Government
Publications

Commission of Conservation
Canada

COMMITTEE ON PUBLIC HEALTH

The Prevalence of Venereal Diseases in Canada

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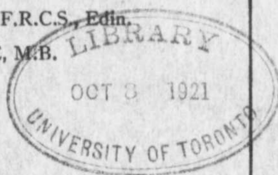

Reprinted from the Eighth Annual Report of the Commission of Conservation

OTTAWA—1917

The Prevalence of Venereal Diseases in Canada

A Presentation of Facts and Figures by Members of the Faculty of Toronto University and of the Staff of Toronto General Hospital

GENERAL INTRODUCTION

BY

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A FEW years ago when Superintendent of the Toronto Hospital for the Insane, it became apparent to me that gradually the admissions contained more and more cases of general paresis. All of these patients were, of course, suffering from syphilis. A careful survey of the figures revealed the fact that twenty-five per cent of the male admissions were syphilitic, a startling proportion.

When I transferred to the General Hospital service it was soon apparent that venereal diseases were steadily on the increase in the community, and, in a small clinic conducted for the feeble minded, no less than seventy-nine paretics came under observation in about a year. Many of these cases had congenital syphilis—in other words were the victims of an inherited form of this malady.

The prevalence of this disease among children—very largely the offspring of recent arrivals in Canada, was significant.

So commonly was the general out-door department attended by people asking for treatment for syphilis that we were forced to develop a special clinic for venereal diseases, open for three days and one evening in the week.

What happened when this was established, made us look further, and it was thought advisable to make a careful examination of the blood of every public ward patient entering the hospital.

What has been discovered in the clinic for feeble minded, in the special clinic and in the general wards, is the basis for an argument before this Commission.

The facts and figures to be presented to you by the speakers who follow me, will prove conclusively that the time has come for the establishment of drastic legislation to control the evil.

The situation is a serious one, and the importance of it will be thoroughly appreciated by those who have been following the world-wide movement for the suppression of venereal diseases.

When it is learned that more than 12 per cent of the patients admitted to the public wards of the Toronto General Hospital, for various diseases, medical and surgical, have syphilis, it will be realized that we are dealing with an acute situation, as the facts which apply to that institution are merely an index of the prevalence of syphilis in the community.

The menace to the health of the nation is perhaps greater than that of tuberculosis, as the problem is so much more difficult to deal with, and the subtle manifestations of the malady are so much more involved and obscure, as well as not easy to treat.

If registration of the tuberculous is desirable, the same argument is doubly applicable in the regulation of syphilis.

No false sentiment, no desire to shirk our manifest responsibility, should be encouraged. It is a case where a spade should be called a spade without the least hesitation.

In tuberculosis it is possible to control infection, in syphilis it is extremely difficult to do so for reasons that are self-evident.

One of these reasons is, that prostitutes are the source from which the greater part of the infections come—carefully compiled statistics showing that 75 per cent are traceable to the women of the street.

As 60 per cent of all prostitutes are feeble minded, a serious situation at once faces us in Canada, as very little intelligent provision has been made for the care of this class.

To show how this works it may be said that in our clinic a few weeks ago we had under observation at one time a feeble minded girl and five men she had recently infected with syphilis.

In the old world the problem has been faced for some years with varying success, and since 1874 and 1876 Denmark and Norway have employed a system of compulsory registration.

In England at the present time a large number of the best people in the realm are moving actively, as the menace has grown to such proportions, and in Canada we must find some solution of the present difficulties.

In Western Australia advanced legislation went into force on December 8th, 1915: Bill No. 55, of 1915; an Act to Amend the Health Act, 1911-12.

This is no doubt the most advanced legislation of the kind in existence, and deals with the following subjects, among others:

Venereal diseases, their treatment by medical practitioners only—

Persons suffering from these diseases must place themselves under treatment and keep themselves under treatment until cured.

Medical practitioners are to report cases of venereal diseases under treatment by them.

Name and address of patient to be reported on failure to continue treatment.

Certificate of cure to be given.

Bacteriological examinations to be made free of charge.

Compulsory examination and treatment under certain conditions.

Subsidized hospitals or salaried medical practitioners to give free treatment.

The prohibition of quack cures.

Secrecy to be preserved, etc.

The Act is an excellent one, and full of suggestions worthy of the greatest consideration in Canada.

In the city of New York advanced legislation is in force, and follows along the general lines indicated in the Western Australian Act.

Many educational pamphlets are also issued both in Australia and New York. These are available for public use. They treat of such subjects as the following:

To warn persons not infected.

To warn and instruct persons who are infected with these diseases so that they will appreciate the absolute necessity of treatment.

To arouse a desire in the persons who have been infected to know absolutely whether they have been cured.

It is a matter of opinion among the majority of sanitary officers that no distinction should be made between venereal and other infectious diseases.

If this be admitted there must be intelligent educational campaigns, proper prevention, effective isolation and persistent treatment.

Venereal diseases stand pre-eminent as a menace to the race and incidentally to the nation. The physical and social evils following in their wake are well known to the whole medical profession. When we realize the immediate and remote results of infection that is not treated, and contemplate the horrors entailed by a possession of these vile diseases, we shudder for the future of civilization, and marvel that the health authorities have not risen in violent protest long ere this.

In Canada we are rapidly reaching a condition not much better than that in the old world where venereal diseases have played

such a prominent part in the degeneration of the race. Not only that—we must not shut our eyes to what is likely to occur when the war is over and the returned soldiers are to be cared for. We might as well face the probabilities squarely and make proper provision.

In all armies venereal diseases are rampant—the armies of to-day are no exception to the general rule, and the proportion of diseased among those who have already come home is alarming and disturbing. We may well ask what shall the harvest be in the near future? There is abundant reason for anxiety, and those who remember what tragedies resulted after the Boer war will readily appreciate the force of our contention.

THE PATHOLOGICAL ASPECT

BY

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Although the immediate effects of venereal disease on the individual are serious enough, their great importance from the standpoint of race conservation lies in their delayed effect upon the individual and his, or her, offspring. It is this aspect of the question which especially impresses itself upon the pathologist. Whereas he may not often see in the post mortem room the evidence of recent syphilis, he is continually being brought face to face with its delayed effects.

Syphilis is a disease due to a minute spiral organism called the *treponema pallidum*. Ordinarily this is transmitted from one individual to another through sexual intercourse. If this were the only method of transmission, however, the possibility of control and prevention might be a simpler problem. Unfortunately extragenital infection occurs oftener than people realize, and the prevention of these extragenital infections becomes one of the most difficult tasks of the sanitarian.

The organism, when it enters the tissue, as a rule produces, after an incubative period of from eight to ten days, a so-called primary sore. This primary sore presents well marked clinical features which enable the physician to recognize it, but if there is doubt, there are laboratory methods by means of which the diagnosis may be rendered absolutely certain. This primary sore tends to undergo spontaneous healing and a careless or ignorant person may not be

caused serious inconvenience. After a second incubation period of about ten weeks, the so-called secondary stage of the disease develops. This is in the nature of trouble in the skin, in the mouth and in the system generally, due to the invasion of the whole body by the parasites. In many of the secondary lesions, multitudes of the parasites are found, and during this stage the patient may be intensely infectious and especially liable to spread the disease by extragenital paths.

These so-called secondary manifestations of the disease may persist for months or even years, but they also tend to heal, and the patient may become apparently well, and properly treated cases may recover completely. Unfortunately, however, syphilis is a disease in which the parasite, following these primary and secondary forms, may remain dormant in the system for years. Sometimes, after many years, evidence of disease supervenes and the patient develops the so-called tertiary lesions. These are of the nature of chronic inflammatory and degenerative processes, which may occur anywhere in the body but which show a special tendency to attack the blood vessels and the nervous system. The effect of the disease on the blood vessels depends upon the vessels involved. For instance, the syphilis parasite shows a special tendency to attack the large artery which carries the blood from the heart, the aorta. As a result of this localization the walls of the vessel become weakened and dilated. This is what is called an aneurism, and to-day all aneurisms of the aorta are recognized as due to syphilis. The wall of the aorta, where it leaves the heart, is especially liable to involvement, with the result that the valves which guard its mouth fail to close properly and become incompetent, producing serious effects upon the general circulation. Whenever a patient of middle age with this form of heart trouble comes to a physician, he immediately suspects syphilis and he has a test of the blood made to exclude it.

The same tendency for the beginning portion of the aorta to be scarred by syphilis leads to an involvement of the coronary arteries, the arteries which nourish the heart itself. When this takes place the heart muscle is damaged and the patient shows the symptoms of that most terrible of all heart troubles, angina pectoris. Syphilis in its late stages is one of the most fruitful causes of angina pectoris. When the arteries of the brain are involved in the syphilitic process, the nutrition is cut off from the brain and the patient suffers from a paralytic stroke. In men between the ages of forty and fifty a stroke in the vast majority of cases is due to syphilitic disease of the cerebral arteries.

The microbe of syphilis shows a special tendency to become lodged and to remain dormant in the central nervous system. Lodged there, in later life it awakens to activity, and there results two diseases which are the most serious ones of the central nervous system, either locomotor ataxia, in which the spinal cord is mainly affected, or paresis, general paralysis of the insane, where the brain itself is involved.

All these late tertiary manifestations of the disease take a tremendous toll from the most important and active part of the community, and just at the age when their activities are of the greatest importance in the life of the community.

The most serious thing about these late developments in the blood vessels and brain is that it bears no relationship to the severity of the primary disease or its secondary symptoms. A patient may suffer from a relatively insignificant primary infection, may be only slightly inconvenienced by the secondary stage, yet he may die before fifty from the vascular or nervous troubles.

It is just on this account that it is essential for the state to institute control over diagnosis and treatment. The very nature of the disease leads to concealment and tends to throw the sufferer into the hands of quacks. Ignorance of the ultimate consequences and the promptness with which the primary and secondary lesions disappear under treatment is apt to lead to undue optimism in the patient. This optimism leads to too early cessation of treatment and the condition of dormant infection is set up, to be followed in later life by some of these serious late forms of the disease. It is upon this side of the question that the public needs more thorough education—that diseases which the public are apt to think of as the necessary accompaniment of the wear and tear of life are in many cases directly traceable to a venereal infection contracted in early manhood, and from which the victim congratulates himself he has completely recovered.

A recent writer upon the relation of syphilis to life insurance says: "No applicant who has had syphilis deserves to be considered a first class risk . . . . The average syphilitic will not live to his full expectancy . . . . Mortuary records show that diseases of the circulatory organs are the cause of death in over fifty per cent of syphilitics."

But perhaps the most terrible results of syphilis from the standpoint of race conservation are seen in its influence on the offspring. Syphilis is a disease which is transmitted from the parent to the child before birth. The result of this is either the mother miscarries or gives birth to a dead child, or if the child is born alive it

may die in early childhood from the results of the congenital infection. Even if it grows to adult life it, sooner or later, may show the same late forms of the disease in which the organs of circulation or of the central nervous system are involved. It may serve as a source for the further propagation of the disease, and may even transmit it to the third generation.

The severity of the infection in the child is not in proportion to the severity of symptoms in the parent. Mild symptoms or latency in the parent are often found with malignancy of infection in the child.

Innumerable statistics might be quoted to show the effects of syphilis upon the race from this standpoint, but the following observations of Kaufmann will suffice: "Among nine syphilitic couples there were sixty-six pregnancies; these included thirty-three abortions or still-births, and thirty-three living children. Of the thirty-three living children, twenty died—fourteen during the first year of life, three suicided, two were epileptics, and one died at the age of forty. Thirteen are still living, of whom only two are normal."

THE BORDET-WASSERMANN REACTION IN SYPHILIS

BY

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In the diagnosis of syphilis, as in the diagnosis of any other condition, we make use of all the data at our command, and it is only by so doing that scientific accuracy can be hoped for or attained. The study of any case divides itself naturally into two phases—the clinical study, and the laboratory findings. While the importance of the former should never be minimized, it is nevertheless true that the tremendous advances in the fundamental laboratory sciences, especially in recent years, have emphasized the enormous value of certain laboratory tests and have shown us how many things had been missed before the advent of these methods of study. In no other single disease has the aid of the laboratory been so invaluable as in syphilis, and the statement, extravagant as it sounds, may also be unhesitatingly made, that no single laboratory test has so revolutionized our ideas on any disease as has the so-called Bordet-Wassermann test done in the case of syphilis.

This test was the outcome of a series of brillant researches by two Belgians—Bordet and Gengou—elaborated later on by others until it has attained its present high degree of efficiency. It is a complicated test, requiring expert laboratory training and accurate scientific knowledge, along with much experience in its performance and interpretation.

By means of this test we are able to detect the presence of syphilis in approximately 98 per cent of all cases, excepting in the very early stage, in which case we have other tests which lend themselves admirably to the circumstances. A strongly positive Wassermann test, done in a reliable laboratory, has now come to be regarded by the best authorities as certain evidence of syphilitic infection.

The only other diseases which are conceded to give a positive test are certain tropical infections which are very easily ruled out, and these, moreover, are exceedingly rare in this country.

By means of this test we have learned some astounding facts concerning the prevalence of syphilis in our population. In the Toronto General Hospital, where we do a test on every case admitted to the wards for any ailment whatsoever, we have learned that between twelve and fourteen per cent of admissions are syphilitic. These figures are borne out by investigators in Great Britain and the United States. What is even more illuminating is the fact that the great majority (66 per cent) are not suspected of suffering from the disease. This is due to the following well-known facts: (1) Syphilis is a mimic and can simulate almost any known disease; (2) there is a so-called latent stage of syphilis, in which the patient shows no evidence of being infected—feels well, looks well, and on physical examination exhibits no lesions. Yet that patient is a menace to the community on account of his or her ability to infect others, or to bring syphilitic children into the world. Then again, such a patient is living on the crater of a volcano, for the dormant infection may light up at any time. The Wassermann test has done a great service in enabling us to detect this type of case. Let me mention only one other condition—the etiology, or cause, of which has been cleared up by this test. I refer to general paralysis of the insane. It is only in recent years that we have proved beyond doubt that this is a late, but none the less direct, result of syphilitic infection. The test has also served a most useful purpose in the detection of juvenile cases of this disease—the result of congenital or hereditary infection.

It is not only in diagnosis that the Wassermann reaction is of assistance, but it finds a wide use in following the progress of treat-

ment, and no patient is now discharged as cured until his test has been consistently negative for months or even years after treatment has been completed. This application of the test can not be emphasized too strongly, for many cases where treatment has not been sufficiently thorough, seem to slip back as time goes on and finally yield a strongly positive test. Such a plight would be entirely overlooked were this test not available.

It is not our purpose at this time to go into technical details, for it would be tedious and would serve no useful end. It is necessary, however, to merely mention in passing, some of the facts about this laboratory procedure in order to impress upon everyone the importance of properly equipped laboratories, and, above all, properly trained workers. In Toronto, and apparently it is no exception, there is a tendency to regard the Wassermann reaction as a simple routine measure not requiring skilful technicians and expert supervision. The result is that, in the past, the profession and the public have suffered from erroneous results and doubtful reports. Nothing will so quickly bring discredit upon this important procedure as quackery and incompetence. We have no protection from that sort of thing at present. A similar test to the Bordet-Wassermann reaction for syphilis has been devised for the detection of generalized gonorrhœa, and, while its application is not as wide as the former, it is nevertheless coming to be regarded as a requirement in routine of all well-equipped laboratories. It is even more difficult to perform, and the interpretation of results is, of course, all the more important.

When it is remembered that the test is accomplished by the use of the serum from guinea pigs, sheep's blood, immune rabbit's serum, extract of human heart—as well as the patient's blood, and that these various ingredients require much attention, proper, scientific knowledge and absolute accuracy in their preparation and use, it will be easily recognized that such an important test should only be done in well-equipped laboratories by properly trained medical graduates. These laboratories require to be generously financed by the state, so that they may not be handicapped in their usefulness. They should be under the control of, or at least inspected by, the departments of pathology of the various universities, or other recognized authorities, so that the medical profession and the public may be assured that the reports issued from the various laboratories are to be relied upon. We strongly urge this point as one of the most vital and far-reaching factors in the campaign against venereal disease.

STATISTICS OF PREVALENCE OF VENEREAL DISEASES

BY

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When one begins to obtain any authentic statistics on the prevalence of venereal diseases in this country, the very evident fact that there is no registration of the same makes it apparent that one can only draw some definite conclusions from the statistics of other places and from the complications of these diseases. This fact is emphasized in the *Report of the British Royal Commission*, published in 1916, as to their prevalence in Great Britain.

(Sec. II, C. F., Memo, Appendix 1). The death rate per million of population, from four causes of death, as considered from the *Registrar-General's Report* for the year 1910,—viz:

	Syphilis	General paralysis of the insane	Locomotor ataxia	Aneurism
England and Wales.......	46	62	16	31
Scotland................	42	48	14	36
Ireland.................	22	17	10	11

Paragraph 14, Section II, emphasizes the fact that these reports furnish no adequate estimate of the prevalence of venereal disease.

In considering gonorrhœa no attempt is made to report the prevalence, but some of the sequelæ of gonorrhœa show its prevalence. A very large percentage (p. 28, par. 85, of above report) of pelvic inflammations in women is due to gonorrhœa. Of sterility in women (p. 28, par. 86) 50 per cent of all causes is due to gonorrhœa. Of 1,100 cases of blindness in children, 24·3 per cent was due to gonorrhœal infection of the eye (p. 31, par. 97). Of 102 children, 41 cases were traced to corneal defects from gonorrhœal infection of the eyes, probably at birth. Some startling statistics of the effects of syphilis on national life are given. (P. 30, par. 93.) Evidence shows

possible transmission of the disease to the third generation. The most prolific cause of miscarriage and premature birth is syphilis. Thirty-four syphilitic mothers, with 175 pregnancies, only gave birth to 30 apparently healthy children; 104 were premature births, still births, or deaths in infancy. Of 22 married women suffering from locomotor ataxia (p. 30, par. 94) 7 were sterile, and 69 pregnancies occurred, with only 10 living children.

Veeder, in the *American Journal of Medical Science*, claims that 10 to 30 per cent of syphilitic marriages are sterile and 13 per cent result only in abortion. Out of 331 pregnancies in 100 syphilitic families, 131, or 40 per cent, died before birth, 15 per cent died shortly after birth; total of 55 per cent died, 35 per cent living but syphilitic; 10 per cent only escaped syphilis.

On p. 30, par. 94, the same report deals with eye diseases and blindness caused by syphilis. Of 1,100 children in the Blind schools, 31·2 per cent was due to positive syphilis, plus a probable 2·8 per cent. (P. 30, par. 95.)—Ear diseases and deafness: 25 per cent of congenital deafness is due to syphilis; of 845 children deaf, 7·2 per cent was judged due to congenital syphilis.

Another startling statistic given in this report of the national loss is that England and Wales spend annually in asylums for the syphilitic insane $750,000.

In view of the above findings, these facts are of an especial significance to Canadians, as many of our immigrants of the past, and many of the future, will come from the Mother Country. The loss of child life from this disease is appalling, and when the congenital effects or defects are added, the question is one of very great importance to the nation.

Let us consider the prevalence of venereal disease, as published in the *Report of New York City Department of Health*, 1914. The following number of cases were reported: Syphilis, 21,155; gonorrhœa, 9,526; chancroid, 517; total, 31,198. They also have an advisory clinic connected with the Department of Public Health. At this clinic, in the first six months of 1915, 1,389 patients attended and the source of infection was sought. The majority of these cases were males. A history was obtained in 803 cases. These showed that 70 per cent of the infection was through the public prostitute, 25·5 per cent due to the clandestine prostitute and 2·5 per cent the result of wedlock. The department claims that there is as much syphilis as tuberculosis in New York. Of the six million people in New York city, 25 per cent have venereal disease of some kind. The department reports that 10 out of every hundred have syphilis; 8 out of every 10 men and 5 out of every 10 women have

had gonorrhœa *at least once*. (Pamphlet on *Venereal Diseases*, published by the Department of Health, city of New York.) Nearly 5,000 people die annually in New York city as the result of syphilis. Nearly one third of the serious operations on women are due to gonorrhœa.

One further amazing statistic of the prevalence of syphilis in the United States is published in the *Army Reports* from two of their recruiting depots, consisting of about 2,000 recruits between the ages of 20 and 30, selected from 98 different occupations in life. Of these, 16·7 per cent were found to be syphilitic, and, the report adds, there is reason for believing that the percentage may be 20 per cent.

That syphilis is a menace to public health is becoming so apparent that one feels that most stringent methods must be adopted to control its spread. This is further proven by the fact that the blood tests establish its existence without the patient having any knowledge of how the disease was contracted. Dr. H. N. Cole, of Cleveland, in the December, 1916, number of the *Journal of the American Medical Association*, reports 61 cases of primary syphilitic sores occurring extra-genitally, as follows:

Ages	Cases	Ages	Cases
5 – 10 years	4	40 – 45 years	6
10 – 15 "	0	45 – 50 "	1
15 – 20 "	3	50 – 55 "	2
20 – 25 "	7	55 – 60 "	3
25 – 30 "	13	65 "	1
30 – 35 "	16		
35 – 40 "	5	Total cases	61

Of these, 33 were married and 28 single.

The sores occurred as follows:

Lips	43
Tonsils	3
Tongue	1
47, or 77 per cent, in buccal cavity	
Hand	10
Neck	1
Jaw	1
Abdomen	1
Breasts	1

Let us now consider the province of Ontario. If we take the *Registrar General's Report* for 1915, one would think that venereal diseases were not a great factor in the death rate in the province. On p. 25, Nos. 37 and 38,—*Syphilis:* Number of deaths caused by

Syphilis (including cities and towns of Ontario). .	48
Caused by gonorrhœa.	4
Total.	52

However, many other diseases result from syphilis, the more generally recognized being as follows:

Locomotor ataxia, which caused. .	49 deaths (p. 27)
General paralysis of the insane. . .	76 deaths (p. 27)
Diseases of the arteries, atheroma and aneurism. 1,242	
1,367	

In the last entry there may be doubt of its accuracy, as no distinction is made between aneurism and diseases of the artery, but this is more than offset by the fact that a great many deaths from angina pectoris and some of the other diseases mentioned are undoubtedly due to syphilis.

During the past thirteen months a syphilitic treatment clinic has been introduced in the out-patient department of the Toronto General Hospital, the patients being referred from the other clinics, and the results give a fairly accurate idea of the prevalence of the disease. Clinics held, 152, at which 373 patients have been treated. Of these, 28, or 8 per cent, only were treated in the primary stage of the disease; 70, or 18 per cent, in the secondary stage, and 206, or 55 per cent, in the later stages of the disease. The remaining 69 cases were: Congenital, 7; quiescent, 24; not classified, 38.

We have done 871 blood or Bordet-Wassermann tests, with 344 of these being positive, or 40 per cent. The number of intravenous treatments given was 1,595 to 298 patients. Our records show that 34 per cent are married males and 31 per cent married females, or 65 per cent married, representing 30 families. In these families, there have been 54 miscarriages or dead infants, showing the dreadful loss of child life, while some of the living children undoubtedly have congenital syphilis. In three families the fathers have died in the asylum or have syphilis of the nervous system, and some of

their children are infected. Since October 6, 1916, routine Wasser mann tests have been done in the wards of the Toronto General Hospital, and out of 971 tests, 125 have shown positive syphilis—between 12 and 13 per cent.

In view of the above statistics it is apparent that the control of venereal disease becomes a question of national importance, not only from the standpoint of the economic loss, but also from that of the preservation of life, the wastage of which, in this present world crisis, one feels will be hard to replace.

GONORRHŒA AND ITS SEQUELÆ

BY

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The disease syphilis has been discussed in its various aspects by the previous speakers. It is my duty to put before you certain facts regarding gonorrhœa, more especially as it affects the female.

There can be no question that gonorrhœa is very prevalent in Toronto and also in Ontario. In the wards set apart for diseases peculiar to women these cases form a large proportion of those treated. I have had considerable experience in similar wards in the Royal Infirmary, Edinburgh, Scotland, a hospital serving a city of almost the same size as, and a country district not dissimilar to, that surrounding Toronto, and I have no hesitation in saying that many more cases of gonorrhœa and its complications are admitted to the wards in Toronto than to those in Edinburgh.

Out of a total of 329 operations performed in the said department of the Toronto General Hospital during the past year, 40, or over 12 per cent, were undertaken for the relief of conditions directly due to gonorrhœal infection. When we take account of major operations only, 25 per cent were performed for gonorrhœal complications. These figures do not differ materially from New York hospital statistics. They take no account of the number of patients who recover without operation.

The classes of women suffering from the disease are prostitutes, feeble-minded, domestics, clerks and married women. It is important to note that, of the 40 cases I have mentioned as requiring major abdominal operations for gonorrhœal infection, 28 were married and 12 single. The married women were in nearly every case innocent victims of infection conveyed by their husbands. The latter, too, in many cases were innocent to the extent that they believed themselves to be no longer infective. Had they been placed under a proper system of treatment and control and been warned of the danger of their condition, their wives would have escaped.

The tremendous importance of all this lies in the fact that gonorrhœa in the female is a very serious condition, much more so than in the male. It is serious from the following points of view:

(*a*) The disease tends to spread from the primary site of infection up into the uterus and into the Fallopian tubes, and so to the peritoneal cavity, a condition of affairs which puts the patient's life in jeopardy. If she recover, it is often only to lead the life of a chronic invalid or to have to submit herself to an extensive and mutilating operation which renders future child bearing impossible.

(*b*) Apart from the above severe complications, sterility very often results from milder attacks. Probably 50 per cent of all cases of sterility in the female are directly the result of gonorrhœal infection. From the point of view of the conservation of the race, this is one of the most serious aspects of the question.

(*c*) In the female, the disease often assumes a latent form which is extremely difficult to recognize. Treatment is difficult and it is not easy to be sure when a cure is effected. The possibilities of spread of the contagion from the individual female are thus very much greater than from the individual male.

(*d*) If a woman be suffering from gonorrhœa at the time of labour, her child runs a great risk of developing ophthalmia. Forty per cent of all cases of congenital blindness are due to this cause.

A consideration of these facts shows the great loss to the state resulting from gonorrhœal infection, a loss expressed by:

(*a*) The diminished working capacity of the individual and the frequent necessity for maintaining her in hospital or elsewhere.

(*b*) The diminished birth rate.

(*c*) The birth of permanently disabled children.

CONCLUSIONS AND PRINCIPLES OF CONTROL

BY

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The control of venereal diseases would not be a matter of importance if the results were confined to acute symptoms of the recently infected, but the necessity for action lies in the fact that the immediate symptoms are trivial when compared to devastations of its later manifestations. These manifestations are so numerous and varied that the possibility of venereal disease must always be considered by the physician or surgeon. The loss to the country by death in the prime of life of many an able man through aneurism, angina pectoris or vascular diseases of syphilitic origin can be appreciated by anyone who allows memory free scope. The loss and the expense by reason of nervous affections, such as general paralysis of the insane and locomotor ataxia, amounts to many hundreds of thousands of dollars a year. These examples can be readily grasped, but there are few statistics which can give any idea of the loss through the innumerable manifestations which go by masking names or are classed with like affections of other origin. The statistics which show that from 12 to 14 per cent of hospital cases are syphilitic only tell part of the story. Here only latent cases discovered in the course of routine tests, and those so far incapacitated by the disease as to be confined to bed, are included. To these must be added the ambulatory cases, with or without symptoms, which can only be definitely diagnosed as syphilitic by means of laboratory tests, and the cases of those who are inhabitants of asylums, homes for incurables, and homes of the "poor house" class. The loss alone through sterility, non-productive pregnancies, early death and mental deficiency is such that no country can afford to view unconcerned this aspect of venereal disease. The individual who has ever been infected and knows that tests for cure exist, should not be given the chance of ruining family life, depriving the state of healthy citizens, and burdening it with physical and mental defectives.

These statements, and much that has just been given by the former speakers, may seem exaggerations to those who are not in touch with the advances in bacteriology and the perfection to which sera tests have been brought. The revelations coming from

the scientific laboratories have not only confirmed the impressions of physicians as to the venereal origin of many affections, but have shown that many unsuspected affections are of that origin. These revelations have changed beliefs to well established facts from which a feasible system of control can be deduced.

> The viruses of venereal disease are of such a character that their transference from one individual to another usually requires personal contact—a contact so definite as to bring the moist surfaces of mucous membranes or abraded skin together. Rarely is the transfer made by other means, such as through the agency of inanimate objects—though one can readily understand why much is made of this possibility.
>
> The mentally deficient recruit the ranks of the prostitutes and show the most neglected forms of venereal diseases in the infective stage.
>
> The virus of syphilis can be readily transmitted for some months by the recently infected individual. After this varying period the danger of transmission decreases for any single contact. After six years, even without treatment, transmission is improbable. Early and vigorous treatment shortens the infective period, even though the virus is not entirely destroyed in the body of the individual. The virus can be demonstrated in the primary and secondary lesions by trained workers. The Bordet-Wassermann test and the Noguchi test, as conducted by the scientific laboratories, are reliable up to 98 per cent.
>
> The virus of gonorrhœa is more readily transferred by the recently infected for many weeks and months. The danger of transmission decreases after several months, but may still exist for several years even though there are no evident symptoms. Treatment is uncertain in its results. Bacteriological tests readily demonstrate the virus in the acute stage but the help of the scientific laboratory is required in the chronic stage and for the proof of cure. In both acute and chronic stages of the disease in women it is more difficult to demonstrate infection.

The transference being by direct and intimate contact, the control of the disease must entail the supervision and the treatment of the infected during the period when such transfer is probable. An absolute control by isolation is out of the question for obvious reasons. A partial control could enforce treatment during the infective period, while the contracting parties in marriage could be protected by blood tests and medical examination.

Even though control might not show an immediate lessening of venereal diseases, yet the spread of knowledge that is entailed by enforcement of some form of control, would eventually produce this result and lead to demands for more stringent measures.

The essential features of any measure for control should include:

1. Non-public registration
2. Public registration and isolation of recalcitrants
3. Free treatment
4. Free tests
5. Supervision of mental deficients
6. The administration of the plan by a Dominion body through the Provincial Board of Health.

(1) Registration of cases of venereal disease can only be made effective by securing the information from the physician to whom the infected person applies for treatment, and by shutting off all other sources of treatment. Severe penalties would have to be imposed upon others offering, selling, or advertising medication for the treatment of venereal diseases. Any person developing symptoms must apply for treatment within three days of the onset. Any person wishing to discontinue treatment from any physician must either secure a certificate that he is undergoing treatment by another physician or secure a certificate of cure from the Board of Health. Release from treatment to be obtained when examination and tests show that the infective period is passed.

(2) Public registration and isolation by the Board of Health should be enforced where any person shall knowingly transmit any venereal disease and where any person shall discontinue treatment during the infective period.

(3) Free treatment is absolutely necessary for the great majority of infected individuals, not only because of the cost, but because every inducement should be offered to prevent concealment and treatment by quackery and nostrums. All local Boards of Health should post and advertise the fact that free treatment can be obtained from approved hospitals, clinics and salaried physicians. All hospitals, clinics and medical institutions receiving grants from the Dominion or the Provincial Governments, and any physician in receipt of salary from the Provincial Government or Local Board of Health, shall provide free treatment.

(4) Means for the efficient carrying out of tests for diagnosis, prognosis, and proof of cure, must be provided free of cost. The whole plan stands or falls according to the efficiency and accuracy of these tests. Not only are trained technicians needed for the carrying out of the bacteriological and sera tests, but close and frequent supervision by the trained bacteriologist and serologist is required to ensure the accuracy of even the standard tests. To accomplish this supervision, there are at present available the laboratories of the universities of the Dominion.

(5) The supervision of mental deficients is necessary for efficient control of venereal diseases, because they are unfit to understand their responsibilities, and it is from this class that the majority of prostitutes and moral perverts are recruited. This class should either become the wards of the state, or be rendered innocuous by reverting to the logical but extreme measure of unsexing.

(6) The administration of any plan of control should be in the hands of a body provided for by the Dominion Government. Under this body the Provincial Boards of Health could carry on the work in the province directly or indirectly through the municipal Boards of Health.

The cost of administration should be borne by the Dominion, the provinces and the municipalities in such a way that the control remains with the Dominion to such an extent that fear of expense and local influences will not interfere in the effective and uniform enforcement of the measure.

Dominion control is necessary for the reasons that immigration laws are made and enforced by the Dominion, and also that the Dominion Government has the sole control of the militia and the returning soldiers.

Discussion

MRS. SMILLIE: Now that we have had the scientific side so ably presented to us, we women would like to inform the Commission that the National Council of Women, ever since 1909, has had this subject under serious consideration. The well-known Dr. Prince Morrow, of New York, had, as his assistant in this great work of instruction in the United States, his cousin, Dr. Rosalie Morton. At the National Council of Women's meeting in Toronto in 1909, Dr. Rosalie Morton was present and addressed a meeting of women. We women then realized that the sins of the parents were being visited on the children unto the third and fourth generation, and that the purity and efficiency of our race was at stake. We have, in our quiet way, tried to educate our women throughout Canada, and to keep them informed as to the progress of the law both in New York and all over the United States; and, since the war commenced, we have felt that the question of this disease was seriously hindering recruiting in Canada. The mothers, in consultation all over Canada, would say: "While we expect our boys may be killed by the Germans, we do not expect our boys to contract this terrible disease in camp life, either in Canada or in Great Britain." Since then the military authorities have taken steps to control

venereal disease in camp life. But the question is now before us for the whole of Canada, and at our executive committee meeting at Kingston, in November, this subject was seriously considered again in the light of the revelations in the report of the Royal Commission in England. We drew up and forwarded a resolution to the Provincial Boards of Health, asking for better control and treatment of venereal disease and scientific education of the public on the subject. We have the pamphlets issued by the National Council for Combating Venereal Disease in England, also the Western Australian pamphlets, which were a revelation to us. At our meeting in Kingston, we were told that the return of infected soldiers to Australia had awakened that Commonwealth to this question, and hence their drastic regulations. Whatever the scientific men of Canada do, the best women are behind them, and we want to tell them so.

DR. JONES: The facts presented to the Commission this morning are of startling importance. A question comes to my mind, however, regarding the remedy. We cannot hope for any very strong action in the immediate future by the Dominion Government, as matters of this kind pertain more to the jurisdiction of the provinces.

It is a matter of public health, and matters of public health are very largely in the hands of the provinces. It is in the hands of the Dominion only so far as immigration and the Dominion features of public health are concerned, and the spread of disease from one province to another, which scarcely applies to this case. The Provincial Boards of Health should be approached for any immediate results. In every movement of this kind we must apply pressure.

I was interested in the statement of Mrs. Smillie that a resolution had been forwarded to the Provincial Boards of Health. I am a member of the New Brunswick Provincial Board of Health, and I heard nothing of this communication. Very often these communications are never brought to the attention of the Board by its medical officer. It seems to me that this Commission, after the evidence we have had this morning, may be able to present something to the Provincial Boards of Health which will lead to action. We should at once bring this matter before the provincial authorities, not overlooking the fact that we may be able to do something through the Dominion Government.

SENATOR EDWARDS: This is too serious a matter to be put off. Public health is a divided jurisdiction, but, as a precedent, the Dominion Government has assisted materially in the tuberculosis campaign since the beginning. I must say, frankly, I believed tuberculosis was the dread disease, and that everything else was insignificant; but, from what we have heard this morning, here is a disease compared to which tuberculosis is a simple thing. My conviction is that, if a strong resolution is adopted here and placed before the Dominion Government, they will take action at once.

LIEUT.-COL. ADAMI: We all agree that it is most important, in a matter like this, to interest everybody, and, if possible, the provincial governments ought to be induced to take a primary part in the work. Nevertheless, the danger of depending on the provincial governments is that we will have different legislation in the different provinces and have irregularities. It is wiser to have one central body, and, as Senator Edwards has stated respecting tuberculosis, a national body, with general direction of the work, would have been an advantage. We have had irregular legislation, and, consequently, have not secured the same results as if we had had Federal legislation affecting all Canada. Saying this, I cordially agree that we must secure the co-operation of the provincial governments.

As an officer of the C. A. M. C., I am keenly interested in this matter as affecting soldiers. At the last meeting which I attended, in London, of the National Society for the Suppression of Vice, there was some very plain talking. The meeting was held at the College of Physicians, and presided over by the president of the college. Much time was taken up in a discussion of this question of venereal disease among the soldiers, what had been done in respect to the Canadian soldiers, and what their condition was. A very distinguished physician, the spokesman for the committee working on the subject, pointed out that they had had wonderful success; that they had had great difficulty in persuading the local municipal authorities to undertake the suppression of harlotry, but, after some months of work, they had persuaded the Council of Folkestone to appoint two women policemen! Two women policemen to more or less control and look after the *entourage* of 40,000 or 50,000 men! And then, sir, Surg.-General Carleton Jones rose, and hit straight from the shoulder. It was a large hall, practically full of serious English people, leaders of public opinion, women and men, and he told them straight that they were hypocrites; told them that they were sitting there smugly, discussing the position and condition of the Canadian soldiers, when just a few hundred

yards away was the Empire theatre; that they were there like ostriches with their heads buried in the sand, and did not recognize that it was London that was the great foul, festering sore. They did not recognize that the Empire theatre and other leading music halls, which they were permitting, and seemed to look on as something of perfect respectability, were the places where soldiers and officers went and made assignations with women. He told them they were doing nothing to put a stop to this, that their attitude was: "No, we are a good people, we do not indulge in these things, and, furthermore, the country does not; therefore, they do not exist." General Jones pointed out the number of infections of men on leave, in London; he spoke so strongly that, from that very day, there was noticeable a great improvement and stirring up of British sentiment in respect to the dangers which beset the soldiers, the first sign of which was that the manager of the Empire theatre announced voluntarily in the press that he had done away with the 'promenade.'

It is true that conditions in Canada are very bad. You must not say: "Here are our poor Canadian soldiers, who have gone over to Great Britain, there got infection, and have come back to Canada, where they will spread that infection." In camps near large towns, we have bad conditions, and they must be met. The number of Canadians going to England with venereal disease has become serious, and is a cause of complaint from the authorities on the other side.

It is true that conditions in England are serious, especially to our men. We, in Canada, are not accustomed to see prostitutes upon the street and to have them accost men. That is common in the large towns in Great Britain, especially in London, and in other towns near camps. This is undoubtedly a very grave temptation for our men. They see nicely-dressed and nicely-spoken women, who smile upon them and address them. Our men, perhaps, have come from the country; in many cases they regard these as superior women, such as they have never seen in their native villages. They have never seen women so well got up, so willing to talk to them. It is bad for our men; but, granting all that, granting the dangers our men are exposed to, and especially the fact that they are in early adult life, are in magnificent training, and have been living in the open air, and that physiologically speaking, they are in a condition to be very sorely tempted—the marvellous thing is that we have had so little, not so much, venereal disease in our troops. A very large proportion of our men have withstood the temptation and have

done loyally. That should be told, and that should be remembered. These men are a credit to Canada.

Something has to be done. The time has come, both for our army and for the general community, when comprehensive measures must be taken to curb this disease, whose effects are not simply temporary but are of long standing, disastrous, not only to the welfare of our womenkind, but also to future generations. That being the case, as a community we have to consider, and the Government has to consider, what remedies must be applied. In the army we are now endeavouring to institute such a treatment after infection that the danger from this disease may be minimized. We cannot do anything in advance, as that might be regarded as encouraging immorality; but we can now promulgate measures whereby, through early treatment, excellent results are being obtained. A report from one province shows that, in the last two months, the incidence of venereal disease has been reduced by one-half. We have to do this for the women of Canada and future generations. Our first consideration must be that this terrible disease be stopped.

Canada owes a debt of gratitude to the members of the Medical Faculty of the University of Toronto, who have brought before us in this clear way, so admirable a presentation of the whole case; they have treated the subject in such a strictly scientific manner, and substantiated their argument with figures, that anybody can understand. With this evidence we must now force legislative action in this most serious matter.

DR. P. H. BRYCE: The facts regarding this matter have been so fully set forth that I desire only to refer to two or three points not brought out in the discussion. The first is the remarks of Dr. C. C. Jones with regard to the position of the Dominion in matters of public health. Our Chairman and other members here will remember very well that, in 1910, Sir Clifford Sifton had a conference of the Provincial public health authorities with the Federal officers and this question of the provinces having the supervision of public health laid upon them for the whole of Canada was thoroughly threshed out. As a matter of fact, the British North America Act has not one word in it with regard to public health. All there is in it is a provision that the hospitals and refuges and charitable institutions of Canada will be referred to and taken care of by the several provinces. The law lords long ago decided that all matters not specifically placed upon the provinces automatically become the duty of the Dominion Government; in other words, all that is not specifically allocated to the provinces is actually for the Dominion to carry out. We know, as a matter of fact, that, in the early days,

to meet their own needs, as the Dominion Government had done nothing in the matter of public health, the provinces established Public Health Boards. I was the first officer in Ontario to have charge of the Public Health Service, so I know very well the whole history of the work. With regard to the meeting in 1910, the Conservation Commission passed resolutions urging that, in the matter of tuberculosis, the Dominion Government should set apart specifically a certain amount of money per capita for every tuberculous patient officially recognized by the various provinces through sanatoria or anywhere else. So, clearly, seven years ago, this Conservation Commission went on record as having positively settled the matter in its judgment in regard to the position of the Dominion in the matter of public health.

Referring, further, to public opinion on this particular matter, I may say that, at the request of the Social Service Council of Canada, and with the permission of Hon. Dr. Roche, during November and December, I attended and spoke at meetings in Vancouver, Calgary, Regina, and Winnipeg, and at all of them, in the strongest resolutions possible, this very matter was dealt with. In the Social Service Report of two years ago resolutions adopted will be found dealing specifically with the matter, and urging just what has been so well set out in the papers that have been read before us to-day.

There is only one other matter I wish to refer to. In spite of the opposition of many prominent men, some, I was sorry to see, members of the British Medical Council, the British Government has now passed official regulations dealing specifically with venereal diseases. This has been taken care of under the Local Government Board in England, and, logically, in Canada we should have a similar board, namely, a Dominion Board of Health. The English regulations set forth that every county in England, through its county health officer or Board of Health, must make provision for the notification of all cases of venereal disease to the borough health officer or the city health officer, whichever it may be; that they shall arrange with all the hospitals within the county for the diagnosis and treatment of venereal diseases; that they shall establish what one might call clinics, where medical men shall perform the work required for the cure of the disease; that the health officer shall be notified of all these cases, and, that where there are poor people, the local municipality or health authority is required to send and to pay even for the transportation of the patient to the nearest hospital for treatment. Then, definitely, the Government of Great Britain provides that seventy-five per cent of the total cost of this

whole new service is to be borne by the Central Government and twenty-five per cent by the municipalities, or, as we should say, the counties.

Referring now to what is possible in Canada. Over twenty years ago, the Ontario Board of Health urged that the unit of health organization in Ontario ought to be a county, or of several municipalities, as a riding of 25,000 people. We insisted that, if we were to develop public health in Ontario properly, we ought to have, over a given area, an all-time medical health officer. The health officer was to be a man skilled in bacteriology and chemistry, having a certificate in public health, to be free from local municipal politics, to have his laboratory, and to devote himself to the public health, giving all his time to the health of his district. We divided Ontario into about eighty districts. If we had all-time men with their laboratories in such districts in Ontario, we would be equipped not only for dealing with the enormously important work of the diagnosis and treatment of venereal diseases, but equally so for the treatment and handling of tuberculosis, since such officers of the municipalities ought naturally to be in charge of the sanatoria of the counties. Until we get clearly before us, first, that the Dominion Government has a part in this work, and that, in our provinces, there must be adequate areas wherein specialized and specially equipped health officers can do the work, we are, manifestly, unequipped to meet the enormous needs of the situation which has been set forth this morning. I do trust that now, six years after this Commission passed the resolution to which I referred, positive steps will be taken. now that we know the dangers, and the increasing dangers, from the soldiers coming back, and that a definite move to combat the evil will be made.

MR. SNOWBALL: I am sure the addresses we have heard this morning have opened up a subject that, to my mind, is really most astounding. To some extent I was prepared for this, owing to my connection with recruiting in New Brunswick. The commanding officer of the battallion raised in our locality suggested to our Town Council that he might require the use of our isolation hospital on account of venereal diseases prevailing in his regiment. Another thing that astonished me was the difficulty they had to get a male attendant who would accept the position, even under the supervision of doctors. That opened my eyes to some extent. A druggist of my acquaintance gave me some information on the matter. He said it was surprising, and that I would be astounded, if he were able to tell just what was taking place in the little town in which he carried on business, and the number of people coming privately

to ask for advice and treatment. So, as a layman, I was prepared, to some extent, for the papers we have heard this morning. However, as a commissioner and as a citizen of Canada, I feel that we cannot too energetically undertake measures to cope with such a disease as has been brought to our attention; and I am glad that the Commission of Conservation has seen fit to bring up what might be thought a delicate subject for discussion in such a free and open way as it has been.

It has occurred to me, as far as the soldiers are concerned, that any soldier returning to Canada in a diseased condition should be treated as any other soldier or man coming into this country with contagious disease; and, while it might not be stated publicly why he was detained, he should, if necessary, be detained long enough to eliminate any effects of the disease and any chance of its transmission. Care should be taken that the men who are sent broadcast over Canada, to their home towns, should be men who are pure and clean. I think that it would be a good preventive measure.

In connection with immigration, we should also deal with this disease in a similar way. If people wish to come in and be citizens of our country, it is not too much to ask that they produce certificates from their home physician, or that they be examined by physicians on arrival. It is difficult to deal with the general run of citizens, but it has occurred to me that it might be possible, in connection with the examination given to school children, to, in some way, ascertain the homes in which the disease exists, or, through the treatment of children who might be infected, stop the spread of the disease.

I am very much impressed with the danger from this disease. It is more insidious than even tuberculosis, and calls for firm handling by the Dominion Government, with the co-operation of all Provincial governments and the Boards of Health of the different localities.

MR. ELLWOOD WILSON: The close and intimate relation between the sale of liquor and the spread of the disease should not escape notice. The difficulty of keeping liquor out of provinces with local prohibition certainly would seem to come within the scope of the activities of this Commission.

DR. ROBERTSON: I wish to express, first of all, my appreciation as a member of the Commission, of the service that has been given to the Commission and to the country through this admirably clear and complete statement of the facts of the case. This is an appropriate subject for us to consider—for the conservation of our resources. There is no resource in Canada comparable with that

of the good health, the good character, and the ability of our people. It is quite appropriate for this Commission to deal with it; and it should deal with it in the wisest possible way.

Having expressed very briefly my appreciation of the service given to the Commission and to the country by these talented gentlemen this morning, I suggest that they render a still further service. The situation which they have laid before us has been a very grave menace in Canada in the past, because of our way of managing things and leaving things unmanaged. The subject is full of difficulties. That is no reason why it should not be dealt with. That is a reason why it should be tackled in the wisest way. Many of us who have not studied this matter fully do not know the wisest way to proceed. Two things I would suggest: I would like to see a declaratory resolution, framed in fitting words with suitable substance, adopted by this Commission. That should be done, if only for its educational value. I would like to see a further step taken. When any approach is made to Parliament for new legislation every possible objection to its form, if not to its object, is raised or rises up of itself. I am quite free to speak, from my knowledge of politics during thirty years' connection with them, although I was not in them. The early objections and opposing arguments to even the best of proposals are like things that creep up into existence out of nothing. But they take semblance to substance in the mind of the politician, and even of the statesman. That being the case, if some committee—and the gentlemen who presented this matter to us seem admirably fitted for the task, perhaps assisted by some members of the Commission—would make a draft of a Bill embodying the necessary and suitable legislation, in terms that would meet the conditions imposed by the British North America Act, and, at the same time, be in line with the practice, as far as we have gone, in getting co-operation between the Federal and Provincial authorities, that would perhaps be the most effective next step that could be taken. I should like to see a resolution adopted or endorsed by the Commission, with an appendix of a suitable Bill or Bills for both the Dominion Parliament and the Provincial legislatures, if action by both authorities be necessary. That would help us perhaps more than any discussion in abstract and general terms.

Having known something of the methods of recruiting in Canada, and the results of recruiting, and having had a chance of seeing many thousands of our troops both in England and in France, I concur in what Dr. Adami has said indicating that the gravity of the situation in Canada at present is not due to the behaviour

of our men abroad. To be thoroughly fair and conscientious, one must say that we have rather aggravated conditions in England by allowing men to go there in an infected condition.

I feel that I should say, in justice to our men over there, that I do not believe they are going to be blamed, that they will deserve to be blamed, for the very grave condition that exists in Canada. It is very serious and nothing should be left undone that will remove or abate its evils.

If these two steps are taken, they would help to make real progress. If the Dominion Government has not power under the British North America Act, surely the preservation of the health and character of our people is sufficient reason for the Government to take the matter up with the Provincial authorities. There is no fear that the public would demur; they prefer a judicial error on the side of sanity and safety, even if the Federal authority should exceed its jurisdiction under the terms of the British North America Act, than that nothing adequate and effective should be done to lessen this national menace and evil.

SENATOR EDWARDS: We may remove from our minds any doubt on the question of the responsibility of the Dominion Government in the premises. The suggestion of Dr. Robertson is an admirable one and should be carried out. Unfortunately, the Chairman of our Committee on Public Health, Sir Edmund Osler, is not here, but some of the members of the Committee are present, and I would suggest that the medical gentlemen who have so admirably placed this subject before this Commission join this Committee as soon as we rise, and draft a resolution to put before this meeting, that it may be adopted by the Commission; we would thus be further indebted to them.

DR. ROBERTSON: One word more: One other reason why there may seem to be an absence of persons qualified to deal with this matter is that the Medical Adviser of the Commission, Dr. Hodgetts, who would have taken this is hand and co-operated with these medical gentlemen, has been absent for about two years as Canadian Red Cross Commissioner overseas. That is why we have no one here quite competent to co-operate with them in the name of the Commission.

Resolutions of Committee on Public Health

DR. JONES: Mr. Chairman and gentlemen, as you know, the Committee on Public Health has had no formal session, but this morning we met with the medical men who are here and who addressed the Commission so forcefully, and the following resolution was prepared and will now be submitted for the consideration of the Commission:

Resolved, that in view of the prevalence and increasing spread of venereal diseases in the greater cities, and from those centres into the country, and from province to province, and also of the great menace to the health of human kind and future generations of our people, this Commission is strongly of the opinion that the prevention, diagnosis and treatment of venereal diseases is a matter of urgent and grave national concern. This Commission is also of the opinion that the Dominion Parliament and Government should undertake, by means of legislation, or otherwise, such action as will lead to the control and reduction of this scourge. To this end, it is the opinion of the Commission that such legislation or action should provide for:

(1) Registration of cases without name and address.
(2) Public registration and isolation of recalcitrants.
(3) Free treatment for all who apply for it.
(4) Free bacteriological and blood tests.
(5) Supervision of mental defectives.
(6) The administration of the plan by a Dominion body, through or in co-operation with Provincial Boards of Health.

Moved by Dr. Jones, seconded by Dr. Robertson, and carried.

DR. JONES: In connection with the resolution I move, seconded by Mr. J. B. Snowball, that Dean Clarke, of Toronto University, be a Committee to prepare the legislation referred to in this resolution, with power to consult others as he deems fit.*

Moved by Dr. J. W. Robertson, seconded by Dr. C. C. Jones, and

Resolved, that the Commission records its warm appreciation of the value of the service rendered by the medical men who presented statements setting forth the grave conditions existing from the prevalence of venereal diseases and who at the same time made recommendation for effective action to bring about the abatement of the evils and dangers of these conditions, and that the Commission tenders its sincere thanks to these gentlemen.

*See Appendix.

Appendix

Draft Bill

An Act Respecting Trade in Certain Medicines and Appliances

HIS MAJESTY, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

Interpretation

1. In this Act the following words and expressions have the following meanings:

"Venereal disease" means and includes syphilis, gonorrhœa, and soft chancre.

"Provincial license" means a license granted under Provincial authority to manufacture, compound, sell, deal in or dispose of medicines, instruments or appliances for the alleviation or cure of venereal diseases.

"Medical practitioner" means a person duly licensed or entitled under the laws of the Province or of Canada to practise medicine or surgery in the Province.

2. When the Governor in Council is satisfied that under the laws and regulations of, or under arrangements made by any Province of Canada, proper laboratory and other facilities have been provided in such places in the Province as the Governor in Council deems sufficient for the diagnosis and treatment, free or substantially without profit, of venereal disease, and that such diagnosis and treatment are being carried on—under satisfactory control and direction,—and that satisfactory arrangements have been made by the Province for the granting of licenses, free of charge, or on payment of fees approved of by the Governor in Council, to persons to manufacture, compound, sell, deal in, or dispose of medicines, instruments or appliances for the alleviation or cure of venereal disease,—the Governor in Council may, by proclamation, published in the Canada Official Gazette and in the Official Gazette of the Province, declare that this Act shall come into force in such Province on and after a date to be named in such proclamation, and thereupon this Act shall come into force in such Province in accordance with such proclamation, but unless and until so proclaimed this Act shall not come into force.

3. When this Act is in force in any Province, no person (other than a medical practitioner) who does not hold a provincial license therefor, at the time, shall, within the Province, manufacture, compound, sell, deal in or dispose of any medicine, instrument or appliance for the alleviation or cure of venereal disease; and no person, unless he holds such license or be a medical practitioner, shall

by publication or otherwise advertise any such medicine, instrument or appliance, or inform any person, other than a medical practitioner, by advertisement, publication or otherwise, where, within or without the Province, any such medicine, instrument, or appliance may be obtained, otherwise than from a person holding such a license, or from a medical practitioner, *provided* always that an advertisement or publication by a newspaper or other publication made in good faith for a person holding a Provincial license or being a medical practitioner, shall be deemed the act of such person and not of the newspaper or other publication.

4. Any person contravening any of the provisions of Section 3 hereof shall be guilty of an offence against this Act, and shall on summary conviction be liable to a fine not exceeding............ or to imprisonment not exceeding..............., or to both in the discretion of the court or magistrate trying the case.

5. A prosecution for an offence against this Act shall be brought within .... months after the alleged offense was committed and not afterwards.

Dr. Clarke writes under date of May 3rd, 1917, that a Bill covering the original recommendations was not draughted because "the province of Ontario has undertaken free treatment and free bacteriological and blood tests. Our idea was that the Dominion Government would co-operate with the different provinces. The only point on which there has been any difference of opinion is that in regard to the registration of cases without name and address. There appear to be practical difficulties in the way at the moment, but no doubt these will be accomplished in due course.

"It is felt by our committee that Ontario having gone as far as it has in this matter, the other provinces will follow suit, and Mr. Lash, after spending many weeks' thought that if we could get the Dominion Government to carry into effect the plan outlined, plus a promise to aid the Provincial Governments with a certain proportion of the cost for treatment and diagnosis, we would be going as far as is necessary at the present moment."

Dr. W. S. McCullough, Chief Officer of Health for Ontario, writes, under date of May 15th, 1917, regarding the action being taken by that province, "The present plan of the Provincial Board of Health is as follows: We are establishing three centres for diagnosis, namely, in connection with the Provincial Board's laboratories at Kingston, London and Toronto. Each of these places will be provided with adequate facilities for the free diagnosis of syphilis and gonorrhœa. We expect the project to be in operation early in June.

"In connection with treatment, the Board is of the opinion that this should be carried out, not by the Board, but by medical men and institutions such as first-class hospitals, because the function of the Board is prevention rather than treatment.

"The difficulty in treatment has been the excessive cost of Salvarsan and its substitutes, one of which is manufactured in this city. Consequently, the Board, which has facilities for the manufacture of a substitute for Salvarsan, has applied to the Commissioner of Patents for a license to carry on the preparation of this product in order that its price may be cheapened to the public. This action is in line with the efforts of the Board in its free distribution of diphtheria antitoxin and other biological products. We have no new legislation on the subject. We should, however, have legislation prohibiting quack practices, and the advertising of quack medicines for the cure of these diseases.

"In addition to the efforts already outlined, we are carrying on an extensive propaganda of education by means of exhibits and distribution of literature."

Correspondence with the other provinces has elicited the information that nothing definite has been done in the direction of putting into effect the establishment of laboratories for free diagnoses of syphilis and gonorrhœa.