They really give way, not that they want to be vicious, but because they cannot say "No," and at the age of 18 they would be able to say "No" better.

Chairman.

2169. The next clause on which you make any remark is Clause 3 of the Criminal Law Amendment Bill?—That was merely to record the fact that at a meeting of the London Council for the Promotion of Public Morality, which I believe was well attended (I was not there myself), a resolution expressing approval of that clause was passed with, I think, three dissentients.

2170. You do not wish to go into any particulars?—No; that is in the hands of so many other people that I have not gone into it myself. Personally I think it is a sound thing, but I do not want to go into it. I think that is really a matter for people who have first-hand knowledge of rescue work.

2171. You say nothing upon Clause 5; that is the one about venereal diseases?—No.

2172. Clause 3 in the Government Bill begins "Where a girl is convicted before any Court of being a common prostitute." Have you anything to say as to those words governing the whole clause?—Personally I think it is a misfortune that they were introduced. I think the young girl you want to protect is the young girl before she has become a common prostitute, and I think it is a mistake to put in that limitation.

2173. Then you say nothing upon Clause 2 of the Sexual Offences Bill. You go on to page 7 of the blue print and you deal with Clause 4 of the Criminal Law Amendment Bill and Clause 3 of the Sexual Offences Bill. That is with regard to brothel cases. I think you have some remarks to make upon that?—Yes. The remark was to the effect that really sub-section 13 of the Criminal Law Amendment Act, 1885, and sub-section 1 of Section 5 of the Act of 1912, should be amended by the words "or for the purpose of habitual prostitution" after the word "brothel." That, you may remember, was in the Bill of 1917 as originally introduced by the Home Secretary. He had it that those words were to be introduced, and that would get at a man who let his premises knowing they were to be used for the purposes of habitual prostitution, and

it

29 October 1918.]

Mr. ALLEN.

[Continued.]

Chairman—continued.

it would make it an offence to do that instead of only making him liable when he lets it knowing it to be used as a brothel.

Earl of Desart

2174. That would refer to a woman who had her own flat, do you mean?—Yes, it would refer to letting to a woman who, he knows, is going to use a flat for the purpose of habitual prostitution. I know this question of flats is a very thorny one, but there are a large number of flats in London which are practically brothels; they are under common control and they are let out by one man. The man owns a lot of them and lets them to people of this sort, and then he is not on the premises and he escapes liability. There was a case in which a block of flats was held to be a brothel, but there they only caught the porter; he was the man in charge and not the man who let the flats. There are a lot of thoroughly bad flats which ought to be treated as brothels, and the man who lets them ought to be convicted for letting them for that purpose. There are a certain number of instances of that. There was a case in 1915 which was headed in the report "A Vile Herd of People." It was a report in "The People" of a case in which one woman had assaulted another. The prisoner repeated a statement that at one time she lived in a flat which she rented from a man who had about 14 other flats, part of which were occupied by foreign women who paid from three to four guineas a week. Then at the end of the case the Recorder said: "No doubt there existed a vile herd of people who make a living out of women of a certain class and employ agents to collect the rents for them. I hope that the prosecution will draw the attention of the police to this business." There was a case last year at the Marylebone Police Court, which was reported under the heading of "The Man Behind." That was a case of a flat in Maida Vale. A woman was prosecuted for using her flat as a brothel. The inspector said that the usual practice was for a man to take the flats at a rental of about £48 a year, put in furniture, and let them again to girls at £2 or £3 a week. Mr. Bingley, in dealing with the case, said if these cases were to be dealt with properly the police ought to have got the person behind, who was making large profits. It was not much good bringing girls before the Court. Inspector Travers replied that the police were trying to get at the person referred to, but there were difficulties. Mr. Bingley imposed a fine of £3 and 3 guineas costs, and was informed by the prosecutor that there was reason to think that the money would be paid by the man referred to. There are a large number of flats which are simply let out to women, and the block practically forms a brothel. There is no doubt they get rents far above their ordinary market value. It is known that men let these premises for the purpose of habitual prostitution, and they ought to be liable to a penalty.

2175. I am not sure it is not rather going outside anything proposed here?—I am sorry if I have gone outside.

2176. I do not feel sure about it whether Clause 4 could not be amended by putting in a sub-clause. As Mr. Neville has just said to me, I think it would probably need a definition of the word "brothel." You have another suggestion, but I think under the existing state of things we will not go into it. Do you know to what I refer?—The liability of persons?

2177. Persons who frequent brothels on the occasion of a raid; but I feel so hopeful on the subject of raids that I need not go into that?—I did not mean an air raid; I meant a raid by the police. You will not go into that?

2178. I think we will not go into that?—It is the law, as a matter of fact, and it has been applied, but it has become a dead letter all over the country. It is a misdemeanour, and any person who uses a brothel is aiding and abetting in a misdemeanour and is equally liable. It is exactly on the same footing as a gaming house, but the police do not act.

2179. So that you really are not proposing an amendment?—Rather a declaration of what used to be the law and has been allowed to drop out of sight.

Mr. Neville

2180. Your amendment is a very drastic one, is it not? Really it means that you are going to have a new definition of an old offence, and you are going to substitute or add words, namely, "premises that are used for the purpose of habitual prostitution"?—Yes.

2181. Where is the prostitute to live under those circumstances? She must live somewhere?—One may say she need not be a prostitute.

2182. You are dealing with the oldest profession that is known to humanity?—Quite.

2183. What is to happen to the poor woman? She must live somewhere. Your definition would lead to harrying the prostitute. I do not want to say it offensively, but you would get rid of prostitution in fact by making it impossible for them to stay anywhere at night?—It would make it very difficult.

2184. Without a roof over their heads?—No, because of course they would as a fact continue as many of them do. There are many prostitutes who do not take people home to the place where they live.

2185. That again is going to a brothel. You are forcing them into a brothel, which you say they must not do?—Quite so.

2186. Therefore it is a scheme to abolish prostitution? I do not say it is a scheme. The result is to make it less easy to be vicious and more easy to be virtuous.

2187. It is the same thing as cutting off the legs of a sofa to prevent a dog from scratching under it?—It is not quite as bad as that. I agree it is far-reaching. Of course there are questions of degree. There are places where, if one may say so, the woman who conducts this unhappy business does so respectably, very different to the places where some women bring home half a dozen men morning, noon and night.

2188. It would also involve, would it not, a definition of "prostitute"?—Yes.

2189. We none of us on this side of the table seem to have an idea of what is the correct definition of that. Have you any definition?—I suppose you may say any woman who bestows what are called her favours indiscriminately.

2190. With no question of compensation?—I think a woman might be a prostitute without being paid. Of course payment is usually the chief element in it. For the purpose of a definition it would have to be taken up as a matter of business.

2191. Money or money's worth?—Yes, money or money's worth as a matter of livelihood.

Chairman.

2192. Then you have something to say upon Clause 7 of the Criminal Law Amendment Bill and Clause 6 of the Sexual Offences Bill, which corresponds to it?—That is about indecent advertisements. I suggest there should be added a sub-clause: "A person shall not exhibit to public view in the windows of any house or shop any article, appliance, drug or preparation intended or purporting to be for the purpose of preventing conception or promoting miscarriage or procuring abortion or any printed or written matter relating to any such article, appliance, drug or preparation." It is a known scandal in London that certain shops have their windows full of these things, and although you may not be able to prevent the sale of them, and I will go so far as to say it may not be desirable to prevent the sale of them, still they are not things that ought to be allowed to be exhibited in the windows for passers-by to see. They have a very demoralising effect on young people and children. We have had a large number of complaints from time to time, and our Secretary of the London Council is always receiving letters from people who complain of the existence of these shops, especially a certain number in Praed Street. Not long ago we had an account from a policewoman of how a small gang of children were outside one of these shops and a little boy was explaining to the little girls the use to which these things were to be put. Anything that can tend to corrupt the youthful mind to that extent ought to be avoided if possible. Although you may not wish to make the sale of them illegal, I certainly think that the people who want them should go into a shop for them and have them produced from a box behind the counter instead of their being in the open window. Some years ago there were complaints about a shop in the country, a draper's shop, that put into the window

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29 October 1918.]

Mr. ALLEN.

[Continued.]

Chairman—continued.

one morning packets of French letters. People were writing about it. The sale was not illegal, and nothing could be done to stop it. It is a hideously demoralising thing. It starts a lot of people asking what they are. So, whether you can prevent the sale or not, public exhibition for sale of things which are manifestly not fit for universal purchase ought to be prohibited.

2193. We have your notes before us; we will consider it no doubt in due time. The last suggestion you have made is on Clause 4 of the Sexual Offences Bill. That is as to the occupier of any premises that are used for public entertainment and used as an habitual resort or place of meeting of reputed prostitutes. Are your Society in favour of that clause?—Yes, because the sort of thing that that aims at is the abuse that became so serious in connection with the promenades at some of the music halls. They were the habitual resort of women who went there to pick up customers, and I have no doubt a very large number of these cases of people laid by in the early parts of the war were due to their meeting them at those promenades. I do not know whether it interests you at all to have the figures of the numbers that used to attend. The County Council dealt with it, and they made it a term of their licences that those promenade people should not be admitted. If you allow any place which is licensed to become a recognised haunt of these people, really it is a form of licensing prostitution, as the "Times" put it in an article about the promenades. That is putting it rather strongly, but it came to that. I do not know whether you care to have any figures of the numbers of women attending these promenades before they were stopped.

2194. I think you might give us some?—

Mr. John O'Connor.

2195. May we know who compiled these figures?—These figures were compiled by persons who went from the London Council for the Promotion of Public Morality and counted the people in the lounges and promenades.

Mr. Neville.

2196. That was in the nineties, was it not, when Mrs. Chanf was active?—No, I beg your pardon; it was two years ago, when the County Council barred promenades.

Earl of Desart.

2197. Are you dealing with that from the point of view of morality or disease?—Morality. The two things hang together, of course, but we are dealing with it from the point of view of morality.

Chairman.

2198. What you want to say is why your Council supports this clause?—Yes. Observations were taken on five nights. At one place the numbers were 18, 22, 50, on one day 110; then another night, 83, 40, over 100 one night. These were women standing or sitting in the promenade or seen soliciting: 35, 138, 30, 65, 105, 77, 80 to 90, 50 to 60. It only shows where they resorted or congregated. It became a great scandal, and we took a deputation to the County Council on the subject and gave them figures, and they satisfied themselves by their own inspections afterwards that we were not pitching it too high, and they did insert clauses which resulted in the promenades being abandoned by those who had not already given them up. Mr. Stoll gave them up at the Alhambra voluntarily, Sir Alfred Butt gave them up at the Empire.

2199. That a little seems to show that the clause is not necessary?—But they go to other places. There are other music halls and places where they go. I take it this clause goes beyond places of amusement.

Earl of Desart.

2200. Places used for public entertainment?—The clause is a very desirable one.

Earl of Sandwich.

2201. Do these figures give the total number of women present in the promenades, or did the Committee pick out what they thought?—The people who went picked out those about whom they said they had no doubt that

Earl of Sandwich—continued.

they were prostitutes. I may say with regard to the people who made investigation, some of them were expolicemen in civil life. They were people of experience. There was no doubt about it. I was so horrified by the figures that I went myself, and I never saw such a thing in my life; it was extraordinary.

2202. Have you any percentage out of the total of the women there?—No. Of course more reputable people were in the seats; this was in the promenades.

Chairman.

2203. At any rate, you do support this clause?—Yes, we support that clause.

Mr. John O'Connor.] I should like to know what kind of people they are who are to judge of reputed prostitutes in these places of entertainment. The words are "shall not permit his premises to be the habitual resort or place of meeting of reputed prostitutes." Now, first of all, that would involve their going frequently, to know whether it was the habitual resort of these people. How are they to judge of their being reputed prostitutes?

Chairman.] I strongly suspect that these words follow the familiar description of "known to the police."

Earl of Desart.

2204. In practice what would happen if the occupier of these premises refused admission, rather hurriedly, to a lady who turned out not to be either a prostitute or a reputed prostitute?—I take it he would be careful. The box-keepers and people at these places have a very shrewd idea as to the standard of most of the people, and of course he would be very careful; he could not act except in a case of which he had no doubt whatever.

2205. Do you remember the Cass case?—Yes, I remember the Cass case.

2206. There may be mistakes?—Mistakes will happen in the best-regulated music halls.

Chairman.

2207. He certainly would get into trouble if he spoke to her the first time he saw her, because it has to be habitual. He would have had to see her several times?—With a very large number there is very little room for mistake.

Mr. Neville.

2208. I suppose "habitual" does not mean necessarily more than once or twice?—

Mr. John O'Connor.

2209. It is the place that has to be the habitual resort; it does not refer to any particular person?—I should have thought two or three times a week would make it habitual.

Chairman.

2210. It is the place which is the habitual resort?—Yes.

Mr. John O'Connor.

2211. I should like to know, when these people went to make observations, did they go from your Society?—Yes.

2212. Did you give them any special instructions as to what was to be the basis of their investigation, what was to constitute a reputed prostitute? Was it something in the way of conduct?—They went under the directions of the Secretary, but I understood at the time that they formed their opinions after numerous visits. They saw some people there night after night; very many of them were solicited themselves. They collected a large number of cards with addresses. I do not think they made many mistakes; and they were not people without experience of the world.

2213. You mean the inquirers?—Yes.

2214. Did you yourself go?—I went one night. Before we took a deputation to the London County Council the Bishop of London asked me if I would go so that I could say I had been, and I did. I need not say which I went to, but the place was very full of women who were there for obviously no other purpose. I was particularly careful not to try to attract attention or act in any way as an *agent provocateur*, but I was solicited very definitely on three or four occasions; and you could see it all over the place. I have lived in London the best part of my life, although I had music halls

dull

29 October 1918.]

Mr. ALLEN.

[Continued.]

Mr. John O'Connor—continued.

dull and I do not go to them often ; I have always been a theatre-goer, and that sort of thing ; I do not think I was likely to be mistaken.

2215. I was only curious to know whether you had submitted the inquiry to some test?—I did go myself because I thought the figures were rather startling.

Earl of Strafford.

2216. Have you any views on Clause 9 of the Sexual Offences Bill, which refers to the exclusion of any portion of the public at a hearing?—I think it is a very good thing that a certain portion of the public should be excluded ; I mean young people and people who are there merely for the sake of curiosity. I think that no woman ought to be deprived of the presence of other women. I think any woman who is charged, or even who is a complainant, in a case of this kind, ought to be allowed to have the support of a female relation or friend, or, if that cannot be done, there ought always to be a police-woman or a police-wardress present. I have heard of some terrible cases of distress of women being charged. I heard of a case the other day under 40 (d) where everybody was ordered out of court. The girl charged was the only female in the court. I think every woman who is charged, and every woman who is a complainant, should be entitled to have the presence of a female there. Subject to that, I would certainly keep out the public who are there merely for the purpose either of collecting copy or out of prurency. If you could stop the reporting of some of the unsavoury details which make up so much of a certain class of paper you would do a very good thing. It would be a very good thing if cases of that kind were not reported until they were over, and then, of course, there would not be so much room.

Earl of Strafford—continued.

2217. We had a witness before us a day or two ago who said that no newspapers did publish any such details ; but that apparently is not your view?—One does not like to particularise newspapers, but I am sure some of the papers that appear on Sunday seem to collect all the horrible cases of the week.

Earl of Desart.

2218 There is no doubt about that?—No.

Chairman.

2219. You said just now that you would keep certain people out of court. The clause does not propose to keep out people ; it only proposes to give power to the Court to clear the Court?—I mean, give power to the Court to clear the Court. There are a certain number of people whom it cannot do any good to hear these cases, and it may be it would be better to try such cases *in quasi camera*. But I certainly do not approve of turning out all the women and leaving the men in cases where women are concerned.

2220 Have you anything else to say upon the Bill?—No ; only to express a pious hope that some of it may become law before very long.

Mr. Neville.

2221. Publicity is the chief penalty, is it not?—Yes ; but it is quite sufficient to put in the newspaper that A. B. was convicted of such-and-such an offence, and that the sentence was so much.

2222 I mean, very often it is the scandalous details which hold a man up to public reprobation?—Yes ; I know it acts both ways.

Chairman.] We thank you for your evidence.

(The Witness is directed to withdraw.)

Die Jovis, 31° Octobris 1918.

PRESENT

Earl of SANDWICH
Earl BEAUCHAMP
Earl of STRAFFORD.
Viscount SANDHURST.
Lord DESART (Earl of Desart)
Lord MUIR-MACKENZIE.

SIR WILLIAM COLLINS
SIR HENRY CRAIK.
SIR WILLOUGHBY DICKINSON
MR. NEVILLE,
MR. TYSON WILSON.

LORD MUIR-MACKENZIE IN THE CHAIR.

Mr CECIL CHAPMAN is called in ; and Examined as follows.—

Chairman.

2223. Mr. Chapman, you are one of the London Police Magistrates, are you not?—Yes.

2224. You, of course, are very well acquainted with the administration of these Acts that we are dealing with now?—Yes.

2225. I should like to ask you generally, before going into the clauses, whether you have anything to say about your own opinion as to the state of the streets and of order as it comes under your notice as a magistrate, and also, if you can say anything about it, as to the prevalence and danger of the disease as developed at the present time. Then I shall go on to ask you whether you think that dealing with the subject, if you regard it as a serious one, is proper for legislation, whether the matter can be helped by legislation?—In my experience it is a very serious matter indeed. It is greatly on the increase in quantity owing to the temptation, which is increased so much by the presence of troops in the streets. Also I have had so many cases but rather less lately, of girls of fifteen and sixteen who have been charged before me as common prostitutes. I have tried my best to persuade them

Chairman—continued.

to go into an infirmary or into the Lock Hospital, and I have remanded them upon an undertaking from them or their mothers that they will go. I think I am right in saying in every case, but certainly in nearly every case, they have run away from the Lock Hospital or the infirmary within two days, and I have had to re-arrest them. I have found them plying their trade again in the streets, these mere children, and brought again before me, and I am in an *impasse*. The essence of prostitution is idleness and obtaining money as a means of living by dishonest, or, I will say, dishonourable means. That is the essence of it. If prostitutes, including these children, were allowed to be dealt with under the Vagrancy Act, as they ought to be, as persons who had no visible means other than that of dishonourable practice I could deal with the children satisfactorily in the Children's Court, and we could send them to a reformatory. At present children of fifteen have been brought before me in the Children's Court who have been guilty and who admit that they have been earning their living as prostitutes, and I have no power under the Children Act to send them

31 October 1918.]

MR. CHAPMAN.

[Continued.]

Chairman—continued.

them into a reformatory, because they have committed no crime; they have committed nothing for which I could send them to prison, and I could not send them to a reformatory. I have had to discharge them. That is most unsatisfactory. In my opinion it would be very much better if the public were to be made aware by legislation that the essence of prostitution is vagrancy. In the same way, I think that men who solicit women in the streets, of whom I have very few examples brought before me, ought also to be treated as idle and disorderly persons, and not brought under the vague charge of insulting behaviour, because in that vague charge of insulting behaviour people always suggest as a defence that the person insulted never is able to be produced. I am speaking now of my information outside of my court experience, but I have had respectable ladies, young war widows, who have told me that, going up Grosvenor Place, they have been accosted by men as many as three times before they have reached the Marble Arch. I ask myself: "How is it that we never get those cases?" I had two soldiers brought before me the other day; I could only fine them 40s or a month. There is a great feeling on the part of women to protect these girls against this most excellent and benevolent suggestion of sending them to homes, because men are not dealt with in an equal manner. In my opinion it would be an excellent thing if legislation, instead of making, as it does now in the Vagrancy Act, a man liable to three months who habitually solicits, made him liable to imprisonment. You do not catch a man habitually soliciting. The man who solicits in the streets ought to be liable, in my opinion, as an idle and disorderly person, at any rate to imprisonment without the option of a fine.

2226. You are just now directing yourself to what arises on Clause 2 of the Sexual Offences Bill, I think?—I am thinking of both. Your lordship suggested that I should speak about the impression made upon my mind, as a magistrate, of the danger and the frequency of these sexual offences which take place.

2227. I did not at all intend to stop you?—Then as regards dealing with children under Clause 3, may I just go to that at once because I am dealing with the treatment of these women. I wish particularly to say that I think both prostitution and solicitation by men should be dealt with under the Vagrancy Act. I think it would make the essence of the offence more known to the public and more understood by the public than it now is, because a great many people think there is no offence in it at all, and they argue that people may be allowed to do as they like with their bodies, as they may do as they like with their property. I want that to be particularly clear. Then in regard to the suggested dealing with children up to 17 by putting them in homes, I am very much surprised to find that anybody could have any opinion against it. I will say something more about that directly. In every single case of children up to 18—in fact, in all cases—it is our practice to send for the parents, wherever they can be found. We get them from all parts of England to come to the court. I do not know of a single case in which the parents have not asked me to send those children into a home. They always do so. My habit has been to remand the children to the prison, to ask the probation officer to see them in the prison, to speak to them myself in court in the presence of their parents, and implore them to agree to go, because at present I cannot do it by compulsion. Many times I have got them, after talking to them, to consent in my presence. I have had to say: "Well, I must remand you for another week as I have got to find a suitable home. Your parents will not take you because you have so affronted them, and they think that the children at home will be injured by your coming home." I therefore must send you again to prison." The result of remand has often been that they come back next week and say: "I refuse to go." In other words, the remand to prison has brought them into contact with old hands, who persuade them to tell the magistrate that it is all nonsense; they are not going to a home; it is worse than a prison. I think the mischief of all that will be met if we have the power to send them, whether they like it or not, to an institution or home as suggested by the proposed legislation. I do not know, but I should be very doubtful
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Chairman—continued.

whether I could find a single magistrate who was not of the same opinion. I should think not. I want just to say that when you speak of 17, almost every day lately I should think 75 per cent. of my cases have been above 18. They have been between 18 and 21.

2228. Of what cases?—Of the cases that are brought before me for soliciting; that is, who have been known to have solicited before, and therefore are treated as prostitutes. They have been charged or they have been warned; therefore they are charged as prostitutes soliciting, or they are charged with insulting behaviour because they are not known to have solicited as prostitutes before. Now those young women from 18 to 21 are often quite as unsophisticated as young women of 17. They are in the same category as people who are practically slipping into this vice for the first time. I deal with them exactly as I deal with children. I ask them to make their own suggestion to me of what they would like to have done in order that they might break themselves of a habit which is just beginning. Let them suggest any home that they will go to. Let them suggest any relation to whom they will go under probation, and we release them at once. Some of them say that they are much obliged, and they will think it over. Then I remand them to the prison, and the next week the same thing happens. They refuse to go into any home because they are told that it is worse than prison; they would rather do imprisonment. Within the last week I have had two cases of parents; in one case they came up from the North of England to see me, and in the other they wrote me a long letter. In both cases they said: "This girl is 19. She has given us a great deal of trouble. She absolutely refuses to obey her father or mother, and we implore you to send her into a home." I read the letter to the girl, and in the other case I let the parents go and see the young woman in the cells. In neither case would the girls consent. The only way I can see of getting over these difficulties is this. I hope you may not think I am treating it too widely, but the remand to prison is almost entirely bad. The reason of that is that prisoners on remand, although they are presumably innocent, are treated exactly as convicted prisoners in that they are submitted to the discipline of silence, a solitary cell and idleness, three things which are depressing to the spirit and demoralising to the soul. No good comes from it, and if you are going to change things by allowing us to have some place where unconvicted persons or people accused of vices rather than of crimes are to be remanded, there are two kinds of remand home which I would suggest as being likely to save these cases to which I am referring, that is, cases of women and girls who before me are anxious to go into homes, but whose mind has been changed by being sent to prison on remand. Now in any one of those cases, if the accused had been sent to a home such as has been suggested here as a remand home, run by people who are not prison officials, run by people who are given to social work, absolutely unstamped by officialism at all, I am almost certain that those children and these women would have consented to go into a home. They would only have had to discuss it with pleasant people, who would have pointed out to them that length of stay was entirely dependent upon themselves, that as soon as they saw their way to earning their living they could go out, and things of that sort.

2229. Do I understand you to say that you think the people would have consented to go in?—I am sure they would.

2230. But what you are asking for is power to send them?—I am asking for power to compel up to 17, and I should be glad to get it, but what I am thinking is that for people beyond 17 up to 21, who perhaps are too old to be compulsorily dealt with, if they were remanded to a home where they were dealt with by kindly and reasonable people, I believe they would consent at once to go into a home.

Earl of Desart.

2231. When you said "home" in the last sentence you meant a remand home, did you not?—I mean a remand home. I mean a remand home which would get rid of the evils of prison treatment.

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2232. For

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Sir Willoughby Dickinson.

2232 For how long?—That is a difficulty. I would much prefer it to be more than a week. I would prefer to have the remand for a fortnight or three weeks. I think there are a great many cases of mental deficiency and mental degeneracy which ought to be sent to a remand home in the nature of a medico-psychical home, where there are people skilled in psychology who could pronounce an opinion upon the possibility of reform either by suggestion or otherwise. At any rate, it would enable the magistrate to pass a sentence which would be really just and really fitted to the individual, and not merely a repetition of what was put into a Statute.

Chairman

2233 You have been rather anticipating what, I think, you would have had the opportunity of saying on Clause 3, but as you were going to speak on Clause 3, I did not like to stop you. It is a mere question of order?—I hope I have not confused the issue.

2234 I do not think so. I do not suggest that for a moment, but I think I would rather proceed to take the points in order?—Now may I deal with the venereal disease?

2235 I would ask you to take the first clause of the Bill. It helps us in the final consideration if we have the evidence generally of each of our witnesses in the same kind of order?—Certainly.

Mr. Tyson Wilson

2236 I would like to ask a general question. You said that whenever possible you were prepared to remand a girl in charge of her mother or relative?—Yes, certainly.

2237. Do you find that mothers, generally speaking, do not care to have those girls with them?—Yes. It is only by a favour, under considerable pressure, that I get the parents to consent to take them, because of their demoralising influence on the younger children.

2238. When you do get the mother to take them back, do they slide back again into the old practice?—I could not give you a general answer to that, but certainly in one case the mother came back the next day and said the girl had run away. She said "I took her from court and she ran away on the way home." It very often happens that she has defied the mother almost immediately. There are, of course, quite good instances. Directly I find there is a good instance I hand her over to the mother right away. I give her up altogether. I discharge her to the mother.

2239 You also said that girls who went to a hospital or to homes very often ran away?—Yes, that is, girls who are sent to hospitals or infirmaries. The authorities used to write to me continually: "Why do you not give us the power to detain these children? They are diseased, and we cannot detain them, and they go out and are a danger in the streets."

2240 Could you say approximately the percentage of those girls who run away? Is it 50 or 75 per cent.?—It is a very large percentage.

Chairman] I rather wished at this period of Mr. Chapman's examination to keep to the general question that I asked him in the first instance, as to how far he considered that there was a serious state of things and whether it could be properly dealt with by legislation, and that we should take up these other questions in their proper place when we come to them.

Mr. Tyson Wilson.

2241 There is a question, I think, which will come under the present examination. You said girls were remanded to prison with the object I take it, of inducing them to enter a home?—Of finding their parents, of collecting their relations. It is in order to find out who they are, what they are, where they have been living, and all about them, and also many times to get their consent.

2242. You said at the end of the remand a very large number of those girls, almost the whole of them, refused to enter a home?—Yes, they become defiant.

2243 Owing to the advice given them by what you called the older hands?—Owing to some influence, which I am not able to say, but I am told it is that.

2244. I understand when they are sent to prison they

Mr. Tyson Wilson—continued.

have very little opportunity of communicating with other persons in prison on remand?—I was talking to somebody the other day who had been to prison, and they told me that what is forbidden by their rules is in practice evaded. They manage to get communication with them in a way which is very undearable. I was told that by a person who had been there several times and knew something about it.

Sir William Collins.

2245. You said a remand to prison was almost entirely bad, because of the silence, the solitary cell, and the idleness?—Yes, I think so.

2246. You intimated that some of the younger girls who went to prison under remand with your good advice that they should go to some home, subsequently returned, and owing to influences in the prison became defiant, as I think you put it?—Yes.

2247. Is the mixture of these girls on remand with the older hands a matter that could be cured by legislation or by administration?—It requires legislation to enable us to remand to any place other than to prison; therefore, we require that legislation. The influence of prison is, in my opinion, depressing to the spirit and demoralising to the soul. I am putting it in a rather high sort of language, but that is what I mean that instead of raising the spirit, instead of encouraging what is good in the individual, the effect of a remand to a private cell and the discipline of silence and absolute idleness is to depress them, and therefore I consider it to be wholly bad; whereas, if you had a remand-home in which you had a controlling body of human people, not officials necessarily, I mean people of that kind, the whole atmosphere is changed, the spirit might be roused, the soul might be encouraged, and, in fact, good influences instead of bad influences might prevail.

2248. Is there not, under the existing law, power for such classification within prisons as to secure separation of those on remand?—I have never heard of it. I was reading a report by Mrs. Torrey of her experience at Holloway about a fortnight ago. She has been writing a report of her visit with other people, and her description of the remands is exactly what I have given you. She and her companions who went there, Mrs. Gilbert Samuel and others, report exactly what I am repeating.

2249. Is your suggestion for better treatment in homes of these persons based on physical and moral grounds?—Yes, both, undoubtedly.

2250 That is to say, to cure disease if there be disease?—Yes.

2251. But still greater, as I understood, from the point of view of moral rehabilitation?—My anxiety is far more on the moral side, but the other side seems to be a physical danger which everybody ought to endeavour to get rid of as soon as possible.

2252 Are you going to suggest any means which you have in your mind as being actually in existence, and the class of home you would recommend?—No, I do not think I could intelligibly distinguish one home from another; but I know the sort of home I would not go to, and I know the sort of home that these people are shy of; that is a home which is ugly and like an empty workhouse, with texts on the wall for recreation. That is the kind of home which they dislike more than a prison. I mean it ought to be a real home in fact, a human dwelling-house with human people in it, and not an institution which makes you feel you are in an institution directly you enter its doors.

2253 You are familiar with the Inebriates Act, I suppose?—Yes.

2254. And with homes that have been established under that?—Yes, some are good and some are very bad.

2255 You could find illustrations of both the types to which you refer?—Yes indeed I could.

2256. You did not mention how long you considered it would be necessary to detain compulsorily any person for moral rehabilitation?—No, for this reason. I look upon an indeterminate sentence as one of the best and most important and valuable things which we could get, if we could get it by legislation. I know it will not be done, because public opinion is not in favour of it; but when you get into an institution of that kind

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31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Sir William Collins—continued.

the whole essence of it is that the sentence is indeterminate; it may be up to two years or it may be two months; and in many of these cases human nature is so varied that some are cured within two months of any tendency to idleness and disorder; they would go back almost immediately to good work and you could send them out on licence after two months. Others would have to be detained for at least a year to break their bad habits and to create a new habit of industry.

2257. With whom would the determination of the period rest?—I hope it would rest with the committee of the institution. You should see that you get a good committee, and it should undoubtedly be left, in my opinion, in their hands; you must trust somebody to do it.

Earl Beauchamp.

2258. I think I understood you to say that prostitution was either dishonest or dishonourable?—Yes.

2259. Or both perhaps?—Or both; I think it is highly probable that it is both.

2260. And you think it would be proper to punish a girl for prostitution?—If she persists in it after giving her every opportunity of getting out of it.

2261. When she is proved to be what may be called a common prostitute?—When she is determined to adopt it as a livelihood, yes, certainly.

2262. The only other question I was going to ask you was with regard to these hospitals. Do you suggest that in these hospitals from which the girls run away the treatment is that of the unsympathetic homes which you have just mentioned to us?—No, I do not suggest that at all.

2263. Can you suggest why they run away?—Simply because they prefer their idleness and making money to being cured. They weigh one against the other. They are very foolish and light-minded, and they want to get back to their companions, and they know there is no power to detain them. The treatment is as kindly as it can be, and where I have persuaded them to remain they have come and thanked me for it.

Earl of Desart.

2264. You have been speaking, very justly, about the annoyance caused by men accosting women. Is this a correct note of what you said, that those who habitually solicit ought to be treated as idle and disorderly persons and be made liable to imprisonment without the option of a fine? Can you say how you could effect that by legislation?—By the operation of the clause in the Vagrancy Act, which deals with solicitation by males. I have not the clause before me, but it is to the effect that a man who habitually solicits for prostitution is liable.

Sir Willoughby Dickinson.

2265. Is not the word "persistently"?—"Persistently." A man who does so persistently is liable to three months' hard labour as a rogue and vagabond. If you were to leave out the word "persistently" you have got the legislation settled.

Earl of Desart.

2266. One of your objects was to satisfy the feeling that there is inequality between men and women?—Certainly.

2267. Let me just follow that up. Is there any case of a woman who would be likely to be punished and sent to prison for one case of solicitation?—Perhaps not; certainly I should not deal with them in that way. But I know of no other way by which a man can be caught properly.

2268. Is not that rather dangerous, from the point of view of a lawyer?—I cannot see there is any inequality in it.

2269. It is rather legislating as you go along, is it not?—No, I do not think that because I do think these men ought to be stopped. What I mean is that we cannot do it under present legislation.

2270. That is the reason I asked you what form of legislation you thought could give effect to it effectively. Do you think any magistrate would really send a man to prison on one charge of soliciting?—I send a man to prison at once if he kisses a girl in the street against her will. I have not had many cases. But a man who goes up to a strange girl in the street and kisses her I send to prison, with 14 days' hard labour, for assault.

O.179.

Earl of Desart—continued.

2271. Would you do the same to a woman soliciting?—Very likely I should. I do not know; I have never heard of such a case. You see, she would be dealt with otherwise.

2272. That is your view?—It is my view.

2273. Most of the cases of soliciting that come before you are girls between 18 and 21?—Yes; I think those are the majority.

2274. You said that the majority of them were quite as unsophisticated as girls of 17?—I do not want to exaggerate. I will not say it is the majority, but certainly a very large number of them are.

2275. Would it not be equally correct to say that the converse proposition was right; that some of the girls of 17 were as sophisticated as the girls of 21?—Yes.

2276. It cuts both ways?—Yes; I do not doubt that I quite agree.

2277. You say that there are methods of communicating in prison?—Well, I have not been there.

2278. Does not the influence of the chaplain at all come into play with girls on remand?—I take the report of those who have been there. I do not personally know, but I am told that the discipline of silence is evaded surreptitiously in some way, which it is very difficult for the wardresses and other people to discover; but there is no doubt that information is given and conversations take place.

2279. My question was whether, on the other hand the influence of the chaplain did not come into play in the other direction, and I put the matrons too, head wardresses. Do not they exercise any good influence?—I would not say that they do not at all. I have had some very few interesting letters from chaplains about cases which I have asked them to attend to, but really extraordinarily few; and the report that I have been reading shows that the visits of the chaplains and the interviews with chaplains are very rare.

2280. Who told you that?—I am reading from a report by Mrs. Torrey and Mrs. Gilbert Samuel and others who visited at the request of the Home Office.

2281. Do they give their authority for that statement?—They give their own opinion. The authority is collected from the information inside. Do not ask me to give authority about those things, because I cannot.

2282. I was limiting my question to remand cases. I do not know whether you were so limiting your answer?—The report that I read was entirely on the remand cases and on the opportunities that those people had either to read or to have visits or conversations with persons on remand. The report is that they have no literature but what are called "goody" books; no literature is allowed them except of that kind, and the opportunities of talk with the chaplain or persons of that character are very few.

2283. That is not on your authority?—Oh, no.

Chairman.

2284. I understood you to say that it was a committee appointed by the Home Office?—I do not know about "appointed," but these ladies were requested to go. Mrs. Torrey and Mrs. Gilbert Samuel were two of them; I do not remember the others.

Earl of Desart.

2285. One of the objects, I think you said, of the suggested remand homes was to get rid of the interval in which they considered whether they would go to a permanent home, and the official chull, I may call it?—Yes.

2286. In the remand home there would have to be restraint? They would practically be in a nice sort of prison?—Yes; they would be under discipline.

2287. It comes to this, that they would be in a better prison, clear of certain influences that they meet in the ordinary prison, but otherwise it would be a prison?—Yes; but not in prison in the full sense. They are allowed to walk out and go out with the people in the homes; they are not tied up.

2288. What I mean is that they must be in custody so as to be produced when wanted?—Yes; certainly.

2289. Have you had any experience about even the good homes; there is no power of retaining them compulsorily in any home now, is there?—In the inebriate homes.

N 2

2290. I

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Earl of Desart—continued.

2290. I am not talking of the inebriates?—No; not in homes.

2291. As far as your information goes, do the majority of girls contentedly stay in the homes when they go there, or do many of them get impatient and leave them after a short stay?—I have never heard of any of those who have consented, leaving. On the contrary, I have almost invariably had good reports of them.

2292. In your conception of these things, you said the best people to decide when a girl can be safely discharged would be the authorities of the home?—Yes.

2293. Those who have observed them?—Supposing the girl herself wished to stay on longer, would you give her any voice in the matter?—I should certainly. I am always inclined to consult a patient as to what the patient thinks is best for them.

2294. It is not quite as simple as that, is it? I assume these homes would be supported out of taxes or rates?—If the Committee was of opinion that she was only staying there for her own convenience, I should not let her remain there unnecessarily long.

Mr. Neville.

2295. A great many of the Women's Societies object, do they not, to the suggestion that you should be enabled to remand one sex to any of these homes without remanding the other? Have you ever thought of remanding the other?—I should like to, certainly. I should like to remand a great many of these cases of indecency, and what I look upon as degeneracy, like sex offences between males. I should like to remand them to a medical home very much indeed. I have had great experience with regard to it, and very sad experience of sending them to prison.

2296. If you had your way, and if Parliament were to do as you suggest, to make it part, I will not say of the penal code of this country, but the remedial code of this country, that this particular class of offender should be detained in a home, would you not be creating a new and great inequality between the way in which the sexes are treated before the law?—I do not think so. I think you are meeting a perfectly distinct evil by a perfectly distinct remedy. I do not look upon the distinction of sex as worthy of consideration for a single moment. A man does not sell himself for gam and making a living out of it; a woman does. That is a perfectly distinct offence.

2297. I am asking you for information. I thought the idea was that the liberty of both the sexes should be equally respected?—Certainly, so long as they obey the law and behave themselves as decent citizens.

2298. You are going to have one law for the women and another for the men?—I beg your pardon. I say I have one law for a particular offence; not for a woman. If a man commits the same offence I should deal with him in the same way.

2299. You are going to deal with the liberty of the woman in the form of waterfamilias; that is to say, you know what is best for her, and her individual liberty is to be sacrificed to the paterfamilias, if I may call it so?—Excuse me; I have no feeling of the kind. I think you mistake the position. My idea is that in the interests of the State I wish to recover a human being who belongs to the State as a citizen from the position of self-ruin and disease into a position of self-respect and usefulness to the State.

2300. I quite follow that. That is looking at it purely from the point of view of the race and not from the point of view of the individual; but the difficulty that we have in this case, as I understand, is that there is an inequality in the sexes, which refers to individuals?—It is no use arguing it further, because the particular sex commits an offence which the other sex does not. That is all; it is no distinction other than that.

2301. What is the difference between the offence that is committed by either sex, to your mind?—The difference, to my mind, is essentially in this: that the woman is making a living out of it and the other is self-indulgence. One is a passing self-indulgence and the other is a regular trade.

2302. That is essential?—Yes.

2303. Primordial?—I cannot go into the particular words.

2304. It is not confined to human beings, but applies

Mr. Neville—continued.

to animal life?—They do not make money or a living out of it.

2305. Have you formed any opinion as to what state of education the girls you want to treat in this way have arrived at? Are they ill educated?—No, not necessarily. They are absolutely mixed; some are hopelessly ill educated and some are average educated. There is no distinction between them except in psychology. Some women prefer idleness and money which is easily gained without trouble, and others are industrious and self-respecting.

2306. You have been a magistrate for a considerable number of years. Have you seen any improvement lately owing to the increased education that has been given, at an increased cost to the State?—I think that is rather a broad question. I do not know.

2307. You cannot detect any particular advantage, so far as this matter is concerned, out of the increased education that there has been?—No, I do not see that I can.

2308. Do you think it is a matter that is much touched by education?—I do not think it is. I think the question of moral education obviously affects it; I do not think intellectual education affects it much.

2309. With regard to moral and religious education, have you any opinion you can give the Committee as to whether these girls have had much moral or religious education, or what is the proportion of those who have had it?—Many of them come from most admirable homes. Many of them have the most respectable parents and they are the only black sheep in the family, because they have chosen to take to this particular form of indulgence. There is no distinction between them and the rest of the population as regards moral and other education.

2310. I am putting it broadly. If I understand your proposition, it is that this particular offence in the case of these particular girls should be treated in this way: that if it is wilful it is to be a crime and to be dealt with stringently as a crime, but if it is not wilful and there is a chance of retrieving them it is to be dealt with as a disease?—If it is persisted in, it is more of a disease than otherwise, but in both cases it is in the nature of a disease, and it is a question of how you are going to get rid of it. But people who have not persisted in it or become absolutely addicted to it very readily lend themselves to good influence and return to the same sort of life that their sisters are living; some are hopeless.

2311. What is the maximum penalty which you can at the present time give for soliciting? What is the maximum imprisonment?—I cannot give imprisonment at all for soliciting, except as an alternative to a fine.

2312. What is the maximum fine?—40s.

2313. Or how many days, is that?—Or a month; but that is not the way I deal with them.

2314. If in fact you remand one of these girls for three months, she is practically undergoing three months' imprisonment before she comes up for the question of fining?—I never do that except with the consent of the girl and her mother.

2315. Supposing the mother is not there, you have to remand her until she comes?—No, I have no difficulty about getting either the mother or some relation, or to know that I cannot get them. If I cannot get them it is hopeless; I have to try and get somebody else. I practically do it after consultation with the girls and the mothers and any other relations I can pick up.

2316. Would it be correct to say that the first time that a girl appears before you charged with this offence the first thing that is done is to remand her?—If there is a parent there I will remand her to the mother; if the mother comes forward I would discharge her at once. If the mother says "I will be responsible," I would take the mother's bail for her good behaviour and let her go.

2317. In the bulk of the cases no relation is there at all?—In the bulk of the cases the contrary is the case.

2318. On the first occasion?—On the first occasion, no.

2319. She is remanded for a week on the first occasion?—Yes.

2320. Is she often remanded for a fortnight or three weeks in your practice?—Only at the request of the parent or the girl.

2321. You

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Earl of Desart.

2321. You cannot remand her for three weeks, can you?—No, only from week to week.

Mr. Neville.

2322. In some cases it would be for one month or more in the total?—I may say in one case of a girl prostitute of fifteen, who was diseased, I remanded for certainly a month because the parents were imploring me not to let her go into the streets, and I was trying everything I could to persuade her to go into a home. I think it may have gone to five weeks. At the end of the fifth week I said to the parents, "I am absolutely at an *impasse*; I have no power to send this girl anywhere, and I cannot get anybody to be responsible for her. Will you take her, as a last resort, and see what you can do?" And at last I persuaded the parents to take her away, and she has gone with them.

2323. Then the remand is really the only weapon that you have for influencing a girl to go to any of these homes? If she will not consent she is remanded and given a further opportunity?—I do sometimes send her, not to prison, but to the home provided by the probation officer, or a hostel if they have a vacancy, and if they report that she is not diseased. I cannot get her remanded into a hostel if there is any chance of her being diseased.

2324. Can you tell us, roughly, what percentage of success you have had within your time in getting girls into these homes? Can you tell me whether it is a half of them?—I cannot tell you exactly. I should say that a very large proportion of the people who go into homes are successes; in fact I know very few who have been into homes who relapse. Of the girls that have returned to their parents I have had one or two bad failures, but the majority of them have been extraordinarily successful.

Sir Willoughby Dickinson.

2325. The very first statement you made was about girls of fifteen to sixteen who are charged as common prostitutes, and I think you said hopelessly diseased?—Did I say charged as common prostitutes? I do not remember using those words; I am surprised.

2326. I took them down, so I think you must have used them?—Charged as prostitutes, certainly; it is the same thing.

2327. Perhaps I put the word "common" by inadvertence?—I think it is the same thing.

2328. In your opinion is there a large increase in girls of fifteen and sixteen who are now on the streets?—Up to the last three months I should have said there has been a very large increase, but during the last three months I think I have only had one case.

2329. Can you tell us any reason that has brought about that change?—No, I cannot say at all. I have been discussing it with the clerks at the court, and they really do not know.

2330. At which court are you magistrate?—Westminster; I was at Tower Bridge.

2331. What period up to the last three months were you dealing with in speaking of the large increase?—For a year before that.

2332. There was a large increase of girls of the age of fifteen and sixteen?—A very considerable increase of girls under seventeen. I do not want to exaggerate, but I am told from the courts generally there has been a very great increase.

Mr. Tyson Wilson.

2333. Under seventeen?—Yes, under seventeen.

Sir Willoughby Dickinson.

2334. Has that experience been solely since the war?—Yes; I knew nothing about it before the war, really. Certainly I never heard of a girl prostitute of fifteen before the war.

2335. It is an evil that has grown up out of the war, you think?—I think so. We had girl prostitutes at Tower Bridge once or twice brought into the Children's Court, but I think that was after the war.

2336. I was going to ask you about the Children's Court. You have administered the law under the Children Act?—Yes, all the time.

2337. And you have had girls brought up as prostitutes under that?—Yes.

Sir Willoughby Dickinson—continued.

2338. Will you tell us what you were able to do?—I was able to do nothing.

2339. But you can send a girl to a home under the Children Act, can you not?—No.

2340. How is that?—Because they have committed no offence at all. I have tried to do it. I am bound to make a confession that the way I have done it is to get the parents to turn them out of their home and then to capture them as wandering without any visible means of support, and so deal with them under the Vagrancy Act and send them to a home.

2341. There are offences, then, where you can do that?—I can make them, but it is not really an offence of which they have been guilty. I have got the rescue officer and the parents to agree to turn them out at night and to get some other person to pick them up and ask them where they are going to, and then they have got no place to go to.

Chairman.

2342. When Mr. Bigham was before us he referred to the practice of the Courts being not strictly in accordance with the Act of Parliament?—I will make my confession at once. I am now in despair, and that is why I ask you to help me.

Sir Willoughby Dickinson.

2343. Supposing that a boy or girl is brought up under the Children Act for a suitable offence for prosecution under that Act, what do you generally do with them? What would you do with a girl like this who was brought before you?—The difficulty I have in dealing with a girl is to find a home which will take her. I have had several such cases, and I have had to get the Home Office to help me to find a home which will consent to take a girl who has been guilty of immorality. None of them will take a girl who is reported diseased. I have had to get my probation officers to find some private home in which the girl will be taken until she is cured.

2344. I forget whether you have any power of sending a child to Borstal treatment?—No. I can recommend them after a breach of recognisance under the Probation Act.

2345. There is a good deal of difference of practice with regard to this offence by different magistrates, is there not?—As regards prostitution, yes, there is. If I may say so, the practice has grown up amongst many of us to avoid fining, for the reason that very often some blackguard is in court ready to pay any fine that may be inflicted, and the woman goes out and it is no punishment at all. Therefore we ask them to find sureties instead of fining them, and we send them to prison for one or two months in default.

2346. Have you ever thought of the possibility of dealing with this class of case in somewhat the same way as children are dealt with, by a special tribunal?—No, I have never thought about that.

2347. You cannot give any opinion upon that?—No, I have never thought about it at all.

2348. I think you have already said you suggest that this offence should be dealt with under the Vagrancy Act, and you have pointed out the way in which the Vagrancy Act would have to be amended in order to bring the woman in also?—I should like it to be that any person of either sex who solicits for immoral purposes in the streets ought to be treated as an idle and disorderly person.

Earl of Strafford.

2349. We have heard in this Committee a distinction drawn between the professional and the amateur prostitute. I suppose the cases that come under your notice are the professional prostitutes?—I came across an amateur yesterday; she told me she was an amateur. I get both classes, if you can have an amateur prostitute: I think it is a misnomer. A girl I had before me yesterday was charged with a prostitute, and the prostitute pleaded guilty, and the other girl pleaded not guilty. The evidence against them was identical, and I said to the other girl: "Do you deny that you solicited these soldiers?" She said: "No, I do not deny it, but I did not solicit them for the purpose of getting money. I have lost the man who seduced me, who was a soldier; he has died in a German

31 October 1918]

MR. CHAPMAN.

[Continued.]

Earl of *Strafford*—continued.

German prison, and since then for the last three months I have been going out to find men to indulge myself with, but I do not ask them for money."

2350. I take it that that girl would have had some means of subsistence other than prostitution?—She had a pension, I think. This man who died in the prison camp used to give her an allowance, he was engaged to her; and in other ways she had been supported by his relations or in some way helped, and she had up to date been quite a good worker. She had been earning money. I do not know whether that is an amateur prostitute, but she is a lady of self-indulgence in an amateur fashion.

2351. In your experience the cases you deal with would include both classes?—Certainly. They come there. I do not know how to deal with the amateur, but I have to

Chairman.

2352. Then at will not do for your definition of the word "prostitute" to say that it must be somebody who makes money or earns a livelihood thereby?—That is the distinction I always make. I always find out first whether the girl has got a trade, and whether she is earning her living otherwise, and if she is indulging herself of an evening as a man indulges himself, possibly at a loss to herself in the way of money, I treat her quite differently. I do not treat her as a prostitute. I then put her on probation, and get her relations to see to it that she remains at home as far as they can possibly hold her, but I do not treat her as a prostitute, she is not in the same category as a person who is making it her means of living.

Earl of *Strafford*

2353. That class, you think, is largely on the increase?—Yes. That is just the result of war excitement and sex excitement. They are distinguishable.

2354. Would you say that the old-fashioned prostitute who was simply a prostitute for purposes of gain is also largely on the increase as a class?—They seem to be about the same, I think; I do not see any difference. But the other is the thing which has increased so much.

Earl of *Sandwich*.

2355. In the class of prostitute that you would send into one of these homes how would you differentiate? You would not, of course, send a common prostitute—a woman who directly does it for gain, and who has been long established in the practice; you would not send that type of person to a home?—I do not think so. I see a suggestion here that there is to be a committee of investigation. If the committee of investigation do their work properly they will soon find out about a woman. I dare say my ways of dealing with it are a little bit sketchy, but if the girl professes a desire to come back to industrial life I will work upon that desire to bring her there. She may have been for some time a prostitute, but still I believe in her desire to reclaim herself.

2356. That is to say, you take the facts of the particular case in order to come to a decision as to whether you will deal with her, rather than whether she did it for gain or whether she was a prostitute who did not take money?—Yes, I think the Committee of Investigation would advise exactly what would best be done with the case.

2357. You would make no distinction between whether the prostitute took money or not, with regard to whether you would send her to a home?—She would not be brought before me in nine cases out of ten.

2358. Not for solicitation without money?—They are not charged with soliciting unless they have been doing it for gain. They are charged with insulting behaviour.

2359. You get a great many of those cases?—We do. Of course, I am not so severe in those cases, and I give them always one chance. I do not treat them as persons to be convicted on a first offence of insulting behaviour.

2360. I think you said just now that you did not think that education has had much to do with the condition in a home as to whether one girl went wrong or not?—I only demurred to being caught expressing an

Earl of *Sandwich*—continued.

opinion which I really am not competent to express. I am only saying that, as far as I can judge, individual education has had no influence whatever upon sex indulgence.

2361. You would agree, would you not, that the education that has been carried out by the National Society for the Prevention of Venereal Disease, for instance in lectures, is a good thing?—Yes; it has had a most excellent effect upon those who have attended them, especially amongst men, I think.

2362. Do you attribute that campaign as a possible reason for the dropping off of cases in your court?—I think it is highly probable, but it certainly has had a very good result in many districts.

2363. Do you hear of a drop in other courts?—No; I have not had time to inquire, but we have noticed it at Westminster lately.

2364. Has it existed long enough to appear to be permanent?—No; I do not think so. We have noticed it about three months.

2365. Do you find any curve according to the time of the year in these cases; do they fluctuate at all according to the season and light and dark days, for instance, or the time of the year?—I do not think since the war there has been any fluctuation at all. I think practically all the year round they are the same. I have not noticed that at all.

2366. Do you think one of the causes of increase is laxity in the home; the father leaving home and the mother going out working in a factory, and so forth, or do you think it is more due to the excitement of the war?—I think it is more due to excitement. I think in regard to some of the younger children it is due to the fact that the mother goes out to work to make a larger income, that there is more money going about, and there is a general sense of self-indulgence and liberty which did not exist before. I think that is quite true. I was going to suggest, and I think it is suggested by Mr. Parr of the National Society, that in dealing with girl prostitutes we ought to make the parents responsible as if they had been guilty of neglect under the Prevention of Cruelty to Children Act. I think that is a very good suggestion. Parents who are cognisant of their children going out as prostitutes ought to be liable to be charged before us for neglect of their children, under the Prevention of Cruelty to Children Act.

2367. I recollect you telling me on one occasion that you found a tremendous laxity in the case of stealing; that men who have long been honest have taken to stealing during the war?—Yes.

2368. Do you attribute this same thing to the laxity of conditions due to the unrest caused by the war?—With regard to the younger ones I think it is pretty clear it is. There is more indulgence and freedom and less discipline in the home.

Mr. *Tyson Wilson*.

2369. On the last point raised, about the children having more liberty and more time for indulgence owing to the parents being at work, do you think that a considerable amount of the girls falling is owing to the intermixing of boys and girls in large works, young men and young women being employed together in large works?—Do you mean, do I think that has had an effect upon immorality in the streets?

2370. Yes?—I am rather of the other opinion. I do not think that is the case. I do not think it is traceable at all to that. I think the more boys and girls work together upon equal terms in factories or offices of any kind the less they are inclined to have sex dealings with each other. They respect each other much more, and they get into a better frame of mind as regards their treatment of the opposite sex.

Chairman.] That is one of the most interesting things I have heard said for a long time.

Mr. *Tyson Wilson*] I am very much inclined to think that people who come into contact with this question more closely perhaps than Mr. Chapman has will differ.

Mr. *Neville*.

2371. You are in favour of co-education?—Yes, indeed I am.

2372. But

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Earl of Desart.

2372. But the result is quite speculative, is it not? There is not material to enable one to judge?—Not entirely. I have had friends of mine who have watched it with great care.

2373. I am not differing from you; I am not expressing an opinion in any way?—No, I did not think you were differing.

Mr. Tyson Wilson.] I had in my mind the older boys who have become men, from twenty to twenty-five years of age.

Chairman.] I think the question is quite material to our inquiry, because one of the questions frequently asked is whether the present conditions are abnormal and producing evil effects. I think it is quite germane to that to ask you the question whether in these times, when we have women and men brought together much more than before, that has had a good or bad effect.

Mr. Tyson Wilson.

2374. May I carry it just a stage further? Do you deal with affiliation cases in your court?—Yes.

2375. Has there been any large increase in the number of those cases coming before you in the last few years?—I have not noticed a very large increase. There are a great many cases, but I do not know that there has been a great increase. I think, as far as I can judge, the tendency of the soldier is to make arrangements out of court rather than to come into court.

2376. You have had no communication or consultation with your brother magistrates in London with regard to that, have you?—No.

Mr. Neville.

2377. Do I understand you to say that you think the increase of immorality among these young girls is due to the higher wages they get, and therefore they have had more opportunity of indulging themselves?—I really do not know, but I think they are less disciplined.

2378. And they have more leisure?—They have more leisure, and the parents have got a peculiar sort of dogma, that as soon as children earn sufficient to keep themselves they are released from all discipline by their parents. "It is not for the likes of me to interfere with her, she earns her own living."

2379. The breadwinner may do as he likes?—Yes, as he or she likes; it is very much that.

Chairman.

2380. Will you now go to Clause 1 of the Criminal Law Amendment Bill and Clause 7 of the Sexual Offences Bill. It is chiefly a matter of drafting perhaps, but have you a preference for one clause over the other?—I find it rather difficult to express myself upon this in putting the two together. My feeling is a very strong one from my experience of these cases of indecency. Here I find no distinction made between an offence committed in public or in a private place. I cannot help thinking that to speak of "any person of the age of seventeen years or over who commits an act of indecency with a person under the age of seventeen years," if this is to refer to things which take place in private, is far too wide for an offence punishable by six months or possibly two years on indictment. If I may say so, I have had considerable experience of these cases. My missionary tells me that since the war he has had one or two cases of children—one boy who was married at fifteen. The law allows a boy to marry at fourteen and a girl at twelve.

2381. That is nothing to do with the war, surely?—No; I was going to tell you this. The missionary says it is due to the war that boys have become more precocious. I do not know. What I wanted to point out was that if a young man is able to marry at sixteen, and to make love to a girl of fifteen, you may be perfectly certain that he is going to commit acts of indecency in private, which are quite common to engaged couples. Supposing anybody in that position is discovered by a third party, it does seem to me extravagant to say that anybody indulging in such acts of indecency is to be liable to six months or two years on indictment. I do not like

Chairman—continued.

the possibility. My view is this. I do not know whether I am justified by the experience of other people, but I have seen cases of acts of indecency brought up for trial at the Old Bailey because they would not be dealt with by me; but when I have dealt with them I have dealt with them with a much less lengthened period of imprisonment; I have given them a sharp sentence, but it is quickly over. But when I have sent them for trial the juries have acquitted them, despite the most overwhelming evidence of their guilt. I have been putting it to myself, why is it that juries are always acquitting in cases of indecency—that is my experience, and a very bad experience it is—in spite of the most overwhelming evidence of guilt. I cannot help thinking that it is due to this, that men are sent up for trial for acts of indecency, privately committed, and privately discovered, which the men of the jury think are acts of indecency which might very well be punishable if they were committed in a public place, but which are not a legitimate subject for punishment to the extent of six months or two years if committed in private. I cannot help feeling that there is something in the minds of the jury about that which shows that the suggestion of treating any act of indecency committed privately goes beyond what is reasonable, and beyond what the public conscience will second. I have felt it very seriously. I have had two cases within my experience, one about six months ago and one about a year ago, in which people of refinement, of education, were brought before me on the charge of an act of indecency, not by any means so bad as cases that I have sent up to juries which have acquitted, and I have remanded those prisoners with fairly heavy bail, but still, to show that they were gentlemen, I trusted them to come before me, and in each case they committed suicide.

2382. You could not get over your difficulty there, could you, except by making a distinct division between a public place and a private place?—I think that is one distinction which certainly ought to be maintained.

2383. Why I ask that is because if you were to amend the clause by saying "commits an act of gross indecency," that is going too far as regards the public place, is it not; because you would convict him for an act of indecency without the word "gross," in a public place?—Yes, I would.

2384. So that you do not get over your difficulty by putting in some strong word by itself?—I wish you would get over my difficulty for me. It is a serious difficulty. I will give you a case. You know the bad practices which we all perfectly well know take place at public schools. Everybody knows the bad practices of a boy of seventeen with a boy of fifteen at a public school. He is liable under this to be brought up and given six months or two years for an act of indecency with a person under the age of seventeen. In practice I have never known a case of that kind brought before me unless it has taken place in public, except on one occasion when I saw a young man charged with attempted sodomy. If that is the case you have the possibility of people being charged with an act of indecency committed in private, which is never brought home to people educated in the better schools, but is often brought home to children or boys whose lives necessarily are passed in public places because they have no private places to live in. It is not fair to have such a liability to a charge if in practice it always falls upon the poorer people. At least I submit that it goes against my conscience to witness those cases which are tried when I know perfectly well that similar cases are never thought of being tried, and we would be ashamed to have them tried. I hope I do not weary you; but I will give you a case that occurred the other day. A young officer was brought up before me, with another person, charged with an indecent offence of that character in a public urinal.

Earl of Desart

2385. Not an assault?—He was charged with an act of indecency, or an indecent assault; I cannot remember which.

2386. They would not charge him with both?—No; it was an act of indecency between male persons. That was witnessed by two police constables, and it was repeated. One of the young men at once wished to plead

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Earl of Desart—continued.

plead guilty. He said he was very sorry, he must have been drunk, and so on, and he wished to plead guilty. I was dreadfully distressed over it, and I wondered whether I could deal with it under the by-laws and fine him five pounds and let him go. I remanded him for a week, and thought I would do that. But his companion, who was much wiser than I was, had a solicitor and said he would go for trial. Both went for trial, and the young man who wished to plead guilty before me was acquitted by the jury. That is not an isolated case at all.

2387. What is quite the moral of that?—My moral is this. I do not think it is wise to make an act of mere indecency, which may take place in private, liable to six months' or two years' imprisonment. I think it is hopelessly wrong. Juries will not convict, and you will render people liable to all sorts of blackmail too. I think you must alter it. In acts of indecency you must have distinctions where violence takes place or where the indecency is gross, and you must enable juries to bring in verdicts with a sliding scale of guilt. If you say at once, "I will render this man liable to two years," they would say, "I will bring him in guilty of what I think the offence amounts to, which is something less than he is charged with." It is one of those things in which, unless we make distinctions of degree, it is my experience you will get what you are getting now, namely, juries who are defiant, and it is useless. Of course everybody knows that crimes are prevented by certainty of punishment and is really rather increased by undue severity of punishment. Therefore in all legislation dealing with these things I most strongly recommend that there should be more opportunity of dealing promptly in a Court of Summary Jurisdiction with acts of mere indecency, rather than to put them into the category which enables people to go for trial and submit themselves to a jury.

Chairman.

2388. I will not pursue that branch of it for the present, if you please. I should like to ask you if you have anything to say about the clause raising the age to seventeen. It is sixteen as proposed in the Government Bill, and in the other Bill it is proposed to be seventeen?—I am entirely in favour of raising the age of consent; at any rate, absolutely for sexual connection. I have not the slightest doubt that I would raise it to eighteen. As to the defilement of girls, I think there is no question about that. I am entirely for the abolition of consent as a defence.

2389. I do not want you to go into the question of age in regard to Clause 2, if you can keep them apart. You have answered my question. The only other question I want to ask you is on sub-clause 3 of Clause 7 of the Sexual Offences Bill. Is not the existing law three months, or am I making a mistake: "No prosecution shall be commenced for an offence under this section more than six months after the commission of the offence"?—It is six months now.

Earl of Sandwich.

2390. I understood you to say eighteen should be the age?—I should prefer eighteen.

2391. You would rather have eighteen than sixteen?—Yes, I would raise the age up to eighteen in regard to sexual connection.

Earl of Desart.

2392. This is the assault question, is it?—Lord Sandwich, I thought, was asking me about the other.

Earl of Sandwich.

2393. You would rather have seventeen than sixteen?—Yes.

2394. If you could get it?—Yes.

Sir Willoughby Dickinson.

2395. I would like to get that quite clear. I rather understood you to say that on Clause 1 you do not approve of the raising of the age at all? The law at the present moment is that there shall be no consent under thirteen for an act of indecency. The Government propose to raise that age to sixteen. That is to say, in a case of indecent assault there shall be no con-

Sir Willoughby Dickinson—continued.

sent by a girl or boy under the age of sixteen?—I look upon indecent assault as involving something in the nature of violence. If an indecent assault is the same thing as an act of indecency I am not at all in favour of raising the age. I think it is inconsistent to allow a person to be married at fourteen and not to be capable of any act of indecency.

2396. Clause 7 is a different way of putting it. Let us deal with Clause 1 of the Government Bill?—How is indecent assault defined? Is it in the nature of something violent?

2397. You would know that better than I do. That is the ordinary law at the present moment?—The way I treat them is this. I look at the nature of the act. If it is really an indecent assault of a violent character I would raise the age certainly to sixteen or seventeen.

Earl of Desart.

2398. It is not the offence; it is the question of what is consent; that is the whole point—at what age should the consent be binding so as to prevent it being an assault at all?—Yes, that is quite true.

Sir Willoughby Dickinson.

2399. An indecent assault is the offence now known, and it means an act of indecency against the will of the person who has had it committed against her or him; that is to say, an assault is an assault which the person who suffers the assault is unwilling to suffer in the ordinary course. Now the law says that an assault against a child under thirteen shall be an assault notwithstanding consent?—Yes.

2400. And the proposal is that an indecent assault now shall be an offence against a girl or boy in any case, whether he or she consents or not, under the age of sixteen?—Yes.

2401. I think you have rather evaded my point?—Yes, I think I did.

2402. Indecent assault never means a violent assault; it means an indecent act taken in opposition to the wishes of the sufferer?—Yes.

2403. The case with regard to which I want to get your view is with respect to the raising of the age, which the Government propose should be sixteen?—I am not inclined to go further than sixteen for that. I am quite content with other people's experience in those matters much more than my own. I prefer raising the age as far as I can, but I do not think it should be raised to more than sixteen.

2404. But you think it should be raised to sixteen?—Yes, I think it ought. I should be glad to have it so.

Mr. Neville.

2405. The effect of Clause 1 really is to substitute for the words "indecent assault" an act of indecency?—I do not know.

2406. There is to be no consent to any act of indecency?—I do not agree.

2407. It is a contradiction in terms?—Yes, I think it is.

2408. You gave an instance in your evidence of kissing a girl in the street, for which you said you would have no hesitation in sending a man to prison for fourteen days?—I look upon that as a most unwarrantable assault.

2409. That would not be an indecent assault?—Sir William Hardman said it was.

2410. But you would not deal with that as an indecent assault?—No.

2411. You would deal with that as an ordinary assault?—Yes.

Earl of Desart.

2412. With regard to Clause 1 of the Criminal Law Amendment Bill, would it be an improvement to the clause if there was a limit of age for the defendant as well as for the prosecutor? The suggestion is where between two young people of more or less the same age some indecency takes place one would probably consent as much as the other, so it would not be assault at all. What I mean is that the person to be charged should be a person above a certain age, not the case of two young children?—I am much obliged to you for the suggestion; I think that is a very reasonable suggestion. Perhaps that meets the difficulty which comes before

31 October 1918.]

Mr. CHAPMAN.

[Continued.]

Earl of Desart—continued.

before me so frequently of children practically of the same age playing tricks with each other which they know nothing about, and which would render them liable under this Bill. I have not thought that out.

2413. Do you think it would be worthy of consideration?—Yes, I think it would. What is so offensive is when people who are of mature age interfere with people who are quite young. That, I think, is most offensive and punishable.

2414. With regard to your proposal, or rather your opinion, that a summary conviction is more effective in every way, both because it is more speedy and more reasonable than going to trial, how would you propose to get over that difficulty? I am a little rusty about my Summary Jurisdiction Act, but I think there are very few offences now in which a man has not the right to claim to go to trial?—They can go to trial in all cases in which they are liable to be sent to prison.

2415. I cannot see how legislation which Parliament would be likely to pass would deal with that?—They cannot go to trial for a common assault.

2416. Take the offence that we are dealing with; do you think it is likely that Parliament would deprive a man of his right to a jury on a charge of that character? Do you think you could legislate to give effect to what you desire?—My idea is that a mere act of indecency should be tryable by summary jurisdiction.

2417. I follow that; but looking at the Summary Jurisdiction Acts that have been passed from time to time, the tendency is, in the case of any offence that is at all serious, to give the man an opportunity to go to trial if he wishes. Do you think the legislature would be likely to deny him that right to go to a jury? I am only trying, if I can, to translate your desire into a practical form?—As it is, I can only say that we are now entitled to deal with these indecent assault cases with the consent of the party, and in a very large number of cases they consent.

2418. That is not quite answering my question?—No, I do not suggest that you could take it out as you suggest.

Mr. Tyson Wilson.

2419. Have you a large number of cases of indecency between boys and girls of tender years which come before you?—No, not very many. They are reported to me on the remand; they are not brought before me. Boys and girls who play tricks with each other, if they are very young, are always reported to me by the Probation officer or the mother. I had one last week, a girl, who is always going into the park and playing tricks with the boys, and she admits it, but she is never brought up for it. They do not charge them with it.

2420. Are there many cases where actual indecency has been committed by men under eighteen years of age with girls under fifteen?—No, they are not charged.

2421. The men are not charged?—I have never had young men of that kind charged.

2422. I rather gathered from what you said that so long as it is lawful to court and marry you do not think it would be wise to take action against a boy or girl?—The only cases which are charged before me are cases of old men dealing with young girls. Those are the only cases that are brought before me in the ordinary way, except men with young men. Those are the cases of indecency which I have to deal with.

Earl of Sandwich.

2423. When you say "old men," what do you mean—men over 30?—I was thinking of a man I had sent to prison recently. He says he is going to commit suicide. He looked about fifty; he is only old as compared with his victim.

2424. Do you not get cases of that kind under that age who are charged?—Yes, lots of them, but I mean old as compared with the child; I do not mean really old.

Chairman.

2425. I am in a little difficulty on account of time. I think the best thing would be for you to allow me to ask the particular questions of which you have given me notice that you would like to say something, and the Committee perhaps will confine themselves to questions.

Chairman—continued.

tions arising out of your answers. Then we shall have to ask you perhaps to come another day?—Yes.

2426. Upon the second sub-clause of Clause 2 of the Government Bill you take exception to the increase of twelve months?—I do. In reference to this limit of time my experience about those cases of the children is this. I have had cases of little children charging porters and caretakers in buildings with immoral offences, and in two of three instances I have found that the cases are not proved; because I have gone into the evidence with great care, and the evidence of the porter and the people in the buildings was procurable. But put that case off for a year, and the porter would be in this position. The recollection of the child would have been probably hazy to start with, and it would have been still hazier at the end, or it would be invented, as they are very capable of doing, and the porter's witnesses would all either be dead or scattered, and he would have no chance. It is a very dangerous thing to postpone prosecutions of that kind beyond the reasonable memory of children. Children are very apt to forget the evidence which they ought to give. I only submit that six months is quite long enough, unless—and you can always put it in—unless by special leave of the Court obtained; I think that is a very reasonable thing. Unless the Court finds some good ground for extending the time: that, I think, would be quite reasonable. But I think a six months' limit ought to be there, unless special leave is obtained to extend the time.

Earl of Desart.

2427. Do you remember the limit in bastardy cases?—It is a year in bastardy cases.

Sir Willoughby Dickinson.

2428. That is a question of having carnal connection?—Yes; but still, it is with girls between 13 and 16 years of age. I know that in bastardy cases there are many reasons, which are always got over if there are special causes; it is only because of the special causes in this case very often that the cases are not brought into Court; because arrangements are being made. It is a very different thing from anything like a criminal offence. You may prolong your rights quite indefinitely and think it over quite indefinitely when you have civil rights; but in a criminal case a man ought to be brought up as soon as possible.

2429. The idea is that the girl does not know her condition sufficiently soon to bring the case?—The mother must know. If you have some special case like that where she does not know, then the Court should extend the time. But I do think six months is the limit which ought to be a fixed rule.

Mr. Neville.

2430. You might put in addition that in case of pregnancy, for instance, it might be extended to nine months, or whatever the period is—285 days?—Yes, that would be more reasonable.

Earl of Desart.

2431. How would special leave help? The suggestion, as I understand it, is that a charge is not made within six months because until the girl or her parents are sure that she is pregnant no particular attention is paid to it. Then if they did not know that before the six months, what reason would there be for anybody in the world to ask for special leave? The case for special leave could not come till after the nine months, could it?—Supposing the six months has elapsed, and an application is made to the Court to have this man charged on the ground that it has only just come to their knowledge that the child has been defiled.

2432. You mean that, the time having elapsed, the man is still liable in certain circumstances?—Yes.

2433. And the Court would give that leave. Would it be merely on an information before the Magistrate that he would have authority to grant the process if he were satisfied there was ground for delay?—I should think so.

2434. Or would you go to the High Court?—I should think it ought to be sufficient to come before a magistrate.

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2435. Would

31 October 1918.]

MR. CHAPMAN.

[Continued.]

Earl of Desart—continued.

2435 Would it not create a very real additional hardship possibly on the accused?—I have not thought about the possibility of distinction between an application after the event as distinguished from a general rule that it might be done within 12 months.

2436. Is there any reason that you can suggest for 12 months? Would not eight or nine months clear away the whole difficulty which is suggested?—I dare say it would.

2437. All that question of pregnancy would be disposed of by then?—Yes, I should think so, or less.

(After a Short Adjournment)

SIR MACKENZIE CHALMERS, K.C.B., is called in, Examined as follows:

Chairman

2439. Sir Mackenzie Chalmers, I hope that it will not be tedious to you if I ask you to state what your qualifications are, because we must look upon your evidence as being very important, from your long and varied experience. I am right in saying, am I not, that you were Permanent Under-Secretary of State at the Home Office for some years?—About five years.

2440 And therefore, of course, acquainted with all the Home Office jurisdiction in these matters?—Yes. The average number of petitions from criminals was 5,000 a year.

Mr Neville.

2441. For the clemency of the Crown?—Yes.

Chairman

2442. You can give us assistance in regard to the Bill because you were Parliamentary Counsel, that is Government draftsman, for several years?—Yes.

2443. Then you were County Court Judge in the biggest County in England, I think, and you must have been familiar with all the problems that arise in that great population?—Yes.

2444. Then you sat at least once as Commissioner of Assize, with all the jurisdiction of a High Court Judge, and you must have had cases under these Acts before you?—Yes. I went the two Welsh Circuits.

2445. You have also had experience abroad?—Yes.

2446. You were a legal member of the Council in India?—Yes.

2447. I think you were actually concerned with some legislation of this kind at that time?—Yes; I took charge of the Bill relating to the amendment of the Cantonment Act. That only related to soldiers.

2448. Then I think you acted as Chief Justice at Gibraltar for a time?—Yes, seven or eight months.

2449. Had you any occasion there to see anything of this kind?—Yes; I had some rather troublesome cases there. I will give you a typical case.

2450. Did you not sit upon a Commission and actually go out to Nigeria and get some experience of these questions there?—No; that was only indirectly. The object of the Commission was the investigation of the liquor traffic; but one had to go into the whole causes of mortality, and I found a great deal of the sickness there was due to venereal disease.

2451. Then I have the best personal reason for knowing that you are very much occupied with hospitals in this city?—Yes.

2452. And you have probably had opportunities of seeing cases here?—Yes; I have been on various hospital committees for 40 years.

2453. Will you please take the Bill and make any remarks that you have to make upon Clause 1 of the Criminal Law Amendment Bill, and Clause 7 of the Sexual Offences Bill? I think in the note you were kind enough to send me you took the two Clauses 1 and 2 together?—Yes.

2454. If that is the way you wish to put the matter perhaps you will say what you have to say upon them?—May I make one general comment first on the Bill?

2455. If you please?—Of course, in legislation of this kind you cannot do good without doing harm, and I think you have to be very sure before you legislate that the good overtops the harm. There are various Clauses in this Bill where, personally, for what my opinion may be worth, I doubt whether the good would overtop the harm.

Earl of Desart—continued.

2438. I only ask you whether you see any reason for making it as long as 12 months?—It is a terrible thing for a defendant to have all his witnesses scattered and enormous difficulty in collecting his evidence if the period is unduly prolonged. There is no doubt about that; it is a frightful hardship.

Chairman } I am afraid we must adjourn now. We shall have to ask you to be good enough to come again some other time to complete your evidence. I am very much obliged to you.

(The Witness is directed to withdraw)

Chairman—continued.

2456. Do you go the length of saying that this class of problem is one that cannot be dealt with by legislation at all?—It has been; and I think one or two amendments are required; but I think a good many of the suggestions are dangerous, and would probably produce more harm than good.

2457. We have had evidence here, particularly the evidence of women, that we must rely upon education, whatever that word may comprise, to deal with the evils that are being attempted to be dealt with in this legislation. Would you go the length of saying that we must look to education?—I should not call it education; I should call it the spread of useful knowledge. I think there is a great deal of ignorance on all these questions; people are ignorant of the effects of what they are doing and the more you can spread abroad the necessary knowledge the more good effects you will have.

2458. Do you mean knowledge by which the same indulgence can be carried on without evil effects, or do you mean that it should be to show that this sort of thing ought not to go on at all?—I think very few people understand the scope of the evil of venereal diseases and how far they are communicable, and I think it is essential that that should be known. I do not know that I am concerned with what they do in consequence of that knowledge.

2459. Have you any further general remarks that you wish to make, or would you pass on to these Clauses?—May I pass on to these two Clauses and take them together, Clauses 1 and 2 of the Criminal Law Amendment Bill? I venture to think they are dangerous. There are two points I would venture to ask the Committee to consider. The first is this: they only propose to punish the man; but in a certain number of cases the girl is the instigator of the offence. You punish the accessory and you do not punish the principal. In the majority of cases it is six of one and half a dozen to the other; in a minority of cases, the residual of the cases, the man is wholly to blame and ought to be severely punished. That is one objection that I have to the Clause. The next objection is that I am afraid it will lead to still more false charges, which are very numerous. I handed in to the Chairman a pamphlet which was given to me by, and which I discussed with, Mr. Lawson Tait, who was an eminent surgeon at Birmingham. He was a very kindly man, and he was very much struck with a very unfortunate case which happened there, and he offered the police to investigate charges from a medical point of view. He gives an account of 70 consecutive cases which he investigated. In 66, I think, he could not advise proceedings, and in one of the four in which he advised proceedings he was sorry he had done so. In eight consecutive cases which I tried myself seven were false charges, or at any rate cases in which it was not safe to allow a conviction.

2460. Which of these clauses would your case illustrate?—Clause 2. A man might be charged, of course, with indecent assault, or he might be charged with defilement.

Sir Willoughby Dickinson.

2461. Were all those 70 cases that were investigated cases of carnal knowledge?—No, not necessarily. One case which I tried myself was a curious case. The girl said she had been defiled; she went as far as that. She was a small servant girl

of

31 October 1918]

Sir M. CHALMERS, K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

of about 15, the fact being that her master had caught her with a lad. He told her he would tell her mother, and she went off as fast as her legs would carry her and accused him; but it was clearly a false charge when you went into the evidence. His wife was dying at the time. The priest had been in the house a few minutes before, seeing this dying woman, and the girl's story was that the man had had connection with her up against the door of the room in which his wife was dying. He was a man of very good character, and that was obviously a false charge made against him because he had threatened to tell the girl's mother.

2462. That was one of your cases?—Yes.

2463. Not one of the 70 which you refer to as being investigated by the doctor?—No; those cases I did not see, of course. This was one of the eight cases I tried.

Earl of Desart.

2464. Did the facts you have told us come out before the magistrate?—No; the man reserved his defence, under advice, I suppose. It was a Carnarvon case.

Chairman.

2465. Will you please continue?—There was another case where a man was undefended, so of course in trying the case one had to look after him. He made a statement to the jury which the jury believed. His story was that he was alone in the house with a small girl about 15. She came out to where he was and took an indecent liberty with him. He spanked her well. Then she went off and charged him. The medical evidence was that the child had continually had connection, and was a little common prostitute. The jury believed his statement, and I believed it.

Earl of Desart.

2466. Was that before or after the Criminal Evidence Act?—It was before the Criminal Evidence Act. It was only a statement. The man said: "May I make a statement?" I said, "Certainly." Then, he said, "Will the jury believe me?" I said, "Well, if you tell the truth I hope they will." Then he made this statement, and the jury did believe him. Of course the medical evidence was that the girl was a regular little prostitute. Then I found a troublesome class of case at Gibraltar, which I have no doubt applies equally in England, where there is a false charge and a false defence. Those are very embarrassing cases to try. You come across cases where the judge can see that there is a defence, not perhaps a very creditable one, but a false and more creditable defence is set up. That is a very embarrassing class of case to try. You would not care, perhaps, to hear particulars of one case where a man set up a false defence?

2467. You are going a little more into particulars than necessary just now?—Yes. I do not want to go into the particulars of that case. At the Home Office there were a large number petitions. I always looked very carefully into any case where a man alleged anything like fresh evidence that was not given at the trial. In many of those cases Lord Desart was able to give a good deal of assistance, and the police on the whole gave exceedingly good assistance in making further inquiries. I should like to give one instance which shows the difficulty of these cases. A man pleaded guilty to rape. The judge, rather imprudently, accepted the plea without going into the facts, and passed a sentence of three years' penal servitude. The man then petitioned the Home Office. He did not say he was not guilty but he petitioned against the severity of the sentence, and in mitigation of the sentence he mentioned the fact that he had had connection with the girl 17 or 18 times before. We made inquiries, and we found that this was perfectly true, and the whole facts came out then. The girl was a loose girl. He was in the habit of having connection with her, but she was lodging with a very respectable landlady, and the landlady said to the girl: "Now, my girl, if I catch you with a man in your rooms again, out you go." He was there according to arrangement with the girl, and the girl heard the landlady coming, and she began to scream "Rave." For some reason or another the man pleaded guilty, but I never could understand why.

2468. I remember that case very well indeed. I might suggest that that is a very unlikely case to

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Earl of Desart—continued.

recur, because it would not be a case as a rule, would it, that any judge would allow a man to plead guilty without explaining to him exactly the nature of the offence with which he was charged?—I should have thought so, but some judges are more hurried than others.

2469. But it is not a likely thing to recur?—I hope not, but it shows the danger of these cases. I am afraid there is always this danger about pleas of guilty. People have a strong idea that if they plead guilty they are going to get a much lighter sentence, and their friends say "Oh, you will probably be convicted, you had better plead guilty and get a light sentence."

Chairman.

2470. You say these clauses 1 and 2, in your opinion, are dangerous clauses. Do you therefore mean that you would have those clauses struck out altogether?—I think the existing law is sufficient there. Even the existing law gives rise to a very great amount of false charges and blackmail.

Earl of Desart.

2471. You are dealing with clauses 1 and 2?—Yes.

2472. What you have just said applies to sub-clause 1 and clause 2?—Yes.

2473. You think that is an undesirable amendment of the law?—Yes, sub-clause 1, but that is rather about the twelve months. The ordinary rule is six months for all summary proceedings, and the longer you give the more time people have to get up false charges.

Mr Neville.

2474. You spoke about a false defence to a false charge. Were you referring to false defences from a mistaken notion of chivalry or something of that sort?—No, I could tell you the facts, if you like, in the particular case.

2475. There are cases in which false defences are set up from pure motives of chivalry?—Yes.

Sir Willoughby Dickinson.

2476. You have just made a remark that there were numerous cases of blackmail. In the House I have asked questions of the Home Office in order to find out how many cases of blackmail are known to them arising in connection with this branch of the criminal law, and I have never had a satisfactory answer. Now you have said there are a great many cases of blackmail. Can you give us any information with regard to that?—No, you cannot get at that. I remember one case; it did not directly arise on this. Lord Desart prosecuted a matrimonial agency. You could only get at them on some bye issue, but I think there were several hundred cases of complaints.

Earl of Desart.

2477. That was a conspiracy charge?—Yes; there were several hundred cases. In these blackmail cases people very often come to the police and say: "I have been blackmailed, go and look after that brute who is blackmailing me, but for God's sake do not bring my name in." If you talk to the old superintendents of police, they will tell you of almost innumerable cases that they have known of. One thing I remember at the Home Office. There were two curious cases of unexplained suicide. The police told me both of those were cases of people who were being blackmailed. One was a man who was absolutely innocent, and was prosecuting at the time. I have known cases, too, in private life where blackmail has been attempted.

Sir Willoughby Dickinson.

2478. I am not asking that. I want to get at this. It is a very common answer to this proposal that it will give rise to cases of blackmail, and it is a very common general statement that cases of blackmail under this branch of the criminal law are very numerous?—Yes.

2479. Now, I have tried, vainly, to ascertain any facts upon that. I have failed, and I ask you whether, in this particular crime, namely, accusations of indecent assault or carnal knowledge that are brought by girls against men, you have knowledge of actual cases of blackmail which have been brought under those circumstances?—In a great many cases you cannot prove blackmail. A false accusation is made in the hope that money will be forthcoming, and when money is not forthcoming the accusation is proceeded with, and

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you.

31 October 1918.]

Sir M. CHALMERS, K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

you have a certain number of cases I tried one where, out of pure malice and nothing else, a false charge was made. I can tell you one case I tried. There was a case of a small girl who had undoubtedly been tampered with. The mother had had a quarrel with the girl's father, so she told the girl to accuse her father. The child was well cross-examined, and in cross-examination she broke down and said: "Mother told me to say so."

2480. You would hardly call that blackmail?—No, that is malice.

2481. A piece of blackmail is where a girl brings a false charge against a man to get money out of him. That is really the whole point; whether this particular offence, made an offence by Act of Parliament, has given rise in reality to charges of blackmail to any extent, is what I want to know?—It is concealed blackmail. No demand for money is made. The charge is made in the hope that money will be forthcoming. When the money is not forthcoming the charge is persisted in, and that is why I very much wish to see a clause punishing false accusations made without any reasonable ground. If you take Mr Lawson Tait's 66 cases, you will find probably there was a hope of money.

2482. I think that word "probably" is not a very fair word?—When a man is blackmailed he does not complain; that is the difficulty.

2483. But I want to get at some facts in this matter?—In another class of case some of the old police inspectors would be able to tell you what complaints they have had. The old superintendents that I knew are most of them gone. Superintendent Froest had many cases of that kind to deal with. He has told me many stories, but, of course, I have not gone into them; they did not come before me; I can only tell you what he told me.

2484. That is exactly what I do not want, because we know what second-hand evidence is. I thought that from your very long experience of the courts you might be able to give us actual cases where you found girls bringing these charges against men for the purpose of getting either money or something else out of them?—You do not get that evidence.

Mr. Neville

2485. They would appear as perjury cases mainly, would they not, if they come to indictment?—No; a woman is never prosecuted for perjury, I think.

Earl of Desart

2486. Is it possible that anything you know or any judge knows or any magistrate knows can afford any possible test of the number of blackmailing cases that there are?—No.

2487. Is not the object both of the blackmailer and the blackmailed—and more so when he has done something wrong—to keep it concealed? It is the interest of both to keep it concealed?—Yes.

Mr. Neville

2488. If you want to get at those facts, would not the source be to get somebody like Sir George Lewis or that class of person?—Sir George Lewis knew a great deal about blackmail; and some of the old police superintendents might Superintendent Froest might if he is still available. Superintendent Arrow, who investigated a great many cases is now dead. Superintendent Quinn is still there, but he is now on different work.

Sir Willoughby Dickinson.

2489. The whole point is whether this particular class of case is a fertile source of blackmail?—You can only judge by the analogy of similar cases.

Earl of Desart.

2490. Would you not say that this class of legislation is likely to produce blackmail; you cannot take it further than that?—It lends itself to it; that is all.

Chairman

2491. And that, there being some evidence of blackmail now, you say that these clauses, which are more stringent than the existing law, would add to the pro-

Chairman—continued.

bability of blackmail?—Yes; as you increase the field you get more scope for blackmail.

2492. Will you now pass on to the next clause on the blue paper? I think you are prepared to make some remarks upon that. It is a very important clause of this Bill?—If I may venture to say so, I think the clause is right, but I would like presently to make some suggestions about the form. You have, of course, this difficulty, that when you create this new penal offence you will discourage people from seeking competent medical advice at the earliest possible moment, and that is the one thing that is all-essential. As regards the clause, I venture to suggest a change of language and to give some reasons for it.

2493. Will you kindly let us know what words you should suggest?—I should like to leave out the proviso, and I should like to make the clause run: "A person who knows that he is suffering from venereal disease."

Earl of Desart.

2494. "In a communicable form."—"In a communicable form." I would strike out the proviso, and I would insert after the word "who" the words "knows that he."

Chairman.

2495. You would begin the clause by saying: "A person who knows that he is suffering?"—Yes.

Sir Henry Crank

2496. How do you suggest it should go?—I would strike out the proviso and I would make the clause run: "A person who knows that he is suffering from venereal disease in a communicable form." I will give some reasons, if I may.

Mr. Neville

2497. Then the rest of the clause to be as it stands?—Yes.

Chairman.

2498. Leaving out sub-clause (a), of course?—Leaving out the proviso (a).

Earl Beauchamp.

2499. And sub-clause (b)?—No; not sub-clause (b).

Sir Henry Crank

2500. I do not see quite how that runs. "A person who knows —"—"A person who knows that he is suffering from venereal disease in a communicable form shall not have sexual intercourse with any other person." This offence really is on a par with the ordinary offence of causing grievous bodily harm, and I should like to keep it on the same lines. In an indictment for causing grievous bodily harm you allege that the harm was caused "wilfully and maliciously." Here I should like to see "knowingly," because you put almost all the onus of proof on the defendant if you want him or her to prove that he or she had reasonable ground to believe that he or she was free from venereal disease. That means practically that they have a clean medical certificate. Nobody can have reasonable ground for believing that they are free unless they have got a clean medical certificate. In these cases of venereal disease you must remember the class of people you are dealing with. There is an enormous amount of venereal disease among the very poor classes, and there is a large amount of venereal disease which is contracted accidentally. In new legislation I think it is only fair to make sure that the person whom you are going to convict knows what he is doing. Take these small girls about the streets, who are spreading disease pretty widely, it is said. They do not know what they are doing. Among the poor in the county court I used to find there was a great deal of venereal disease, and I found it out in this way. People used to bring medical certificates as an excuse for not paying their debts. The medical certificates specified the name of the patient and the prescription, but never the disease, but, of course, I could see from the prescription what they were being treated for in four cases out of five. I often used to amuse myself by asking people what they were suffering from, and I used to get most extraordinary answers. I am not speaking merely of venereal diseases, but of diseases generally. I have heard there is a great deal of accidental infection among the

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31 October 1918]

Sir M. CHALMERS, K.C.B.

[Continued.]

Sir William Crank—continued

civil population. May I take one case as an illustration? I saw in the Rochester Row Hospital an unfortunate sergeant of police, a very nice young fellow, just married, who had arrested a drunken woman, and she had bitten him on the thumb and inoculated him on the thumb with syphilis. You could see there the primary sore. Now I do not suppose that man, until he got into the doctor's hands, would know that he was a source of danger to his wife. I think there is every reason in new criminal legislation to keep the scientist.

2501. It has been suggested to us that this clause should run so as practically to incorporate sub-clause (c) from Clause I of the Sexual Offences Bill; that it should run "A person shall not wilfully communicate venereal disease to any other person," not mentioning sexual intercourse?—I am afraid I do not quite appreciate the point; I have not quite followed you.

2502. Have you the two clauses before you?—I have Clause 5 of the Criminal Law Amendment Bill, and Clause 1 of the Sexual Offences Bill.

2503. I think the main object of the proposal is to get rid of the limit: "Shall not have sexual intercourse," and not to make that the offence—nothing to do with sexual intercourse, but "wilfully communicate disease in any manner," that would include sexual intercourse?—You mean you would include a person like this policeman with a chancre on his thumb if he did not shut himself up?

2504. No, I was including the case of the person who bit him?—She had no intention of diseasing him.

2505. Had she not?—No; she was a drunken woman that he was arresting. It was only accidentally that she infected him. She did not know she was going to infect him.

2506. You think that was accidental?—Purely.

2507. Have you anything to say upon the words from "wilfully communicate"?—No; I should like it to be a person who "knowingly" does it.

2508. Who knows that he is suffering?—Who knows that he is suffering from disease in a communicable form. You might perhaps go on to say "and actually communicates it."

2509. You would not approve of it going on to say "shall not communicate such disease in any manner to any other person"?—"Shall not wilfully" do it; I think you would get into confusion there. I think the Government clause, if you put "knowingly," meets the real case that you want to provide for. There is one point I wanted to raise on that clause, which is just outside the clause itself. It arises on what would happen if the clause is passed. That is the position of the medical profession. At present, as I understand, if a patient who is suffering from venereal disease consults a doctor, the doctor is bound to professional secrecy. If, for instance, he knows that his patient is going to marry, the doctor would be guilty of professional misconduct if, without the consent of his patient, he warned the family of the girl. As soon as you make it a criminal offence, the doctor's position seems to be altered. If a doctor has treated a man for venereal disease and knows, taking an extreme case, that he is going to marry a young girl, then the doctor knows that he is going to commit a criminal offence. I do not know what the position of the doctor is.

2510. Do you think that he becomes an accessory?—The man who knows that a criminal offence is about to be committed and takes no action is in an awkward position. I would suggest for consideration—I am very doubtful about it—that any medical man who in good faith warns the family or the girl who is likely to be infected by venereal disease should be absolutely privileged. I should make it absolute privilege. It is a doubtful point, and perhaps Sir Donald Macalister, who is coming here, would give you the views of the medical profession.

Sir Henry Crank

2511. Was there not a case in Court some time ago?—Yes, there was a very awkward case.

Mr. Neville.

2512. It was the case of *Baker v. Kitson*?—Yes.

Sir Henry Crank.

2513. The verdict went against him, did it not?—Yes. In absolute good faith he gave warning. I forget the facts.

Mr. Neville.] He gave a warning to his brother-in-law.

Earl of Desart.

2514. There is some legislation in Victoria and Queensland dealing with this?—I think if this clause passes you will have to consider the position that doctors would be in.

Mr. Neville.

2515. That would apply also to insanity and other ante-conjugal complaints?—Not in the same degree. Most people can judge of insanity.

2516. What do you say about leprosy?—Leprosy really does not count in England. There are about a dozen cases.

2517. Or tuberculosis?—

Chairman.

2518. Before we leave this clause will you look at sub-clause 5, because it bears upon what you have said in regard to previous clauses? No doubt you would approve of it, but perhaps you think that the sub-clause ought to be a clause by itself?—When we came to that page I was going to suggest that that clause should be generalised.

2519. Do you think it should be a clause by itself in the Bill?—Yes. I should make it run: "If any person accuses another person of any sexual offence, knowing the accusation to be false." I should like it to run in that way.

2520. You have told us your views about blackmail, so I need not ask you to discuss that further. Those are the only points you wish to mention on sub-clause 5?—Yes.

Sir William Collins

2521. Do you think that this clause would lend itself to blackmail, as you thought the other two clauses did?—Any legislation of this kind gives an opportunity for it. I think in this case the good probably would overtop the evil.

2522. Sir Malcolm Morris, when he was in the witness chair, intimated that he would prefer the form of legislation to be against the communication of a disease and not making it an offence for a person suffering from a disease to have sexual connection?—Of course that would be a safeguard.

2523. I was going to ask you what class of case would be met by that form of legislation which would not be dealt with under the offence of causing grievous bodily harm?—I must say, now you have mentioned it, that it would lead to false charges if the mere having connection with a woman was made an offence, even though the disease was not communicated. If anybody found out that a man had had venereal disease it would be very easy to blackmail him.

2524. Then would you feel rather inclined to share the view that has been put before us, that the offence should be the communication of the disease?—Yes, I think so, knowing of course that the man was suffering from it in a communicable form.

2525. As regards the removal of professional privilege, of course there is the case of compulsory notification of infectious disease?—There is no sexual connection there.

2526. It is the nature of the disease that makes the difference?—Yes.

2527. A so-called shameful disease?—Yes.

2528. You spoke of it as being professional misconduct to communicate to a third person the fact of anyone having venereal disease. If it be that, it would be something more, would it not?—Of course, there also would be an action for libel, but in the case of an action for libel you have to prove that the communication is false. Whether false or true, I imagine it would be professional misconduct at present to break the rule of secrecy.

2529. You have indicated certain cases that came before you, in which, from the nature of the prescription, you were able to form a diagnosis which was not on the face of the certificate. Can you give us further information about that?—When I saw mercury and iodide

31 October 1918.]

Sir M. CHALMERS, K.C.B.

[Continued.]

Sir William Collins—continued.

iodide of potassium among the prescriptions I had a pretty shrewd suspicion of what the people were being treated for

2530. You would hardly say that iodide of potassium is not given for other cases?—No, it is given for other cases, but they were pretty well stock provisions of the Birmingham Hospital. I went through some of the prescriptions with the medical staff.

2531. I did not know whether they were internal medicines or for other mode of application that you were referring to?—I can give you an instance of the curious cases one has of what people say. I looked at a prescription one day when a woman was giving evidence. I asked "What is the matter with your poor husband?" She said: "Cancer of the head." I looked at the prescription and it was galls and opium.

Earl of Desart.

2532. What evidence could there be in an ordinary case except the doctor's evidence that the man had the knowledge that he had disease in a communicable form?—You would find that the wife was infected and you would know who had been attending the husband before

2533. What I mean is this. The prosecution have to get their case on foot somehow or other. What evidence could there be, not only that he had it, but that he knew he had it, except by some communication made by his doctor? How could you establish affirmatively that he knew he had got it? Can you suggest any other form of evidence that would be likely to arise that would prove it; I mean evidence that he knew it?—It is the same case as a cold in the head. He knows he has got it.

2534. He has not only to know that there is something the matter with him, but he has to know that it is venereal disease and that it is in a communicable form. He has to know all those three things?—As the clause stands, the onus would be on the man to prove that he had reasonable belief that it was not communicable, and that is what I object to.

2535. That is what I want to bring out. My difficulty is that I cannot see, except by the doctor's evidence, how you could, on our principle of law, prove your case for the prosecution so as to put him to any answer at all?—I should have thought that as soon as you had established that a man was suffering from venereal disease and that it had been communicated to another person, you would shift the onus on him to prove that he did not know it.

2536. Is that your view of those words?—I should think so, on those words.

2537. I should have thought you would have wanted more precise words than those to shift the onus?—Not if you have the existing proviso.

2538. Apart from people like soldiers or sailors under control, what sort of private prosecutor can you imagine in a case of this kind? I am not talking of marital relations now. Somebody has to come into the witness box and must say "I have committed fornication" and, secondly, "I have got a disease." Do you think many private people would embark on a prosecution of that kind except under compulsion?—No, it would be a wife who wanted to get rid of her husband, or something of that sort.

2539. I was trying to keep clear of marital relations?—In a case where the disease was communicated accidentally you might have prosecutions.

2540. I do not think you quite follow what I mean. What I suggest is that anybody who prosecutes has got, obviously to go into the witness box and say "I have had connection with this person and I have got a disease"?—In those cases, no.

2541. How would you avoid it?—You will not get convictions in those cases. You will not get prosecutions

2542. That is my point; you will not get prosecutions?—No.

2543. I am trying to test how far this will help us towards the reduction of venereal disease?—The mere fact that the law is passed will have a certain effect. There will be a certain number of people occasionally who will be malignant.

2544. Of course, as you have already said, taking the balance of good and harm this would at all events afford opportunities for blackmail?—Yes.

Mr. Neville

2545. The offence, as you suggest, is knowing that you are suffering from a disease in a communicable form, and that then you communicate it. That is the transmission of the disease, as Sir William Collins said, which is the gist of the offence?—Yes.

2546. If the man knows that he is suffering from it, if he is reckless whether he communicates it or not, surely in law he would be guilty, would he not?—No. If a man recklessly fires a gun and does not hit anybody, it is exactly the same thing as firing a gun and missing.

2547. But you have to know that he knew that he had the disease in a communicable form when he communicated it, not afterwards? It is not proved by subsequent proof of the fact of communication?—It is exactly the same, I was going to say, as causing grievous bodily harm. A man causes grievous bodily harm and you have to go back to see how he caused it.

2548. Whether he had intent to cause it?—Yes.

2549. Would not knowledge be sufficient to prove intent in this matter?—Yes, I suggest to you the word "knowingly" instead of "wilfully and maliciously."

2550. He would do it at his peril?—Yes.

2551. Therefore he would be liable if he was reckless?—If a man, knowing he has disease in a communicable form, takes the chance of communicating it, he ought to be punished.

2552. That would be quite sufficient?—Yes.

Sir Willoughby Dickinson.

2553. What is your view about proviso (b) at the top of page 3?—I think it is essential to have a safeguard of that kind.

2554. Have you read the words carefully?—"No person shall be convicted of any offence under this section upon the evidence of one witness unless such witness be corroborated in some material particular by evidence implicating the accused."

2555. Do you think those last four lines are of any use?—Yes.

2556. I do not suggest to you that they are not; but they have been criticised in evidence before?—I think so.

2557. "In some material particular by evidence implicating the accused"?—You could not have a woman come forward and say that she had been diseased by a man unless she was corroborated by medical evidence.

2558. Then that is the corroboration which those words refer to?—That is one form of corroboration. There might be any number of other forms. I think that is an essential safeguard.

2559. You think there ought to be more than one witness?—Yes.

Chairman.

2560. And that that would not make the clause inoperative?—No.

Earl of Desart.

2561. You would not think it corroborative evidence implicating the accused merely to have corroboration of the act of coition?—No.

Sir Willoughby Dickinson

2562. If you had the fact that the person was discovered to be suffering from the disease, would you consider that to be evidence implicating the accused?—You must have clear evidence that they had connection, and of course that is where the danger of blackmail comes in; because there is nothing to prevent a woman who has really been had by A. saying she has been had by B; and that is rather a common thing.

2563. The evidence would be of the one witness, namely, the soldier, say, who has had intercourse with her, and who would say: "I have contracted disease." You say that the discovery of the fact that she has disease is material evidence implicating the accused?—It is only one fact; it is a most essential fact. If she had not the disease she could not communicate it.

2564. That is not quite certain, is it?—If she has not got disease she surely could not communicate it.

Sir William Collins.

2565. We have had evidence of the carrier?—Have you? Do you agree with it?

2566. Even

31 October 1918.]

Sir M. CHALMERS, K.C.B.

[Continued.]

Sir Willoughby Dickinson.

2566 Even so, it does not necessarily follow that the soldier has got the disease from her because he is suffering from it?—He may have contracted it from others.

2567 Therefore I ask you whether you think the only two things necessary to prove under this sub-clause (b) are, first, that he had connection with her, and, secondly, that she was herself proved to be suffering from the disease?—Then it is a question for the jury or the magistrate. In all these cases you have certain facts, and you draw your own inference and you see how people behave under cross-examination. If there was only that evidence and there was a conviction, I do not think the conviction could be set aside. That is the danger in all these cases.

Earl of Sandwich.

2568. We have had very powerful doctors' evidence suggesting that in this clause the words should be "shall not communicate disease." That is to say, not specifying sexual intercourse only, but covering all cases, for instance, where a man might drink out of a cup and convey the disease to another man. Do you consider it would be right to adopt that suggestion, or would you limit it to sexual intercourse only?—I should be very much inclined at first to limit it to sexual intercourse because it is new legislation and it is better to go by steps.

2569. You think that "knowingly" would only cover cases where the man or woman had been told by his or her medical adviser that he or she is in the state of having the disease in a communicable form?—I think it depends on the man's education. For instance, take the case of a doctor; he knows all about it; he ought to know, without being told by anybody else, that he is in a state to communicate disease. And the same with a great many other educated people. When you get down to the class who are poor and ignorant, they know nothing about it.

2570. That is surely a matter that the jury must decide, is it not—whether they had sufficient knowledge or they had been told of the fact?—I think that the prosecution ought to prove that they knew it, as it is a new offence. You will see how it works. When you create a new offence it is always better to begin cautiously. I think a great deal would be done by the mere moral effect of the clause, even in a restricted form.

2571. Then I gather that your feeling generally is that it should act as a deterrent?—Yes, I hope so. I do not think you would get many convictions, but I think it would spread useful knowledge, the knowledge that it is a wrong and wicked thing for anybody who may be suffering from the disease to run any risk of spreading it. When you get down below a certain level of education people know nothing about it. On a judgment summons I have had the most extraordinary statements made; people seem to think nothing about it. I remember once asking a man: "Why don't you pay this money?" "Well," he said, "My wife drinks, she has pawned the goods out of the house, she has given me the pox, and now my daughter has got it." He gave it as a sort of commonplace statement.

Sir William Collins.

2572. It was suggested, I think, by a medical witness that there was insufficient care on the part of medical men in regard to informing those whom they find to be suffering from these diseases of the fact of their dangerous nature. A suggestion has been made, I think in the Report of the Royal Commission, that it should be obligatory on medical men to give such warning to their patients. Whether it would be a moral obligation or a penal obligation is a matter of some controversy. Have you any view with regard to that?—No. I do not know what medical men do, but I should have thought a medical man would naturally tell a patient that he was in a state dangerous to other people. I should have thought you might leave it to the professional men.

2573. I am afraid we had it from a medical witness that that is not universally observed?—I do not know what medical men do; I have no means of knowing

Chairman.] With regard to that clause that you suggested about safeguarding a medical man who makes a communication in confidence to the father, or something of that sort, that might have some effect, I think, in the direction which has been mentioned by Sir William Collins. It would stimulate medical men to make communications of that sort to their patients as well as to others.

Sir William Collins.

2574. There is all the difference in the world, is there not, between warning a man who consults him of the nature of the complaint and of its possibilities and telling a third person?—I venture to think you might raise that question with Sir Donald Macalister, who represents the General Medical Council.

Chairman.

2575. It has been mentioned here before us. You were saying something about what might be the moral effect and the curative effect of having a clause of this sort although many cases might not arise. I suppose Parliament is put now a little into this position, that, the clause having been introduced, if it were taken out it would have a sort of appearance that Parliament did not attach very much importance to it?—I think, in a restricted form, the clause is right; on the whole it would do more good than harm.

2576. Will you kindly go on to clause 3 and 4 of the Sexual Offences Bill, on the right hand side of page 7? I think you have some observations of a general character to make on them?—Of a very general character. I think you have to be exceedingly careful in dealing with what I may call orderly prostitution. In the case of a real brothel, where women are under anything like compulsion, you cannot be too severe, but it is dangerous to go too far in the attempt to suppress what I can only call orderly prostitution. You give a corresponding impetus to seduction and adultery and unnatural offences; and you have to act through the police, and you are putting the most fearful temptations in the way of the police.

2577. On the whole you are disposed to deprecate the passing of those particular clauses, are you?—I think the existing law, if magistrates enforce it, is sufficient. The law very badly wants consolidating. It is in a very confused state. You want all the existing statutes consolidated, and then people would know what the law is.

2578. Which statutes?—You want the whole law relating to disorderly offences, offences against women, offences against girls, the Criminal Law Amendment Act consolidated, so that people might know really what it is. It is almost impossible to find out.

2579. Have you noticed what there is a considerable difference between clause 3 of the Sexual Offences Bill and the corresponding clause 4 of the Criminal Law Amendment Bill as to penalties?—I doubt very much whether either clause is wanted. I think the existing law is sufficient.

Earl of Desart.

2580. Will you look at clause 4 on page 7. You will find after (a), (b), (c), "and, in addition to any such punishment, may, in the case of a second, third, or subsequent conviction, be required by the Court to enter into a recognizance." Would not recognizance be equally, if not more, applicable on a first conviction?—The High Court can order a man to enter into recognizances.

2581. But just dealing with this clause as it runs, it only provides for recognizances in the case of a second, third or subsequent conviction, and deliberately excludes the first conviction. What I suggest is that it is quite applicable, if not more applicable, to a first conviction?—Certainly, but in most cases the Court has power to do it without this clause.

2582. You must take this clause as a whole. You are deliberately excluding it from this; I want to know why?—No, I do not know why either.

Chairman.

2583. The Sexual Offences Bill imposes it on the first conviction?—It is clause 4, sub-clause 1, of the private Bill that I was rather drawing attention to. "The occupier of any premises which are used for the purpose of public entertainment shall not permit his premises

31 October 1918.]

Sir M. CHALMERS, K.C.B.

[Continued.]

Chairman—continued.

premises to be the habitual resort or place of meeting of reputed prostitutes, whether the object of their resorting or meeting is or is not prostitution." I think that is a most unfair clause.

Earl of Desart.

2584. I do not follow quite why it should be a habitual resort if it was not for the purposes of prostitution?—I think it would lead to all kinds of miscarriages of justice and police interference. It is a most dangerous provision. There is no reason why a prostitute should not go to a place of entertainment any more than that she should go to church if she behaves herself.

2585. Would that clause be satisfactory to you if it was altered in this way: "Shall not permit his premises to be the habitual resort of prostitutes or other women for the purposes of molestation or prostitution"?—I rather think the existing law is sufficient. I think it is not necessary. The clause is only wanted for people who are there innocently.

Mr. Neville.

2586. One of the witnesses that we have had before us suggested that "a place habitually used for the purposes of prostitution" would include the home or house of any woman who used it for that purpose. What have you to say to that?—I should have thought not; if so, it would be perfectly monstrous.

2587. It has been suggested that in the definition of "brothel" a prostitute's own house should be included if used by her for that purpose?—A single prostitute living by herself? I think that would be perfectly monstrous.

2588. That is to say, that she is to have no roof over her head?—If you are prepared to go all the way and say all irregular sexual intercourse is to constitute a criminal offence, well and good, but if you say that you will do infinitely more harm than good. When I was at the Home Office there was a good deal of restriction of prostitution and there was a corresponding increase of unnatural offences. We had a great deal of trouble with unnatural offences. I remember in one instance the police made a raid, I think it was in Lord Desart's time. They caught six in Piccadilly Circus and three at Victoria Station. They were foreigners, and we were able to get rid of them under Lord Radley's Act and the Aliens Act.

2589. Can you tell us anything about what I think is generally believed—namely, that there is a great deal of blackmail by the police of prostitutes?—I cannot tell you. One hears stories of it, but it is rumour, of course.

2590. It does not come to the Home Office?—No.

2591. You have no knowledge of it there?—No. One hears a great many stories of it. The only people who could give you any information on that would be experienced police superintendents.

2592. Mr. Stead gave a great deal of evidence on that point, did he not?—Yes, but I do not know what his evidence was worth. It is exceedingly dangerous to give the police the power of interfering with girls in the street. Anyone who lives near a camp can see these girls accosting men right and left, but they do not mean any harm. You cannot tell when a girl accosts a man, whether it is harmless or harmful. In ninety-nine cases out of a hundred it is perfectly harmless.

2593. Exuberant spirits?—They want to make acquaintances and have some fun. I live close to a camp, and I continually hear young girls calling out to the soldiers as they pass. There is no harm in it in ninety-nine cases out of a hundred, and in the hundredth you cannot say; but if you are to interfere and the girl is to be hauled up by the police, or has to give him a shilling to let her go, you will get all kinds of trouble.

Earl of Desart.

2594. With regard to what my friend said about police blackmailing women, it is inevitable that there would be instances of that here and there in any police force, however good. I mean taking money from women. It is very different from any system of blackmail. You could hardly expect that members of any force would not occasionally take advantage of it?—When you have got a force of 18,000 men you have not

Earl of Desart—continued.

got a force of 18,000 angels. When I knew the police they were a very well-behaved force, on the whole, marvellously well behaved, but you will always have such individuals among 18,000 men. Then, of course, there is the curious professional instinct that comes in; it is the hunt. The policeman likes to show he is zealous and to have a certain number of cases, and he takes, perhaps, a view of something that he sees in the street which is too professional.

Mr. Neville.

2595. Which may promote him?—Not which may promote him, but which shows he is a zealous officer.

2596. Which shows that he deserves promotion?—The hunting instinct is very strong in everybody.

Sir Willoughby Dickinson.

2597. Do you object to clause 4 of the Government Bill, on page 7?—Yes, I think it is unnecessary. I think the existing law is quite enough.

2598. May I put it to you that all this clause does is to make effective the existing law against brothels in cases where the offender does not care how much money he is called upon to pay under the existing penalties? Is not that all that it does?—I think a good many offenders are very sufficiently punished. The definition of "brothel" is so very elastic, it includes now so many things which are not ordinarily called brothels, that very often you have a fine imposed because of the mitigated nature of the offence.

2599. But you did not answer my question, I observe. That is so, is it not—that this is merely an increase in the penalties for subsequent offences?—As far as I know, the existing law is quite sufficient if the magistrate chooses to enforce it.

2600. This was put in on a recommendation by the Home Office, if I remember aright, upon strong representations from local authorities that the existing penalties were not sufficient in these cases where such high prices were paid that the brothel keepers were able to laugh at the prosecutions?—It is some time since I have looked at the Acts. I think there are two different Acts under which you can proceed, under one of which you can indict, and under the other of which you can fine or imprison summarily. It depends very much under which Act the proceedings are taken.

2601. You do not object to the whole existing law against brothels, do you?—No, not at all; especially if there is a brothel where girls are kept under any sort of compulsion. Then you cannot be too severe. But the definition of "brothel" has been very much enlarged by judicial decision; it covers all kinds of cases.

2602. That is why I was anxious to get from you whether you did object to Clause 4. Because I feel that Clause 4 is merely to impose sufficient penalties to make the law effective?—I thought the penalties were effective. I have never myself heard that there was any difficulty about it; but it is really a thing which I have not looked up lately.

Earl of Desart.

2603. You were going to give some instances of the extension of the definition of "brothel" by judicial decision?—They seem to include in "brothel" now the case where two girls are living together in lodgings.

Mr. Neville.

2604. The case of flats?—Yes; and cases of flats. The girls are perfectly free agents. If you proceed too much against prostitution, in the first place you create a criminal class and you make it very much harder to reform the women.

Sir Willoughby Dickinson.

2605. This is only against brothel-keepers?—Yes; but if two girls cannot live together in lodgings without the owner of the premises being liable to be imprisoned as a brothel-keeper, you are driving those girls into a regular criminal class, and they get worse and worse instead of better.

Viscount Sandhurst.

2606. Do you mean to say, supposing two girl friends, munition workers or dressmakers, say: "We will

31 October 1918.]

Sir M. CHALMERS, K.C.B.

[Continued.]

Viscount Sandhurst—continued.

will go and live together in a room or two rooms," it is possible that that house might be classed as a brothel?—Yes.

2607. These girls being the most innocent creatures?—No, not being innocent creatures, but having men to see them. As you extend the definition you tend to make prostitutes into a criminal class and you degrade them.

Earl of Sandwich.

2608. We had some evidence to show that there are a great many cases of fairly expensive flats owned by one man, in which prostitutes reside singly. That is a case, I suppose, which would come under the definition, too?—Yes, the porter, the landlord, and everybody else.

2609. You think it would be a mistake to have those places closed, and it would only drive them into other quarters?—You would hunt these poor women about. The difficulty is this. There is no clear hard and fast lines between a girl who occasionally goes wrong and a prostitute. If you drive them into the slums and make criminals of them you create a new criminal class which ought not to be created. You make it much harder to help them, and you put the most awful temptations in the way of the police.

Chairman.

2610. You gave me a note upon the subject of Clause 6 of the Government Bill?—I do not quite understand the clause. Surely it ought to apply both to men and women; and I do not know why it is confined to cases where a term of two months' imprisonment is imposed. If a husband communicates a disease to his wife or a wife communicates a disease to her husband, I think a separation ought to be allowed. I do not know why you confine it to the case of the wife.

2611. Do you say that you do not follow the clause as drafted?—No, because it only applies to the Summary Jurisdiction (Married Women) Act. That is to say, as I understand it, the only person who can take advantage of it and apply for a separation order is a married woman. I think a married man ought equally to have the right to apply for a separation if his wife has diseased him.

Sir Willoughby Dickinson

2612. Have you looked at the Summary Jurisdiction Act? We are taking it from you that that is so—that it only applies to women?—In one of the licensing bills that I drafted we applied that to the husband as well as to the wife, specially. In cases of drunkenness we allowed the husband to get a separation as well as the wife. That was in Section 5 of the Act of 1902, I think.

Chairman.

2613. The note that you gave me was that Clause 6 ought to be extended to any communication of disease. Do you say that you do not follow the clause as it is?—It ought to be extended, I think, to any communication of disease either by husband to wife or by wife to husband. I do not see why you should draw the line at two months' imprisonment imposed by a magistrate.

2614. We note your observations, and we are going to have Sir Ernest Blackwell before us next Tuesday. We had not got so far as this clause with him the other day, and it is a clause he will no doubt explain to us?—Yes.

Earl of Desart.

2615. I suppose with regard to the Summary Jurisdiction (Married Women) Act you would repeal it and put a clause in this Bill to apply to both?—What we did with the Licensing Act was this. There is a clause in the Licensing Act of 1902 which went on to apply those sections to the husband.

Sir William Collins.

2616. You say it should be limited to the transmission of disease and not to offences short of transmission of disease?—I do not see why you should limit it to cases where two months' imprisonment has been imposed. I think if the husband communicates syphilis to his wife, or if the wife communicates syphilis to her husband, it is a very good ground for having a separation.

0.179.

Sir William Collins—continued.

2617. But it refers back to Clause 5, does it not? If Clause 5 took the form of transmission of the disease and not merely a person suffering from the disease having sexual intercourse, then it would be limited to cases in which transmission of disease had occurred?—I would not refer to clause 5 at all; I would make it a substantive provision.

Sir Willoughby Dickinson

2618. This clause, I take it, gives a right to separation for any offence under Section 5?—For which imprisonment of two months is imposed.

2619. Inviting any person to have intercourse would give ground for a separation?—Yes, but I would much rather make this a substantive clause.

Sir William Collins

2620. And based on the transmission of the disease?—Certainly. If the husband communicates the disease to his wife, or if the wife communicates the disease to her husband, it should be ground for an application for a separation.

Earl of Desart.

2621. In this form it is limited to cases dealt with summarily, for obvious reasons?—Yes.

2622. I see why quite well, but I suggest to you that if your view is taken it would be better to have a clean new clause?—Yes. I rather imagine that in the Divorce Court it would come in as cruelty.

Chairman.

2623. Have you anything to say upon the opposite clause—Clause 5 of the Sexual Offences Bill?—If you passed Clause 5 of the Government Bill and made it an offence to communicate venereal disease, it is absolutely essential, I think, that you should prohibit all quack practice. In the case of a medical practitioner, if he abuses his position he can be brought up before the General Medical Council and professionally broken, but you have no control whatever over a quack.

Sir William Collins

2624. Is there not under the recently passed Venereal Diseases Act?—No. That Act only applies where provision has been made for gratuitous treatment.

2625. But is not that provision nearly universal now?—I am afraid not; I think it is about two-thirds of the country.

Chairman.

2626. Clause 5, sub-clause 1 (a), as it stands, if it applied to the whole kingdom, would satisfy you, would it not?—Yes.

2627. Subject to that proviso—that it is limited to places where provision has been made—this thing is the law now?—Yes, but if you are going to make it a criminal offence to communicate disease I think you must absolutely prohibit quack practice.

Sir William Collins

2628. Is not such a provision, if it is required, more required in those localities in which Local Government provision has not been made than in those in which it has been made?—I am not quite sure I follow your point.

2629. I understand the present Act only prohibits quack practice in those localities in which there is Local Government provision for treatment in an orthodox fashion?—Yes.

2630. Is there any sensible discrimination between the two? Might it not be equally argued that it would be as desirable to stop quack practice in those areas in which there is no orthodox provision as well as in those areas in which there is?—I think so. I think it is even more dangerous in the other case.

2631. This is the only direction in which quack practice is precluded by statute, is it not?—In many other cases it does not much matter. If you have a cold in the head it does not matter.

2632. There is the case of the consumption cure. It is in fact the only instance in which empirical practice is prohibited by Parliament?—Yes, and there is very good reason for it, because in the treatment of venereal disease, syphilis at any rate, you are dealing with very dangerous drugs, and there is every reason why no

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quack

31 October 1918.]

Sir M CHALMERS, K.C.B.

[Continued.]

Sir William Collins—continued.

quack should try and deal with the really efficient and dangerous drugs

2633. There is not much reason to think that they do?—Then the man is untreated and he does not get to a doctor until it is too late.

Mr. Neville.

2634. There are herbalists in the North of England who claim the right to treat it as if they were doctors I dare say you have come across them?—Yes, I have had evidence about them on one or two Committees.

2635 They are extraordinarily indignant if you say that they have not a right to treat these cases?—They claim a right under a Statute of Henry VIII, but it is fatal if they are allowed to deal with venereal diseases, because they cannot give the proper treatment

2636. And chemists too?—It is monstrous that chemists should try to treat venereal disease

2637. A chemist, I suppose, now can be dealt with by the Pharmaceutical Society. They can impose a penalty or something?—If he prescribes, but there is no reason to prevent a man going into a chemist's shop and saying "I have a cough; give me a cough mixture"

Mr. Neville—continued

2638. There have been chemists who have been circularising the House of Commons for a number of months who say they want to treat these complaints?—The sooner the Medical Society deal with them the better, I think.

Chairman.

2639. I think there is an instance that Sir Donald Macalister is going to bring before us of some attempts that have been made in Edinburgh to deal with those cases, and the difficulty of dealing with them makes it almost hopeless. You have been good enough now to go through all the points that you intended of your own free will to bring before us. If we should wish to have the benefit of your advice upon other points in the Bill, would you mind our sending for you again?—No. If I could be of assistance I will always come

2640 I am sure there are many things that some of us would have liked to ask you to-day, but I thought it was better that we should at least have the opinions that you were prepared to give us?—If you could kindly give me a notion as to the sort of points you want to examine me upon, perhaps I could look up memoranda.

(The Witness is directed to withdraw.)

Die Martis, 5° Novembris 1918.

PRESENT:

Earl of SANDWICH.
Earl BEAUCHAMP.
Earl of STRAFFORD
Viscount SANDHURST.
Lord DESART (Earl of DESART).
Lord MUIR-MACKENZIE

SIR WILLIAM COLLINS.
SIR HENRY CRAIK.
SIR WILLOUGHBY DICKINSON.
MR. NEVILLE.
MR. TYSON WILSON.

LORD MUIR-MACKENZIE IN THE CHAIR.

SIR ERNLEY BLACKWELL, K.C.B., and MR. MILLAR CRAIG are called in; and Examined, as follows:—

Chairman.

2641. Mr. Millar Craig, you represent the Scotch Office?—(Mr. Millar Craig.) Yes, my Lord; I am Legal Secretary to the Law Advocate, under whose jurisdiction this matter falls

2642. I am glad to see, from a note which I received this morning from you, that you will be able to go through several clauses of the Bill in relation to the view which is held at the Scottish Office with regard to the substance of them?—Yes, certainly.

2643. I think it will be convenient if we start on the clauses at once in the order in which they appear upon the blue paper, which I think you have. If it is in accordance with your wish, I think it would be convenient if you would read the statement that you have sent in?—Certainly, my Lord.

2644 I notice that there is some considerable difference between you and the Home Office, at any rate as to the form in which Clause 1 should be?—Yes.

2645. That it does not fit, at any rate in language, with the law of Scotland?—That is so.

2646. I gather from your observations that you do not think that could be cured by words in the clause at the end of the Bill of the application to Scotland?—This statement which I have put in contains a form of clause at the end of it. My suggestion would be to put into Clause 9, which is the application to Scotland Clause, a sub-clause saying: "Section 1 of this Act shall not apply to Scotland, and in lieu thereof the following provision shall have effect," and insert this clause that is on the paper, in that way

2647. That is rather what passed through my mind as being probably the best drafting way of doing it?—Yes, that was my intention, my Lord.

2648. Will you now be good enough to read your statement?—Owing to differences between the laws of

Chairman—continued.

Scotland and of England regarding offences involving indecency, neither Clause 1 of the Criminal Law Amendment Bill nor Clause 7 of the Sexual Offences Bill is satisfactory in form so far as Scotland is concerned. In Scotland "lewd, indecent and libidinous practices or behaviour" are criminal by the common law, if practised on girls under 12 years, although there be no assault. Indecent exposure of the person before girls under that age, or indecent handling of them, are examples. Such practices, however, used towards girls above 12 are not criminal, unless there be assault. With regard to Clause 7 of the Sexual Offences Bill, the expression "an act of indecency" is not sufficiently definite to avoid difficulty in the application to Scotland of any enactment creating an offence in these terms. As regards Clause 1 of the Criminal Amendment Bill, the expression "indecent assault," though it occurs in Section 9 of the Criminal Law Amendment Act, 1885, which applies to Scotland, is not to the same extent a *nomen juris* in Scotland as in England, and doubts as to what acts were included in the expression might easily arise in Scotland. Further, the expression would, it is believed, include in England some things which it would not in Scotland. The effect of such a clause would not therefore be the same in Scotland as in England. The clause is also open to objection, inasmuch as it involves that an act done to a person with his consent may be an assault, whereas it is of the essence of assault that there should be no consent. This objection may be sufficiently disposed of, so far as England is concerned, by showing that no difficulty has arisen under the Criminal Law Amendment Act, 1880, which is in similar terms. That Act, however, does not apply to Scotland, and experience of its working cannot be appealed to, so far as Scotland

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Chairman—continued

is concerned. It appears therefore that it would be more appropriate in Scotland to make punishable such conduct towards a girl between 12 and 16 years of age, as would found a common law charge of lewd, indecent and libidinous practices or behaviour, if the girl were under 12, and that whether or no there is consent on the part of the girl. Thus, it is thought, would effect in Scotland a nearer equivalent of the provisions in the Bill than if these provisions were themselves made applicable to Scotland. The annexed clause is therefore suggested in lieu, so far as Scotland is concerned, of the clauses mentioned. The clause suggested is in these terms: "Any person who uses towards a girl of or above the age of 12 years and under the age of 16 years any lewd, indecent or libidinous practice or behaviour which, if used towards a girl under the age of 12 years, would have constituted an offence at common law, shall, whether the girl consented to such practice or behaviour or not, be guilty of an offence against this Act, and shall be liable on conviction on indictment to imprisonment with or without hard labour for a period not exceeding two years, or on summary conviction to imprisonment for a period not exceeding three months."

2649. Have you anything more to say upon that in addition to what you have written there?—I do not think so, my Lord.

2650. I should rather like to know, Sir Ernley Blackwell, whether you have seen this memorandum and suggestion?—(Sir Ernley Blackwell.) Yes, I have, my Lord. If I may point out, the clause as it originally stood in the Bill of last year was very much in this form, but it met with a great deal of criticism in Grand Committee, and eventually the Home Secretary withdrew it and substituted the form as it stands at present in our Bill. I am bound to say, if I may express my own opinion, that it would not be beyond the wit of the draftsman to draw a clause similar to this one which would be applicable to English law.

2651. When I read this, and again when I heard this just now, I am bound to state that it occurred to me that the Scotch clause was a better one than the English clause?—I think it certainly is. If you could compare the clause as it originally stood in the Bill of 1917 with this Scotch clause, you would find they are very much on the same lines and very much in the same terms, I think.

2652. As things now stand, of course, it is by no means certain, considering the evidence that we have had here before us, that the clause in the Criminal Law Amendment Bill would be returned from this Committee exactly as it is. There have been criticisms. In fact I think you are aware what they are?—Yes.

2653. I do not know whether this would bring the clause any nearer to the Scotch or whether Mr Craig ought to see the final clause before giving his final opinion upon what alterations were required for Scotch purposes. Taking the position of affairs just as it is now, do you agree with his suggestion that there should be a separate sub-section in the Scotch clause at the end of the Bill?—Certainly, my Lord. I discussed this with Mr. Miller Craig before this was prepared and this suggestion for adapting this form of Bill to Scotch law was really the result of our joint deliberations.

Mr. Tyson Wilson.

2654. Do you think that the clause, if amended as suggested, would have any good effect?—(Mr. Mullar Craig.) I think it would.

2655. Do you suggest a clause of this kind would be of any use at all?—Yes, I think it would.

2656. What about a case where both the boy and girl were 16 years of age? Would you prosecute them both?—You could not prosecute the girl.

2657. I understand girls are treated the same as the boys?—I understood it refers to a "person." My clause refers to a person who uses these practices towards a girl. Unless you are postulating the use of such practices by one girl to another—and I do not think that is very conceivable—it would not apply.

2658. There is indecency between a boy and a girl on the part of the girl sometimes?—This clause does not meet that. That, I think, is a point for the consideration of the committee. Supposing you have such occurrences taking place with a girl of 16 and a boy

0.179.

Mr. Tyson Wilson—continued

of nearly 16, and the girl is as much to blame as the boy is, then it may be matter for consideration whether some alteration ought not to be made so as to make it clear that in that case you either punish both or punish neither—that it would not be fair to punish one only.

2659. Can you say whether there are many prosecutions for an offence of this kind in Scotland?—Not a great many, I think, but there are some, certainly.

Mr. Neville

2660. The law of Scotland is quite different from the law of England on this subject, is it not?—(Mr. Craig.) Yes. The chief difference is that in England criminal law largely depends very much more on statute than it does in Scotland. In Scotland it is much more entirely common law.

2661. By the common law of Scotland fornication is an offence, I think?—No, I think not.

2662. It has not been repealed, has it? I understood that by the law of Scotland it is an offence *per se*; it may not be enforced?—Adultery used to be an offence by the common law of Scotland, but not fornication, I think.

2663. Are you sure of that?—I am not absolutely certain. I never heard it suggested that it was.

Sir Willoughby Dickinson

2664. Would you mind just repeating what the common law is?—The common law is any lewd, indecent and libidinous practice or behaviour—I am using the words in which the offence is generally charged—towards a girl of 12 is criminal, whether there is any assault or not. If the girl is over 12 you require assault before the matter becomes criminal. Of these practices the most common instances are indecent exposure of the person and indecent handling. With regard to indecent exposure of the person, I think you might probably be able to prosecute for that even though the girl were over 12 and even though there were nothing in the nature of an assault. But these cases are very limited.

2665. Then the common law applies only to girls?—No, any such practices towards boys would also be criminal, and in the case of boys the fact that the boy was over the age of puberty would not make the difference that it does in the case of a girl.

2666. Then the common law, so far as the law is concerned, is equal between the sexes, there is no discrimination in law between the sexes?—I never heard of a woman being charged with this offence.

2667. No, but she would be equally liable to be if she did commit it?—I am very doubtful of that. I never heard of such a case.

2668. I want to get at how far the common law of Scotland differentiates between the sexes. If I understand you aright, your proposal does definitely differentiate?—The clause that I have suggested deals only with practices towards a girl. In short, what it does in effect is to place a girl between 12 and 16 in the same position as a girl under 12 at common law.

2669. That I quite understand?—The reason for confining this clause to a girl instead of using the word "person," as is done in the English clause, is that there is not the same difference in the common law in regard to these practices with boys in respect of the age of the boy. In other words, if you applied this clause to practices with a boy you probably would not be making any difference in the law.

2670. Because of the age?—Because of the age.

2671. And this practice applied to any boy, by common law is punishable?—I think so.

2672. But is it not applied to any girl?—Not without assault and if the girl is over 12, the theory being, of course, that a girl over that age can consent to such things.

2673. And a boy cannot?—In the case of a boy the corresponding age would be 14 instead of 12.

2674. There is an age, then?—That is generally taken by the law as the equivalent age in the case of boys. In the case of a boy there is, according to the authorities, not the same reason for making a distinction as to whether the boy is under or over the age of puberty. If the boy is sufficiently old the result might

5 November 1918]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Sir Willoughby Dickinson—continued.

be that you have two people in the dock instead of one; that is all.

2675 What is the penalty, under the common law?—Penal servitude for life, it may be.

2676. Is it a felony in Scotland?—In Scotland we do not have the technical distinction between felonies and misdemeanours, but for most common law offences of a serious kind at all the maximum penalty is penal servitude for life.

2677. Are there any bye-laws in Scotland dealing with this subject? Not bye-laws. There are provisions about indecency in some of the Police Acts—the Burgh Police (Scotland) Act, 1892, for instance.

2678. What provisions are there in that Act relating to indecent behaviour?—In Section 380 of the Burgh Police (Scotland) Act (55 and 56 Victoria, cap. 55) it is an offence subject to a penalty of £10, or alternatively to imprisonment for 60 days for any person wilfully or indecently to expose his person.

2679. Is that anywhere, or in public?—Thus only applies to burghs, of course.

2680. But is it in public or is it in private as well?—I think the words involve that it is in public. The enactment is: "Every person who is guilty of any of the following acts or omissions within the burgh shall, in respect thereof, be liable to a penalty not exceeding the respective amounts or to imprisonment for a period not exceeding the respective periods hereinafter mentioned; videlicet,—To a penalty of £10 or alternatively without penalty to imprisonment for 60 days, every person who (1) wilfully or indecently exposes his person." Then you have further provisions about occupying a building and suffering a breach of the peace therein, publishing indecent prints, and so on.

2681. That looks rather as if the offence was not limited to an offence in a public place; it is an offence anywhere?—It is not in any way limited.

2682 Do these provisions apply to every town in Scotland?—These provisions apply to every town in Scotland except Edinburgh, Glasgow and Aberdeen, which have their own local Acts dealing with the matter.

2683. Can you tell us what the Glasgow bye-laws or local bye-laws are?—I am sorry, but I am afraid I cannot off-hand; but you may take it that they are very similar.

2684. They do not go beyond it?—I do not think they do.

Chairman.] You think that probably in those Acts they would define the term "public place."

Sir Willoughby Dickinson

2685 I think they are more rigorous, and particularly with regard to solicitation, but I am not on that at this moment?—The provision in the Glasgow Act with regard to solicitation is very similar to the provision in this Act. There is a difference in Edinburgh and Aberdeen in the provisions in regard to that matter.

Earl of Strathford

2686. In the suggested alternative clause I think you read out three months as the period?—Yes.

2687. Whereas in the Sexual Offences Bill six months is the period on summary conviction?—The only reason for taking three months is that three months is the usual limit in common law offences in summary jurisdiction; but I see no objection to making it six months if that is thought better. There are cases, of course, in common law where you can inflict more than three months' imprisonment; you may give six months if it is a second conviction in certain cases.

2688. You see no objection to inserting six months?—No, I do not think there is any objection to that if six months is thought more appropriate.

Chairman

2689 Then will you please go on to Clause 2 of the Criminal Law Amendment Bill, Clause 8 of the Sexual Offences Bill. You have written a note on that subject. Perhaps it would be as well for you to read it?—Experience in Scotland is in accord with the views expressed by Sir Ernley Blackwell. While it has been

Chairman—continued.

laid down in Scotland that the defence of reasonable cause to believe that the girl was above the age is not made out by showing that the appearance of the girl might give such an impression as to her age, there is no doubt that juries tend to give the proviso a wider application than the statute intended. Experience shows that such offences are more frequently brought to light by the pregnancy of the victim than in any other way. The time limit of six months thus excludes proceedings in many cases where a conviction might be obtained. At the same time, evidence in such cases deteriorates more rapidly than in almost any other class, and the prejudice to an accused involved by the delay ought not to be lost sight of. On the whole, however, the extended time limit would be an advantage.

2690 I rather think, Sir Ernley, that your view was otherwise, was it not—that while your arguments were very much the same on that clause, you said you thought on the whole the existing time was the best, did you not?—(Sir Ernley Blackwell.) The Bill extends the limit to twelve months.

2691. Yes, the Bill extends it to twelve months. I am sorry if my recollection was wrong, but I thought you had been on the whole in your own evidence in favour of six months?—I did not mention it in my précis, and I do not think I was asked any question.

2692. Do you agree, then, on the whole, with what has been said by Mr. Miller Craig?—Yes, I do. There is this disadvantage about it, that it may be very difficult to get reliable evidence of facts and times and places twelve months after the event; but, on the whole, the Home Office is in favour of extending the time to twelve months.

2693. I have never quite understood why the extension of time is proposed so long as that. It seemed to me that nine months, at any rate, was long enough. Why has twelve months been chosen, do you know?—No. I really cannot say why it was not nine months instead of twelve. It was extended from six months to twelve months.

2694 At any rate, you are in favour of an extension?—Yes.

2695 And you also, Mr. Millar Craig?—(Mr. Craig) Yes.

Mr. Tyson Wilson

2696 This clause, or something like it, was in the Bill that was before the Grand Committee last year, was it not?—(Sir Ernley Blackwell.) I think it was.

2697. Was that strongly opposed in Committee?—Are you dealing with the abolition of the proviso for reasonable cause?

2698 That and raising the age?—But there is no proposal in the Criminal Law Amendment Bill for raising the age under this clause.

2699 Take "reasonable cause"?—There are two provisions in this clause. One is what we call the abolition of the proviso as to reasonable cause being a defence; the second is extending the limit of time.

2700. Those are the two points I had in mind?—You asked me whether this clause was opposed in Grand Committee. Did you mean the first part or the second part, or both?

2701. Both?—I do not think there was any considerable opposition, as far as I remember, to the proposal to abolish the proviso that reasonable cause to believe is to be a defence. There was, of course, a considerable body of opinion in favour of raising the age.

2702. And extending the period?—No; I am not on the second point at all just now, but on raising the age of consent. The alternative was to raise the age of consent to 17 or 18, and possibly keep the proviso. The Home Secretary said: "No; on the whole I think it is best not to raise the age from 16, but to abolish the proviso." As I say, I do not think the abolition of the proviso met with any considerable opposition, but there was a considerable amount of opinion in favour of raising the age. I rather think the proposal to raise the age was defeated by one vote, but I am not quite certain with regard to that.

Sir Willoughby Dickinson.] That is so. The clause itself was passed by 28 votes to 4. On the question of raising the age, it was 20 votes to 21.

2703 Supposing

5 November 1918]

Sir E. BLACKWELL, K.C.B., and Mr CRAIG.

[Continued.]

Mr Tyson Wilson.

2703. Supposing the Bill went to Grand Committee with both the age raised and the proviso abolished, do you think it would fare any better the next time than it did the last time?—I really cannot express an opinion. I have the view of the Home Secretary that if you raise the age even to 17, and certainly to 18, you must maintain then the proviso as to reasonable cause to believe that the girl is over that age.

2704. You would rather see the proviso abolished?—The Home Secretary would rather see the proviso abolished and the age retained at 16.

Sir William Collins.] Does the word "months" in the second sub-clause mean lunar months or calendar months?

Chairman.

2705. That depends on the Interpretation Act?—I think in the Interpretation Act it is calendar months

Chairman.] Yes, calendar months unless it is otherwise expressed.

Sir William Collins.

2706. Nine or ten calendar months at any rate would suffice for the purpose of pregnancy?—Yes, that would cover the actual term of delivery. Pregnancy would probably be detected very much earlier than that, except in very, very exceptional cases.

2707. It might or might not?—It might or might not

2708. At any rate, ten calendar months would be perfectly sufficient from that point of view?—Yes; I think if more than six months has elapsed it does not really make much difference whether it is nine or twelve.

2709. The medical diagnosis might be one thing, and the discovery by the individual might be another?—Yes; but I mean, as far as the disadvantage of putting off the trial of an accusation of that kind is concerned, if it may be put off for six months, it does not make really very much difference whether you put it off for three more months or six more, and make it nine or twelve months. If twelve months would cover any possible case of unfairness to the girl, then by all means make it twelve months.

2710. You would not set any store upon reducing the twelve months to ten or nine months?—No, personally I would not.

Chairman.

2711. I should like to ask what I omitted to ask before—whether there was any view at the Scottish Office on the question of raising the age, because I do not think you have dealt with that. You see, the Sexual Offences Bill proposes to raise the age. Sir Ernley has spoken about that. Is there any view in Scotland on that subject, do you know?—(Mr. Craig) I think the view is rather against it—that you would do more good by abolishing the proviso and leaving the age as it is, as Sir Ernley Blackwell suggested. We agree with him in that.

2712. If the age was raised, there would be more reason for retaining the proviso?—Yes, I think so.

2713. There has been a suggestion made, I think, of a sort of compromise, by abolishing it up to 16 and raising the age, but retaining the proviso?—(Sir Ernley Blackwell) As between 16 and 17, or 18?

2714. Yes, abolishing the proviso under 16; raising the age, and retaining the proviso for the raised age?—Yes, there has been a suggestion of that kind.

2715. Have you anything to say about that, Mr Miller Craig?—(Mr. Craig) I am afraid I have not considered that; it has not been suggested to me before.

2716. Now will you kindly go to Clause 5. You have made some remarks upon that?—Experience in Scotland of the similar enactment contained in No. 40 (D) of the Defence of the Realm Regulations, has shown that contraventions of any such provision are exceedingly difficult to prove. Such offences are not usually reported until after a lapse of time, which make proof of the existence of disease a matter of great difficulty. Such charges are more likely to be reported where a soldier than where a civilian is involved. The defence of "reasonable grounds to believe" would further increase the difficulty of proof, unless some words were introduced indicating the nature of such "reasonable grounds." If the wilful communication penalised by

Chairman—continued.

the Sexual Offences Bill means malicious communication, such an act, if it occurred, could, it is thought, be dealt with at common law. The proviso in each Bill, requiring corroboration of a single witness, is unnecessary in Scotland, where by the common law no person can be convicted on the uncorroborated testimony of a single witness. The examination provided for in the Sexual Offences Bill is compulsory. It is competent only after conviction of certain offences, and the result would only be available as evidence in any subsequent charge relating to venereal disease. Sub-clause (5) of the clause of the Sexual Offences Bill is unnecessary, so far as Scotland is concerned, where the matter could be adequately dealt with at common law. The provision for remand in sub-clause (3) of the Criminal Law Amendment Bill requires that the remand should be for not less than a week. So far as Scotland is concerned, it would be better to leave the period to the discretion of the Court. The necessary examination could generally be arranged for and carried through in much shorter time, but the clause would involve, even where the examination is carried through immediately, detention in custody of a person unable to find bail.

2717. Have you any observations to make upon that, Sir Ernley?—(Sir Ernley Blackwell) No, my Lord, none as it affects England, I think.

2718. Have you, Mr. Miller Craig, anything general to say as to the desirability of having such a sub-clause as sub-clause (3)?—(Mr. Craig) Does your Lordship mean sub-clause (3) of the Criminal Law Amendment Bill, or of the Sexual Offences Bill?

2719. Of the Criminal Law Amendment Bill?—The one providing for voluntary examination?

2720. Yes?—I think on the whole that would be an advantage.

2721. That is provided for, is it not, under the Military Regulation that we have heard so much about?—I think it is. (Sir Ernley Blackwell) Might I say it was put into that Regulation as a provision in favour of the defendant. The defendant might wish to be examined, in order to produce evidence rebutting the charge; and the magistrate might conceivably either refuse it, or, at any rate, might not remind the defendant that she had the right. That clause was put in giving the defendant an absolute right to a remand, and imposing on the magistrate the duty of telling the defendant that she had that right.

2722. That is all quite plain, of course, from the language of the clause. But is not the objection that has been taken that it puts the woman in a very awkward position, because it is said that if she does not volunteer to be examined it is because she is afraid of it? Is it not that it has practically the effect of a compulsory examination, that the defendant in the case scarcely ventures not to ask, that there is an implication in the mind of the jury if she does not take any step in the matter?—Would not that comment be open to the prosecution even in the absence of such a clause? Would not the prosecution be able to say, "Well, we have no evidence to the contrary?"

2723. Yes, perhaps; but is not that one of the objections that has been taken to the regulation?—Yes, it certainly is.

Sir Henry Craik

2724. You said, I think, that the communication of disease might be charged at common law in Scotland if it were malicious?—(Mr. Craig.) Yes.

2725. Where do you draw the line between malicious and wilful?—I personally would not draw the line at all. I am not quite sure whether the word "wilfully" in the Bill is intended to mean only what we would all agree is malicious or whether it is intended to include gross carelessness, for instance, which is sometimes regarded as wilful in the eye of the law.

2726. You could hardly conceive of any case where it would go beyond gross carelessness and absolute disregard of the welfare of others. You can hardly conceive that it could be done for a malicious purpose?—I think it is exceedingly unlikely.

2727. You think that carelessness and neglect and disregard for others, if wilful, might amount to being malicious?—I am not quite clear whether "wilfully" is not intended to include that, but I think the common law would enable you to deal with the case where it

5 November 1918.]

Sir E BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued]

Sir Henry Crank—continued

was done deliberately, where a person actually formed and carried out the design of communicating venereal disease. But if it is merely gross carelessness and absolute disregard of the rights of others, I am doubtful if the common law could deal with that. But I am not clear whether the word "wilfully" in the Bill is intended to cover that.

2728. The case you contemplate being dealt with under the common law is a case which you think would very rarely occur?—I agree.

Earl of Sandwich.

2729. We have had evidence of deliberate malicious intent; we have had evidence of one or two cases?—Yes. I do not suggest that it never did or never could occur; I merely doubted if it would occur more than once in a very long time.

2730. It has been suggested that instead of the words in Clause 5, sub-clause (1), "have sexual intercourse," you should make it much wider and say, "a person knowingly shall not communicate the disease." Do you think that is a wise or an unwise provision: to make it much wider, that is, to cover all cases where a person has been deliberately warned, especially warned by a doctor after treatment in a clinic or elsewhere—that he should disobey that by affording an opportunity of communication by vessels and towels and so on?—I think it would be a little difficult to make such a provision without making it so wide that it becomes vague and difficult to administer.

2731. You suggested several differences in this clause where in Scotland it would not apply?—Yes.

2732. How do you propose to deal with that? Do you propose to have a separate clause at the end covering those?—No, I do not think that is required, because the matter is already dealt with by the common law of Scotland.

2733. You simply propose to leave it at that—to leave it to common law?—Yes, it would not matter. For instance, the provision that nobody should be convicted on the uncorroborated testimony of a single witness could be left alone; it is the law of Scotland already; but if you put it in the Bill it does not make any difference. In point of fact, you find the same provision in Sections 2 and 3 of the Criminal Law Amendment Act, 1885, and that applies without any modification to Scotland, but it makes no difference. Then with regard to sub-clause (5) of the Sexual Offences Bill, it might be advisable to exclude that from application, as we have already the common law, which is known, and on which it would therefore be better to rely.

2734. Do you prefer the word "charged" in sub-clause (3) of the Criminal Law Amendment Bill to the word "convicted" in sub-clause (3) of the Sexual Offences Bill?—Of course, the effect is very different.

2735. Which of the two do you prefer?—I think "charged."

2736. Then, I take it, you would have a clause at the end saying that such and such sections of this Act do not apply to Scotland?—I do not think that would be necessary in regard to the Criminal Law Amendment Bill clause. In regard to the Sexual Offences Bill clause, I think the only provision that it would be possibly desirable to exclude is sub-clause (5).

2737. And with regard to the sub-clause of Clause 5 of the Criminal Law Amendment Bill?—I think we would take the Criminal Law Amendment Bill just as it stands.

Earl of Stafford

2738. You have referred to Regulation 40 (d), and the difficulty of obtaining convictions. Have you any figures of the number of prosecutions and convictions in Scotland?—I am sorry I am not able to give complete figures, but the number has not been large. In Edinburgh, only twelve cases were reported for prosecution; in only four of them did the prosecutor feel that he had evidence to justify him in going on, and in those four the accused pleaded guilty. But I am afraid I have not the figures for the whole of Scotland; I could get them if the committee desire it; but I think there have been on the whole very few cases.

2739. You cannot give any idea of the percentage of convictions?—I had some figures some time ago, but

Earl of Stafford—continued.

they are not up to date. I think convictions were obtained in about half of the number of cases prosecuted.

Sir Willoughby Dickinson.

2740. About the Scottish law with regard to the evidence of a single witness, do I take it correctly from what you said that sub-clause (b) at the top of page 3 is exactly what is the present Scottish law? I did not quite follow the words you used?—Yes, I think you can take that as an accurate statement of the existing common law of Scotland.

2741. That is to say, that you may have a conviction on the evidence of one witness if there is, in addition to that, some corroboration?—Yes.

2742. In a case like these under 40 (d) or under this clause, if there is the evidence of the man alone, plus the fact that after examination the woman is proved to be diseased, would that be in your opinion sufficient corroboration to allow of a conviction?—I think some Courts would so hold, but I can conceive a judge saying that it was not sufficient.

2743. You think some Courts would hold that the mere fact that a woman happened to have that disease was corroboration of the accusation of a soldier that she had transmitted it to him?—I think it is possible. I am assuming, of course, that connection between the soldier and the woman is proved.

2744. I am assuming that the Court is willing to believe him, that connection was proved, but the question whether he contracted the disease from her would require corroboration of some kind, and you say that the Scottish Courts would accept the fact that she herself was suffering from disease, as corroboration of the fact that she had transmitted it to him?—I think it would be corroboration, to a certain extent, but I would not like to be taken as saying that any Scottish Court would take that as sufficient. I can conceive different Courts giving different decisions; but it is conceivable that a Court might so regard it.

2745. Perhaps I might ask this further, although it is on the other clause. In the Scottish law with regard to requiring two witnesses in other cases, such, for instance, as solicitation, is the evidence of one policeman sufficient, or must there be two?—The Scottish law does not require that there be two witnesses, but there must be some corroboration, in facts or circumstances, of the one witness. I do not think you could in Scotland convict a woman of solicitation if you had nothing but the evidence of one policeman that he found her soliciting.

2746. Then about remands; what is the practice now in Scotland as to remanding women who are accused? Where are they sent to?—Either they are allowed bail or they are sent to prison.

2747. That is to say, in the ordinary cells?—I think so.

2748. Are they confined there in solitary confinement?—I should think so, but I am afraid I have not gone into that. I could not be absolutely certain what the practice is.

2749. I am asking you, because witnesses before us have complained of the fact that in England the women are treated practically as criminals when they are on remand. Are they so treated in Scotland?—A person detained in custody is not treated in all respects like a convicted criminal; they may be detained in police cells instead of in the ordinary prison, but of course a person committed to await trial is confined in the ordinary prison very often.

2750. Do they have books and other things of a like character allowed them?—I am sorry I cannot tell you that.

Sir William Collins

2751. We had evidence last week on behalf of the National Council for Combating Venereal Diseases, and the witness suggested that instead of Clause 5, as in the Criminal Law Amendment Bill, it should run, "a person who is suffering from a venereal disease in a communicable form shall not knowingly or by culpable negligence communicate such venereal disease to any other person." Do I understand that you would favour that amendment or not?—On the whole, I think not; but before putting my name to an opinion I should like

5 November 1918.]

Sir E. BLACKWELL, K.C.B. and Mr. CRAIG.

[Continued.]

Sir William Collins—continued.

like to consider it a little further. At first sight it seems to me a little dangerous on account of its vagueness.

2752. How far would such an enactment go further than the present common law of Scotland?—I do not think the present common law would enable you to get at anything except deliberate and intentional communication of disease.

Mr Neville

2753. Not reckless?—I do not think so.

Sir William Collins.

2754. It is a statutory offence to communicate the disease of smallpox by inoculation to another person, is it not?—That may be so; I cannot say.

2755. Are you aware that in certain countries and at certain times the communication of these diseases for the purposes of treatment or prophylaxis has been advocated and practised?—In regard to venereal diseases?

2756. Yes?—No, I am not aware of that.

2757. There has been what is known as syphilisation in France for some years.

Mr Neville.] Would that be criminal without this Act?

Sir William Collins.

2758. That is what I am anxious to know?—No, I think not.

Mr Neville.

2759. There would be consent?—Yes, it could not be called malicious.

Sir William Collins.

2760. What I want to put to you is, would you desire to advocate an amendment of the criminal law rather on the line of health legislation and make it an offence to communicate these particular diseases?—I think the latter would probably be the more hopeful line of dealing with it.

2761. As regards sub-clause (3) of Clause 5, which bears a close resemblance to Regulation 40 (d), do you think that, as drawn, it would imply a presumption of guilt on the part of the accused if she did not require a remand for medical examination?—In law, certainly not; but the effect of a person refraining from making that demand, on any particular mind, is a little difficult to dogmatise about. My own view is that any judge who permitted himself to draw that inference would be doing what he was not entitled to do.

2762. Do I gather from your answer that outside the strict legal point of view such presumption might possibly arise?—I think it might influence some minds. Of course you have in the law at present a somewhat similar situation in the fact that an accused person is allowed to give evidence on his own behalf, but you may not comment to the jury on the fact that he has not elected to give evidence on his own behalf. But one cannot help suspecting sometimes that if the jury know he might have given evidence, they do draw inferences therefrom. A judge, of course, should be less liable to do that.

Mr Neville.

2763. The judge has always a right to point that out?—(Sir Ernley Blackwell.) A judge may comment to the jury on the absence of the defendant from the box.

Chairman.

2764. He certainly does?—He may, but counsel may not. (Mr. Craig.) Even if it is not done, one might very well imagine that the jury might draw their own inference.

Sir William Collins

2765. Is it the practice in the Scottish Courts to explain the rights and powers of the accused under this Regulation 40 (d)?—I am sure it would be.

2766. And also in the prison? Do the accused know they have the right to accept or refuse medical examination?—I think the duty is laid on the Court of informing them to that effect, and no doubt it would be carried out.

2767. I think you said that in Edinburgh there have

Sir William Collins—continued.

been twelve cases under consideration for prosecution under Regulation 40 (d)?—Yes.

2768. How many resulted in prosecution?—Four.

2769. And in all four cases they pleaded guilty?—That is so.

2770. Guilty of what? Was it of having had intercourse or of soliciting?—Having had intercourse, I take it.

2771. 40 (d) covers both?—It does.

2772. Can you tell us what was the charge in those cases and to what the accused pleaded guilty?—I think in each case it was communication of the disease.

2773. But that is not the offence under 40 (d), is it?—Having sexual communication while suffering from a disease in a communicable form.

2774. Was there medical evidence in all those cases?—They pleaded guilty; there would be no evidence.

2775. But you cannot tell me whether the charge was soliciting or having intercourse?—I am not absolutely certain, but I am practically certain it was having intercourse.

2776. Strong exception has been taken by former witnesses to retaining the portion of sub-clause (1), "or solicit or invite any other person to have sexual intercourse." Do you think it is desirable to retain those words, or might they be eliminated?—I do not know that it would do a great deal of harm if they were eliminated, because in the case of solicitation the offence must be a good deal more difficult to prove. You cannot then have what evidence there may be from the fact that either party concerned has got the disease; and I think the offences under the latter part of the clause would be even more difficult to prove than under the former.

2777. If you were giving evidence on behalf of the Scottish Office, you would not set much importance upon that?—I may say that that question has not been raised, to my own knowledge, before I was not aware that any such suggestion had been made, and I have had no opportunity of taking any other opinion or consulting the Lord Advocate in the matter; but my own view is that it would not make a great deal of difference if those words were omitted.

2778. We were told by a witness on behalf of the Home Office that the Bill was based upon the recommendations of the Royal Commission on Venereal Diseases?—(Sir Ernley Blackwell.) Not that clause, not Clause 5.

2779. Not the whole of the Bill, then?—No. I specially said that Clause 5 was a totally new provision, and was not referred to in the recommendations of the Royal Commission.

2780. Then I will put this question to you: Do you think that the committee, in considering fresh legislation on the subject of venereal diseases, should have regard to the recommendation of the Royal Commission upon that subject?—(Mr. Craig.) Yes.

Mr. Tyson Wilson.

2781. I rather gathered from your remarks that a clause of this kind is scarcely necessary in so far as Scotland is concerned?—I do not know that I suggested that. What I did suggest was that what we have found in Scotland, after a little experience of the Defence of the Realm Regulation, is that such offences are extraordinarily difficult to prove.

2782. I rather gathered that offences of this kind can be already dealt with in Scotland by the common law?—No; the thing that can be dealt with in Scotland by the common law is the wilful communication of venereal disease. That means malicious and intentional communication. The mere having intercourse while suffering from disease I do not think could be dealt with at common law.

2783. I suppose you will have had many resolutions and letters of protest in Scotland connected with Regulation 40 (d)?—Yes.

2784. Still, in spite of that, you think it is necessary that the clause embodying 40 (d) should be incorporated in the Bill?—No, I have not said so. I think on the whole the offence which this clause creates is so difficult to prove that it is very doubtful if the clause will really do a great deal of good.

2785. That is what I was rather wanting to get at. But in any case I take it that, assuming that it is incorporated in a Bill of this kind, you would make it applicable

5 November 1918.]

Sir E. BLACKWELL, K C.B., and Mr. CRAIG.

[Continued.]

Mr. Tyson Wilson—continued.

applicable equally to the two sexes?—Certainly. It does so apply as it is drawn up.

2786. Do you think that if it was made applicable to both sexes it would remove the objection of the women of the country to legislation of this kind?—I am afraid I am not qualified to express an opinion upon that question.

2787. You are aware that a very large number of Women's Associations all over the country have protested against Regulation 40 (d)?—Yes.

2788. And if it is perpetuated in an Act of Parliament probably we shall have something worse than resolutions, or better than resolutions, whichever way you consider it?—Possibly. But this clause is not open to the charge that it discriminates between the sexes in the same way that Regulation 40 (d) is.

2789. They might think that the administration of the law would not be quite equal between men and women. Perhaps you cannot speak as to what they might think?—No, as to that, I am afraid I cannot say.

Earl of Sandwich

2790. On this question of differentiation between the sexes, it has been suggested that the word "solicit" in sub-clause (b) of Clause 1 does not apply to women, but it makes a distinction. You do not think that because of that you would be in favour of not using these words?—I think it is true, probably, that the larger number of cases of solicitation would be where the accused person was a woman.

2791. Do you think there are hardly any in the case of a man?—It is conceivable. Of course, you practically never would get evidence of solicitation.

Chairman] Solicitation by a man with a man, possibly.

Earl of Sandwich] I was speaking of a man with a woman.

Chairman.] Has it been suggested here that there are not numerous cases of men soliciting women?

Earl of Sandwich] No. I say hardly any, and therefore it draws a distinction between the sexes. That was the objection taken by the ladies, I understood.

Chairman] That "solicit" is generally used as if it was a woman?

Earl of Sandwich.] Yes.

Chairman] I do not think that this witness has said anything to agree with that, has he?

Earl of Sandwich] He stated other reasons why he thought this was not necessary. I am suggesting, does he not think, after that evidence which we have told him we have had given us, that is a further reason why it should not be retained?

Witness (Mr. Craig).] I think certainly the majority of cases where you could prove solicitation would be cases where the accused was a woman. The typical case would be a prostitute in the street. You do not so often get the man there soliciting.

2792. For this reason, do you think the words "solicit or invite" should not be used?—Do you mean to suggest that you would substitute some other words?

2793. Some other words, or drop the clause altogether?—I certainly think there would be very few cases where you could prove the offence under the latter part of the clause.

Chairman

2794. On these words in sub-clause (3) of the clause that we are on just now, "not less than a week," you suggest they should not be applied in the case of Scotland. Would you put in some words to that effect in the application clause, or how would you propose to deal with it?—That could be done, unless, of course, on consideration the Home Office were able to take the view that they could do without them also.

2795. Sir Ernley, have you anything you wish to say to us arising out of the evidence that we have had?—(Sir Ernley Blackwell.) I have very full statistics now of the procedure under 40 (d).

2796. The committee would like to have that now, I think?—These are English statistics, of course.

2797. Still, I think we may as well have them while we are on the clause.

Earl of Strafford] Might we ask also to have the Scotch figures supplied to us?

Chairman.] Certainly

Earl of Strafford.

2798. Could you supply the Scotch figures later?—(Mr. Craig.) Certainly, I can get them. (Sir Ernley Blackwell.) Shall I give these now?

Chairman.

2799. If you please?—These are the figures supplied by the police, and I think they are up to the 8th October. The number of cases reported to the police by naval, military and air force authorities was 396; the number of prosecutions undertaken was 203, of which 32 were for soliciting and 171 were for having intercourse; the number of convictions was 101, out of which 49 defendants pleaded guilty; five defendants were dealt with under the Probation Act; that is to say, I suppose, the Court was satisfied of the guilt, but thought fit to bind the defendants over; 91 defendants were acquitted; five cases were pending at the date of the return; and one defendant absconded on remand; making 203. 172 defendants were remanded for medical examination.

2800. That is to say, that the 172 people required it?—Yes.

Earl of Strafford.

2801. In those 17 cases is it stated whether they were found to be diseased or not?—I can give you the prison figures now, and they will show you the result at any rate of those who were remanded in custody.

Earl of Desart.

2802. You mean the result of the examination?—And the result of the examination. I cannot give you details as to the result of the examination of those, who were about half, who were not remanded in custody but were obviously remanded for examination by their own doctor or possibly by the police surgeon by arrangement with the defendant, at any rate they did not go to prison.

2803. Was not that given in evidence by way of defence, for instance, where they were not found to be affected by disease?—Certainly.

2804. Then you would know the result in some way or other, would you not?—I know the result of the cases remanded to prison.

2805. You do not know the result of the others?—No.

Mr. Neville.

2806. Do not some of them appear in the 91 acquittals?—Certainly, they would appear there.

Chairman

2807. I am sorry I interrupted you. Perhaps it would be better that we should get your statistics?—These are the prison statistics. This return is about three weeks later in date. I have counted up the number of convictions that appear here, and the number is now 111; it has increased in that time from 101 to 111. The number of defendants remanded for examination and in the result found to be suffering from venereal disease and convicted was 38; the number acquitted was 6; the number found not suffering from venereal disease and acquitted was 37; not examined and convicted, 3; not examined and acquitted, 1; total, 85. Then, convicted without previous remand—that is to say, the medical officers at the prison had not seen them at all, but after reception they were examined just in the ordinary way, which I may say of course is always with the consent of the prisoner, and the medical officers assure me that there never is the smallest difficulty, but that the prisoner is always quite willing and glad to be examined and treated if disease is suspected: Convicted without previous remand found to be suffering from venereal disease, 45; not found to be suffering or symptoms inconclusive, 16; one was not examined; total, 62. Then there are 13 cases of others about whom a report was asked in connection with 40 (d), and as a result the number found to be suffering from venereal disease who were afterwards convicted was 6, acquitted 2, number not suffering from venereal disease 4, all of whom were acquitted.

Earl of Desart.

2808. The words of this section are "venereal disease in a communicable form." I suppose you mean that in

all

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Earl of Desart—continued.

all cases?—Yes. I have one case where the disease was syphilis in the throat and chest, and the prisoner was acquitted on the medical evidence. Then, not examined—that would be that the prisoner in this case refused to be examined—one; that one was convicted; total, 13.

Chairman.

2809. When you say "refused to be examined," do you mean, did not request to be examined?—These 13 cases are cases of persons who are in prison, about whom an allegation is made. The medical officer is asked to examine and furnish a report with regard to the case; he goes to the prisoner, tells the prisoner that this request has been made, and, if the prisoner refuses, she is not examined. That makes 160 cases. You see the number remanded for examination is only 85. The number returned by the police as remanded for medical examination is 172; 87 of those cases never came to prison at all; they were remands on bail, I should think, on their own recognisance very likely, or on small bail.

Mr. Neville

2810 The 85 were remanded for examination in prison?—Yes.

Sir Willoughby Dickinson

2811 I do not quite understand that. What happened to the difference between the 85 and the 172?—The 85 were remanded to prison, the 87 making up the 172 would be remands on bail, for examination by their own doctor, for instance, or, as I say, by the police surgeon in some cases where the prisoner had not got a doctor or did not wish to name a doctor and would consent to be examined by the police surgeon. I have copies of those figures. They might be useful to the Committee. (The statement was handed in to the Committee.)

Chairman.

2812. We will certainly have that circulated with the evidence?—One page is prison and the other page is police.

2813. Is there anything else you wish to say on the point?—I do not quite agree with Mr. Miller Craig about the question of soliciting. I think that, so far as a clause of that kind is likely to have any effect, it would have considerable effect as regards soliciting for immoral purposes. Of these 203 prosecutions there were 32 cases of soliciting. I cannot tell you of the 101 how many were soliciting cases, but 49 defendants pleaded guilty. I think it is probable that some of those were soliciting cases, but I have no figures of the 101 convictions showing whether they were for having intercourse or soliciting. I cannot be certain; there certainly were 32 prosecutions for soliciting; I know that there were some convictions for soliciting, but I have not got the number.

2814 I do not know whether you have ever been asked before, at any rate I will ask you now, whether you think that you could use any other words or simply leave out the words "or solicit or," and simply say "invite"?—I think the word "solicit" is really surplusage. I should have thought "invite" would be sufficient, except that "solicit" occurs in all these sections which deal with the particular class, the prostitute class, and therefore it has perhaps got a technical meaning.

2815 That is, I think, just what has raised the objection, and if we could deal with this class without using that word we should get rid of some of the objection—if we could say "invite" or "importune or invite"?—I do not see any particular merit in having the word "solicit."

2816 So that if there is a strong objection to it you would not object to its being left out?—I do see some difficulty in getting rid of the word "prostitute" in the same connection.

2817. Is that all you wish to say?—I have the correct information now about the condition of Borstal inmates suffering from venereal disease. I do not know if it would be convenient if I gave that to the Committee now.

2818. Is that better here than on Clause 3?—No, I think it would be better on Clause 3.

0.179.

Mr. Tyson Wilson.

2819 Could you say how many of those 396 were charged as what are known as common prostitutes and how many were what are described as amateurs?—No, I could not tell you.

Sir William Collins.

2820. We did not know Sir Ernley was coming this morning; it is rather difficult to go into these figures in detail without having studied them; it presents some difficulty. I should like to ask with regard to these statistics. As I understand, 38 were proved to be suffering from venereal disease, and convicted, and 6 were acquitted?—Yes.

2821. That is to say, that 6 of those suffering from venereal disease were acquitted of the charge under 40 (d) of either soliciting or having intercourse?—I should think probably of having intercourse. Naturally, I have not been able to follow the history of all these cases; they are not reported to us at all, but I should suppose that the evidence of identity, for instance, broke down, that the prosecutor failed to prove that this was the woman with whom he had connection on a certain occasion.

2822 Do you know whether anything further was done in the case of those proved to be suffering from venereal disease and yet acquitted?—No, there would be no power whatever to do anything in that matter except through voluntary agency. The Court Missionary, and so on, would probably, I should hope, be in attendance; but these cases come from all over the country, and, as you know, that sort of work varies; in some places it is very well done, and in some places not so well; but I should hope that in those cases something is done to persuade the woman, for her own sake, to place herself under some sort of treatment or care.

2823 Then, dealing with the prison statistics returns only, I understand that nearly as many, viz., 37, were found to be not suffering from venereal disease and acquitted as were found to be suffering from venereal disease and convicted?—Yes, that is so.

2824. Was medical evidence given in all those cases to show that the disease was not present?—I think I can say quite certainly that it would be given. In all those prison cases the medical officer would be in attendance at the Court when the prisoner went up on remand, and would certainly give evidence.

2825. Was any *amende* made to those who were wrongly accused or charged?—No.

2826. Then as regards the other return, which I think you spoke of as "examined in the ordinary way," remands on bail?—I do not think I said "examined in the ordinary way" of those remanded on bail.

2827. Perhaps you will kindly explain what the other class of cases should be described as?—I take it that when the defendant is informed of her right to be remanded she is also told that she may be examined by her own doctor if she wishes. If she says, "I should like to be examined by my own doctor," I should think the magistrate then would be willing, in most cases, to remand on bail and not to remand her in custody to the prison in order to be visited there by her own doctor. There is the figure. The police tell us that the number of defendants remanded for medical examination was 172 out of 203 cases. The prison figures only show 85 as having come to prison remanded for medical examination.

2828. Are there any cases in which a voluntary examination took place and in which they were informed that any evidence of venereal disease, if found, will be used against them?—I do not know.

2829. What is in my mind is this. Clearly there is a distinction between a medical examination which is made for the ordinary purposes of diagnosis and treatment of the sufferer, and an examination which is made for the purpose of ascertaining whether there is present evidence which may be used against the patient?—Or which may be used in favour of the patient.

2830. I have in my mind a leading article which appears in "The Lancet" newspaper of the 17th August, 1918, in which it states: "With regard to the actual duties of the examining doctor, examination of a woman in her own interest, for the relief of present suffering or future disability, and in order to carry out the treatment found to be necessary, however disagreeable

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Sir William Collins—continued.

able or painful the episode may be to the patient, is not in itself an idea foreign to medicine. The position is essentially altered when the examination is not primarily or necessarily made for the purpose of consequent treatment. We believe that the cause of public health, that the medical profession has increasingly at heart, will not be advanced by any legal measure which does not commend itself to the moral sense of the majority. Whichever way the sense may work in respect of Regulation 40 (d), any enactment appears to be condemned by its own futility." That draws a distinction between the two classes of examination?—Yes

2831. Do I understand that these remands under 40 (d) may result in a medical examination and the results of such examination may be used against the patient?—Certainly, or in favour of the patient, and apparently from these figures, so far as the cases remanded to prison are concerned, the medical examination probably secured conviction in 38 cases; in spite of the medical finding that there was venereal disease there were six acquittals, and in 37 cases the prisoner was acquitted, I should say, entirely by reason of the medical report that she was not suffering from venereal disease. The cases rather suggest about half and half. In roughly half the cases the medical evidence secured a conviction; in half it secured an acquittal.

2832. When Mr Miller Craig was being examined you rather demurred to my suggestion that you had intimated on the previous occasion that clause 5 had been the result of the Report of the Royal Commission. What I had in my mind was your answer to Question 12, which was put up by the noble Chairman. He asked: "So if the committee do not mind, we might take section 5 of the Criminal Law Amendment Bill now. This clause, I think you said, was practically founded upon the Report of the Venereal Diseases Royal Commission?—Yes."?—It is quite true I said that, but if I may just clear up this matter, if you look at Question 3, I clearly say there that the occasion for Mr. Samuel taking up this question at all was the issue of the Report of the Royal Commission. That was the reason why the Home Office took up the Criminal Law Amendment Bill at all at that time, and I said this: "Roughly, the provisions were to increase the penalties for prostitution; that is to say, to enable a month's imprisonment to be given without the option of a fine; increasing the penalty for brothel keeping; amending the law as regards indecent advertisements; but perhaps the principal provision was that which has now become Clause 5 of the Bill." Then, will you look at Question 31? Sir William Collins asked. "Was any recommendation of that kind made by the Royal Commission on Venereal Disease?—For compulsory examination? I have really forgotten—I understood you traced the genesis of this to the Royal Commission on Venereal Disease. I was not aware whether in fact Clause 5 was actually the outcome of any recommendation of that Commission?—No, it is not."

2833. It seems a little in conflict with your answer to Question 12. I am only anxious that you should not be misrepresented?—I think if I had more carefully corrected the proof I would have asked to cut out that answer "Yes," there, because it is quite obviously incorrect; and I know that I tried to make it quite clear that Clause 5 was no part of the recommendation of the Commission. It does not appear there. It merely happened that it was hatched, so to speak, when the Bill was being considered after the Report; and I think I may say with great certainty that no Bill would have been introduced or drafted that year had it not been for the Report of the Royal Commission.

2834. It is quite clear that Clause 5 was in excess of any finding of the Royal Commission?—Yes.

Earl of Desart.

2835. I am not sure that I quite understand the prison statistics. Take the first one: Remanded for examination. If a person asks to be remanded for examination, are they, in fact, so far as you know, cautioned that the evidence will be used against them if they should be found to be suffering from venereal

Earl of Desart—continued.

disease?—I do not know; it would be for the magistrate to do it, anyhow.

2836. You do not know whether it is the consistent practice?—No, I do not know.

2837. I see one was not examined, and acquitted. That, you think, would be on the ground of some question of identity?—I should think so.

2838. Then take the second heading: People who were convicted without previous remands. Have you any information at all of the character of the evidence on which the conviction was founded in those cases?—I have had, I think it is, three petitions from convicted prisoners; a very small number, and of those petitions one I am thinking of particularly, where the facts were these. The woman consented to be examined by the lady medical officer of health, who found disease, and gave evidence that the woman was diseased, and she came to prison. She was sentenced. She had never been remanded for examination in prison. She was examined in prison and the result was quite inconclusive. It was one of those cases where I say "not found suffering or symptoms inconclusive." But a considerable time, I think two months, had elapsed since the occasion of the offence.

2839. You say the lady doctor gave evidence?—Yes.

2840. With a view, of course, to proving the knowledge of the accused that she had the disease?—Of proving the condition of the accused.

2841. Knowledge is an element, too?—Yes.

2842. Was a question raised at all there as to medical privilege?—I do not think so.

2843. We had some discussion about that the other day. I am trying to see, by the illustration of 40 (d) how Clause 5 might work. That was one case. Were there other cases in which medical evidence as to the condition of the defendant before the hearing was proved by a medical witness?—I should think in all these cases where there was a remand, but not to prison, there would be medical evidence; and in some of these cases I know there were convictions.

2844. You have not considered the question of the admissibility of that evidence in relation to medical privilege?—Yes, I have; but I would very much rather you examined, for instance, Dr. Treadwell on that subject. He is very much more competent to discuss it, from the point of view of medical privilege, than I am. I cannot imagine a doctor undertaking an examination in a case of this kind unless he were willing to give evidence. I have heard of a case where a doctor refused to examine.

2845. I may have misunderstood, but under what circumstances did these examinations take place? You say it is not a remand case in which the defendant had the right to be examined, but this is a case, as I understand, in which there was affirmative evidence given in the first instance by the prosecution as to the examination of the accused by a doctor. Is that what it was?—Do you mean that case that I mentioned just now?

2846. Yes?—I cannot tell you whether that woman was remanded and then was examined by the medical officer of health, or whether she was examined with her consent before the case ever went before the magistrate at all. I cannot tell you.

2847. I will not follow that up for the moment. Now take the third of these figures: "Others on whom an examination or report was asked in connection with 40 (d)." That is imprisonment?—Yes.

2848. Is that after a conviction?—A typical case would be a woman in prison, convicted, say, of solicitation; a complaint by a soldier that he had been with that woman immediately before she was convicted, and that he had contracted disease. That is the sort of case that this would refer to.

2849. Would that examination have been made with or without the consent of the woman?—Always with the consent of the woman; it is never made without her consent.

2850. But would it be made also with the knowledge of the fact that it might be used against her in a totally different prosecution, for a totally different offence?—I think it ought to be. She ought to be told. I cannot say that in every case she is.

2851. Is that so or not?—I could not tell you.

2852. Do you think you could find that out?—Yes.

2853. That

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Mr. Neville.

2853. That return that you have given us, I suppose, is really the latest you have got with regard to the effect of 40 (d) of D.O.R.A.?—Yes.

2854. Is that the only one you have got?—No; we had a return up to, I think, the end of June, and this return that I have now brings it up to October 8th, and embodies the earlier return that we had up to the end of June.

2855. Have you any return showing, first of all, the date upon which the intercourse is said to have taken place, and, secondly, the date on which the accusation was made?—No.

2856. For the purpose really of ascertaining the effect of 40 (d) of D.O.R.A. ought not those dates to be on the record? I mean without those two dates your record is of very little value as to showing whether the examination has been effective or not?—I have no such return.

2857. I dare say those dates could be procured, could they not?—I think perhaps they could. It would throw immense labour, I think, on the police force, and so on.

2858. The point is this, as I understand. The charge is made of the transmission of the disease?—Not transmission of the disease.

2859. But in effect the disease must be transmitted?—No.

2860. In one case it might be?—In soliciting cases, not at all.

2861. Where a man accuses a woman under 40 (d) of D.O.R.A.?—He only does it because he has got a disease, and thinks that she has given it to him.

2862. Therefore in that case, where you have the one proof—that is to say, the proof of the disease transmitted—it is most material to know, first of all, the date on which he alleges it was transmitted?—Certainly.

2863. That certainly ought to be in any return you have got under 40 (d) of D.O.R.A., ought it not? Then you have to consider the time that elapses between the date when he alleges that he contracted the disease and the date when he discovered it; and then you ought to have subsequently the date when the first charge is made; and it may be a matter of two months, certainly five weeks, I think?—Syphilis is three weeks, is it not?

2864. Five, I think. So that your returns, from the point of view of an effective examination, are not as strong as they might be if it had got those material dates?—No; I think a good deal more might be done.

2865. May I ask you another thing. In those returns that you have got, have you any indication as to what defences were set up by those charged?—I said I had got three petitions from people who were convicted, and I told you about one case. I might tell you about the other two, perhaps.

2866. I did not quite follow the effect of the first petition. Will you just tell me shortly what was the effect of that?—In the case I spoke about, she was remanded for an examination by the lady county medical officer, who thereupon gave evidence as to the presence of disease.

2867. And said she was diseased?—And said she was diseased.

2868. And she was wrong, apparently?—No, she was probably right. Two soldiers were the prosecutors. She was examined in prison, with negative results, but there was no examination of the interior of the vagina by speculum, and no swab was taken of those regions. Then the prisoner declined to allow further examination. The result of the examination was inconclusive; but I think nearly two months had elapsed since the material date, and of course there was the positive evidence of finding of disease by this lady doctor.

2869. What ground did the petition allege for the clemency of the Crown, or whatever it was, that the petition was asking for?—That she was not suffering then from disease.

2870. That she was convicted contrary to fact?—Yes, on the ground that the doctor had looked for disease there and had not found it. The second case was the case of a soldier's wife, aged 23, who refused remand for examination when informed of her right. The soldier's story was that he had had connection with the prisoner on the 14th April.

2871. Was that the husband?—No, another man.

0.179.

Mr. Neville—continued.

Her husband was serving in France. The man alleged that he had had connection with this woman on the 14th April, and that he had also had connection with her on a former occasion he said six days, and she said 14 days, earlier. The prisoner in evidence denied having had connection with the man on the 14th April, and gave a reason why she had refused. She admitted that she was in the room with him on that occasion, she admitted that a friend of hers with another woman was in another room at the same time for the same purpose, but she asserted that she had not had connection with this man on that 14th April. She was sentenced, I think, to three months. She was convicted on the 14th May. She was examined on the 15th May in prison, and the report was that there were no clinical symptoms, and the bacteriological examination gave a negative result. The medical officer at once reported that to the Home Secretary, and he advised the remission of the rest of her sentence, on the ground that she must have been acquitted if she had been examined on remand, before conviction, even if in fact she was diseased on the 14th April and had connection with the prosecutor on that day. Now that is a sort of typical case. The defence was not the defence of innocence, but merely that on that particular day she had not had connection with this particular man.

2872. What was the third one?—In the third case the evidence was that the woman had been examined by consent and had been found to be diseased, confirmed by bacteriological examination. She pleaded guilty. She petitioned on the ground that she did wrong in pleading guilty, and that she was examined in prison, and the result was not conclusive. But in view of the result of the earlier examination and of her plea of guilty nothing was done. Those were the three cases in which we have had petitions from convicted persons. I may say I have made careful inquiry, and the Home Secretary has not received a single complaint from any individual defendant who has been accused or charged and acquitted—not one. We have had these three, or at may be four, petitions from convicted prisoners.

Earl of Desart.

2873. But those petitions were for wrongful conviction?—Alleged wrongful conviction.

Mr. Neville

2874. May I suggest that the nature of the defences which are put forward ought also to be tabulated. For instance, you have here 37 defendants who were suffering and were acquitted. If they were not suffering, of course, they were acquitted. That would naturally follow. But there were some who were suffering who were acquitted?—Yes.

2875. The nature of the defence set up in that case would be very material for forming any sort of idea as to the effect of Regulation 40 (d) of D.O.R.A. as a whole. For instance, I suppose the commonest defence that the defendant would set up would be: "It is not proved that I transmitted the complaint; it might have been transmitted by somebody else"?—Surely the charge is not of transmitting the complaint.

2876. The fact that the prosecutor has got the disease does not at all show where he got it from, and if he might have got it from another source, surely it is open as a defence to the defendant to prove that the prosecutor may have got it from some other source?—The charge is not of transmitting the disease at all. The charge is of having the disease and having intercourse.

2877. But where the prosecutor comes forward and says: "I have got the disease, it was transmitted to me by the defendant," surely it is open to the defendant to say: "You must prove that I was the only person who could have transmitted it to you, and if there are other people who might, in fact, have transmitted it to you, you have no right to convict me." Surely that is a proper defence?—It seems to me that it is confusing two entirely different things. One is transmitting disease and the other is having disease and having connection; they are two entirely different things; it is better not to confuse them.

2878. Very well, then I will leave that. Do you think there would be any objection to having such a return

Q 2

return

5 November 1918.]

Sir E. BLACKWELL, K.C.B. and Mr. CRAIG.

[Continued.]

Mr. Neville—continued.

return made in regard to the dates, or any very material difficulty in having it?—I would like to consult the Home Secretary. It would mean putting an enormous amount of work on the police and military authorities and going back to cases that are six or seven months old.

2879 There would be no objection to your doing it as from now sending out a skeleton form to police magistrates and asking them kindly, whenever they have a case of this sort, just to dot down the dates?—Very often the dates alleged are several, at several days' interval.

2880. Whatever the dates are, it does not matter whether there were several dates; it would still enable us to form our own idea as to what had happened, to know the interval between the discovery of the disease and the alleged transmission of it; and also the dates at which the charge took place. Those seem to be all material in order to discover the value of 40 (d) of D O R A. It may be that it is no use at all, on the other hand; they may say you have no evidence from which you can find its real value; but may I suggest it would be useful if you would send out to the police magistrates throughout the country a skeleton form, saying: "When you have a case under 40 (d) of D O R A would you note with regard to it the following particulars?" So that there would be a return automatically made up, and that would save trouble in future. The other question I was going to suggest to you is, that the discovery of disease is much more likely on a charge of solicitation than it is upon a charge brought by somebody who says he has had it transmitted to him?—The discovery of the disease?

2881 The discovery that the defendant has the disease is much more likely to be made on a charge of solicitation if she is examined than it is if you wait till somebody, who alleges that the disease was transmitted to him, brings a charge?—I do not agree. Perhaps I do not understand.

2882 If a woman is brought up for solicitation and she is examined, you have a better chance of discovering then and there whether she is suffering from the disease than you have when a woman is brought up perhaps two or three months afterwards by somebody who says that disease was transmitted to him two months before, and at the date she is examined it is found she has not got it?—Yes, certainly. I do not say you have a better chance, but you have better evidence in those soliciting cases if the person is suffering at the time when the offence is alleged.

2883 Can you tell us exactly how many of these various cases that you have here were solicitation cases where the examination took place?—No, I cannot tell you as regards the prison offences at all. The only figure I have for that is that out of the 203 prosecutions 32 were for soliciting and 171 for having intercourse.

2884 I do not quite understand what "having intercourse" is. That seems to be a charge made on the statement of a man that he has had intercourse?—It is in the words of the section. It is only a short way of distinguishing between "shall not have sexual intercourse while suffering from disease" and "shall not solicit or invite such intercourse while having the disease."

2885 In 87 per cent of those 203 cases, charges were made by men who alleged that they had had the disease transmitted to them?—Yes, I think so.

2886 And 15 per cent, only were cases of soliciting, when they knew that they had the disease?—Yes.

2887 In the case of solicitation, how was it discovered that they had the disease?—Do you mean how is it suspected?

2888 They were charged, I suppose, under 40 (d) of D O R A. with soliciting when they had disease in a communicable form?—I think in many cases it would be quite well known to the police of the neighbourhood that a certain woman had disease. If they saw her soliciting they would charge her.

2889. But for the purpose of bringing a criminal prosecution you have to have your evidence ready. Do you mean to say that the general knowledge of the policeman would be sufficient to charge a woman with soliciting?—She is a prostitute. She is arrested for soliciting as a prostitute, and thereupon she goes to prison and a charge under 40 (d) is added, and she is

Mr. Neville—continued.

remanded for examination and found to be suffering from disease, and convicted.

2890. Let me just understand the process. First of all, she is charged with soliciting. She is then remanded. She then submits to examination, either willingly or not?—A charge under 40 (d) is also added.

2891. But there is no evidence of it, as far as I can understand?—There may be very cogent evidence.

2892. Just general reputation in the neighbourhood, being known to the police?—No; specific information from soldiers.

2893. Sworn information?—No; information of the police.

2894. Do you mean it is merely a shot to see whether it might tell; or do you think that they really do intend to charge a specific offence under 40 (d) of D O R A.? In cases of this sort, is it the regular thing to add a charge under 40 (d) of D O R A.?—No, certainly not. You can see from the number of cases reported to the police by the Military, Naval and Air Force Authorities. It is 396; and there are only 203 charges. There are 193 cases in which no charge is made at all, although the case is reported by the Naval and Military Authorities. Those are cases in which the police, either having regard to the character of the man or having regard to the character of the woman, or for some other reason, say "We do not consider the evidence in this case is satisfactory enough for us to proceed with it"; and they do not.

2895. But in each of these 395 cases the allegation is that the woman was suffering from a disease?—I should think so.

2896. That is quite apart from solicitation?—Not necessarily.

2897. In each of these cases somebody alleged that they had contracted the disease from some particular defendant?—No; somebody alleges: "That woman has got disease, and I saw her solicit a soldier last night."

2898. That is what you think that means? It does not mean that somebody has actually suffered?—I think very likely the information would be in this way: "I know that woman is diseased; so-and-so got the disease from her the other day; and I know she is soliciting every night." I am only imagining that kind of information, but I should think that is it.

2899. Then if they had the case, and she was then examined, you would have an immediate opportunity of discovering whether she had really got the disease or not?—Yes.

2900. That is the best chance you have of ascertaining whether the particular defendant is suffering from a disease; on a charge of solicitation, rather than waiting until there has been a case of transmission in fact?—Yes, I think so.

2901. Now I want to go back to some of your other evidence on this clause. Is there any case to deal with this point? I am taking the case of a wife who has been infected. Suppose she refused to prosecute, is there any power for anybody else to prosecute on her behalf? Could the police prosecute under this Clause 5?—Yes, I think so; I think the police could.

2902. Supposing that the offence of solicitation is abolished, something must be put in its place, in order to preserve a decent control over the streets? What could you suggest would be a proper way of dealing with it? I understand a great many women's societies object to the offence of solicitation at all in every respect as an offence. They say, apparently, that anybody may speak to anybody, and there is no reason why anybody should be liable. That is one view?—

Chairman.] Are you not going beyond Clause (5)?

Mr. Neville.]—I will stop, if that is so. There must be some sort of offence to deal with.

Chairman.

2903. That is only because I am very anxious, if I could, to get through the Scotch evidence before adjourning. In fact, after this, I am going to ask you, Sir Ernley, not to make any observations arising out of Scotch matters, because we want to release Mr. Miller Craig, if we can?—I do not want to make any observations, my Lord.

Sir Willoughby Dickinson

2904. With regard to this second case of which you have

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Sir Willoughby Dickinson—continued.

have told us the particulars, the sentence, I understand, was remitted, I presume because it was a sentence which ought never to have been inflicted. That is a case of the woman who refused examination and was convicted?—Yes.

2905. Does the Home Office have any communications with the magistrates in those cases?—Yes.

2906. Do you know at all what was the reason that justified a conviction in that case? The position was this Under those Regulations there must be proof of the fact that the woman is diseased. Now in this case there was no proof of the fact that the woman was diseased, and she refused examination; and there was no means of getting that further proof. Then in that case the magistrate ought clearly to have acquitted her?—It depends on the strength of the *prima facie* evidence of the case against her.

2907. But that is exactly what I want to get at. What possible evidence was there in that case that she was diseased?—I think the magistrate probably drew the inference from the fact that she refused examination.

2908. That is exactly what I wanted to get from you. Then under those circumstances it has happened, and I want to know whether you think it has often happened, that a woman is convicted because she refuses to be examined?—A woman is convicted in spite of the fact that she refused to be examined.

2909. No; I put it even stronger than that because of the very fact of her refusing to be examined?—I think magistrates would differ. Some magistrates would draw that inference on a strong *prima facie* case; and some would not. Some would require a stronger case than others, before they would draw an inference from refusal to be examined.

2910. You think the Magistrates would be wrong if they actually did that?—I cannot say absolutely wrong. I think it depends entirely on the strength of the *prima facie* case.

2911. Have you in these figures any figures that show how many women refused to be examined? You gave us one woman amongst 12 in a small section. Amongst all these figures that you have here, the 203 who were prosecuted, have you anything that would tell us the number of cases in which women refused to be examined?—You see: Number of defendants remanded for medical examination 172, that leaves 31, out of whom some may have refused examination. Apparently the whole 172 did agree to examination. On looking at the prison figures, you find that four of those remanded for examination were not examined?

2912. What do you deduce from that?—I do not deduce anything, except that of those remanded for examination four, when they got to prison, refused to be examined.

Earl of Sandwich.

2913. Having said in Court that they would be?—Yes, I think so, and changed their mind. Then the police figure of 172 seems to shew that that number agreed to be examined, and some of the 31 may have been examined before they were brought to the magistrate at all. That has happened in some cases, I know. In some cases the woman has consented to be examined before being charged at all. The police have told her that this accusation has been made by a soldier; and they have either asked her or she has offered to be examined by her own doctor or by the police surgeon.

2914. Just or these figures of the police returns, roughly speaking, there are 400 cases reported; and 200 prosecutions; and about 100 convictions. About a quarter of the cases reported were convicted?—Yes. That figure of 101 has now reached 111.

2915. Of the 396 that were reported to the police, I suppose all these cases give full particulars of the name and address of the woman that is to be accused?—So far as is known. I may say a very large proportion of those 396 cases, the ones that never resulted in any prosecution are in the Metropolitan area. I think as many as 103 of the cases that never resulted in prosecution are Metropolitan Police cases.

2916. That is a fairly large proportion. What is the reason, do you think, that they could not proceed with the prosecution?—I think, in many cases, want of proper evidence of identification. In many of those London cases I know it was lack of the proper evi-

Earl of Sandwich—continued.

dence of identification. The sort of thing that happened was, that they got a report from Salisbury Plain, from the Salisbury Command, that a certain man said that he had been with a woman somewhere down in Westminster, down Horseferry Road way; and perhaps he only knows her nickname and knows where she lives, and that kind of thing. Then an attempt is made to identify that woman; and it fails. That is what happens in London in a great many cases.

2917. Then in the majority of cases it would not be that the actual case itself is gone into, and they resolve not to prosecute; it is through not being able to trace the woman?—I should think there are other cases. My own opinion is, that both the character of the prosecutor and the character of the accused should be scrutinised very carefully before proceedings are taken.

2918. Then there is one other figure I want to ask you about on prison statistics. It is this: convicted without previous remand, not found suffering or symptoms inconclusive, 16. Those are cases which at first sight would appear to be cases that ought not to have been convicted?—Oh, no. I gave you one instance of a case of one who was examined by the lady medical officer, and the fact of her disease was definitely established. That case was examined afterwards in prison, with inconclusive results. Now, that is only one instance. In regard to these cases where we have an inconclusive medical report, I have often discussed with medical officers the possibility of the disease having been present at the earlier date; and they have said quite clearly that it might be.

2919. When you have cases that would come under this category, do you consider at all, of your own motion, whether the sentence ought to be remitted?—No; the Home Office has no report of any of these cases at all. These cases are not reported to the Home Office.

2920. Then even if a woman be found to be quite free from disease, after having been convicted, you do not interfere unless she appeals?—No. The medical officer or the governor, of course, has a perfect right to bring it to notice. If he thought "I am very doubtful about this woman having been properly convicted," I think he would bring it to the Home Secretary's notice of his own motion.

2921. And you would take action?—The Home Secretary would, certainly. He did in the one case. I cannot say, of any case, whether he would or would not; but he would consider the case very carefully.

Earl of Desart

2922. On whose advice are these prosecutions instituted?—Under a Cabinet decision the initial action must be taken by the naval or military authorities.

2923. They do not go to the Director of Public Prosecutions?—No; not as a rule.

Earl of Sandwich.

2924. It is true, is it not, that the objection that has been taken to 40 (d) is really only on the question of examination; that, though it is voluntary, I understand at the same time there is a feeling that, if the women does not consent to examination, it is tantamount to saying she is guilty?—Yes; that objection has been taken.

2925. Do you think the large proportion of the 172 out of 203 who voluntarily gave themselves up to examination disproves that? That is to say, that it removes the so-called hostility?—I do not think it would remove the hostility.

2926. But do you read the large figures as meaning that women really object to being examined, or not?—A very large number of these women are prostitutes.

2927. They do not really object?—I cannot say; I have no experience at all.

2928. Do you think it is possible that that type of woman would object less than a moral type of woman?—I would rather you ask a doctor that question, because I have no experience of it.

2929. You do not draw any deduction from those figures in regard to that question?—No.

2930. Then I would just like to know about these cases of "not examined," under the second and third categories in these statistics. There are two cases, one in

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Earl of Sandwich—continued.

in each class Are they cases of women who have refused examination after having said they would be examined? One is, convicted without previous remand, not examined; and one lower down in the other category?—Those would be cases where the prisoner refused to be examined.

2931. From the outset?—Yes.

Chairman.

2932. Mr. Miller Craig, would it be convenient to you to come this afternoon?—(Mr. Craig) Certainly I would come.

2933. Could you come here at a quarter to three, Sir Ernley?—(Sir Ernley Blackwell) Certainly.

(The Witnesses are directed to withdraw)

(After a short adjournment.)

SIR GEORGE RIDDELL is called in; and Examined, as follows.

Chairman.

2934. Sir George, are you representing here the Newspaper Proprietors' Association?—Yes; and the Periodical Society.

2935. I think that the main point that you wish to urge here is with reference to Clause 9 of the Sexual Offences Bill, but also, I think, you have something to say upon Clause 7; and, as it is the first one in point of order on the paper, perhaps we had better take that first?—It is Clause 6, sub-clause 2, is it not: "Any advertisement relating to venereal disease, nervous debility," etc?

2936. That is what I should have thought it was, from the nature of the observations that are made in the letter, for which you are not responsible, which I have here; but they actually call it Clause 7, sub-clause 3. Will you take whichever you wish to take?—Is the wording the same in both Bills?

2937. Not quite, I think. What you want to take, I think, is the one on page 10 of the paper before you?—Yes. One clause reads "A person shall not, by any advertisement or any public notice or announcement (a) treat or offer to treat any person for any venereal disease, or any disease or infirmity arising from or relating to sexual intercourse" The other one is slightly different. It reads, "Any advertisement relating to venereal disease, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse" We had a correspondence with the Home Secretary about that, and we pointed out that a large number of advertisements relate to nervous debility, but that sexual intercourse is not the only thing that causes that disease. It is caused by a multiplicity of things, such as overstrain, overwork, and so on. While the meaning of this provision—or intended provision—is obvious, yet, on the other hand, when you are dealing with a legislative enactment it is desirable to say, if you can, specifically what you mean. Of course, I know it is not the custom to do so; but at the same time there are reasons why that course should be taken.

2938. Do you suggest that the words in either of those clauses do not definitely limit it to cases arising out of sexual intercourse?—"Any advertisement relating to venereal disease, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse . . . shall be deemed to be printed or written matter of an indecent or obscene nature." That is not limited in terms to nervous debility due to sexual intercourse.

2939. Is it not?—I do not think so. It is obviously not limited to venereal disease due to sexual intercourse. If a person is suffering from venereal disease, however caused, you must not offer to cure him. He might have got it by means of a drinking vessel, or in some other way. First of all, the Bill deals with venereal disease; secondly, with nervous debility; and, thirdly, with any other complaint or infirmity arising from or relating to sexual intercourse. It is a question of the wording of the clause. I do not want to embarrass you by taking up your time in descanting upon it; I think it is quite obvious.

2940. I am sure that the Committee must be entirely with you upon this. It is a matter of drafting, and it ought to be most carefully drafted, so as not to bring in diseases arising from other causes than those with which we are dealing in this Bill. That satisfies you, does it not?—Perfectly; I do not wish to say another word.

2941. I think the Committee will agree with me about that. Will you go to Clause 9: it is a most impor-

Chairman—continued.

tant subject?—If I might be permitted to do so, I am anxious to save your time, and perhaps you will pardon me if I read a short memorandum which sets out the points we wish to bring to your notice.

2942. If you please?—These were resolutions passed by the Newspaper Conference, representing the London and provincial Press.—"That this conference views with grave misapprehension the provisions of Clause 9 of the Sexual Offences Bill, whereby it is proposed to empower the court to hear certain cases *in camera*, and to prohibit the publication of the proceedings. This conference is of opinion: (1) That such a change in the law is unnecessary and undesirable in the public interest, and calculated to interfere with the due administration of justice." I take it the Committee have in mind the precise terms of the clause. "(2) That, having regard to the novel and drastic provisions of the Bill (Clauses 1 to 7), it would be extremely dangerous that such powers should be exercised in private, thus depriving the public and the Press of the opportunity of criticising the actions of the judges, the magistrates, counsel, and the police. The open administration of justice is one of the guarantees of civil liberty, and one of the most effective safeguards against despotic, corrupt, harsh, or unfair treatment. The social questions involved are matters of public concern, and do not alone affect the parties immediately involved" I need not refer in detail to the provisions of the Bill. It is obvious that matters of such vital importance concern not only the parties interested in any particular case, but the whole of the public. Our point of view is that the administration of this law, if it is enacted, will require very careful watching by the public. One knows perfectly well that there are cases of blackmail and cases of false charges and oppression, and that when you are dealing with matters of this kind it is absolutely necessary that the public interest should be safeguarded by the public administration of justice. We are also of opinion: "(3) That the working of any measure which seriously affects the liberty of the subject requires to be very carefully watched, and that unless prosecutions under the Bill are heard in open court the public will be unable to form an opinion as to the necessity for amending, abrogating, or extending its provisions, should they become law. (4) That it is notorious that false charges are often made in cases relating to sexual offences, and that such charges by depriving the accused of the publicity which frequently leads to the disclosure of important evidence regarding the character of the complainant and other matters affecting the charge. (5) That the existing law provides ample safeguards for the purpose of preventing the publication of matter which should not be published. (6) That the publication of the reports of prosecutions is one of the most effective methods of acquainting the public with changes in the law, and therefore frequently acts as a deterrent. In conclusion, the conference desires to refer to the unfavourable opinions expressed by some of His Majesty's judges regarding the provisions of the Incest Act, which provide for trials *in camera*, and also to the judgments of the House of Lords in the case of *Scott v. Scott* (1913), Appeal Cases, pages 417, by which it was decided that, unless under very exceptional circumstances, trials *in camera* are contrary to the principles of British justice." I have here some extracts from that case, but no doubt the Committee will take an opportunity of perusing what was said by the distinguished

5 November 1918.]

Sir G. RIDDELL

[Continued.]

Chairman—continued.

distinguished Law Lords who decided it. You may remember that in the case of *Scott v. Scott* the question arose whether nullity cases and divorce cases could be heard *in camera*. The House of Lords decided that they could not be heard *in camera*, and that it was not in the public interest that they should.

2943. There was some difference of opinion I think, in that case of *Scott v. Scott*?—No, the House of Lords was unanimous, I think.

2944. But there was some difference of opinion down below?—Yes; but, of course, things that happen in the nether regions, I believe, do not matter very much in law; I do not know much about these things.

2945. I quite realise what you say about the provisions of the Incest Act, which lays down that cases under that Act are to be heard *in camera*. Clause 9 of this Bill does not go anything like so far as that; it by no means says that these cases are to be heard *in camera*. What it says is that power is to be given to the judge to exclude all or some of the public while parts of the case are going on, and also to give directions as to the non-publication of some of the evidence. But that falls very far short of the provision in the Incest Act. You may object to the provision in Clause 9, but I think that it is not a fair comparison with the Incest Act. The Incest Act is very strong, I must admit. I do not wonder at what has been said about it, because it is an absolute exclusion, I believe, is it not?—Yes, my lord.

2946. It says that if there is a case under the Incest Act it is to be heard *in camera*?—That is so.

2947. There is nothing of the sort said here?—One very curious instance occurred. An American was charged under the Act. It was a very big case; the trial lasted five or six days. I think it was at the assizes in Sussex. Although no reference whatever could be made to the case in English newspapers, the case was fully reported in American newspapers.

2948. There must have been an American seated on the bench with the judge, then?—I do not know how it happened, but that was so. To reply to your question. Of course, we think the provision in the Incest Act is very bad indeed, and I think that ample evidence could be produced to show that the system has been attended by serious evils. I quite admit that the section of the Incest Act differs very much from the clause in the Bill which is now being considered by the Committee, because the one is absolute and the other is permissive or optional.

2949. Even that, I think, is putting it very lightly, because the difference between Clause 9 of the Bill and a clause which simply says that the trial is to be heard *in camera* is really very large indeed. In the great majority of these cases under Clause 9 the evidence will not be interfered with at all?—We think it most undesirable that judges and magistrates should be entrusted with this power. We think it essential that persons whose conduct often might have to be criticised should not have the power of preventing the proceedings being made public. It is a very invidious thing to suggest that a judge or a magistrate would be likely to do anything that was improper, but several of the Law Lords, in the case of *Scott v. Scott*, refer to that point, and they say that it is absolutely necessary, not only in the interests of justice, but in the interests of the judges themselves, that what they do should be done openly, and also that they should not have the power to prevent publication of the proceedings. Obviously, the judge who would desire to prevent publication of the proceedings might be the very person whose conduct would come under criticism if the matter were published.

2950. Is there not to be considered the point of view of the man against whom a false accusation is brought? The mischief to him is in the case being heard in public?—With regard to that, I should say that is a danger which all members of the public have to suffer. There is always a certain amount of hardship in connection with the administration of justice; but for hundreds of years it has been considered by judges and jurists that one of the great safeguards of liberty is the open administration of justice, and directly you begin to cut that down, directly you begin to allow

Chairman—continued.

courts to say, "This shall not be reported, and that shall not be reported," because it is desirable that some person's name should not be mentioned, or something of that kind, you are beginning on the down slope, and you are beginning to cut down the safeguards of the liberty of the people.

2951. I sympathise with you immensely when you talk about its being done in order not to bring some particular person's name into publicity; but the object, I suppose, of a clause of this sort is to try to prevent the publication of and giving the means to a large public of reading all kinds of details which would be much better for them not to read. They do not read it with any notion of furthering the administration of justice. They read the details because they are nasty details, and for no other reason?—I do not know why people read things. Of course, it is very difficult to enter into people's motives; they vary a good deal. Some people may read certain things for certain purposes, and others for certain other purposes; but I should say in regard to that the law already provides ample safeguards. The law says that certain things shall not be published, and we think that is quite sufficient.

2952. I daresay you know that this subject was gone into very fully by the Royal Commission on Divorce in relation to the trial of divorce and other cases that come into the Divorce Court. They made very specific recommendations on the subject; and at the same time they said that, while it seemed to be going a little beyond their province, they thought that attention ought to be called to the desirability of some restrictions of this kind. I think they actually drew a clause, almost in the words that are used here, that something of that kind should be made of general application. Did you know that?—That may be, I do not exactly remember what they recommended; I only know they recommended a great many things that were not passed into law. But, touching the subject that you were mentioning just now, I think you will find that information of this sort is never calculated to make anybody immoral. All these cases show that "Wisdom's ways are pleasant ways." Novels which present vice in pleasing forms are far more hurtful. I have read a great many reports of cases of the sort dealt with by this Bill, and I am bound to say I have never read in any of them anything that would make me desire to be in the same position.

Mr. Tyson Wilson.

2953. I gather from what you say that you would really leave publication of evidence of cases to the discretion of the Press?—Subject, of course, to the restrictions which already exist in law.

2954. You do not want any further restrictions to be put upon them?—No; I think if you examine the newspapers you will find there is very little reason for taking another course.

2955. Some of the newspapers do seem rather to cater for the appetites of some people?—I do not know; I do not think so.

2956. Do you not think that the details of some of the cases heard in court are as bad as, or even worse than, some of the worst novels?—They do not strike me like that. I myself do not think they are very attractive.

2957. Probably not, but you have abnormal people to deal with sometimes?—Of course, you have to legislate for the average person; you must not always be legislating for the abnormal ones, must you?

2958. There is a danger, perhaps, of the Government acting in the direction of legislating for the few and not for the many?—I think you are right; I think there is.

Chairman.] Do you suggest, Mr. Wilson, that you would be legislating for the few when you legislate for the readers of newspapers? I do not think Sir George would admit that?

Witness.] No; the Hon. Member who was examining me just now, if I may respectfully say so, did not suggest that at all. I did not understand that.

2959. No?

5 November 1918.]

Sir G. RIDDELL.

[Continued.]

Mr. Tyson Wilson.

2959. No?—I quite understood what you meant. You said there are certain abnormal people, whose minds may be affected by the publication of this, are there not?—I said: I do not think that you ought to legislate for abnormal people, as a rule; you ought to legislate for the average individual. You said: Do you not think that Governments are, perhaps, too apt to be always thinking of the abnormal? I said: I think you are right.

Sir William Collins

2960. I understand you think there should be no discretion in a Court, such as is given under Clause 9, to exclude any portion of the public while charges under this legislation are being heard?—I do not see why any special provisions are rendered necessary. These powers are not given to Judges in the case of trials for rape and bestiality offences. I do not see that you want any special powers here.

2961. A previous witness, who shared your view, did not take exception to the possible exclusion of young persons?—So far as that is concerned, I quite agree with you. Certainly it is most undesirable that young persons should be in Court. At the same time, I should hardly think they would go there.

2962. You would not object to discretionary power to exclude them?—No. Our object is to see that these proceedings are not conducted in private; and if you get the adult public and the reporters there, of course, that is quite sufficient.

2963. Then, as regards Clause 7 of the Criminal Law Amendment Bill and Clause 6 of the Sexual Offences Bill, I understand you demur to any limit on advertisements in relation to nervous debility, and would restrict it only to those relating to venereal disease?—I think the clause must be restricted to nervous debility arising from sexual intercourse.

2964. There was an Act passed in 1917—the Venereal Diseases Act—which dealt with advertisements?—I have it.

2965. Did your Association take any exception to section 2 of that Act?—Yes, very strong. We got some alterations made in it; but they were not satisfactory.

2966. Then do you object to that section as it stands?—There were two Bills, one promoted by the Home Office and the other by the Local Government Board, and we objected to both of them. Apparently they took out the "nervous debility" from this.

2967. Will you look at section 2. "A person shall not by any advertisement or any public notice treat or offer to treat any person for venereal disease, or prescribe or offer to prescribe any remedy therefor, or offer to give or give any advice in connection with the treatment thereof." My question was, do you take exception to that section as it now is?—No.

2968. Then the amendment, at any rate in that case, was satisfactory to you?—Yes; apparently it was.

2969. Does your Newspaper Proprietors' Association include representatives from the medical press?—The other Association does.

2970. There is some exception as regards publications sent to qualified medical practitioners, is there not, in Section 2 of the Venereal Diseases Act, 1917?—Yes.

2971. Is that sufficient to cover the ordinary medical journals, such as "The Lancet," "The British Medical Journal," and "The Medical Press"?—I do not like the word "only" there. I remember raising that point before. The words are: "Or to any publication sent only to duly qualified medical practitioners." Of course, if it were desired to take a meticulous objection, it might be said that "The Lancet" and "The British Medical Journal" are very widely read by the lay public, as they are; it might therefore be said that "The Lancet," "The British Medical Journal," "The Practitioner," and so on, are not entitled to publish these advertisements. I am sure you will agree that it is of the utmost importance that they should publish them.

2972. As a matter of fact they do, do they not, contain a good many advertisements dealing not only with

Sir William Collins—continued.

nervous debility, but with venereal diseases and their treatment?—Yes. Of course, this Act applies only to venereal diseases; it does not apply to nervous debility.

2973. Then a strict reading of that section, you think, might not hurt?—I do not think it is quite satisfactory; I think it ought to be made quite plain; "Or to any publication intended chiefly for medical practitioners" or something of that sort.

2974. Even though the laity may have access to them?—Yes; I am obliged to you for drawing attention to that point, which I think, if I may say so, I had overlooked. It is rather important, if you are going to have a new Bill dealing with these matters, that a drafting point of that sort should be put in order.

Earl Beauchamp.

2975. We have had it in evidence from one of our witnesses that the publication of reports dealing with some of the offences which are dealt with in these Bills was followed, according to police statistics, by a very large increase in the commission of those very same offences?—I cannot quite understand that. These are not offences now, are they?

2976. But similar offences to these?—Do you suggest that, supposing you publish a report of a case in which a person was charged with wilfully communicating venereal disease to another person, that would lead anybody else to endeavour to do the same thing?

2977. Perhaps not; but I will give you the instance which was given to us. It was, that police statistics showed that after the publication of the reports in connection with Oscar Wilde there was a very large increase of that particular offence. Do you not think that might in some way be attributed to the publication of reports?—I should want to know more about the facts. It may have been that the police were more active in prosecuting. I do not think you can make any general statement. I have never heard that the publication of limited reports of sodomy cases led to sodomy. I have never heard that suggested. You say it is suggested; I have not heard it.

2978. Your object, I quite understand, is to prevent a miscarriage of justice. Do you not think that that might be met by an amendment of this clause, which would forbid, or allow the judge to forbid, the publication of these indecent details, and yet if there were present people in court, would allow them to criticise bad administration of justice?—After all, a little practical knowledge is worth a lot of theory. We have heard a great deal lately about Regulation 40 (d), and time after time you will see reports in the papers of women being charged with communicating venereal disease. That is a military offence, which you are now seeking to convert into a civil offence. I have never seen any one of those reports that had anything objectionable in it at all. I have never seen any one of those reports which I would mind anyone reading. You will see them day after day. Another case under Section 40 (d) "Jane Smith," aged 27, was charged with communicating venereal disease to a soldier named So-and-so. He said he met her at such and such a place and that she asked him to go home with her. He went home and then he found he was suffering from this disease, and so on. Then the woman says she was not suffering from it. Then she was remanded so that she might be examined by a doctor. Then a few days afterwards you read that "Jane Smith" is brought up again and the doctor has examined her blood, and he finds there is nothing the matter with her at all. There is nothing objectionable in that; and surely it is a most important thing that the public should know that a large number of these women are being charged with communicating venereal disease to soldiers, and that they are not suffering from venereal disease. I cannot imagine that a report of that sort could do anyone any injury. I am quite certain it would never induce anybody to contract venereal disease or to endeavour to communicate venereal disease to anybody else.

2979. If you will allow me to say so, that was not quite the point. The point was this. Supposing that we limited the power of the judge to forbidding the publication of indecent details, leaving newspapers free to publish other things, would not that meet your point about the miscarriage of justice?—I think you will find

5 November 1918.]

Sir G. RIDDELL

[Continued.]

Earl Beauchamp—continued.

find that indecent details are not published; in fact, I am quite sure they are not.

2980. Would it not be a good thing to give the judge power to prevent them from being published? Unfortunately all papers have not the same high standard in this respect?—I think that it is a very dangerous thing to whittle down in any way the open administration of British justice. I think that it is absolutely necessary that the whole of the doings of the court should be open, subject to the restrictions which already exist as to the publication of obscene matter. Although you may put up an argument in favour of allowing judges to prohibit the publication of certain things, yet I think that the benefits to be derived from that, and the necessities of the case, do not warrant interference with what is one of our most precious liberties; and I think that as time goes on, considering the state of the public mind, it is of most vital importance that the public should know everything that is being done. If you are going to have large numbers of women tried in a sort of Star Chamber, if you are going to have men charged with communicating venereal disease to people, and the whole of these proceedings are to be secret, I think the public will become very dissatisfied.

Mr. Neville.

2981. The chief punishment in these cases is publicity, is it not?—It all depends who the individual is.

2982. But in certain classes—in the higher classes—certainly publicity is the chief punishment?—I cannot say. I should think if a man gets five years that would be a much more serious thing for him than the publicity.

2983. In the Dilke case, for instance, which is within your recollection, was not publicity the greatest punishment that could possibly have happened?—Sir Charles Dilke was not charged with any criminal offence.

2984. That is true, but I am talking of this class of persons. Surely publicity is the greatest punishment?—I quite admit that it is a serious thing for a man of position to have a charge of this sort brought against him, but it is a very doubtful thing to say that the publicity is the chief punishment. Supposing a man got ten years' penal servitude. How could you say that the publicity would be equal to spending ten years in a convict prison?

2985. That is not the sentence which these Acts give?—What do they give?

2986. A few months as a rule?—What is the maximum?

2987. There are different offences here, but I am taking it generally?—I should think twelve months' imprisonment with hard labour would be a pretty serious thing.

2988. You gave us just now the typical case of "Jane Smith," and you said that with regard to what was reported in the papers nobody could have any objection to the way in which it was reported. Do you not think that "Jane Smith" had some right to object?—No; on the contrary, I am in the interests of "Jane Smith." I think it is much better that there should be a report that "Jane Smith" has been charged with this offence, that she has been examined by a doctor and found to be quite healthy.

2989. I do not think you have quite followed my point. My point is this: Before a person is convicted, do you think you have any right to publish the fact that there is a charge brought against them?—The law says so.

2990. I know, but I am now asking you with regard to this particular class of offence. Do you think that is fair?—I do not see how they differ from any other class of offence of the same sort.

2991. I will give you an instance of another similar offence which brings stigma upon a man. For instance, bankruptcy. In the case of bankruptcy actions the man's name does not appear until he is adjudicated a bankrupt; it is merely a number?—You know what the reason of that is, do you not? I will tell you what the reason is. It is not the practice to publish the names of potential bankrupts, because the mere publication of their names would probably have the effect of making them bankrupt. That is why the law takes that course.

O 179

Mr. Neville—continued.

2992. With regard to solicitors who are charged with professional misconduct, is it not the fact that their names do not appear until they are convicted?—I do not know anything about that.

2993. You may take it from me that that is so?—I will take it from you certainly; I do not know. You have given two cases, one of which I think I have disposed of. I do not know much about solicitors. I can only say, in answer, that I can point out to you that there are all sorts of offences—theft, assault, offences of all kinds—as to which the law makes no such provision as you mention.

2994. I quite agree, and they are very hard cases indeed upon the individual?—They are hard, but at the same time I think your remedy would be worse than the disease.

2995. Is there anything that is more important to a woman than her reputation?—I am not here to give evidence on questions of that sort. A good deal would depend on the woman, I should think, and the reputation that she had got already. There are a lot of women who are willing to give up their reputations because they are very much in love with somebody.

2996. The Committee are anxious to prevent injustice being done to innocent parties. Of course, in the case where a person pleads guilty there is a different consideration; but the danger in those cases is, is it not, than an innocent party should be charged with one of these offences? That is where inequality comes in. That is one of the large instances of inequality between the sexes. In the one case a man might be accused of something, and there might be no, or very small, imputation upon him; but if a woman is accused of the same sort of thing she has a very great imputation upon her. I am suggesting to you that in this class of case, until there is a conviction, the name of the defendant ought not to appear. Do you not think that would be a right and fair thing to consider?—I do not agree with you. I do not think there is any reason for making any exception in regard to the class of offences mentioned in this Bill. I think, so far as men are concerned, it would be a very severe stigma on a man if he was charged with having venereal disease.

2997. It affects other cases besides venereal disease under the Criminal Law Amendment Bill?—Which clause is that?

2998. Clause 3?—That is simply an amendment. That deals with the question of increasing the fine. You are not creating new offences, and when you are not creating new offences it seems a strange thing, by a sudden wind, to try to bring in a change of procedure.

2999. Would not your point be met if there was always an official report of the whole trial, which would be accessible to anybody who had sufficient interest to see it?—No. We think that the experience of hundreds of years has shown that the only way in which you can keep anybody straight, whether it is kings, or lords, or members of the House of Commons, or judges, is by compelling them to act in public; and when they act in public you can see what they are up to.

3000. You are running away from what I suggest?—Pardon me, I am not running away. You asked me whether I thought an official report would serve the purpose. I think an official report would probably suffer the fate of the blue-books, of which there are so many in the cellars of this House; nobody would read them.

3001. I am obliged to you for your opinion in that matter, but I am asking you this. Up to now there has been no official report of trials, has there? Until quite recently there has been no official shorthand writer at trials that take place?—My impression is that there has been a shorthand note of a lot of criminal cases at the Old Bailey. I think for a great many years, but I do not know; I have not looked that up. It does not really affect the matter.

3002. I think you may take it from me that there has been no experience of an official shorthand report of trials for more than a very few years. It may be that quite recently there is power to appoint an official reporter, but until very recently there has been no official report: therefore the kings and the others that you have mentioned, who were going to be kept in order

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by

5 November 1918.]

Sir G. RIDDELL.

[Continued.]

Mr. Neville—continued.

by your system, have not had an opportunity of being kept in order by the other system. Now I suggest to you that, for the purpose of this branch of the case, an official report, which, of course, must be taken by people who were present at the trial, and which would be accessible to people who were concerned, would give sufficient protection, seeing that the court would have people present at the trial; and that no other report is necessary to be made to the public?—Experience shows that official reports are not adequate, because nobody reads them, usually, but the persons concerned. Public opinion is what is required to keep all people straight. It does not matter whether they are high or whether they are low. Anybody who is exercising a public function ought to exercise it in public, and if that is done, then the dark places are all shown up in the light of public opinion. If I may respectfully say so, an official report, however well it might be taken by the shorthand writer, would really serve no useful purpose, because it would simply be filed away; it would not be read by the public. The only way to maintain what we ask for, that is, the administration of justice, is to allow the public to be present and to allow reporters to attend.

3003. Have you had any cases before your Association of squaring the reporters?—I think in twenty-five years I remember one.

3004. Only one?—Yes.

3005. It is constantly done, it is not?—I do not know. I wish you would give me some details about it.

3006. It does not come before you, but it is?—You say it is. I may say that is a serious allegation to make against a very honourable body of men, and unless you have some evidence which justifies you in making it I do not think you ought to say such a thing. The suggestion is that an honourable body of men are in the habit of receiving bribes; that is what it really comes to—you say “squaring.” I do not believe these cases exist; and if you know of them I should be very much obliged if you will give me the information privately, because we shall take the matter up at once. But if you have not got specific information I really do not think a charge of that sort ought to be made against an honourable profession.

3007. I am not making a charge?—You say the reporters are squared. I say I have been in the business for a great many years and I know of only one case, and in that case it was denied and we could not prove it.

3008. Of course, it is a very difficult thing to prove in any case?—It is; I quite agree to that, but it is a serious thing to say.

Chairman.

3009. I think that Mr. Neville asked you a question as to whether there were such cases, and your answer was “No”?—I say I have never heard of them. I thought Mr. Neville replied implying that he knew there were some cases.

Mr. Neville.

3010. I tell you plainly that it is generally said you can “square” a reporter. I have often heard it said I want to know if you have any instance of it?—No. As I told you, I have been in the business for a good many years, and I have only heard of one case in which such a thing has been suggested, and when we investigated it we could not prove it.

3011. You do not think that it is, at all events, common?—No.

Chairman.

3012. At any rate, you do not know of it?—No; you may take it that it is not. There may have been cases, but we keep a very sharp look out for anything of that sort.

Mr. Neville.

3013. There are cases in the Divorce Court, are there not, when people's names do not appear?—When the Divorce Court tries 100 cases a day, is it not?

3014. I know; but other people's names appear and somebody's does not. How is that done?—I should like to hear of a case of that sort, too. I have never heard of that.

Mr. Neville—continued.

3015. I have seen reports of cases in the Divorce Court in which an important witness or an important person, whose name you thought would appear, has not appeared?—I wish you would let us have that information. You would be a most valuable newspaper correspondent; if you could supply information of that kind it would be welcomed in almost every newspaper office.

3016. Have you never noticed it yourself?—I have not your knowledge of persons in these cases.

3017. Sometimes it appears in the papers as a person without a name?—I do not know how the Divorce Court deals with matters of that kind. I have seen one or two cases.

3018. I do not think there was any direction of the Judge in such a case?—I have not seen a case.

Sir Willoughby Dickinson.

3019. You have once or twice stated that you think the existing law is sufficient to protect the public against having very objectionable matter thrust upon them by the Press. What is the existing law that regulates that?—Simply that obscene matter must not be published.

3020. Then, of course, it is all a question as to whether the individual publisher thinks that the matter that comes under his notice is obscene or not?—Yes.

3021. I suppose that word is of rather limited operation, is it not? Obscene matter is not a description of this sort of case, I suppose?—I have not examined that point very carefully. A great deal would depend upon what evidence there was. I could quite imagine things taking place in a case of that sort, of evidence being given which might be held to be obscene.

3022. Can you cast back your mind for any experience of cases where you have had to strike out reports on the ground of obscenity?—Reporters do it every day.

3023. The reporters themselves exercise that discretion?—Yes, every day. I do not know if ever you have sat in an Assize Court?

3024. Oh, yes, I have?—Then you know the sort of evidence that is given. You have never seen it in a newspaper.

3025. That is really all the protection there is at the present moment—the discretion as to whether the thing comes under the definition “obscene” or not?—Yes; and of course the law is to that effect.

Earl of Sandwich.

3026. On that point that you brought up on Clause 2 of the Sexual Offences Bill, on page 10, would not your difficulty be got over by a very simple elimination of a comma, so that it would read “any advertisement relating to venereal disease, nervous debility or other complaint or infirmity arising from or relating to sexual intercourse”? That would be omitting the comma after the words “nervous debility,” and the words “nervous debility” would be connected with the other complaints relating to sexual intercourse?—It is quite clear that you must not insert advertisements relating to venereal disease, however caused.

3027. My point is that if you take out that comma after the word “debility” it would read “nervous debility or other complaint or infirmity arising from or relating to sexual intercourse.” That would refer simply to nervous debility relating to sexual intercourse and not to nervous debility of any other kind?—

Chairman.] I thought we had agreed about this.

Earl of Sandwich.] It is a very simple alteration.

Witness.] It is very kind of you to make the suggestion. I put my point to the Committee, and you were kind enough to say that you fully appreciated it, and that the matter would receive consideration; and I left it at that.

Earl of Sandwich.

3028. I am only suggesting that the elimination of a comma gets over your difficulty?—It may be so. I would like to think that over.

Chairman.

3029. In law a comma does not count; so that will not

5 November 1918.]

Sir G. RIDDELL

[Continued.]

The *Chairman*—continued.

not do. You have to interpret it without stops?—Yes; the only thing that counts is the full stop.

3030. The only thing that counts is the clause coming to an end?—I see.

Mr. *Tyson Wilson*.

3031. In connection with cases that might come into Court under this Bill, are reports of cases of this kind kept out of foreign or Colonial newspapers? Is there any restriction on their publication?—I have never looked into that. I do not know what the French law is. As far as American law is concerned, I think they report anything. I do not know that they do in the Colonies. I think in Canada the law is just the same as it is here. I do not know what they do in Australia and New Zealand, but I have never heard that they have any special provisions. In fact, throughout the English-speaking world there is a traditional feeling in favour of the open administration of justice.

Chairman.] Nobody contests your broad principle

Mr. *Tyson Wilson*.

3032. Do you think that a case of this kind ought to

Mr. *Tyson Wilson*—continued.

be tried in open court, whoever is concerned in the case?—Yes.

3033. The object you have in view is that all may know what is happening?—And also that the person charged gets justice, and that the Act is not being used for the purpose of oppression; also that when a person is charged and is not convicted the public may know that he or she has been released. As I said just now, the public are watching with the very greatest interest the administration of this 40 (d), and it is most important that the public should form an opinion about it. Now, if these cases were not reported, if you did not know that there were a number of women charged who were being released, and so on, it is quite obvious that the public could not hope to form any accurate opinion upon this very vital change in the law.

Chairman

3034. The only observation I have to make upon that is that I venture to say there is nothing in this clause which would bring about the result which you indicate?—Thank you very much. We shall discuss that elsewhere.

Chairman] Thank you very much for your evidence.

(The *Witness* is directed to withdraw.)

MR ERNLEY BLACKWELL, K.C.B., and MR MILLAR CRAIG are again called in; and Examined, as follows.

Chairman.

3035. Your next observations were upon Clause 3 of the Criminal Law Amendment Bill and Clause 2 of the Sexual Offences Bill. Perhaps you will kindly read the note you have sent me?—(Mr. *Craig*.) If the amendment suggested by Sir Ernley Blackwell is adopted, section 381 (22) of the Burgh Police (Scotland) Act, 1892, should be included in the Schedule. The penalty under that section, which applies to all burghs in Scotland, except Edinburgh, Glasgow and Aberdeen, is a fine of 40s. The similar provisions in the local Acts applying to Edinburgh and Aberdeen authorise imprisonment, the first for sixty days, the second for fourteen days, without the option of a fine. The similar provision in the Glasgow Local Act authorises a fine of 40s. If an enactment in the terms of Clause 2 of the Sexual Offences Bill were passed provision would require to be made in the application clause to Scotland for prosecution in the burgh and police courts, to which such offences are appropriate.

3036. Those are all matters to be looked into, I think, really by the draftsman?—I think they are mostly drafting points.

3037. Sir Ernley, I do not know that the memorandum that I see here is directly raised by anything that has taken place just now, but will you add something that I think you wanted to say on Clause 3 to bring in some particulars?—(Sir *Ernley Blackwell*.) I have some facts about the prevalence of venereal disease among Borstal inmates.

3038. Will it only take a few minutes to give us those?—I have them in a short note; I could read it quite quickly.

3039. Then perhaps you would read it, but I do not want to interrupt Mr. Miller Craig's evidence more than I can help?—I was asked on the last occasion about the statistics with regard to venereal disease in young prisoners. As regards female Borstal inmates: At Aylesbury, from 1st January, 1917, to 20th June, 1918, when direct committals to Aylesbury ceased, 176 inmates were received, of whom 116 were suffering from venereal disease—38 from syphilis and 78 from gonorrhœa. At present there are 150 inmates in custody at Aylesbury, of whom 23 are under treatment for syphilis and 28 for gonorrhœa. The more serious cases have been transferred to Holloway for treatment, and appear in that return. Then comes the Holloway return. Since 20th June, 1918, the date of the diversion of receptions to Holloway en route for Aylesbury, 38 inmates, excluding the cases transferred from Ayles-

Q.179

Chairman—continued.

bury, were received, of whom two were suffering from syphilis, seven from gonorrhœa, three from both syphilis and gonorrhœa, and two were doubtful cases. At present there are 53 inmates at Holloway, including the transfers from Aylesbury, of whom 17 are under treatment for syphilis and 26 for gonorrhœa; 43 cases in all. Then the figures for male Borstal inmates are as follows: At Wormwood Scrubs Prison, to which prison all Borstal inmates are sent pending removal to Borstal, 88 inmates were received during the past three months, of whom one was suffering from venereal disease, syphilis. There are at present 40 inmates at Wormwood Scrubs, none of whom is suffering from venereal disease. Then the modified Borstal system. At Pentonville 191 juvenile and adult prisoners were received during the past three months, of whom one was suffering from syphilis and three from gonorrhœa. There are at present 72 such prisoners at Pentonville, of whom one is under treatment for syphilis. At Wandsworth 59 juvenile adult prisoners were received during the past three months, of whom one was suffering from venereal disease out of a population of 27. Then female prisoners other than Borstal inmates. At Holloway Prison of the population of 571 there are 39 under treatment for syphilis and 19 for gonorrhœa—58 in all. Then I have some figures about venereal disease in local prisons, which has some bearing on the question of the increase of venereal disease during the last few years—that is to say, since the Royal Commission reported. During the year ended 31st March, 1918, 40,025 males passed through the local prisons. Of those 412, or 1 per cent., were found to be suffering from syphilis, and 543, or 1.4 per cent., from gonorrhœa. Similarly, out of 14,182 females, 419, or 3.1 per cent., were found to be suffering from syphilis, and 227, or 1.6 per cent., from gonorrhœa. That is 2.4 per cent. of male receptions and 4.7 per cent. of female receptions were suffering from venereal disease in some form or other. It may be of some interest to compare these figures with the statistical evidence given by Sir Herbert Smalley before the Royal Commission. Observation was made for a period of five months—November, 1913, to March, 1914—and it was found that during this period 1.65 per cent. of male receptions and 1.98 per cent. of female receptions were suffering from venereal disease. As regards the males, the number of cases of syphilis and gonorrhœa were

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about

5 November 1918]

Sir E BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Chairman—continued

about equal, while of the females two out of every three cases were syphilis. The figures, therefore, indicate an increase of venereal disease in male receptions to the extent of about 50 per cent., of which 37½ per cent. are gonorrhoea. In the females the increase is 137 per cent. Of this, 87 per cent are syphilis and 50 per cent. gonorrhoea.

Chairman] It is just as well that we should have those figures on our notes.

Earl of Sandwich

3040 What strikes me particularly as interesting is the large percentage in the case of younger women at Borstal, as against the Holloway cases of older women. I think you say the figure was 58 at Holloway out of 500 odd cases?—Other than Borstal inmates. In a population of 571 there were 58 cases in all.

3041. That is to say, it is strong evidence that it is much more on the increase in the case of young girls than in the case of older women?—Yes

3042. Those Holloway cases are the older women?—Yes.

Mr Tyson Wilson.

3043. Did the civilian internment camps come under the Home Office Inquiry?—You mean civilian prisoners of war?

3044. Was any record kept of the number of men suffering from venereal disease in those camps?—I could not tell you without asking

3045. On a visit to those camps I was informed there was a very large number of them?—I do not know.

Chairman

3046. Will you please proceed with Clause 4, Mr Craig?—(Mr. Craig.) Clause 4 of the Criminal Law Amendment Bill and Clauses 3 and 4 of the Sexual Offences Bill. The present penalties are not deterrent. It is thought, however, that power to award the increased penalties now proposed should be confined to the sheriff courts in Scotland, and provision is therefore made in Clause 9 of the Criminal Law Amendment Bill to this effect, the penalties competent in the burgh and police courts being limited to the penalties now proposed for a first offence. Section 403 of the Burgh Police (Scotland) Act, which deals with the same subject, authorises only a penalty of £20, or of imprisonment for sixty days. The Edinburgh and Glasgow Local Acts provide similar penalties with, in Edinburgh, increased penalties for a second offence. It may be anomalous that the same offence should be punishable with penalties varying so in severity, according to the Statute under which proceedings are taken, but as it is thought desirable to confine the penalties now proposed to the Sheriff Court, it is thought that the penalties under the Police Acts may be left as they are. With regard to Clause 4 of the Sexual Offences Bill, the views expressed by Sir Ernley Blackwell may be taken as representing Scottish opinion.

3047. Here, again, it is a matter to be dealt with when the clause is settled, rather than by Clause 9 of the Criminal Law Amendment Bill?—Yes.

3048. I do not think we need go into details upon that just now. Then, Clause 6?—Clause 6 of the Criminal Law Amendment Bill. This does not apply to Scotland, as the Act of 1895 does not apply to Scotland. It is unnecessary to provide any equivalent, as the matter is adequately regulated by the Common Law.

3049. So nothing is required about that?—Nothing there, I think.

3050. We are going to hear some more about that clause from the point of view of England. I expect it will be necessary for you to see the Bill—if it ever becomes a Bill—as revised?—I think that would be so, my Lord.

3051. Then Clause 7?—Clause 7 of the Criminal Law Amendment Bill and Clauses 5 and 6 of the Sexual Offences Bill. The maximum penalty under the Indecent Advertisements Act, 1889, for exhibiting, etc., indecent writings or pictures, is 40s or one month's imprisonment, and for giving such indecent writings or pictures with the intent that they may be exhibited, etc., is £5 or three months' imprisonment. The penalty

Chairman—continued.

for such offences is proposed to be increased by the Criminal Law Amendment Bill to £100 or three months' imprisonment, and by the Sexual Offences Bill to £100 or six months' imprisonment. While some increase in the penalties is, no doubt, called for, the increase here proposed—at all events as regards the pecuniary penalty—may be excessive. The Burgh Police (Scotland) Act, section 380, and the Edinburgh and Glasgow local Acts, contain provisions against indecent pictures, writings, etc., the maximum penalty for any such offence being £10 or 60 days' imprisonment. The question whether an advertisement relates to venereal disease or to disease or infirmity arising from sexual intercourse may sometimes be not free from difficulty. Advertisements, for example, are sometimes addressed to "ladies and gentlemen who have become tired of trying to be cured by the use of mercury and other mineral poisons," and "gentlemen whose cases have been maltreated by the administration of mineral poisons," who "can have the virus with which their system has become contaminated entirely eliminated." There can be little doubt that such advertisements are addressed to sufferers from venereal disease, but as mercury might also be used for other diseases a conviction might be difficult to get in such a case, unless some provision were inserted to meet it. It is further suggested that provision might be made for penalising the supplying to any particular individual any drug or instrument for the purpose of causing abortion, with intent that it should be so used. At present there is difficulty in proceeding at Common Law against the person supplying such a thing, where it cannot be proved that the person who received it actually so used it. The form of the exemption for advertisements published with the sanction of the Local Government Board would be improved if the Local Government Boards for the three countries were mentioned in the clause. If the form in the Criminal Law Amendment Bill, which mentions in Clause 7 only the English board, and provides translations in the Scottish and Irish clauses, or the form in Clause 5 of the Sexual Offences Bill "or in Scotland and Ireland the Local Government Board for Scotland and Ireland respectively," were adopted, the result would be to limit the sanction of any of these boards to advertisements confined to one of the three countries. It is not desirable that an advertisement sanctioned by the Local Government Board in England should be punishable, if made in Scotland, and *vice versa*.

3052. Have you seen these observations, Sir Ernley?—(Sir Ernley Blackwell) I have.

3053. They do require some consideration, do they not?—Yes; by the draftsman, I think.

3054. By the draftsman, mainly?—Yes, mainly.

3055. The question of increase of penalties is something beyond the draftsman?—Yes.

3056. Perhaps you will consider them?—Certainly.

3057. We may have some opportunity of knowing what your final views are about these clauses in that respect?—Certainly.

3058. Then, Mr Miller Craig, will you go on to Clause 9. We have just been hearing about Clause 9 from Sir George Riddell?—(Mr Craig.) Clause 9 of the Sexual Offences Bill. This clause would probably be useful in Scotland, where there is some doubt as to the power of an inferior court to sit with closed doors.

3059. But the clause, as it is drawn up, would apply to Scotland, or would fit Scotland?—The clause, as it is drawn, I think, would fit Scotland without adaptation.

3060. On the whole, the Scottish Office approves it?—I think that may be taken as so.

3061. I was not quite sure whether the penalty sub-clause was right?—Sub-clause 2; yes, that would be quite suitable in Scotland.

3062. "If any person acts in contravention of any such order of the court." That is all right, is it?—Yes; that would be quite all right.

3063. Then you go back, I think, to Clauses 2, 3, and 4 of the Sexual Offences Bill?—These again, I think, are practically drafting points. (Sir Ernley Blackwell.) On that second sub-clause of Clause 9 of the Sexual Offences Bill I am very doubtful whether that would be right. "He shall be liable to be punished in like manner as for contempt of court."

3064. That is what I was referring to. That is what I had in my mind?—The first sub-clause applies to courts

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Chairman—continued.

courts of summary jurisdiction, and at present I think I am right in saying that they have no power of punishing for contempt of court.

3065. I think I may say you are right about that. That will not quite do?—No.

3066. That applies to the High Court?—Yes. As far as courts of summary jurisdiction are concerned it is a reference to something which does not exist at present?

3067. That is so; and I think Sir John Dickinson pointed that out. Mr Miller Craig, will you read your final note?—(Mr Craig.) Clauses 2, 3 and 4 of the Sexual Offences Bill. Provision should be made, by an application clause, for trial of offences under sections 2 and 4 in any court of summary jurisdiction. As the Bill stands such offences could be prosecuted only in the Sheriff Court. On the other hand, it is not thought right that power to inflict a fine of £500 or to order twelve months' imprisonment should be conferred on summary courts other than the Sheriff Court. This would be the result of Clause 3 in regard to offences under section 13 of the Criminal Law Amendment Act, 1885, which Police Courts, by virtue of Section 431 of the Burgh Police (Scotland) Act, 1892, have power to try.

3068. Then you will include that eventually in your suggestions for the clause as to the application to Scotland?—Yes, my Lord, that will fall to be dealt with there.

3069. In the right hand column on page 7, Clause 3 of the Sexual Offences Bill, you see there is a reference to granting a bond of caution in Scotland. Are those words right?—Those words are right, only it might be more appropriate if there is a Scotch application clause to deal with the point there, instead of having these words put in the body of the clause. Those are taken from the Criminal Law Amendment Act, 1885.

Mr Neville

3070. Under Clause 3, sub-clause 1, is the offence of being a common prostitute and loitering known to Scottish law?—Loitering for the purpose of prostitution.

3071. "Common prostitute" is a term of art in Scotland?—You find it in the Burgh and Police (Scotland) Act, and you find it in a number of the local Acts, too.

Chairman.

3072. Sir Ernley, you were good enough to give me a note which embodies some views of Mr Justice Roche?—(Sir Ernley Blackwell.) Yes.

3073. I wonder if you think, as you are here, it would be a good thing to refer to that now? Have you a copy of it here?—Yes, I have. Of course, it raises a question which is not touched upon actually in either of these Bills.

3074. But I think it is a point that has been referred to in evidence; I think I did ask a question myself. It was Sir Herbert Stephen, I think, who raised it; but I think the Committee would be interested to hear your note, if you would read it?—Shall I read the memorandum of Mr Justice Roche?

3075. Yes, please?—Mr Justice Roche spoke to me on this subject, and then sent me this memorandum: "It is a common feature, in cases under the Criminal Law Amendment Act, that the girls concerned are frequently not merely consenting, but the inciting and the encouraging, agents towards commission of offences. This is perhaps more especially the case of girls of say, fifteen, where the other party is also young, say a lad of fifteen to eighteen. I have myself tried several cases presenting another and more serious feature, where quite young girls, after having consented to their own violation, have, for a small reward in money or sweets, acted as procuresses and brought other girls to their violator, who in such a case is generally a man of some age. So far as I am aware, there is no power of dealing with these cases, or in any way controlling such girls for their own good and the safety of their associates. Section 17 of the Children Act does not meet the case. One suggested remedy is to make aiding and abetting an offence."

3076. That was Sir Herbert Stephen?—Yes. "As an alternative, presenting I think fewer practical objections, I suggest an amendment to the present

Chairman—continued.

Criminal Law Amendment Bill, providing, by an additional clause, that, where it shall appear to the judge before whom a case under the Principal Act is heard, any girl with or upon whom any offence under that Act is alleged to have been committed, requires, by reason of her character, conduct, mode of life or association, better care or supervision, such court may order her parent or guardian to enter into a recognizance under and in accordance with section 18 of the Children Act, 1908, and may, in lieu of or in addition to such order upon the parent or guardian, order the girl herself to enter into a recognizance to be of good behaviour, upon such terms as to supervision or otherwise as to the judge may seem right, and in such a case the Probation of Offenders Act, 1907, shall apply and take effect with all necessary modifications." Then his Lordship goes on: "I may add that I have intentionally suggested that this power should not only be given where there is a conviction of the male offender, because the power is certainly required, if at all, in a case where the girl is shown to have been so promiscuous as to cause a jury to acquit the prisoner actually charged. Unfortunately such cases are not infrequent I should also like to add that in other cases of various kinds I have exercised the power of putting young persons under probation officers, who may, of course, and in case of girls ordinarily should, be women; and I see no reason to distrust the written and oral reports I have received as to the excellent results obtained. Merely, however, to give a power to put a girl under a probation officer without a binding-over recognizance as an accompaniment would be apt to place the probation officer in a powerless position and open to be flouted." That is the judge's note. Shall I read a note upon that that I have?

3077. Yes, if you please?—It seems certainly desirable that there should be a power to put girls of the kind described under probation; but Mr Justice Roche's proposed clause is defective, because there would be no power to enforce the probation order. Although the girl were bound in her recognizance to be of good behaviour, there would be no power to forfeit the recognizance unless the girl were convicted of some legal offence. (See section 9, sub-section 2, of the Summary Jurisdiction Act, 1879.) What is wanted is an order to commit the girl to an institution, with an alternative power to put her on probation and suspend the committal to an institution unless and until she breaks the conditions of the probation order. The circumstances described in Mr Justice Roche's clause are similar to circumstances described in section 58, sub-section 1 (g) of the Children Act by the words "living in circumstances calculated to cause, encourage, or favour the seduction or prostitution of the child." Girls under sixteen coming within this provision of the Children Act can be committed by a court of summary jurisdiction to the care of a fit person (see section 58, sub-section 7, and section 59); or, if under fourteen, to an industrial school. I see no reason why a court of record should not be empowered to deal in the same way with girls of the type described in Mr Justice Roche's clause. If this is agreed to, then the last part of the clause should be amended on the lines of the proviso to section 58, sub-section 4, of the Children Act. The clause might read: "Where on the trial of an offence under the principal Act it appears to the court that any girl, with or upon whom any offence under that Act is alleged to have been committed, requires, by reason of her character, conduct, mode of life, or associations, care, supervision or control, the court may (1) order her parent or guardian to enter into a recognizance under and in accordance with the provisions of section 18 of the Children Act, 1908; (2) make an order for the committal of the girl to the care of a relative or other fit person named by the court; or, if the girl is under fourteen years of age, to an industrial school; and the provisions of the Children Act shall apply to such order as though it were an order made under that Act. Provided that, if the court thinks that it is expedient that the girl shall be placed under the supervision of a probation officer, the court may deal with her in like manner as, had she been charged with an offence, the court might have dealt with her under the Probation of Offenders Act, 1907, so, however, that the recognizance, on entering into

5 November 1918.]

Sir E. BLACKWELL, K.C.B., and Mr. CRAIG.

[Continued.]

Chairman—continued

ing into which she is discharged, shall bind her to appear and submit to an order of the court for committal to an industrial school, or to the care of a relative or other fit person named by the court." That was a note, done upon Mr Justice Roche's suggestion, by the department that deals with that matter. There are several other cases. There is the case of the children of an incestuous parent. The Incest Act provides that in the case of a child with whom the offence is committed the man may be deprived of the guardianship of that child, and the child may be committed, I think, to a probation officer. But there is no power at all under that Act with regard to other children of such a parent.

3078. This Bill has got in it such a clause as Clause 3; but I can quite understand some clause of this sort being admissible, at any rate, in the Bill. Do you still consider that a clause of that kind such as you last suggested would be going outside the purview of this Bill?—No, I do not think it would.

3079. I do not think it would when you have regard to Clause 3?—No

3080 Especially in the amended form which was recommended, I think, by Sir John Dickinson and approved by you?—Yes.

Chairman.] We shall have this printed with our papers, and will consider it. I do not think that we could enter into it just now.

Earl of Sandwich.

3081. I see your point that you suggest in your

Earl of Sandwich—continued.

amendment to Mr. Justice Roche's clause. It is very interesting in that you back up, so to speak, the difficulty of probation when no offence has been committed by being able to commit to an institution?—Yes

3082. Then you went on to say, as a substitute for that, some committal to a relative?—Yes.

3083. How is that effected? Can you commit to the charge of a relative as a safeguard, over and above probation?—I think it is much the same as putting on probation.

3084. How does that overcome the difficulty of probation?—Over-riding all, I think, as a sanction in the background, is committal to an institution. If the committal to a relative failed, or if putting on probation failed, then there must be something behind; some power to commit to an institution.

3085. I could not get over the difficulty of the words "committal to a relative"?—Is that the expression used? I am not quite certain?

3086. You did mention it?—Yes; "care of a relative or other fit person." I think the words are taken from the terms of the Children Act.

3087. Commit to a relative is not sufficient force behind probation, if that fails, unless you have behind that, again, committing to an institution?—I should think it was of very little use, except in the case of a quite young child.

Chairman.] Thank you for your evidence.

*(The Witnesses are directed to withdraw.)**Die Jovis, 7° Novembris 1918.*

PRESENT :

Earl of SANDWICH.
Earl BEAUCHEAMP.
Earl of STRAFFORD.
Viscount SANDHURST.
Lord DESART (Earl of Desart).
Lord MUIR-MACKENZIE.

SIR WILLIAM COLLINS.
SIR HENRY CRAIK.
SIR WILLOUGHBY DICKINSON.
MR. NEVILLE.
MR. TYSON WILSON.

LORD MUIR-MACKENZIE IN THE CHAIR.

SIR CHARLES WILLIE MATHEWS, Bart., K.C.B. is called in; and Examined as follows:—

Chairman.

3088. I need not ask you whether you are the Director of Public Prosecutions?—That is the office that I fill my Lord.

3089 The Committee are rather in this position. We cannot really expect to finish our business before it is perfectly certain Parliament will come to an end; and we shall come to an end with it. But we thought your evidence was so important, and you have been good enough to take such very great detailed pains about it, that we were very anxious at any rate to have your evidence on our notes?—I am much complimented, my Lord.

3090. Therefore I hope you will not think it wasted time that you should come and give your evidence here?—Oh, indeed, no.

3091. You have told me you have found the arrangement of the two Bills in parallel columns was not, to

Chairman—continued.

your mind, the most convenient form in which to deal with them; and in the note that you were good enough to give me you have taken first the Government Bill and gone through it, and then the other Bill, and you have also very kindly added a form of Bill which illustrates the amendments that you suggest. I think the most convenient thing would be that we should follow the course which you yourself have taken in dealing with the Bills. Will you therefore kindly go through the Government Bill in order, and then we will go to the other Bill?—May I say that since I wrote to your Lordship I have had the Bills put into the form in which you have suggested they should be considered, and I have that form before me now. Therefore if it is more convenient to the Committee that we should deal with the different clauses of the Bill at the same time, arranged in parallel columns as they

are

7 November 1918.]

Sir C. W. MATHEWS, BART., K.C.B.

[Continued.]

Chairman—continued.

are in the printed Bill that you sent me, I am quite prepared to do that. I will take any course your Lordship or the Committee think preferable.

3092. We will take them, please, in the form in which I have them before me, which is the way in which you originally did it?—If your Lordship pleases.

3093. Will you read what you have prepared?—I will, with great pleasure.

3094. I should be glad if you will, because that will bring your views before the members of the Committee in the same form in which I have them, which I have found very clear?—I will do that, my Lord.

3095. Then will you be good enough to take the first clause of the Criminal Law Amendment Bill and make your observations upon it?—First of all, I do not know whether it is intended by the Criminal Law Amendment Bill in any way to amend the law with regard to indecent conduct or indecent assault as between male persons. Certainly the first clause of the Bill allows that to be inferred.

3096. Perhaps you would allow me to say one word about that at once. We have considered that an endeavour was made in both Bills to treat both sexes alike, and therefore to use the word "person" That has been done in the Government Bill, evidently, in this first clause.

Earl of Desart.

3097. Your point, I gather, is rather that the law with regard to offences in regard to male persons is sufficient already, and that it does not want any amendment of any kind?—Yes, that was my point.

Chairman.

3098. That is why it has been so expressed in the Government Bill. It is not exactly with the intention of making an alteration, so much as of making the law appear upon the face of it to be the same?—It may be sufficient to say that, with regard to acts of indecency, indecent assault or graver offences by male upon male, it seems to me that the law is already sufficiently strong to deal with them and that there is no need in any way to amend the law as it affects acts of indecency, whether of a lesser or of a graver character, upon male persons. With regard to the question of raising the age in cases of indecent assault from thirteen, where it now stands, I venture to say that that age is actually too low, in my humble opinion, and that the age ought to be raised, unquestionably. I should not, myself, fix upon an age so high as sixteen, but, inasmuch as the age of sixteen preserves a uniformity of age in offences of this description, I think it is a very convenient age to adopt for the purpose of amending the law. But I venture to think that the repeal of the proviso to section 5 of the Criminal Law Amendment Act, 1885, would be not only a mistake, but an injustice if the age in cases of indecent assault is raised as high as sixteen. In these days girls of just under sixteen are very fully grown up in large numbers of instances. They live away from their homes, they make their own livings, and I think *prima facie* that at sixteen a girl of the present day is well able to protect herself and ought to offer some resistance when anything in the nature of an attack is made upon her virtue. I think, therefore, when, as often happens, a girl of just under sixteen tells her assailant, or so-called assailant, that she is past the age of sixteen, or so dresses herself as to lead anyone to suppose that she is past that age, there ought to remain the defence that the accused had reasonable cause to believe that she was of the age that she said she was or that she was of the age that she appeared to be. It seems to me, therefore, that it would be unjust to the male accused that there should not remain to him the defence that he had reasonable cause to believe that she was above the protected age. If that is said in regard to the age of sixteen in the Government Bill and said with any good reason or on any true foundation, it follows that in regard to the Sexual Offences Bill it may be even more strongly urged

3099. Because of the proposal in that Bill being to raise the age still higher?—To seventeen. The proposal in the Sexual Offences Bill is to raise the age from thirteen, where it now stands, to seventeen. We will perhaps deal with that later on when we come to it. But dealing with the age as fixed in the Govern-

Chairman—continued.

ment Bill, and with the proviso repealed, I venture to think that grave injustice may be done. Moreover, may I say most respectfully to the Committee that juries are very apt to become judges in these cases. They are not so much influenced in these cases by directions which they receive from the bench. They are very prone to become judges for themselves. In the Government Bill, I do not know whether it is intended, but it appears that a youth of fifteen might be put upon his trial upon the accusation of a girl under sixteen who may have encouraged the thing which he is being tried for, and yet he would be without defence. That is a matter which I suppose is intended. The raising of the girl's age appears to have no corresponding raising of the age of the accused, except in the Sexual Offences Bill, where I notice the difference. But in the Government Bill a youth, say, of fourteen or fifteen may be placed upon his trial upon the accusation of a girl just under sixteen who may be shown to have encouraged the act for which he is being tried, and he has no defence. However, that is upon another point. The raising of the girl's age to sixteen, I think, is, in all the circumstances, convenient, but I venture to say that when the age for indecent assault is raised to sixteen I think the proviso should stand.

3100. I think on the whole that before the Committee ask you any questions it would be convenient if you would go on with your observations on Clause 2; they get a little mixed, I think?—Certainly, with great pleasure. May I say with regard to the proviso of Section 6 of the Criminal Law Amendment Act, 1885, I do not think that any serious objection ought to be raised there. That is what I may call a case which emanates from brothels "Any person who, being the owner or occupier of any premises," and so on, "induces or knowingly suffers any girl of such age as is in this section mentioned to resort to or be in or upon such premises for the purpose of being unlawfully and carnally known by any man, whether such carnal knowledge is intended to be with any particular man or generally (1) shall, if such girl is under the age of thirteen years, be guilty of felony." Prosecutions are very rare, in my experience. I have known of one or two only; but I think there is no objection to raising the age and allowing the repeal of the proviso in that section.

Earl of Desart.

3101. That is thirteen years of age?—This is Section 6, where it is proposed by both Bills, if I am not mistaken, that the proviso should be repealed

Chairman.

3102. You look upon it as a different thing where it is a grown-up person keeping the house, to the case which you have put of a young boy who may be younger than the girl herself?—I should describe the offender in Section 6 of that Act as being more or less of a professional character. The other, whether he be boy, youth or man, it appears to me, is in a different category altogether. The professional should secure himself. He has means of ascertaining what the facts are. He does not take the statement of the girl. He must do what he is doing at his risk for the purpose of carrying on his profession. But the other seems to me a different case altogether, if I may say so. We next come to the amendment of the law in relation to the time within which complaints may be made.

3103. You are in favour of the extension that is proposed in both Bills?—I am. May I, quite shortly, say that my reasons are, that in the administration of the Punishment of Incest Act, with which I have a great deal to do, it very frequently happens that the girl says nothing to anybody until she is just about to be confined. It is rather extraordinary that the parents do not see for themselves the altered shape of the girl. But it happens; that is all I can say. The girl puts them off with falsehood; she says she is suffering from some disease, which she is not, and so on. Again, in the Punishment of Incest Act it must be remembered that the girl frequently is an inhabitant of the house in which the accused resides, and he is able to bring a very considerable influence upon her not to divulge the nature of her condition. That is true

7 November 1918.]

Sir C. W. MATHEWS, BART., K.C.B.

[Continued

Chairman—continued.

true of incest; it is not so true in other cases. I think that nine months, perhaps, would be sufficient to meet that

3104. I was just going to ask you that?—Twelve months, I think, was only adopted because it would meet all cases. Of course in pregnancy, as we all know, the period of gestation is prolonged in many cases, or in some cases at all events. Therefore it was thought that twelve months would meet all cases; but nine months, I would freely admit, would be quite enough to serve the object that I had in view. If I may trouble the Committee with it, I had a very curious case, which only terminated yesterday.

3105 Under that Act?—No, my Lord, under the Criminal Law Amendment Act. It was a case of some boys going with a girl up an alley in a largely populated town, and there both of them would seem to have had connection with her; and one certainly did. She was only thirteen years and one month old, but she conceived, and she made no mention of her condition until seven months after she had conceived. The boys were too young to do anything with them, because they were, by a presumption of law, incapable of doing what they had actually done; but if they had been capable, there was a case of a girl between thirteen and sixteen, who made no mention of her condition until she was seven months advanced in pregnancy, and under the Criminal Law Amendment Act as it stands, they would have gone free. That points, I think at all events, to the necessity for some extension; what the extension may be will be better determined by you than by me. Nine months would meet the case that I have in mind.

Earl of Desart.

3106 With regard to what you have said about nine months, and girls not saying anything till they were near their confinement, how would you apply the reasoning to make it apply to cases of indecent assault, where there is no question of confinement?—Again, I think that would be the right time to adopt for the purpose of uniformity and for the purpose of justice. Let us say that in the first instance, before the magistrate, an accused person is accused of, and committed for, one of the offences against Section 5 of the Criminal Law Amendment Act; that is, having carnal knowledge, or having attempted to have carnal knowledge. He would go for trial upon those charges. It would be open at the trial, if I am not mistaken, for the jury to say: "We do not find either the carnal knowledge or the attempt, but we find an indecent assault." Then it would be a matter that would become controversial as to when it was that the complaint had been made, in the case of which the man had been convicted, and if it were found in that case that the complaint had been made after the statutory time, I am afraid the trial would be abortive. So that it seems to me it would be better to keep the time uniform. I do not think any great injustice would follow from it. Of course, it seems to be a very long time, I must say, for a complaint in regard to indecent assault to be allowed to be kept in abeyance for so long a period as nine months; at the same time, I venture to recommend it, upon the grounds that I have stated.

Chairman.

3107. You have something to say about corroboration?—Yes. I would like to say that it seems to me, on the whole, that it would be better to have a statutory enactment in regard to corroboration in these cases.

3108. It is the practice?—It is the practice, no doubt, for the judge to advise the jury and to direct them, and very strongly, to acquit; but they have it in their power, if they please, to ignore the direction, to disobey it, and to say: "We believe the uncorroborated complainant in this case, and we intend to act upon our belief." They can do that, if they will, to this day. There was a case of *The King v. Baskerville*, to which I would desire to call your attention; I do not know whether the Earl of Desart's attention has been called to it. It was a case decided in the Court of Criminal Appeal in 1916.

3109. I do not think it has been mentioned here?—It was a case on the corroboration which is required before anyone ought to be convicted upon the evidence

Chairman—continued.

of an accomplice. Certainly the judges have made the rule as lenient as they could in favour of accused persons; because they have laid it down now that there must not only be corroboration of the commission of the offence, but of the participation in the commission of the offence by the accused person. I venture to think that in these cases, where so many are dependent, in the first instance, at all events, upon the testimony of accomplices, the accused should be protected, and should be protected by Statute, instead of allowing the possibility, as it still is, of a jury saying to a judge in terms: "We do not care what you direct; we are going to act upon our own belief in this matter, and we shall convict." The Court of Criminal Appeal has no power to disturb a conviction of that kind, as it is said in the case of *The King v. Baskerville*. They have no power to upset it on the ground that the jury had acted on the uncorroborated testimony of an accomplice.

3110. If you had a clause in the Statute, on appeal a conviction could be quashed?—Yes, certainly.

Earl of Desart.

3111. In that case, there would be no conviction?—No; in such a case, I think the judge would keep the case from the jury. With the Statute to assist him, I think he would not let the case go to the jury.

Mr. Tyson Wilson.

3112. I take it that you consider there is a case for amending the existing law?—Yes, so far as the raising of the age is concerned.

3113. Do you think that in the case you suggested of a boy indecently assaulting a girl, the prosecution ought to fail?—You mean a boy of young age, and a girl over his age?

3114. A boy of 14 or 15, and a girl of 15 or 16?—I think the trial ought to be abortive, if it did take place.

3115. Are there many cases of that kind taken into Court?—No; I agree that that would be a very extreme case. Now the thing I was endeavouring to point out is, that it is allowable by the Bill, according to the language of the Bill. I do not know whether it is a matter which the Committee would think it their duty to consider, as to whether, in raising the age of the girl, they should think at all of raising the age of the accused person.

Sir William Collins.

3116. As regards the period of time within which proceedings may be taken, you advocate an extension of the period?—I do.

3117. You spoke of cases of concealed pregnancy, in which the fact has not been known until delivery?—That is so.

3118. I suppose extending the period to ten calendar months, would cover all cases of even extended pregnancy?—I entirely agree.

3119. Would there be any particular advantage in extending the period beyond the period of ten calendar months?—I do not think so.

3120. And there would be rather grave reasons against further extension than that?—I think so, in the case of indecent assault; I must say so.

3121. So that you think a period of ten calendar months would be adequate?—I do; in every way.

Earl of Desart.

3122. If I followed you rightly, you yourself think the age of 16 is the highest to which this protection ought to be applied; I am taking the two sections together?—I do.

3123. Supposing you attach, as I do, great importance to the proviso as to reasonable cause, I apprehend that you concede that in the absence of that proviso a man who had no guilty mind—not only no intention, but who would have had a horror of touching a young girl—might be convicted without the slightest idea that he was committing the offence which is the offence in the clause?—I entirely agree with that.

3124. In fact, to put it in a short way, there would be a total absence of what is ordinarily requisite in a criminal case, namely, the guilty mind?—Yes.

3125. I

7 November 1918.]

Sir C. W. MATHEWS, BART, K.C.B

[Continued.]

Earl of Desart—continued.

3125 I am not putting it as my own view, but if it were put to you, with regard to the Sexual Offences Bill, that if the age were raised to 17 and the proviso main'ained, as against the age being raised to 16 and the proviso repealed—I am putting it as an alternative question—which would you prefer?—I am to assume that the proviso will only relate to the year 16 to 17 Is that it?

3126. What I mean is this: If Parliament should think fit to raise the age to 17, you follow that the argument is rather stronger for retaining the proviso than if it were 16?—Yes

3127. If that were the alternative, which would you prefer: 16 without the proviso, or to increase the age with the proviso? You do not like either, I know; nor do I?—I should have preferred neither, but if one were driven to it, one would have to accept between 16 and 17.

Sir Willoughby Dickinson.

3128. I do not quite understand your answer?—Let me try to explain. As I understand Lord Desart, the proviso is to be repealed up to 16, but to exist and be effective as between 16 and 17. Lord Desart asks me which of those two I prefer. If one of them must be, why, then, of course, the proviso between 16 and 17.

Earl of Desart.

3129. That in retaining the proviso if the age is raised to 17?—Yes, between 16 and 17, if it must be.

3130. But you would attach almost equal, if not quite equal, importance to retaining the proviso in either case?—Indeed, I would.

3131 With regard to the increase of time to nine months or ten months in the case of an assault, in which no question of conception arose at all, do you apprehend that there would be many cases in which the prosecution was not commenced before the present limit, six months, in which there would be a conviction in the absence of any communication by the child to somebody shortly after the actual assault took place?—I think there would be conviction where a child is, as was the child in the case I spoke of, just over 13, if she said nothing; as in the particular case she did say nothing. I do not think that would prevent conviction

3132 I do not think you quite follow me. That was a case where there was conception?—Yes.

3133 I am putting a case where there was an assault, where that element did not arise at all. I will put it in another way. Is it not the case that in an accusation by a woman or a child against a man, great importance is usually attached by the Judge to a communication being made immediately, or shortly after the time, to the girl's mother or other relation or friend?—Unquestionably. Now that I fully understand what it is that you are asking me, may I say this I think that in cases, whether of indecent assault or of an attempt, when no penetration is said to have taken place, the longer time may, perhaps, do some little injustice, or perhaps some great injustice, to the accused person. But the difficulty which occurred to us, when we were considering the Bill, was this. Suppose, as I put it earlier, there has been a committal for some graver offence, and there is a conviction for some smaller offence, there would be an abortive trial, and a man who has been pronounced guilty goes free.

Sir Willoughby Dickinson.

3134 I notice that you said that in your opinion, on Clause 1, the age of 13 was much too low?—I think so.

3135. 16 was, in your opinion, rather too high?—I thought so.

3136. Can you give us any idea what age you think would be the right one?—I thought 15. That would be my standard. I think if a man acts indecently towards, for all purposes, a child, that is heinous; and that she consents to it ought not to stand him in any stead at all. I think, however, if a man acts indecently with a full-grown girl, and, it may be, he is encouraged by her to do it, it may be he is deceived by her into doing it, by her saying to him that she is above the protected age, I think that that is quite a different thing.

3137. In your opinion then, dealing with a girl under 15, there ought to be no sort of protection, not even

O 179

Sir Willoughby Dickinson—continued.

to the non-guilty mind that Lord Desart has referred to?—I think that a man who acts indecently with a girl of 15, although she may appear to be older than 15, must be presumed to have a guilty mind.

3138. I am glad to get that answer from you. I may take it, then, that really the only difference between you and the Bill, on the question of indecent assault, is a matter of one year?—That is so.

3139 I notice you also said, in dealing with the question of the proviso, that you were dealing with the matter of indecent assault; and I take it that you would rather contrast your view on Clause 1 on this particular point with your view on the question of having carnal connection?—Oh, no.

3140 Do you take the same age, then, for both matters?—I am for not repealing the proviso of Section 5 of the Criminal Law Amendment Act. The Government Bill proposes to repeal that proviso; I am rather for retaining that

3141 I suppose you would admit that a man who has carnal knowledge of a girl under 15 ought to be punished, whether he knew she was over age or not?—I think so.

3142. Even if a girl under 15 had such an appearance as to make her look 17, that should be no protection to a man?—I think that if you take that risk you must take it with all its consequences.

3143. Now I should like to know why should you not give the same protection to a girl of 16 that you would give really to a girl of 15?—Because she is well able to protect herself, or should be.

3144. We have had evidence from two or three witnesses that a girl over 15 and under 16 in very many cases does not know the consequences of her act?—The consequences, it may be, but that the thing is wrong and she puts out no hand to protect or defend herself, she must know at 16 years of age.

Chairman.

3145. That what thing is wrong—not sexual intercourse?

3146. Sexual intercourse with a person below a certain age, but not sexual intercourse in itself; that is not contrary to law?—No, my Lord, but I am speaking of a question of morality. A girl knows, if she is of sound mind. Of course you must have protection for imbeciles, idiots, and the insane; that protection exists; but if she is of sound mind she knows what is wrong.

3147 But you are talking about intent; you are not talking about a moral wrong, but about committing a breach of the law, are you not?—I say that a girl of 16 ought to know, and in 999 cases out of a thousand she does know, and must know, that to be indecently assaulted and to have, or to attempt to have, carnal connection with a man is wrong

Sir Willoughby Dickinson.

3148. Is it not that you are looking at this question principally from the point of view as between the man and the girl and not from the point of view of public policy, if I may put it so? If it is thought to be advisable to make the act of having connection with a girl of 16 wrong, the mere fact that she knows or that she does not know would not affect it from that point of view, would it?—No, but I imagine that what is intended to be done here is justice, and it seems to me to be quite unjust to protect a girl of 16 when according to my view she must know that what she consents to or submits to or encourages is wrong. It seems to me unjust to protect her at the expense of her assailant, who may have been misled by her into the doing of the very thing of which he afterwards finds himself accused as a crime. That is wrong.

3149. If the object of the State is to protect women generally from attacks upon their virtue up to a certain age, the mere fact of the girl consenting or not surely does not affect that question. You know, of course, that in some countries the age is considerably higher than 16; it is 17 and indeed 18?—I believe that is so.

3150 And especially in the American States the age has been fixed from that point of view, in order to deter men from doing an act which is thought to be disadvantageous to the community generally, and to the girls, of course. Is not that a consideration which is well worthy of being borne in mind in these matters,

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7 November 1918]

Sir C. W. MAIHEWS, BART., K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued

in addition to that of the actual consent or non-consent of the girl?—It may be. I am looking at these cases perhaps with rather a narrow view, because I am looking at them as criminal offences to be prosecutable as such. My view is that you will not attain your object if you make the law as stringent as it is proposed to be made here.

3151. If I may say so, that is another point. That I quite understand, but if you want to deter men from the practice of indulging themselves with girls below an age at which the girl ought to be subjected to that—then the only way to deter them would be to make it a crime of this kind?—I would not like to say it would not have, or might not have, some deterrent effect.

3152. It had a deterrent effect on girls when the age of 13 was established?—I am afraid there have been a great many prosecutions since the age of 13 was established.

3153. Is it not your experience that the age of 16 now is very well known amongst the humbler classes as the age of protection for girls?—Yes, and mainly because of the girls declaring themselves, as they do over and over again, to be above that age.

3154. But the ordinary man and woman, especially amongst the humbler classes, know that they have to be careful when they are dealing with a girl under 16. It deters them from interfering with her?—It may.

3155. And it would to that extent deter them still more if it was 17?—I do not think so.

3156. One could look at it from that point of view quite fairly, could not one: from the public point of view, quite apart from the question of how far it is just as between the man and the girl?—If it were, from the public point of view, just to convict in a case where, as Lord Desart just illustrated, the man with a perfectly innocent mind might be guilty of a criminal offence—if it is for the public benefit and for the due administration of justice that that should be a possibility, then no doubt consideration might be given to what you have put.

3157. But you admitted that yourself in the case of the age of 15?—Yes, because it seems to me that at 15 a girl has not passed from childhood, and not having passed from childhood, it would be the duty of anybody to protect her.

3158. There is one other point I want to ask you about; perhaps I did not quite understand you. It is about the question of the evidence of corroboration in the case of an accomplice. What is an accomplice in cases like this that you require corroboration. Let me just put to you a case. Supposing a man has indecently assaulted, or has had carnal connection with, a girl of six or seven years of age, or perhaps a little more, at any rate of an age when she could come and tell her story to a jury, and she is brought into court and accuses a man, what corroboration would you require in a case like that?—You would require the corroboration already suggested, of an immediate complaint, first of all. That would be the first corroboration you would look for. Then the fact, as is very often provable, that the accused was either near to or where she had described herself to have been with him. That is another way of corroborating. But in such a case I think the immediate complaint would be the corroboration that you would first seek. And may I say that such a complaint, if made immediately after the assault, is admissible in evidence, it may be given in evidence; it does not rank as complaints which are made outside the hearing of the accused in other cases. That is a complaint which you can give in evidence by the person to whom the complaint has been made.

3159. That is just what I wanted to get from you. Corroboration in that case would be merely an immediate complaint?—It might be.

3160. That would be sufficient corroboration to meet the law?—It might be. I think a judge would admit that.

3161. Now supposing that we were to go so far as to put into a statute that there must be corroboration, do you think that would not require more corroboration than that?—I do not think so; but it would be corroboration as to the commission of the offence, and also as to the participation in the commission of the offence of the person accused. That is what the case of *The King v. Baskerville* laid down as the corroboration which must thenceforth be required.

Earl of Desart.

3162. You mean sufficient to justify a conviction, not sufficient to get a conviction; you must not confuse the two?—No; sufficient to support a conviction.

Sir Willoughby Dickinson

3163. What sort of wording would you suggest for a statute? We have it in another section?—I have adopted that.

3164. That it must be corroborated in some material particular by evidence implicating the accused?—Quite so.

3165. Do you think that would extend to the mere fact that the girl had immediately complained?—Within a short time, or was seen coming away from the place of assault crying or with her hair dishevelled, with the appearance of a girl or a child who had been recently mishandled.

3166. Perhaps I do not make myself quite clear. I am rather anxious that we should not put more words into the Statute than are required. You see the words "corroborated in some material particular by evidence implicating the accused"?—That has been defined by the Court of Criminal Appeal as the corroboration which is required of an accomplice; but let me say, if you are dealing with a child, the child is not an accomplice.

3167. That is what I wanted to get at?—If you are dealing with a child, a child does not consent to the thing; a child submits to the thing, so I think you can put that case out of your mind altogether.

3168. That is rather important. Then you mean to say that if we passed Clause 1 or put any age at which consent is no excuse, it immediately strikes out all those persons as accomplices?—You began, did you not, by putting a child who could tell her own story? That child would not be an accomplice at all. If, however, you have in your mind the further case of a girl of 15 to 16 or 13 to 16 telling her story she would require corroboration.

3169. That is exactly what I wanted to get at. I began by asking you what was an accomplice. You then said the child would not be an accomplice, because she could not consent, but then you go on to say that, although some other people could not consent, they might be accomplices?—Certainly; that would be a question of age. A girl between 13 and 16 would require corroboration. She requires it now under the rule of practice, but there are cases where juries will not take directions from judges as to not acting on the evidence of accomplices. Now in such cases juries sometimes—not often, but sometimes—take it into their own hands to ignore the direction of the judge. I want to prevent that as far as I can, and I want it that in this class of case there should be corroboration, and the corroboration which the Court of Criminal Appeal has laid down as the proper corroboration for an accomplice.

3170. You understand that my point rather is that at the present moment the question of whether a person is or is not an accomplice is decided by the judge. He knows the circumstances and he is able to form more or less an opinion?—That is quite right.

3171. But if we put down in a Statute, as you suggest, that where there is an accomplice there must be corroboration, then it seems to me to be rather more difficult to give the latitude that is now exercised in a judge directing a jury as to what is or is not an accomplice?—I think really you need have no uneasiness, because directly a judge had decided that a complainant was an accomplice he would then think it his duty to direct the jury not to act upon her testimony.

3172. You think it would not make any difference?—He would under the statutory enactment withdraw the case from the jury.

Chairman

3173. Was that defence that we are speaking of, of reasonable cause, first introduced in the Criminal Law Amendment Act, 1885, or was it an old defence?—My impression is that it was first in the Act of 1885, but I will not pledge myself.

3174. I am not an authority on criminal law, but I am almost sure it was introduced then. I remember the passing of the Bill very well. So that, if we were to strike that out, we are not dealing with the law of England as it came down from Richard I., or anything

7 November 1918.]

Sir C. W. MATHEWS, BART., K C B.

[Continued.]

Chairman—continued.

thing of that sort?—I think not; but I will not pledge myself.

3175. Supposing that is so, it is an additional defence that has been given in this class of case, and it does not touch the principle of the law. It is an additional defence?—That is so, it is an additional defence.

3176. Then one question about the man who goes out with a guilty mind. As I understand, he goes out with the intent of taking a girl who is under 16. He meets a girl who has got herself up so as to look over 16, or he meets a girl who is over 16, and he says: "I have no use for you." Is not that so?—You are putting a different case to Lord Desart's altogether, as I understand it. You are putting the case: Suppose a man goes out with the intention of having connection with a girl under 16, and he comes upon somebody who appears to him to be over 16.

3177. Then he will not have anything to do with her?—He leaves her alone. May I ask what he has done?

3178. He has done nothing. As I say, he will not touch her. So that that case will not arise between him and any such girl as is put. There is no position of "reasonable cause" arises at all?—What I had in my mind when I was answering Lord Desart's question was this. A man does not go out with any such intention; I agree that a man might, and perhaps a man has, but I was rather assuming the case of a man finding himself in the company of a girl who to all appearance was over 16 years of age, who on inquiry said, or who volunteered the statement, that she was over 16. Then it seems to me that if he acted upon what he was told and upon what he saw for himself he would have no guilty mind in having connection with that girl or attempting it.

3179. Will you kindly go on to clause 3 of the Criminal Law Amendment Bill. That is on page 4, I think that you approve generally of the clause, do you?—Yes, very much.

3180. But you have one or two observations to make, I think?—All I would say is this. It seemed to me that the time of detention which it was proposed to allow under clause 3 might be too short. The girl, to be within it, must be under the age of 18, and it is proposed by the Bill that she should be detained only until she attains the age of 19. That would make it that a girl of 17 years and 11 months would be under detention for 13 months, and only 13 months. It seems to me that it would be better to give a discretion to extend that time of detention; it occurred also to me that the experience of the Borstal system was a very good one to be guided by; because under the Borstal system two years is the minimum time of detention and three years is the maximum. I think the experience of those who are in control of Borstal and who supervise it, is, that two years is probably the shortest time within which any material good can be done. I would wish to say to the Committee that I had the advantage of discussing this period with Sir Evelyn Ruggles Brise, whose experience, of course, is second to none in these matters, and he agreed that the period of detention was too short, and that the proposed extension period of detention would only just be long enough. Otherwise, the clause as it appears to me is wholly good. It would do a vast deal of good, I think, in reclaiming young girls and young fallen women. I would, with your Lordships' sanction, desire to place before the Committee a sixth sub-clause to clause 3. Clause 3 at present has only five sub-clauses.

3181. May I ask if it is in the Bill that you drafted?—I am afraid it is not; it was an afterthought to that.

3182. Do you happen to have seen the proposals of the Home Office for amending the clause?—No, my Lord, I have not.

3183. I will not go into them, but I thought perhaps you might have seen them?—No, I have not. May I shortly say this? This is a sub-clause for the protection, not of persons who have been convicted of indecent offences, whatever their character, but of complainants in such cases where, in the course of a trial where they have been witnesses, they have been shown to be of immoral character. It seemed, if I may say so, mainly to my friend Sir Archibald Bodkin, that too little was done for girls who come forward as complainants in those cases. They come and give their evidence; there is either an acquittal or conviction.

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Chairman—continued.

They leave the Court, and, unless some benevolent person or some benevolent institution takes charge of them, they go back to their old squalid and bad surroundings. Therefore this proposed sixth sub-clause is that the powers which are conferred by Clause 3 of the Government Bill should be extended to girls under 18 who have been shown practically to have been living immoral lives and for whose well-being something ought to be done.

3184. You think that that can be done by a sub-clause?—Yes, we thought so. (*The sub-clause is handed in to the Committee, and is as follows:*)

"3 (6) Where a person is convicted on indictment of an offence against Sections 5 or 6 of the Criminal Law Amendment Act, 1885, or of indecent assault or of an offence against the Punishment of Incest Act, 1908, and the girl in respect to whom any such offence was committed is under the age of 16 years the Court of trial if of opinion that such girl is a person of immoral character and consented to the act of indecency or carnal knowledge may exercise the powers of Section 3 of this (Bill) or may direct that she should be brought before the Justice or Justices who committed the offender for trial with a view to such Justice or Justices exercising the powers of the said Section (3) in like manner as if the girl had been convicted before them of an offence mentioned therein. For the purposes of causing the said girl to be brought before the said Justices to be so dealt with the Court of trial shall have all the powers provided by Section 109 of the Children Act, 1908."

3185. I am thinking of the first words, which seem to govern the whole thing, "Where a person is convicted." This clause would come as an addition to your proposed Bill?—It would be a 6th sub-clause to Clause 3.

Earl of Sandwich.

3186. Would you not consider raising the age of 18 with regard to girls to be placed in homes, that it should be raised, say, to 19. There are a great many girls who are over 18 who would come under this. Do you not think they should be included?—My object would be to do the greatest good for the greatest number.

3187. But do you think there is any objection to putting the age rather higher?—I should say not. I have not thought of it. 18 has been the age under the Criminal Law Amendment Act, unless I am mistaken, rather selected as the age of protection.

3188. Borstal cases can be sent until they are 21?—Yes.

3189. You do not think that that age might be taken as a standard?—You say taken until 21; do you mean and detained for any material period beyond?

3190. If a girl is under 21 she can be sent to Borstal, I think?—Yes, they can be sent, but they can be detained how long after the year 21?

3191. Three years after they are 21, I think?—After all, they are grown women after the age of 21. They reach their majority; they are individuals. What is proposed to be done here is to detain them for their own reformation and for their own good. I should venture to think that up to 21 would be as long as you ought to retain them for their own reformation and their own good.

3192. I was not proposing that they should be sent over three years. I am proposing that the age should be made higher than 18, so that you might be able to catch a number of cases, possibly, that you could reform?—If I am not mistaken, the periods for Borstal are a minimum of two years and a maximum of three years. The intention, I think, must have been that they should go to Borstal, and, according to the Bill as drafted only be kept there until they were 19. I think your reform would be sufficiently drastic if you extend the 19 to 21. But, after all, when girls reach their majority they are rather different perhaps than when they are under it. Two years would be a very considerable extension.

3193. I do not suggest it should be as high as 21?—I understood you to say raise it from 18 to 19.

3194. Raise it to 19?—Under that extension of yours you would not allow the full period of detention to be possible, because they ought to be discharged at 21.

3195. But I gather you only propose, in your amendment lower down, that it should be 20; so you only

7 November 1918.]

Sir C. W. MATHEWS, BART., K.C.B.

[Continued.]

Earl of Sandwich—continued

only extend it in any case two years?—Two years minimum, three years maximum.

3196. Do I gather you will have, in between that, an indeterminate sentence, within those periods?—Yes. It always has to be remembered, in regard to Borstal sentences, that they can be at any time revoked by the Secretary of State. You send a youth or a girl to Borstal for not less than two years or not more than three years. The Secretary of State can at any moment, on the statement of the Prison Commissioners, release any occupant of Borstal.

3197. But in this case you would not propose they should be subject to the sanction of the Secretary of State?—The whole of this clause, if I am not mistaken, is to receive the sanction of, and in practice has to be carried out by, the Secretary of State. He it is who has to provide the institution, he it is who has to make the rules which are applicable to the institution. Therefore he is a very important personage indeed in the administration of the section.

3198. One witness who came before us held very strongly that these homes should be very special; that they should be not at all of an institution character and not at all with the same treatment as Borstal, with a cell system?—I am not proposing to alter systems at all. All I am proposing to do is to extend the time.

3199. I was rather thinking that if you had a system of that kind, of a rather special character, it probably would not be prudent to couple with that, placing it directly under the Home Secretary or the Home Office?—I should have no hesitation in doing so, myself, I must say.

3200. You do not think that the decision should rest really with the people in charge of the home?—Does it not come to the same thing?

3201. Not quite, I think?—Or might it not, let me say. The Home Secretary accepts the advice of the Prison Commissioners. They act upon whose advice? From the people in the home, who report cases to the Home Secretary as being cases in which an exceptional course should be taken. So that I think you get back to the home.

Sir Willoughby Dickinson.

3202. I see that you say where a person is convicted and the age is under the age of 16. Why do you think it is necessary to limit it to convictions? You are dealing with a girl who has consented to an act at any rate supposed to be of an immoral character. Why do you therefore confine this to a case where the jury has convicted?—If a complainant has made a charge and that charge has failed with the jury, I do not think the Court would have any power.

3203. Suppose it fails and the Court thinks she is as bad as the man?—If that is so, I am sorry for her; but you are dealing with a clause where you must confine your remedy to cases which must be well defined.

3203*. In a complaint by a girl which was shown to have been false, she needs perhaps more reclamation than in the case of a complaint by a girl which has been shown to be true; but you do not propose to send her to a reformatory?—You get your class there. You get it in indecent assault, or in incest, or whatever it may be. You get a girl who has been brought up under very bad influences, and she has made a complaint which shows her to be an immoral girl. Then why not give the Court of trial, or, if needs be, the Justices, the power? According to the additional sub-clause it would only be in cases where the convictions had been secured that the proposal would take effect.

3204. It has been suggested that the Court should have power to punish girls in these cases. That would be an amendment of the case of *The Queen v. Tyrrell*?—That is what this clause suggests to a certain extent.

3205. Not punish—reform?—To put them into some kind of confinement. The objection to that has been that that would be an impediment in the way of cases of this kind being brought to the notice of the Courts, because girls would be afraid of bringing them and getting shut up themselves.

3206. Do you not think that is another objection?—Yes, that might be possible; I cannot say.

Mr Neville

3207. In your new clause you suggest having the word "convicted" changed into "charged"?—Would

Mr. Neville—continued.

it not be as well to leave "convicted" in and allow the judge who tried the case a discretion? A girl makes a charge and the man gets off.

3208. Have you the Bill before you?—Yes.

3209. Will you look at Clause 5, sub-clause 3, of the Government Bill. You will see there "A person charged with an offence under this regulation shall if he so requires be remanded for a period (not less than a week) for the purpose of such medical examination." There is no question of conviction there. In the corresponding clause of the Sexual Offences Bill you have the words "Where any person is convicted." In the one case the power of medical examination is when a person has been charged; in the other case it is only after the person has been convicted. Which one of those do you prefer?

Sir Henry Craik. Do not the words on line 5 of that new clause imply a conviction. "Where such offence was committed"?

Mr Neville.

3210. If your clause is for the purpose of really benefiting the girl, surely it would have just as much effect whether there was a conviction or not, to give her a chance of going to decent surroundings?—I should prefer that it should be for the benefit of the girl who had given evidence which was true and which had been accepted, rather than for the benefit of the girl who had given evidence which was false. I will not say that she does not require as good or better treatment than the other; but that was the idea that was in our mind—that she had come forward and she had given her evidence, she had brought whoever it might be to justice, and in that way had done some service, and that it was a pity in regard to such a girl to send her back, as indeed she may often be, to the very bad surroundings from which she came.

3211. The question is not with regard to the truth or otherwise of her evidence, but with regard to the life that she has been living?—I quite agree.

3212. Therefore if you want to help her it does not make much difference if her evidence is false or true, if her life is one from which she ought to be removed?—Yes, that is the vital thing—that she should be removed from her then surroundings.

3213. You are seeking to do that by practically shutting her up for two years at the very least?—Yes.

3214. That is a great infringement of the liberty of the subject, is it not? It is practically sending her to prison for two years?—It is certainly detaining her for two years.

3215. And it is treating immorality in a new way, because it is treating it practically as a crime, is it not?—That again is true.

3216. It is rather a big penalty that you are giving her?—The penalty may be hard; but is not the object both good and desirable? Consider the Punishment of Incest Act. It occurs to me to put this. Say a girl gives her evidence in an incest case, in most cases it is against her own father; when she leaves the witness box, where has she to go, unless somebody intervenes? A philanthropic institution may intervene, and I dare say often does, but otherwise that girl goes back to the house whence she has come, whence, by her evidence, she has driven the bread winner of the family, and there takes up her place once more. What is to become of her? You say it is very hard to detain her. Is it not very hard, or may it not be that people would think it very hard, to take a woman convicted of solicitation in the streets and detain her for two to three years? As you put it, is not that a gross infringement of liberty? Yet it seems to me that such girls need protection, and that there ought to be some authorised place where they may seek and get it.

3217. Have you any idea of what you would consider to be an authorised place?—The same place as is created under clause 3, of which this is a sub-clause. It so states, if I am not mistaken.

3218. It would have to be some sort of home or institution?—Yes, that is so.

3219. In the bulk have not those homes up to now been extraordinarily unsatisfactory, both from the point of view of those who keep them and of those who go there, and their results?—I cannot answer that question; I do not know.

3220. The girls avoid them as far as ever they can?—Yes, of course.

3221. Although

7 November 1918.]

Sir C. W. MATHEWS, BART., K.C.B.

[Continued.]

Mr Neville—continued.

3221. Although they are for their benefit?—And it is not every schoolboy who goes quite contentedly to school.

Earl of Desart.

3222. I should like to ask a question on this new clause. You limit it to cases where the accused is convicted. Is not that done because, if you allowed it to operate in cases where there was no conviction, the circumstances might be so hard that it would be impossible to say whether it was a case for a home or not? It is rather presumed in some of the questions that, because there is an acquittal, the girl is not believed. Might it not be a question of mistaken identity, in which there would be no question of the girl's truth or untruth?—Yes.

3223. Is the idea that, unless you draw some line like conviction or acquittal, it would impose on the court a burden of distinction that would be almost impossible adequately to carry out?—The answer to that is in the affirmative.

3224. Then it has been suggested to you, and it appears to me very naturally, you limit the case in which you might send a girl of this character to a home to cases where she was a person of immoral character and consented to the act of indecency?—Yes.

3225. That is the condition precedent?—Certainly.

3226. It may be considered that mere consent is rather a passive thing. Would it, do you think, alter the meaning of the clause or at all get rid of the object if, instead of the words "consented to" you let it run in this way: "A person of immoral character who invited or willingly participated in" instead of merely "consented to." I am trying to meet a criticism which is a very natural one, I think?—If I may say so, I think it would be improved. I hope it is appreciated that this is a possibility; it is something which might be done, something which the judge might consider would be right in the particular case; it is not compulsory that it should be done, but I think that the words "encouraged or participated in" are a stronger form of consent than mere passive consent.

3227. In that form you think it would justify the sending to a home of a person who had not actually been convicted of any offence?—Yes.

3228. As the law now stands, she could not be convicted of any offence, however much she might have committed it, as a matter of fact?—That is so.

3229. That is really the groundwork of the whole thing, is it?—That is so.

Sir William Collins

3230. Is not the principle involved in this new sub-clause which you have put in, rather a novel one to introduce in an amendment to the criminal law?—Is it novel when you take the five sub-clauses which precede it and add this sixth to it? Is not the proposal in the five sub-clauses of this Bill that there shall be a form of reclamation for all fallen women under a certain age? Is not that part of the scheme of the Bill, and in such a Bill is it in any sense a departure

Sir William Collins—continued

from it, or novel to it, that you add a class of women to those mentioned in the Bill whom it is proposed to reform and reclaim?

3231. Is it not the case that, with all those mentioned in the Bill, you would be dealing with accused or convicted persons; in this case, as I understand it, you would be dealing with somebody who was not accused but was in the course of the trial shown to be an immoral person under 16 years of age?—Yes.

3232. To that extent there is some novelty?—Yes, to that extent. None the less, if I may venture to say so, it seems to me to make a somewhat valuable addition to the reclamatory part which the Bill purposes to bring into effect.

3233. It is conceived rather on the line of effecting moral reform than of amending the criminal law?—As Lord Desart has put it, the circumstances of the case or of the cases have been such that, although the witness is exempt from punishment because probably she is a necessary witness in support of the prosecution, she is none the less an accomplice in the crime which she has come to depose to. In such a case as that, it does not occur to me that any very great hardship would be done. But let me say that the intention of the sub-clause is not to inflict hardship at all.

3234. It is conceived in the interests of moral reform?—Well, is not the whole of clause 3?

3235. This sub-clause of yours, I suppose, would only catch a very small proportion of the class of immoral persons under sixteen?—The cases of indecency preferred by girls under sixteen are quite considerable in number, and when you add to them the cases preferred under the Incest Act, I do not think the number is quite inconsiderable.

3236. Not a very large proportion of the immoral persons of that age?—No, I agree.

3237. I understood you to suggest that the detention as a whole should not be indeterminate, in the sense of there being no limit to it?—The limitations would be the same; not less than two years, not more than three years; but indeterminate in that it would be always in the power of the Secretary of State to release upon a representation made to him that the detained ought to be released.

3238. It would always be indeterminate within a certain maximum?—Yes.

3239. Not indeterminate in regard to the penalty imposed?—No, always indeterminate, but within the limit.

Chairman

3240. We must stop now; there is a statement going to be made in the House of Commons, and the Members of the House of Commons have to go in a few minutes. You would not object, if we thought proper, to our printing and circulating amongst ourselves the papers that you gave to me?—No, my Lord, indeed, I should be very much complimented if you were to do so.

3241. And we may call upon you again if we think proper? At any time.

Chairman] I am very much obliged to you.

(The Witness is directed to withdraw)

Die Martis, 12^o Novembris 1918.

PRESENT

Earl BEAUCHAMP.

Lord MUIR-MACKENZIE

Lord SANDWICH

SIR WILLIAM COLLINS

SIR WILLOUGHBY DICKINSON.

LORD MUIR-MACKENZIE IN THE CHAIR

Sir DONALD MACALISTER, K.C.B., is called in; and Examined as follows:—

Chairman.

3242. Sir Donald MacAlister, you are President of the General Medical Council, I think?—Yes.

3243. There does not seem to be much prospect of

Chairman—continued

the deliberations of this Committee ending in an Act this Session, but as you have been good enough to say that you would come and give evidence before us we were

12 November 1918]

Sir D. MACALISTER, K.C.B.

[Continued.]

Chairman—continued.

were anxious to have your evidence upon our notes before we closed our evidence, because we attach great value, of course, to anything that you may say. In the notes that you were kind enough to furnish to me you have dealt practically only with one subject I think of the Bill, or one subject of the Bill—Clause 7 of the Criminal Law Amendment Bill and Clauses 5 and 6 of the Sexual Offences Bill?—That is right, my Lord.

3244. So we will go to those at once, if you please. Perhaps you would be good enough, if it is in accordance with your own view of the best way of dealing with the subject to read the memorandum that you gave to us, and then perhaps comment on it a little further?—Well, my Lord, I thought, perhaps mistakenly, that you desired me to give evidence as to matters within my official knowledge as President of the General Medical Council.

3245. If you please?—And in particular with regard to the present position of qualified *versus* unqualified practitioners I begin my written statement by saying "The Medical Act, 1858, proceeded on the preamble that 'it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.' It provides for the registration of qualified practitioners, disentitles any others from recovering charges for treatment in a court of law, and prohibits them from falsely pretending to be registered, but does not prohibit them from practising any branch of medicine." On this subject may I be permitted to say that the General Medical Council has for many years been endeavouring to arrange for reciprocity with all the other parts of the empire; that is to say, the mutual recognition of medical qualifications, and, in consequence, it is in touch with the governments of all the different parts of the Empire, and its cognisance of their legislation, and very often projects for legislation are submitted more or less privately to the Council or myself before they are enacted. "In the other parts of the Empire legislation is increasingly being directed against unqualified practice, as well as against unauthorised assumption of medical titles. I distinguish between these two aspects of the question. A memorandum is appended giving extracts from various overseas laws on the subject."

3246. With regard to that memorandum which I have, I do not think that we need read it just now, but we will print it with our evidence as an appendix?—I will merely call your attention to one of them at this point, namely, that of New Zealand, where the Quackery Prevention Act, 1908, prohibits under heavy penalty the publication of misleading statements or advertisements regarding medicines, etc., intended to promote their sale.

3247. I am rather surprised at there being such a title as that. What is the origin of the word quack? If I ever knew I have forgotten?—I am afraid that that is a matter of philology; it is, I fear, of Teutonic origin; but its meaning, I think, is well understood throughout the Empire.

3248. Yes, but I am rather surprised at its being used in a Statute?—If I may say so, so am I, my Lord, and at a certain stage of the Bill I suggested a different word, but apparently they like to use the vernacular in New Zealand. That Act is perhaps one of the most drastic provisions with regard to the giving out of himself by a person who is not qualified as prepared to treat diseases. "In November, 1908, the General Medical Council, which is *inter alia* charged by statute with the keeping of the register of qualified practitioners, passed the following resolution: "That the General Medical Council being of opinion that the present Medical Acts do not sufficiently enable persons requiring medical aid to distinguish qualified from unqualified practitioners, and that it is contrary to the interest of the public that medical and surgical practice should be carried on with impunity by persons holding no recognised qualifications, requests the Government to take steps for the appointment of a Royal Commission to inquire into the evil effects produced by the unrestricted practice of medicine and surgery by unqualified persons." That resolution was communicated to the Lord President, who, as you are aware, my Lord, is supreme over the Medical Council

Chairman—continued.

in a certain sense, and he deemed it expedient to procure information on the subject through the ordinary administrative channels dealing with the public health.

3249. Who was Lord President at the time, do you remember? Was it Lord Crewe, or was it Lord Curzon?—It was before Lord Curzon's time. I am not sure that it was not Lord Beauchamp.

Earl Beauchamp.

3250. Yes?—In November, 1910, he caused to be published a report as to the practice of medicine and surgery by unqualified persons in the United Kingdom—a copy of which I believe was furnished to you.

3251. It was Lord Morley in 1910.—I came after that?—I know that I had some communication with Lord Beauchamp on the subject.

3252. Yes?—This report, which was published by the Government gave the opinions of over 1,600 medical officers of health. In respect of venereal diseases, reference is made to the report (herbalists, abortionists, and so-called specialists, etc.), for evidence as to the extent and evils of unqualified practice.

Chairman.

3253. I wondered whether you could tell us shortly the substance of the references that you make in your written statement to the report. I do not wish to trouble you to do it if you are not prepared to do it?—You will remember that the reference of the General Medical Council was to this—that the present law does not sufficiently enable the public to distinguish qualified from unqualified practitioners. On that point the report states: "Some herbalists in their advertisements warn the public against quacks. They are sometimes called 'doctor,' and some call themselves 'medical herbalists,' and add the words 'by examination.' Certain of them are stated to vaunt spurious degrees, and it would seem possible that some persons are occasionally led to believe that herbalists are qualified practitioners." That is the relevant point.

3254. Yes?—"In venereal diseases, treatment by herbalists is said in some cases to render an early cure less hopeful, and complications more common." That was a reference on the special point of venereal diseases. "Herbalists may be concerned in the spread of epidemics of infectious diseases. During a small-pox epidemic an ointment was extensively sold which, it was claimed, would cure smallpox. The vendor was prosecuted for spreading the disease by this means. Wrong diagnosis and consequent mistaken treatment are also responsible for spreading infectious disease." Page 14 has reference to abortion.

3255. Does "abortionist" mean a person who performs operations with a view to procuring an abortion or what is it?—I take it that it refers chiefly to drugs, but the report refers to other practices also. I will read the phrase: "The sale of drugs intended to produce abortion and practice by abortion-mongers, is shown by the replies to be prevalent and to be increasing considerably in many parts of the country. The traffic is centred very largely in the greater and particularly the industrial towns. One medical officer of health states that the use of instruments and the sale of drugs for the purpose of procuring abortion goes on in towns, especially manufacturing cities, to an extent which only medical men practising in such places can appreciate. The replies from the Midlands and the North of England, and especially from Lancashire, Northumberland, Durham, the West Riding of Yorkshire, and Nottinghamshire, make constant reference to these practices. The sale of abortion-producing drugs, often at exorbitant prices, is extensively carried on by herbalists and unqualified drug sellers. That some qualified chemists, however, do a secret trade in abortifacients, many medical officers of health bear witness. One states that diachylon (that is a lead preparation) "is sold by chemists and druggists in bulk, and that several keep it ready for sale in 2d. packets, from which pills are made and sold by old women." "The actual amount of damage done is very difficult to estimate, but many instances have been collected, from the replies, of lead poisoning directly attributable to the practice of taking drugs containing diachylon by married and unmarried women, some of them ending fatally." "The practice of taking pills containing

12 November 1918]

Sir D. MACALISTER, K.C.B.

[Continued.]

Chairman—continued.

containing lead for so-called 'female irregularities' produces much suffering, weeks of ill-health, colic pains, anæmia, constipation, and prolonged incapacity for work." Unqualified Practice in Treatment of Venereal Diseases.—"In many of the great towns the treatment of venereal diseases is largely in the hands of unqualified persons. Chemists, qualified and (more frequently) unqualified, and herbalists undertake this class of work. Many so-called specialists in venereal diseases have sprung up, and they appear to be on the increase. These specialists often acquire a great reputation, though entirely ignorant of medicine. Among those referred to in the replies are a poultry fancier and a retired publican. One medical officer of health reports them to be increasing, and very much to the fore. They deal very ineffectually with the disease. They gather into their net not only those who are actually suffering from venereal disease, but also those who are suffering from nothing but the fear of it, or of impotence. They extract large sums of money from their victims by terrorism and the display of gruesome plates. Their advertisements are to be seen in many public and other conveniences, and the police are seemingly helpless unless they catch them in the act of affixing their unwholesome advertisements." 'Bad results are often produced. The disease is wrongly diagnosed; there is delay in adequate treatment, and owing to the absence of advice as to preventive measures the disease is frequently communicated to others. In many cases it only comes under the care of medical practitioners when symptoms of secondary or tertiary syphilis manifest themselves.' These are extracts from a report presented to both Houses of Parliament by command of His Majesty in 1910. Although various proposals for legislation amending the medical Acts in respect of unqualified practice by companies and others have been put forward from time to time, no such amendment of the law was made until the passing of the Venereal Diseases Act, 1917, which prohibits unqualified practice in these diseases in certain areas, within which approved public schemes for treatment are in operation.

3256. It has been observed on previous occasions in this Committee that surely proposals of this kind would be even more useful when there are no approved public schemes than in a place where there are?—That raises a question which I put down in the next paragraph, my Lord: The repeal of this Act *simpliciter* would apparently do away with such small protection as there is. But as proposed in Clause 5 (3), the Sexual Offences Bill would extend the prohibition to all parts of the country, which is highly desirable; but it is presumed that the local provision for gratuitous treatment already made in many areas would not be interfered with.

3257. I do not think it would?—The Act seemed to be entirely repealed by this clause. That is the reason.

3258. The clause proposes to repeal the existing Act, and to re-enact it without the proviso that confines it to areas where there has been some treatment set up?—I take it that the answer is that the treatment set up has been set up independently of the Act, and therefore the repeal of the Act would not interfere with the treatment.

3259. No?—That is the answer. The provisions of the Venereal Diseases Act, 1917, need, for the better protection of the public to be supplemented by provisions such as those contained in Clause 7 of the Criminal Law Amendment Bill, or Clause 6 of the Sexual Offences Bill. Reference is made, as to the difficulties under the existing law in checking abuses, to the case of the Royal College of Physicians of Edinburgh against the Dr. Temple Company of Edinburgh. I supplied your secretary with a *precis* of the proceedings there to show how, with the best intention in the world on the part of the municipal authorities, on the part of the medical authorities, and on the part of the Crown authorities, it was found exceedingly difficult to prevent a company containing no qualified man from practising in an objectionable manner, and advertising in a still more objectionable manner.

3260. We have the details which you gave us of all such cases, and they show how provokingly difficult it is to deal with the matter?—In spite of the decision in that case, which seemed sweeping enough, I passed

Chairman—continued

the other day the same shop, and found it still going on. They had simply changed the words "Doctor Temple Company" to "Temple Laboratories." Apparently there is nothing in the law to prevent the same kind of practice being carried on under a slightly different name. The provisions of Clauses 5 and 6 of the Sexual Offences Bill appear to be generally preferable to those of Clause 7 of the Criminal Law Amendment Bill, but the former would be improved by including from the latter 7 (1) "posting or for transmission by post and having in possession documents or advertisements ready for circulation." These are not expressly included in the parallel prohibitory column on the right.

3261. No; that is so?—And also by including from the New Zealand Quackery Prevention Act, 1908, Section 5, relating to the liability of the newspaper, printer, publisher and proprietor for the insertion of prohibited advertisements. It must be known to you, my Lord, that a great income is derived from these advertisements, and great difficulty has been experienced in getting a certain section of the Press to take the side of national interest, the interest of public health, in this matter, and unless some provision is included whereby a newspaper printer who inserts an advertisement which would otherwise be illegal can be dealt with, I am afraid that legal difficulties in checking the dissemination of such advertisements will inevitably arise.

3262. Have you got the actual clause there by any chance of the New Zealand Act?—It will be in the *precis* which I supplied.

3263. Thank you I should just like to look at it?—It is extremely important. I am sorry that I am reduced to a single clerk at the Medical Council office, and I could not get copies multiplied in time.

3264. We have been rather economical here, too, so that members of the Committee do not always have all the papers. We only have one copy sometimes?—New Zealand, 1908.

3265. Section 5. I will read it out. "If any person causes any statement to be inserted in breach of this Act in a newspaper printed and published in New Zealand, the printer, publisher, and proprietor of that newspaper shall severally and without excluding the liability of any other person be deemed to have published that statement in breach of this Act, and shall be liable for an offence against this Act accordingly."—That is the clause I refer to. If it is desired to prohibit the dissemination of those advertisements it seems necessary to make liable those who print and publish them, whether they are newspaper proprietors or not.

3266. We have already had before us a representative of newspaper proprietors, Sir George Riddell, and I think that he would be interested to see this proposal, and would probably have some remarks to make upon it, but we shall perhaps give him an opportunity later if we are inclined to approve of what you suggest, Sir Donald?—May I venture to make a trifling suggestion with regard to certain words which appear in square brackets.

3267. The putting of words in square brackets shows that the draftsman was aware that it was doubtful whether it was necessary to have the words in?—There is a section in the Medical Act, 1858, which shows that the words are unnecessary. A duly qualified or legally qualified medical practitioner is, and is only a registered practitioner, in any Act then existing or hereafter to be passed.

3268. In addition to what you have said here, I wanted to ask you whether you had considered at all what would be the position of doctors if the communication of venereal disease is made a criminal offence. I think it was suggested before us by Sir Mackenzie Chalmers, if not by somebody else, also that if either of the Bills passed in its present form, and consequently communication of venereal disease was made a criminal offence, a doctor would be put into a very awkward position—that on the one hand if he communicated information to the father, say of a girl who is going to be married, he would be guilty probably of misconduct within the rules of your profession, and, on the other hand, if he did not, if it is a criminal offence, he, perhaps, would be in the position

of

12 November 1918.]

Sir D. MACALISTER, K.C.B.

[Continued

Chairman—continued

of an accessory. Have you considered that side of the question at all?—I have, my Lord, because within the last few years it has been necessary for us to consider it from the point of view of cases of abortion discovered by a medical practitioner. His position in relation to communicating with the authorities came before various professional bodies, and ultimately before the General Medical Council. A long correspondence took place with the Public Prosecutor, Sir Charles Mathews, and we were strengthened by an opinion of Mr. Muir-Mackenzie, who at the time was our judicial assessor and our counsel, and his opinion on professional secrecy has been communicated to the Public Prosecutor and to the authorities who are concerned in this question of abortion, and the opinion has been accepted by the Council as governing the relations of the medical profession to all such matters. It is not the case, I think, that we should regard it as a breach of professional conduct amounting to infamous conduct in the instance that you refer to, but it is the case that a doctor has no privilege against litigation if he communicates to a third person any information which he has gathered in the relation of doctor to patient in the course of his treatment of the patient. If therefore the law imposes on a doctor the necessity of communicating his information derived from that relation to third parties, the law at the same time must not only hold the doctor immune from punishment, but he must be immune from litigation. That is the difficulty. There have been cases, and they are cited in Mr. Muir-Mackenzie's opinion, which I shall place before you, where, although the doctor acted in good faith and in the court of law where the trial took place was acknowledged to have acted in good faith, and probably for the good of all parties, yet he was subjected to prolonged litigation which led to his financial loss and even ruin, although he won the case. That possibility it seems to me must be removed if doctors are to be called upon to disclose professional secrets. I wish to distinguish. In many cases it has been provided that the doctor shall disclose his knowledge, as in the notification of infectious diseases, and he is protected from any prosecution in virtue of his communicating his knowledge to the public authorities. But if he communicates to a third party that which it may be of the utmost importance to the third party to know, he is liable to litigation, and, whatever might be the result of it, that litigation in itself is not only a grave anxiety, but, as very often the prosecutor is a man of straw, it leads to great damage and loss, with the natural result that the doctor hesitates to take any risk.

Sir Willoughby Dickinson.

3269. Is the exemption that you mention by Statute in the case of notifiable disease?—Yes. It is his duty, and therefore he cannot be prosecuted for it.

3270. It is not definitely laid down in the Statute, is it?—It is laid down in the Statute that it is the duty of the medical practitioner, on becoming aware of a particular notifiable infectious disease, forthwith to communicate with the medical officer of health or the equivalent officer, and that being his public duty, he is not liable to litigation for doing it.

Chairman

3271. But that does not extend to these diseases?—It does not extend to these diseases, and it does not extend to the communication of vital facts to anybody else. Although the Court might hold that he was justified in communicating them he may have all the trouble and responsibility of subsequent litigation. He is not exempted from that. The relevant parts, if I may read them, of Mr. Muir-Mackenzie's opinion are these. "There are two aspects of the question of professional secrecy of medical practitioners, namely, first, whether a medical man can be made to divulge professional confidences in a court of law, and, secondly, whether he may under any circumstances be permitted to divulge confidences in the intercourse of daily life" (that is to third parties). "As regard the first question it is settled law that a medical man cannot claim the privilege, to which lawyers have been held to be entitled, of refusing to disclose matters communicated to them professionally. 'A surgeon has no

Chairman—continued.

privilege, where it is a material question in a civil or criminal cause to know whether parties were married, or whether a child was born, to say that his introduction to the parties was in the course of his profession, and in that way he came to the knowledge of it. If a surgeon was voluntarily to reveal these secrets to be sure he would be guilty of a breach of honour, and of great indiscretion; but to give that information in a Court of Justice, which by the law of the land he is bound to do, will never be imputed to him as any indiscretion whatever.' That I think is an answer to the question put just now. 'There are cases to which it is much to be lamented that the law of privilege is not extended; those in which medical persons are obliged to disclose the information which they acquire by attending in their professional characters.' Cases are given as examples. "From these cases" (and there are a number cited) "it is clear that a medical man not only may, but must if necessary, violate professional confidences when answering questions material to an issue in a Court of Law. Upon the second question" (that is, the question whether he may be permitted to divulge to others) "there have been, not unnaturally, very few expressions of judicial opinion. It is admitted as a general principle that a medical man should not disclose communications made to him in his professional capacity, and in the Scotch Court of Session it has been judicially decided that 'secrecy is an essential condition of the contract between a medical man and his employers, and breach of secrecy affords a relevant ground for an action of damages.'" In a particular case cited, where Sir Henry Hawkins was the judge, the following passage occurred: "The medical profession might, no doubt, discuss among themselves rules for their own guidance; but they had no power to impose the rules they made upon the public. The medical men called said there were two exceptions to the rule imposing on them secrecy as to confidences gained during professional attendance. The first was as to giving evidence in a Court of Law. His Lordship did not altogether agree with what they said as to that. It all depended on the judge. The judge might in some cases refuse to commit a medical man for contempt in refusing to reveal confidences. Each case would be governed by particular circumstances, and the ruling of the judge would be the test." Mr. Muir-Mackenzie indicates that a medical man may refuse even in a court of law to reveal professional secrets, and he must take the consequences, the judge being the arbiter. "Secondly, that if there were circumstances from which they supposed a crime was intended to be committed" (this is with reference to abortion) "they would have to inform the Public Prosecutor. If the doctor were called in merely to attend a woman needing physical aid, his Lordship doubted very much whether he would be justified in going to the police and saying, 'I have been attending a woman who has been trying to procure abortion.' That would be a monstrous cruelty. Therefore to say there was a general rule was going too far. There was a third exception, namely, a communication between the doctor and the wife or children. That required a great deal of limitation. For instance, there were cases in which the wife did not require protection" (he is thinking I have no doubt of venereal disease) "and where it would be a wanton act to communicate a secret to her. That was a delicate question, but did not arise in the present case. The law as to words spoken on a privileged occasion was pretty well known." The conclusion is, "From this it seems clear that on the question of violation of professional secrecy a medical man is in no more favoured position than anyone else, and, further, that circumstances which according to the custom of the medical profession might be deemed to exonerate him from the imputation of improper violation of secrecy, might nevertheless in a Court of Law be deemed an insufficient justification." That being the state of the law the practitioner is in this position—that if in good faith and as he thinks in the interests of the public he communicates professional secrets to others, he is unprotected against at least litigation and it may be that he may be unprotected against action for damages. The judicial decisions leave that question open.

3272. You have not made a suggestion, at least in the

12 November 1918.]

Sir D. MACALISTER, K.C.B.

[Continued.]

Chairman—continued.

the paper before me, that there should be an amendment of the law in that respect, but you do, I gather from what you have said, think that there ought to be a change in the law?—I was not aware that the question was going to be raised until the other day, and my *précis* had already gone in. But I came prepared, having been kindly warned of it, and I have no hesitation in saying that in the view of the Medical Council as well as, I think, in the view of other medical bodies who have considered it, unless specific provision is made by the law protecting a medical practitioner who fulfils what the law may regard as a public duty from litigation, then the present position of the law leaves him in a position which is extremely awkward, to say the very least.

3273. As I said before, I think Sir Mackenzie Chalmers pointed out, that the position would be aggravated if this Bill were to pass making the communication of venereal disease a criminal offence. He said that it would be aggravated because if the medical practitioner, whatever his liability might be, did not communicate information, he would be an accessory to the commission of a criminal offence?—That would seem logical, but I do not know whether it is law.

3274. Sir Mackenzie Chalmers is a very high legal authority. In your view, that would make it more necessary to have some amendment of the law?—More than ever.

3275. He would be between the Devil and the Deep Sea?—You put it in a nutshell, my Lord. It was suggested by Mr. Justice Avory, and also, I think, by the Public Prosecutor, that it should be made compulsory on a medical man, for example, when he found on being called to a patient that criminal abortion had been attempted upon her, forthwith to inform the police. That had to be repelled on the ground that the patient, if she recovered, might proceed against him, and he had no remedy under the existing law except what might be given by the judge from the point of view of equity. He would have to stand the whole of the consequences of proceedings which might be ruinous to him and to his practice.

Sir Willoughby Dickinson.

3276. That would not be the case if it was made his duty by Statute, as I understand?—The provision protecting him would have to be made clear.

3277. I understood you to say it was the proposal that it should be the duty of the medical practitioner who found abortion had been practised, to notify the Public Prosecutor?—It should be made still clearer, I suggest, by saying that no action shall lie against him for fulfilling his duty, because that is apparently the point on which even Mr. Justice Hawkins felt there was uncertainty.

3278. I understood you to say that a medical man in the case of notifiable disease is bound to give notice of it, and therefore is protected against any litigation?—Notice to the public authorities.

3279. Is the proposal here that he shall give notice to the Public Prosecutor?—With regard to your last proposal as to abortion, if a medical man discovers attempted abortion, do you suggest that it should be his duty to give notice to the Public Prosecutor?—No. The Public Prosecutor suggested that it should be made the professional rule that he should do so.

3280. Very well. If that were done, medical men would need the same protection in that case as is given in the case of notifiable disease?—The only difference is that the Public Prosecutor suggested that the medical profession should do it spontaneously without any change in the law, and the medical profession said, "If that is desired in the public interest then the law ought to make it his duty." The whole proposal of the Public Prosecutor is that the Medical Council and College of Physicians and other professional bodies should enjoin this on medical men, but on examination the bodies found that unless the law was changed the medical man would thereby have a burden placed on him which was not tolerable.

Sir William Collins.

3281. I think you quoted the preamble of the Medical Act of 1858 to the effect that it was desirable that the

Sir William Collins—continued.

public should be able to distinguish between qualified and unqualified practitioners?—Yes.

3282. There was an earlier Act, 1815, which set up registration?—That was the Apothecaries' Act. It only referred to apothecaries, and set up no registration.

3283. Was it by the Act of 1858 that medical registration was first established?—Yes.

3284. Did that Act of 1858 enable those who had been in practice prior to 1815 to go on the register without medical examination?—Yes. I may say that by that time there were very few left. The Act was passed in 1858, and until 1860, I think, those who had been *bona fide* in practice before 1815 were allowed to be registered.

3285. And it took up the unqualified prior to that date?—There was no definition of qualification before that date.

3286. It would have been very easy to establish a claim to have been in medical practice prior to 1815 without possessing any diploma?—Yes; after forty or fifty years had intervened.

3287. Does the present legislation preclude unqualified practice except in the case of venereal disease?—No.

3288. It is no offence under the present Statute to sell medical or surgical advice?—No.

3289. Except in the case of venereal disease?—In certain areas.

3290. The Act of 1917 established new law in that regard?—Yes.

3291. Do you think that the restriction of advertisements contained in the Venereal Diseases Act of 1917 is adequate?—I suggest that one or two of the additional provisions in the Criminal Law Amendment Bill should be transferred to the new Act by way of rounding off the prohibitions.

3292. The Act contains some proviso in the case of matter which is communicated only to medical practitioners, does it not?—Yes; I take it that it refers to scientific, medical, or pharmaceutical memoirs of a professional kind.

3293. And the medical press?—And the medical press.

3294. It has been suggested to the Committee that medical journals circulate amongst other than medical men, and contain advertisements dealing with venereal diseases?—The advertisements which would appear in the medical press would not be addressed to the public. They would only be addressed to those professionally concerned who knew their meaning. I think that they are framed in a very different fashion from those that we have in mind in speaking of advertisements in the general press.

3295. Was any exception taken before the Committee on Patent Medicines to the advertisements appearing in the medical press?—I do not know.

3296. I did not understand whether, on behalf of the General Medical Council, you do or do not advocate the compulsory notification of venereal disease? I do not think that that has been before the General Medical Council. I do not recall it.

3297. Then on behalf of the General Medical Council you are not prepared to suggest to the Committee that there should be compulsory notification of venereal disease?—On behalf of the General Medical Council, certainly not. I am afraid that I have not considered the matter personally.

3298. You are familiar with the Report of the Royal Commission on Venereal Diseases, probably?—Yes. I gave evidence before it.

3299. I think that their findings are not in favour of the compulsory notification of venereal disease?—I am well aware that the difficulties were balanced to some extent, and that it was difficult to arrive at a clear conclusion. I believe that that is still the position of many who have thought over the matter.

3300. Did not the Commission find that at the present time it was undesirable to introduce compulsory notification?—At the present time, yes. After the new law has come into effect I think circumstances might be so changed that the difficulties might be removed in a few years; the public would be educated up to it.

3301. I think that you told us that a doctor has no privilege if he communicates to a third person any information

[12 November 1918.]

Sir D. MACALISTER, K.C.B.

[Continued.]

Sir William Collins—continued.

information which he has received from a patient?—With one exception. He may have a privilege if he communicates it in the case of trial before a Court of Law, if the judge thinks that he is entitled to exemption from the usual obligation on that ground. Otherwise he has no protection against litigation, action for damages, slander, and so on.

3302 I understood you to read from Mr. Muir-Mackenzie's Opinion that there was a general provision or understanding that medical men should not disclose professional secrets to a third person?—Yes.

3303. Is that the result of any rule of either the Medical Council or of any College of Physicians or Surgeons?—What I was reading was an extract in Mr. Muir-Mackenzie's Opinion from Mr. Justice Hawkins's dictum on the subject, and that, I take it, was Mr. Muir-Mackenzie's dictum.

3304. Can you tell us, as President of the Medical Council, whether there is any code or rule formulated on behalf of any professional body or college to that effect?—It is as old as Hippocrates, the oath of Hippocrates is taken by a great many practitioners when admitted to qualification, and it is embodied no doubt in the regulations of such bodies as the College of Physicians.

3305 The oath of Hippocrates is not administered to surgeons, I think?—I am not a surgeon. You know better than I.

3306. Sir Malcolm Morris spoke on behalf of the National Council for Combating Venereal Disease. We heard from him that in their opinion any amendment of the law should take the form of making the communication of venereal disease an offence rather than that there should be any amendment of the Criminal Law. Have you any view with regard to that?—I fail to catch the distinction.

3307. Section 5 of the Government Bill, sub-section (1) says "A person who is suffering from venereal disease in a communicable form shall not have sexual intercourse with another person, or solicit or invite any other person to have sexual intercourse with him or her." That would not make the transmission of the disease the offence. The suggestion was that any amendment which should be made should be rather a health measure directed against the transmission of the disease than an amendment of the Criminal Law as suggested in Clause 5, sub-clause 1. I would ask you whether you will favour the Committee with any view that you might have on that subject?—Personally I see no reason why both provisions should not be made.

3308. I did not quite gather from your examination in chief what view you put forward on behalf of the General Medical Council as to the case in which a medical man in the course of his practice becomes aware of criminal abortion having occurred. I do not know whether you suggested that that fact should be communicated compulsorily to the Public Prosecutor, or not?—What I think I said was that the view of the Medical Council was that if the State in the public interest requires that, it should make the requirement a legal one and protect the medical man from the consequences of fulfilling the law.

3309 If the change were made in the law, then the contingent protection to the medical man should be accorded?—Yes.

3310. But I did not understand that you put forward the suggestion that that alteration should be made?—Personally I should have no hesitation in saying that it should be made. If the State is satisfied that it is in the public interest, I am satisfied.

3311. You are satisfied if it is in the public interest?—Yes.

3312. I think you read rather a strong statement from some learned judge as to a medical man having been called in by a person suffering from the results of abortion and communicating that information to a third person?—Yes.

3313. I did not gather whether you meant to express approbation or disapprobation of the learned Judge?—I wanted to show the present defective state of the law. If it is felt in the public interest, as I think it is, that a medical man should make such a communication, he should be protected. I hope that my point is quite clear. At present it is left to the

Sir William Collins—continued.

medical man to notify that a crime has been committed, or that he thinks that a crime has been committed, and he has to take the consequences, and these consequences, although he has acted in good faith and in the public interest, may be ruinous to him. That state of things should be altered for his protection.

3314. The present uncertainty, you think, should be put an end to?—Yes.

3315 Do you advocate that it should be put an end to by making it compulsory on a medical man to make such communications to the Public Prosecutor?—I do not make that suggestion, but I say if the State regards it as essential, and personally I think it is essential, it must make complete provision for the protection of the medical man who carries out the law.

3316. Our attention has been directed on previous occasions to the distinction between medical examinations made for the purpose of diagnosis and treatment of the sufferer and medical examination made with a view to ascertaining whether there is present evidence which can be used against the patient for prosecution. You recognise the distinction between the two?—Yes. I think that the present state of the law is that the medical practitioner is not justified in making examination with a view to obtaining evidence against the patient. I believe that is the case.

Sir Willoughby Dickinson

3317 What do you mean by "not justified"?—A medical man is not protected by the law if he makes an examination of a patient with the view of obtaining evidence which may be used to criminate the patient.

Sir William Collins.

3318. Do you suggest that he should make such examination and should be protected?—If the State finds that such examination is necessary then the medical man should be protected.

3319. I am sure the State would be anxious to hear through the Committee what view the General Medical Council takes?—It does not seem to me a question for the General Medical Council.

Sir William Collins.] Thank you.

Earl Beauchamp

3320. There is only one point on which I want to ask you a question, Sir Donald. Has your attention been called to the evidence given to us by other witnesses in the course of the proceedings?—No.

3321. Might I draw your attention to the evidence given to us by Surgeon Captain McNabb, who was asked.—"Do you think a great deal remains to be done with regard to better teaching in hospitals in regard to venereal diseases?—(A.) Yes; a very great deal. They do not realise that it is an important thing socially as well as in very way." He afterwards explained that he referred to young medical officers. Do you agree with his opinion that young medical officers are not sufficiently taught with regard to venereal diseases?—I think that is possibly the case in some schools. I gathered for the Royal Commission, I might say, the opinions of all the licensing bodies and of a number of schools, and I placed them before that Commission, and they were very various in the importance which they assigned to this subject. Some schools give special courses; others simply give a certain proportion of lectures in connection with surgery, and so on. I have little doubt in my own mind that more universal attention ought to be paid to the special subject of venereal diseases in the training of the student.

3322. Perhaps we might hope that you will represent that to the General Medical Council with the view of influencing the various schools?—The General Medical Council has already expressed itself, I think, on that subject.

Sir Willoughby Dickinson.

3323. I understood you, in reply to Sir William Collins, to say that in your opinion it would be in the interests of the State if a medical man were bound to give notice of a case where he had discovered evidence of abortion?—Of criminal abortion?—yes.

3324. Now

12 November 1918.]

Sir D. MACALISTER, K.C.B.

[Continued.]

Sir Willoughby Dickinson—continued.

3324. Now suppose that it were made a crime, as it is by this Bill for a man who venereal disease to have sexual intercourse with a woman, and a doctor ascertains that a man who is going to marry has venereal disease, and therefore if he marries he will be committing a crime. Would you think it was in the interest of the State that the doctor should be compelled to give notice of that fact, either to the woman or the Public Prosecutor?—No. I do not think it would be necessarily in the interest of the State that he should be compelled to do it; but if what he did was in the interest of the State he should be protected.

3325. Yes; but I think you left us in this position—that as far as you are able to judge, the only method of protection is to make it his duty to do it compulsorily?—Yes

3326. The fact of the State having made it his duty is protection to him?—I would qualify that by saying I did not say that that was the only method. I say that if that method is adopted he is protected.

3327. Cannot it be done by any other method?—Supposing it were said that if he communicated the fact to the public authorities he is not liable to action for damages or otherwise, that would be quite sufficient.

3328. You think that that would be sufficient?—Yes.

3329. At any rate, you do not think it would be advisable to place compulsion on any medical man to give information of his discovery that a person is suffering from venereal disease, although he knows that the man is going to commit a crime by having intercourse under the circumstances?—No. I think it would very soon grow up to be an understanding in the medical profession that a doctor should think it his duty in such a case.

3330. I see what you mean—that if he was protected he would think it his duty to do so?—Yes. I am anxious to preserve as much as possible the confidential relation between the patient and the doctor, but when the State interest is clearly indicated then I am prepared to sacrifice as much of that as is necessary.

3331. You realise that the more you give the power to, or put the obligation on, the medical man to state what he discovers the less likely is the disease to be disclosed by the patient?—That is the reason for my hesitation to say that I do not think at present it should be made compulsory.

3332. But you still think that it is advisable that the doctor should be enabled to do it, and that facilities, so to speak, should be given to him for divulging?—Yes.

3333. Notwithstanding the fact that that would tend to prevent the information being given by patients?—I think the balance of advantage is in favour of permissive rather than compulsory notification.

3334. Yes, but I want to know whether the balance of advantage is in favour of keeping the secret instead of disclosing it. The advantage on the one side of keeping the secret is that the man goes to a doctor knowing that what he tells him will not go further. On the other hand, if he knows that it is the duty of the doctor to let it go further he will not give the information to the doctor. Now, in your opinion on which side does the balance lie in that respect?—I think that the balance lies in making it permissive, but protecting the doctor if he, in the interests of others, let us say, communicates the information that he has received.

3335. I do not think you quite answer the question. From the State point of view, from the point of view of getting rid of venereal disease, is it better to keep the information that the patient has given to his doctor sealed in the doctor's breast, or is it better to let the patient himself know that it, quite properly, may no longer be sealed in the doctor's breast at all?—I myself should prefer the latter.

3336. That is what I wanted to know. You think that the advantage of the doctor being able to give the information would be greater than the disadvantage that would result from a possible tendency to hide away the disease?—I think so, but, as you say, it is a matter of balance.

Earl of Sandwich.

3337. I understood you to press more keenly for the protection of the doctor from litigation than for punishment under the law as an accessory. You laid more

Earl of Sandwich—continued.

stress on the doctor being protected from litigation than on the possibility of his being punished under the law as an accessory?—May I ask exactly what the latter means, because it is not clearly before my mind?

3338. The Chairman put it to you just now that the doctor would be liable, if this is made a criminal offence, to punishment?—If he did or did not do what?

Chairman.

3339. If he did not communicate information that is the point. I said that Sir Mackenzie Chalmers mentioned that if by the passing of this Bill it were made a criminal offence, then the doctor would be in the position of being an accessory if he did not communicate the fact of his patient being in this condition to somebody whom he knew he was about to have intercourse with?—The position then would be exactly the same as it is at present with regard to criminal abortion—not otherwise.

Earl of Sandwich.

3340. You would press just as strongly that doctors should be protected against that contingency as you would that they should be protected against litigation?—Clearly. Either you must exonerate the doctor for keeping his knowledge to himself if the law does not require him to disclose it, or you must order him to communicate it and then protect him.

3341. It was not quite clear. You pressed it very strongly, and I wanted to make it clear?—I am speaking, not in the interests of the doctor, but in the interests of the State in saying this.

3342. Quite so. Could you tell us what the penalties are in the New Zealand Act with regard to publication in a newspaper; what are the penalties against the proprietor?

Chairman] "Every person who commits an offence against this Act" (and publication is made in the section an offence against this Act) "is liable on summary conviction before a magistrate to a fine not exceeding £100 in the case of a first conviction for any such offence, and not exceeding £200 in a case of a second or any subsequent conviction." There is nothing about imprisonment. I do not know what the general law in New Zealand is as to the alternative of imprisonment. There may be some law.

Earl of Sandwich.

3343. I would like to go back to a question raised before on which we had evidence from Sir Malcolm Morris. Would you turn to section 5, because I am not quite clear about it. It was suggested that it should read: "A person who is suffering from venereal disease in a communicable form shall not communicate such disease." The word "knowingly" must be inserted presumably? That would cover such cases as communication through vessels—a man in a club using vessels which other people might drink out of. Do you agree with making it as strong as that?—If the word "knowingly" or "wilfully" were introduced it would be criminal.

3344. After a man had been treated and the danger that he put other people in had been carefully explained to him? You would agree to its being in the Bill?—I think it is very desirable, but I do not know whether you would compass what is intended. That is for lawyers. Any person who knowingly communicates venereal disease to another person in my view has committed a criminal offence, and the law ought to say so.

3345. You would consider that "wilfully" would cover the case of a man who had been through a clinic and been warned by a medical adviser of the danger? You would consider that a sufficient ground for making it a punishable offence?—I agree, if that is legally included in the word "wilfully."

Chairman] That is a qualification.*Earl of Sandwich.*

3346. I want to know whether you think it would be too strong?—If I may put it, not in legal terms, a person who deliberately communicates venereal disease to my mind a criminal and ought to be called so.

Chairman.

3347. I think that is all I want to ask you. We are very much obliged to you, Sir Donald, for coming. I

am

12 November 1918.]

Sir D. MACALISTER, K.C.B.

[Continued.]

Chairman—continued.

am afraid you have come a long way?—I came from Glasgow. As I did not put it in my *précis*, would you like me to leave with you the opinion of Mr. Muir-Mackenzie?

3348. Yes, thank you?—I have here a print from our minutes. (*Handing a print to the Committee.*) May I give to the Chairman the file of our correspondence with the Public Prosecutor? It is not exactly in a form for appending to the minutes.

3349. If you will let me have that I dare say we shall be able to make some use of it?—A good deal of it is confidential. Will you kindly let me have it back, my Lord?

3350. Yes, I will let you have it back.—I want to add, if I may, that I have a resolution of the General Medical Council which I was to communicate: "That the President be requested to inform the Lord Presi-

Chairman—continued.

dent that in the opinion of this Council any legislative measures dealing with the prevention and cure of venereal diseases to be effective in protecting the public health must include provision for restraining the treatment of such diseases by unqualified persons, and the recommendation of the Select Committee of the House of Commons on Patent Medicines, which have now been endorsed by the Royal Commission on Venereal Diseases, should forthwith be adopted and embodied in the proposed legislative measures." That is a definite resolution of the General Medical Council which I was asked to communicate to you. (*Handing the resolution to the Committee.*)

3351. Thank you. That was November 27th, 1916?—Yes, immediately after the Report of the Commission.

(The Witness withdrew.)

LIST OF APPENDICES.

	PAGE
APPENDIX A	
Paper handed in by Surgeon-Captain McNabb, R.N. - - - - -	150
APPENDIX B	
Paper handed in by Mr. W. J. Evans, C.B.E. - - - - -	150
APPENDIX C	
Papers handed in by Sir Ernley Blackwell, K.C.B. - - - - -	150
APPENDIX D.	
Paper handed in by Sir Ernley Blackwell, K.C.B. - - - - -	151
APPENDIX E	
Paper handed in by Sir Donald MacAlister, K.C.B. - - - - -	152
APPENDIX F	
Paper handed in by Dr Helen Wilson - - - - -	156

APPENDICES.

APPENDIX A.

PAPER handed in by Surgeon-Capt. *McNabb*, R.N

VENEREAL DISEASE.

GRAND FLEET AND ATTACHED SQUADRONS, DEPOTS AND BASES.

FRESH CASES.	Week ending :—			
	September 7.	September 14.	September 21.	September 28.
Chancroid - - - - -	63	55	64	57
Syphilis I. - - - - -	42	46	51	43
Syphilis II. - - - - -	33	34	27	31
Gonorrhœa - - - - -	194	208	263	211
Sequelæ Gonorrhœa - - - - -	17	15	18	8
Total Fresh Cases - - - - -	349	358	423	350
Ratio per 1,000 Sick Daily - - - - -	5.6	5.7	5.5	5.1

NOTE.—The ratio per 1,000 includes all cases already under treatment in Ships and Hospitals in addition to the fresh cases mentioned above.

APPENDIX B.

PAPER handed in by Mr. *W. J. Evans*, C.B.E.

STOPPAGE FROM PAY WHEN SUFFERING FROM VENEREAL DISEASE.

When sent to hospital at home for treatment for Venereal Disease, the man becomes subject to hospital stoppages from pay after spending 30 days in hospital.

This is not, technically speaking, a punishment, but is a provision of the Regulations applicable to men who have to be sent to hospital for any disability for which they are responsible. The rate of stoppage is laid down in the King's Regulations, Article 1425, viz., 10d. a day when pay is not less than 1s 7d. a day, and 8d. a day if less than 1s. 7d., except in the case of Boys, who are only mulct to the extent of 4d. a day. A.B.'s and Stokers, for example, would therefore be subject to the highest rate of stoppage.

The infliction of this stoppage does not affect the payment of Separation Allowance to wives and families.

Admiralty, S.W. 1,
25th October, 1918.

APPENDIX C.

PAPERS handed in by Sir *Ernley Blackwell*, K.C.B.

POLICE RETURNS.

DEFENCE OF THE REALM REGULATION 40D.

No. of cases reported to Police by Naval, Military and Air Authorities - - - - -	396
No. of prosecutions (32 for soliciting; 171 for having intercourse) - - - - -	203
No. of convictions (49 defendants pleaded guilty) - - - - -	101
No. of defendants dealt with under Probation Act - - - - -	5
No. of defendants acquitted - - - - -	91
No. of cases pending - - - - -	5
No. of defendants who absconded on remand - - - - -	1
	203
No. of defendants remanded for medical examination - - - - -	172

PRISON STATISTICS.

40D CASES.

Remanded for examination and in the result:—				
Found to be suffering from venereal disease	- - -	{ and convicted	38	
		{ and acquitted	6	
Not suffering from venereal disease and acquitted	- - -		37	
Not examined	- - -	{ and convicted	3	
		{ and acquitted	1	
			—	85
Convicted without previous remand:—				
Found to be suffering from venereal disease	- - -		45	
Not found suffering or symptoms inconclusive	- - -		16	
Not examined	- - -		1	
			—	62
Others on whom an examination or report was asked in connection with 40D and as a result:—				
Found to be suffering from venereal disease	- - -	{ convicted	6	
		{ acquitted	2	
Not suffering from venereal disease	- - -	{ convicted	—	
		{ acquitted	4	
Not examined	- - -	{ convicted	1	
		{ acquitted	—	
			—	13
				160

APPENDIX D.

PAPER handed in by Sir *Ernley Blackwell*, K.C.B.

NOTE ON THE LAW RELATING TO COMMITTALS TO INDUSTRIAL SCHOOLS, REFORMATORY SCHOOLS AND BORSTAL INSTITUTIONS.

INDUSTRIAL SCHOOLS.

Children under the age of 14 can be sent to Industrial Schools and ordered to be detained until the age of 16. The Managers of the School can release the child on licence before the expiration of the period of detention, and this power is freely exercised. Children committed to Industrial Schools (except children committed for mere truancy) remain under the supervision of the Managers of the School till the age of 18, and while under such supervision can be recalled to the School for a period not exceeding three months, if recall is necessary for the protection of the child.

Children can be committed to Industrial Schools either (a) because they are living in surroundings likely to encourage criminal habits (for example, "found begging or found wandering and having a parent or guardian who does not exercise proper guardianship," or "in the care of a parent or guardian who, by reason of criminal or drunken habits, is unfit to have the care of the child," &c., &c.), or (b) because the child has himself committed an offence punishable in the case of an adult by penal servitude or a less punishment.

REFORMATORY SCHOOLS.

Youthful offenders between the age of 12 and 16 can be sent to Reformatory Schools. The period of detention specified in the order must be not less than three and not more than five years, and must not in any case extend beyond the time when the youthful offender attains the age of 19. The Managers of Reformatories have power to release inmates on licence before the expiration of their sentence, and most inmates are licensed about the age of 18 unless there are special circumstances making continued detention desirable.

Youthful offenders can only be sent to Reformatory Schools on conviction of an offence punishable in the case of an adult by penal servitude or imprisonment.

BORSTAL INSTITUTIONS.

Offenders between the age of 16 and 21 can be sent to Borstal Institutions for a period of not less than two and not more than three years. On the expiration of sentence the young person remains under the supervision of the Prison Commission for one year. While under supervision he may be recalled to the Institution if the Prison Commissioners are of opinion that recall is necessary for his protection, and any person so recalled may be detained for a period of not more than a year, notwithstanding that the period of supervision has expired.

An offender can be sent to Borstal in three ways:—

(1) If he is convicted on indictment of an offence for which he is liable to be sentenced to penal servitude or imprisonment.

(2) If he is summarily convicted of an offence for which the Court has power to impose a sentence of imprisonment for one month or upwards without the option of a fine, and if it is proved that the offender has been previously convicted of an offence or has failed to observe the conditions of a probation order. In such a case the Court of Summary Jurisdiction can remit the case to Quarter Sessions with a view to sentence of detention in a Borstal Institution being passed.

Under either procedure a sentence of detention in a Borstal Institution can only be passed if, "by reason of the offender's criminal habits or tendencies or association with persons of bad character," it is expedient that he should be subject to a period of instruction and discipline.

(3) Youthful offenders convicted of escaping from a Reformatory School or of committing a breach of the rules of the school may be sent to a Borstal Institution by a Court of Summary Jurisdiction, and such a sentence supersedes the sentence of detention in the Reformatory School.

APPENDIX E.

PAPER handed in by Sir *Donald MacAlister*, K.C.B.

RESTRICTION OF UNQUALIFIED PRACTICE.

The following are the disabilities and penalties imposed upon unqualified practice in some of the principal Dominions and British Possessions whose Medical Acts have come to the knowledge of the Medical Council, mainly through the good offices of the Colonial Office. The quotations are from the Acts as they appear upon the Council's Minutes, unless otherwise stated:—

DOMINION OF CANADA.

ALBERTA.

'AN ACT TO AMEND THE MEDICAL PROFESSION ACT.'

(Assented to December 20, 1911.)

"3. The said Act is further amended by adding thereto as Section 63A the following:—

"63A. Any person shall be held to practise within the meaning of Section 66 of this Act who shall (a) by advertisement, sign, or statement of any kind, allege ability or willingness to diagnose or treat any human diseases, ills, deformities, defects, or injuries; (b) or who shall advertise or claim ability or willingness to prescribe or administer any drug, medicine, treatment, or perform any operation, manipulation, or apply any apparatus or appliance for the cure or treatment of any human disease, defect, deformity, or injury; (c) act as the agent, assistant, or associate of any person, firm or corporation in the practice of medicine as hereinbefore set out, provided always that this section shall not apply to the practice of dentistry or pharmacy, or to the usual business of opticians or vendors of dental or surgical instruments, apparatus and appliances.

"(2.) Nothing in this Act shall prevent private persons from giving necessary medical or surgical aid in times of urgent need, providing that such aid be given without hire, gain or hope of reward.'

"4. Section 56 of the said Act is repealed, and the following substituted therefor:—

"66. If any person, not registered pursuant to this Act, either directly or indirectly, practise or profess to practise medicine, surgery, midwifery, osteopathy or homœopathy, or if any person registered in respect to one class of practice shall practise in respect to another class, he shall, upon summary conviction thereof before a Justice of Peace, forfeit and pay for the first offence a penalty not exceeding fifty dollars, for the second offence a penalty of not less than fifty nor more than two hundred dollars, and for a third or any subsequent offence to a penalty of not less than two hundred nor more than three hundred dollars:

"Provided that the provisions of this section, as far as they refer to the practice of midwifery, shall apply only to the territory included within the limits of any incorporated city, town or village having a resident registered practitioner therein."

BRITISH COLUMBIA.

"MEDICAL ACT, 1898."

"55. Unregistered Persons not to Practise.—It shall not be lawful for any person not registered to practise medicine, surgery or midwifery for hire, gain or hope of reward.

"63. Penalty for Unregistered Person for Practising.—If any person not registered pursuant to this Act, for hire, gain, or hope of reward, practise or profess to practise medicine, surgery or midwifery, or advertise to give advice in medicine, surgery or midwifery, he shall, upon a summary conviction thereof before any Justice of the Peace, for any and every such offence pay a penalty not exceeding one hundred dollars.

"MEDICAL ACT, 1898. AMENDMENT ACT, 1905."

"2. Section 63 of Chapter 9 of the Statutes of 1898, being the 'Medical Act, 1898,' is hereby amended by adding thereto the following sub-section:—

"Penalty for Unregistered Person Practising for or in the stead of a Registered Practitioner.—
(2) If any person not registered under this Act contracts with any person registered under this Act to practise medicine or surgery for him or in his stead, both parties to such contract shall be liable, upon summary conviction before any Justice of the Peace, to a penalty not exceeding one hundred dollars and not less than twenty-five dollars."

MANITOBA.

"MEDICAL ACT" (Not in Minutes).

"Section 62: Prohibited from Practising.—It shall not be lawful for any person not registered under this Act, for hire, gain, or hope of reward, to practise medicine, surgery, osteopathy, or to treat or profess to treat another, or to prescribe or recommend any drug, medicine, appliance, application, operation or treatment for any injury to, or any physical or mental ailment of, or any disease, infirmity or deformity of another, but this section shall not apply to the sale of glasses for the correcting of visual errors.

"Section 75: Penalty.—If any person, not registered pursuant to this Act, for hire, gain, or hope of reward, practise or profess to practise medicine, surgery or osteopathy, or treat or profess to treat another, or prescribe or recommend or profess to prescribe or recommend, any drug, medicine, appliance, application, operation or treatment for any injury to, or any physical or mental ailment of, or any disease, infirmity or deformity of another, or if any person, not registered as aforesaid, advertise or give advice in medicine, surgery or osteopathy, or midwifery, or advertise to treat, or prescribe any drug, medicine, application, operation or treatment for, any injury to, or any physical or mental ailment of, or any disease, infirmity or deformity of, another, he shall, upon summary conviction thereof before any Justice of the Peace, for any and every such offence pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars."

[The above Sections are quoted from the American Medical Directory, Fifth Edition, 1916.]

NEW BRUNSWICK.

"THE NEW BRUNSWICK MEDICAL ACT, 1909."

"27. Subject to the provisions of the preceding section" [which permits practise by H.M. Naval or Military Officers] "no person shall practise medicine in the Province of New Brunswick unless his name shall be registered in the Medical Register, or he shall have received from the Council a licence to practise.

"40. If any person not registered or licensed under this Act shall, for hire, gain, or hope of reward, practise or profess to practise medicine, or treat or attempt to cure or alleviate any ailment or infirmity, physical or mental, in any manner whatsoever, unless under the advice or by the direction of a duly qualified practitioner, he shall be liable to a penalty of twenty dollars for each and every offence"

NOVA SCOTIA.

"THE MEDICAL ACT."

"Section 35.—(1) If any person not registered under the provisions of this chapter practises, or in any manner or by any means whatsoever professes to practice medicine, surgery or midwifery, or advertises in any manner or by any means whatsoever to give advice in medicine, surgery or midwifery, he shall be liable to a penalty not exceeding twenty dollars for each day that he so practises, professes to practise, or advertises.

(2) If any person wilfully pretends to be a physician, doctor of medicine, surgeon or general practitioner, or assumes any title, addition or description other than he actually possesses and is legally entitled to, he shall for each offence be liable to a penalty not exceeding one hundred dollars."

[The above Section is quoted from the American Medical Directory, Fifth Edition, 1916.]

ONTARIO.

"THE ONTARIO MEDICAL ACT."

"Section 49. Practise unlawful if not-registered penalties—It shall not be lawful for any person not registered to practise medicine, surgery or midwifery, for hire, gain, or hope of reward; and if any person not registered pursuant of this Act, for hire, gain, or hope of reward practises or professes to practise medicine, surgery or midwifery, or advertises to give advice in medicine, surgery or midwifery, he shall upon a summary conviction thereof before any Justice of the Peace, for every such offence, pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars."

[The above Section is quoted from the American Medical Directory, Fifth Edition, 1916.]

PRINCE EDWARD ISLAND.

"PRINCE EDWARD ISLAND MEDICAL ACT."

"25. Penalty for persons practising who are not registered or licensed.—It shall not be lawful for any person not registered (or licensed) under this Act, to practise medicine, surgery, or midwifery for hire, gain, or hope of rewards, and if any person not registered or licensed pursuant to this Act, for hire, gain or hope of reward, practises or professes to practise medicine, surgery or midwifery, or advertises in any manner or by any means whatsoever to give advice in medicine, surgery or midwifery, he shall upon a summary conviction thereof before any Stipendiary Magistrate or two Justices of the Peace for any and every such offence pay a penalty not exceeding twenty-five dollars."

QUEBEC.

"QUEBEC ACT TO AMEND THE REVISED STATUTES, 1909, RESPECTING THE QUEBEC MEDICAL ACT."
(Assented to 9th February, 1918.)

"10. Article 4946 of the Revised Statutes, 1909, is amended by adding thereto, after paragraph 2 thereof, the following paragraph, to wit:

"3. Practising medicine under a name which is not that of a physician legally authorised to practise medicine, surgery, and midwifery, is likewise prohibited."

"13. Article 4971 of the Revised Statutes, 1909, is amended by replacing paragraphs 3 and 4 thereof by the following.—

"3. Every person who, in an advertisement in a newspaper, or in a written or printed circular, or on a business card, or on any sign, assumes such a title, name or designation as to lead people to suppose that he is duly registered or qualified to practise medicine, surgery or midwifery, or any person who either for himself or on account of a licensed physician, offers or gives his services as physician, surgeon or accoucheur, even gratuitously, or who offers or gives free consultations, if he be not duly authorised and registered in this Province under this section, shall in each of such cases be liable to a penalty of fifty dollars for the first offence, of one hundred dollars for the second offence, and of two hundred dollars for every subsequent offence

"In every prosecution under this section proof of registration shall be upon the person prosecuted."

SASKATCHEWAN.

"THE MEDICAL PROFESSION ACT."

"Section 64.—No person unregistered or under suspension under this Act shall practise medicine, surgery or midwifery for hire, gain, or hope of reward, and if any person not registered or under suspension as aforesaid pursuant to this Act for hire, gain, or hope of reward practises or professes to practise or advertise to give advice in medicine, surgery or midwifery, or who shall furnish medicine or treat any disease or ailment by medicine, drugs or any form of treatment, influence or appliance for hire, gain or hope of reward shall be guilty of an offence, and upon summary conviction thereof be liable to a penalty not exceeding one hundred dollars."

[The above Section is quoted from the American Medical Directory, Fifth Edition, 1916.]

YUKON TERRITORY.

"THE YUKON MEDICAL ORDINANCE."

"12 No person to practise medicine unless registered—It shall not be lawful for any person not registered to practise medicine or surgery or midwifery for hire or hope of reward; and if any person, not registered pursuant to this Ordinance, for hire, gain, or hope of reward, practises or professes to practise medicine, surgery or midwifery, he shall, upon a summary conviction thereof before any Justice of the Peace, for any and every such offence, be liable to a penalty not exceeding one hundred dollars."

NEWFOUNDLAND.

"THE NEWFOUNDLAND ACT, 1896."

"24. It shall not be lawful for any person not registered to practise medicine, surgery, or midwifery for hire, gain or hope of reward, and if any person not registered pursuant to this Act practises, or professes to practise, medicine, surgery or midwifery, or advertises to give advice, or gives advice, in medicine, surgery or midwifery, for hire, gain or hope of reward, he shall, upon conviction in a summary manner before a Justice of the Peace, pay a penalty not exceeding fifty dollars, and, in default of payment, be imprisoned for a period not exceeding six months."

COMMONWEALTH OF AUSTRALIA.

NEW SOUTH WALES.

There is no prohibition of unqualified practise. "The Medical Practitioners Act, 1912," Section 11, imposes a penalty on unqualified persons assuming professional titles, and Section 12 provides under penalty that any person advertising that he treats disease must state his full Christian name and surname in every advertisement and upon any house referred to in the advertisement.

QUEENSLAND.

No Medical Act in Minutes.

SOUTH AUSTRALIA.

No Medical Act in Minutes.

TASMANIA.

"THE MEDICAL ACT, 1908."

Section 15 imposes a penalty on unregistered persons using medical titles. There is no prohibition of unqualified practise

VICTORIA.

The principal Act, which does not appear upon the Minutes, was enacted in 1890. Amending Acts passed in 1915 and 1916 contain no provision prohibiting unqualified practise.

WESTERN AUSTRALIA.

"THE MEDICAL ACT, 1894."

"23. From and after the passing of this Act no person other than a medical practitioner shall be entitled to

"(1) Practise medicine or surgery in all or any one or more of its branches; or to

"(2) Advertise or hold out himself as being, or in any manner to pretend to be, or to take or use the name or title (alone or in conjunction with any other title, word, or letter) of a physician, doctor of medicine, licentiate in medicine or surgery, master in surgery, bachelor of medicine or surgery, doctor, surgeon, medical qualified or registered practitioner, apothecary, accoucheur, or any other medical or surgical name or title; or to

"(3.) Advertise or hold himself out, directly or indirectly, by any name, word, letter, title, or designation, whether expressed in words or by letters, or partly in one and partly in the other (either alone or in conjunction with any other word or words, or by any other means whatsoever), as being entitled or qualified, able or willing to practise medicine or surgery in any one, more or all its branches, or to give or perform any medical or surgical service, attendance, operation or advice.

"And every person who, for himself or as assistant, servant, agent or manager, does or permits any act, matter or thing contrary to this section or any part thereof, shall be liable for each and every such offence upon conviction, to a penalty not exceeding fifty pounds nor less than two pounds and all costs of suit.

"Nothing in sub-section (1) contained shall prejudice or affect the lawful business or occupation of a chemist and druggist, or of a pharmaceutical chemist, and nothing in this section contained shall prejudice or affect the lawful business or occupation of a dentist registered under 'The Dentists Act, 1894.'

"24. Every person who shall exhibit or publish, or cause, permit, or suffer to be exhibited or published any letter, circular, placard, handbill, card, or advertisement of any kind whereby any person advertises or holds himself out contrary to any part of section twenty-three, or attempts so to do, shall be liable for each and every such offence, upon conviction, to a penalty not exceeding ten pounds.

"Provided that this section shall not apply to any newspaper proprietor or printer publishing such advertisement before written notice from the Registrar that such advertisement is contrary to some part of the said section."

NEW ZEALAND.

"THE MEDICAL PRACTITIONERS ACT, 1914."

"23. Penalty for wrongfully using name or title of medical practitioner.—Every person commits an offence and is liable to a fine of five pounds for each day during which the offence continues who, not being registered under this Act, practises medicine or surgery, or any branch of medicine or surgery, under the style or title of a physician, surgeon, doctor, licentiate in medicine or surgery, bachelor of medicine, or medical practitioner, or under any name, title, addition, or description implying that he holds any diploma or degree in medicine or surgery, or in any branch of medicine or surgery, or is otherwise specially qualified to practise medicine or surgery, or any branch of medicine or surgery."

"THE QUACKERY PREVENTION ACT, 1908."

"2. Every person commits an offence who publishes or causes to be published any statement which is intended by the defendant or any other person to promote the sale of any article as a medicine, preparation, or appliance for the prevention, alleviation, or cure of any human ailment or physical defect, and which is false in any material particular relating to the ingredients, composition, structure, nature, or operation of that article, or to the effects which have followed or may follow the use thereof.

"3. A statement shall be deemed to be published within the meaning of this Act if it is inserted in any newspaper printed and published in New Zealand, or is publicly exhibited in view of persons in any road, street, or other public place, or is contained in any document which is gratuitously sent to any person through the Post Office or otherwise, or which is gratuitously delivered to any person or left upon premises in the occupation of any person.

"4. Every person who commits an offence against this Act is liable, on summary conviction before a magistrate, to a fine not exceeding one hundred pounds in the case of a first conviction for any such offence, and not exceeding two hundred pounds in the case of a second or any subsequent conviction.

"5. If any person causes any statement to be inserted, in breach of this Act, in a newspaper printed and published in New Zealand, the printer, publisher and proprietor of that newspaper shall severally (and without excluding the liability of any other person) be deemed to have published that statement in breach of this Act, and shall be liable for an offence against this Act accordingly."

UNION OF SOUTH AFRICA.

Bill entitled "THE MEDICAL, DENTAL AND PHARMACY ACT, 1917," still under consideration.

"31. Penalties in respect of practising as a medical practitioner when unregistered.—Any person who, not being registered as a medical practitioner—

"(a) practises as such for gain, hire or reward, or for the expectation thereof; or

"(b) professes to pursue, or by advertisement, representation or any means whatsoever holds himself out as pursuing, the calling of a medical practitioner or professes to diagnose disease, bodily defects or injuries and thereafter to prescribe for or treat the same, or professes to give advice in medicine, surgery or midwifery, or holds himself out as aforesaid as so acting; or

"(c) pretends to be or takes or uses the name of medical practitioner or any name, title, description or addition implying or calculated to lead persons to infer that he is qualified or possesses a degree, diploma or other qualification as a medical practitioner, physician, surgeon, accoucheur, or that he is registered as a medical practitioner under this Act,

shall be guilty of an offence and liable on conviction for each such offence to a fine not exceeding fifty pounds, or in default of payment to imprisonment with or without hard labour for a period not exceeding three months. In respect of every conviction after the second the punishment shall be a fine not less than fifty pounds nor more than one hundred pounds, or, in default of payment, imprisonment with or without hard labour for a period not exceeding six months, or such imprisonment without the option of a fine, or both such fine and such imprisonment."

APPENDIX F.

PAPER handed in by Dr. Helen Wilson.

AGE OF CONSENT IN DIFFERENT COUNTRIES.

Compiled from an Article by M. Henri Minod in the "Shield" for June 1917.

(These Tables refer to the "Age of Consent" as commonly understood. It must not be confused with the Age of Protection against Procurement, which is 21 in England, and in many other Countries, as set forth in the International Conventions against White Slave Traffic.)

BRITISH DOMINIONS.	AGE.	BRITISH DOMINIONS.	AGE.
New Zealand - - - -	15	South Australia - - -	17
South Africa - - - -	16	Western Australia - -	17
New South Wales - - -	17	Tasmania - - - -	17
Queensland - - - -	17	Victoria - - - -	18
UNITED STATES.	Each State has its own Law.	- UNITED STATES.	Each State has its own Law
In 15 States - - - -	18	In 3 States - - - -	14
In 19 States - - - -	16	In 1 State - - - -	10
In 4 States - - - -	15	In 8 States - - - -	10 to 18 (see)

In eight of the States two ages are recognised according as the girl is chaste or unchaste. For chaste girls it is 18 in six cases, 14 in one, and 21 in another. For unchaste girls it ranges from 10 to 16.

EUROPEAN COUNTRIES.	AGE.	EUROPEAN COUNTRIES.	AGE.
Austria - - - -	14	Italy - - - -	13
Belgium - - - -	15	Netherlands - - - -	12 or 23 (see)
Bulgaria - - - -	13	Norway - - - -	16
Denmark - - - -	16	Russia - - - -	15
France - - - -	13	Spain - - - -	12 or 15 (see)
Germany - - - -	14	Sweden - - - -	15
Greece - - - -	15	Switzerland - - - -	12 to 16 in different cantons
Hungary - - - -	14		

Notes.—The law specifically refers to "girls" in Hungary, Netherlands, Spain and Sweden. In other countries it refers to children or young persons of either sex.

Netherlands.—The law of 1911 (clause 248) punishes with two years' imprisonment anyone who is guilty of sexual intercourse with a minor by gifts or promises, by abuse of authority, by violence, by seduction, or by abduction of a minor of good conduct. This apparently refers to both sexes, and to any age under the legal majority, viz., 23 years.

Spain.—The seduction or abduction of a virgin under 18 is severely punished with two to five years' imprisonment.

LEGISLATIVE DEPARTMENT.

The undersigned Members of the Select Committee to which the Bill to amend sections 362 and 366 of the Indian Penal Code Paper No. I, (Opinions from Local Govern- was referred, have considered the Bill and the ments). paper noted in the margin, and have now the honour to submit this our Report, with the Bill as amended by us annexed thereto.

We consider that the Bill as referred to us requires alteration in two main respects. In the first place, we think that clause 2 goes beyond the purpose for which the Bill was introduced by amplifying the definition of abduction in such a manner as to make it applicable to every case of abduction and not only to those with which the Bill is concerned. More especially we observe that if abuse of authority in certain circumstances constitutes abduction, a guardian who marries his ward against her will might become punishable under section 366 of the Indian Penal Code. In the second place, the Bill, in providing that the age at which the consent of a girl is to become material for the purposes of the offence with which the Bill deals shall be 16, does not give effect to the Convention to the fullest extent which is possible. We see no reason why effect should not be given to the Convention in regard to offences committed against girls imported from a foreign country. At the same time we are, with one dissentient, of opinion that the age in the case of offences in the commission of which no act has been committed outside India should not exceed 16 years.

These conclusions involve a recasting of the Bill and we have accordingly recommended what is, in form though not in substance, a new Bill, to the provisions of which we proceed to refer in greater detail.

2. *Clause 2.*—Section 362 of the Indian Penal Code already penalises the procurement of a woman when such procurement amounts to abduction. It thus covers the requirements of the second article of the International Convention, except in so far as the definition of abduction in section 362 of the Code does not include within its terms intimidation or abuse of authority. The paragraph which we propose to add to the section by clause 2 of the Bill recommended by us has the effect of including intimidation and abuse of authority within the definition of abduction in cases where that offence is perpetrated for the purpose of procurement.

3. *Clause 3.*—Section 366 of the Code also covers the case of the procurement of a girl under 16 unless she has no guardian or the offence is committed by, or with the consent of, the guardian. These cases we propose to provide for by the insertion of a new section 366A in the Code. This new section follows closely the wording of the addition which was proposed to section 366 by clause 3 (1) of the Bill as introduced.

The case of girls imported from a foreign country we propose to deal with by the insertion of a new section 366B in the Code. We are unanimously of opinion that the requirements of the Convention will be substantially met by penalising the importation of girls from a foreign country. At the same time we have so worded the clause as to prevent its being made a dead-letter by the adoption of the course of importing the girl first into an Indian State.

4. The Bill was published in the Gazette of India, dated the 30th September, 1922.

In view of the fact that practically the whole of the opinions received on the Bill related only to the question of the age of consent in the case of girls domiciled in India, we think that, although we have recast the Bill, its essential provisions have not been so altered as to require the re-publication of the Bill, and we recommend that it be passed as now redrafted by us.

W. M. HAILLY;

NAND LAL.

K. B. L. AGNIHOTRI.

P. V. SRINIVASA RAO.

N. M. SAMARTH.

J. N. MUKHERJEE.

T. RANGACHARIAR.

G. C. BARUA.

22,7,85.N26

DELHI

The 8th February, 1923.

[AS AMENDED BY THE SELECT COMMITTEE]

(Words printed in italics indicate the amendments suggested by the Committee.)

A
BILL

TO

Give effect to certain Articles of the International Convention for the Suppression of the White Slave Traffic.

WHEREAS it is expedient *to amend the Indian Penal Code in order to give effect to the first, second and third Articles of the International Convention for the suppression of the White Slave Traffic signed at Paris on the fourth day of May, 1910; It is hereby enacted as follows:—*

1. This Act may be called the Indian Penal Code (Amendment) Act, 1923.

2. *To section 366 of the said Code the following paragraph shall be added, namely:—*

“and whoever, by means of criminal intimidation as defined in this Code or of abuse of authority or any other method of compulsion, induces any woman to go from any place with intent that she may be, or knowing that it is likely that she will be, forced or seduced to illicit intercourse with another person shall also be punishable as aforesaid.”

3. *After section 366 of the said Code the following sections shall be inserted, namely:—*

366A. *Whoever, by any means whatsoever, induces any minor girl under the age of sixteen years to go from any place or to do any act with intent that such girl may be, or knowing that it is likely that she will be, forced or seduced to illicit intercourse with another person shall be punishable with imprisonment which may extend to ten years and shall also be liable to fine*

366B. *Whoever imports into British India from any country outside India any girl under the age of twenty-one years with intent that she may be, or knowing it to be likely that she will be, forced or seduced to illicit intercourse with another person,*

and whoever with such intent or knowledge imports into British India from any State in India any such girl who has with the like intent or knowledge been imported into India, whether by himself or by another person,

shall be punishable with imprisonment which may extend to ten years and shall also be liable to fine.”

GOVERNMENT OF INDIA,
LEGISLATIVE DEPARTMENT.

Report of the Select Committee on
Bill to amend sections 362 and 366
of the Indian Penal Code, with the Bill
as amended.

