

Prevention of Venereal Disease

A SCHEME OF MODIFIED NOTIFICATION

*Reprinted from the "Quarterly News-Letter" of the
Medical Women's Federation, February, 1922*

614-5470941 GUK
3800105665

PREVENTION OF VENEREAL DISEASE.
A SCHEME OF MODIFIED NOTIFICATION.

A Report submitted by Dr. Mary Gordon to the Public Health and Insurance Committee of the National Council of Women of Great Britain and Ireland, at their meeting on January 19th, 1922, and reproduced by permission.

I attended the Conference called by the Associated Societies for the Care and Maintenance of Infants on November 30th, 1921, for the discussion of the subject which stands at the head of this paper. A series of suggestions had been drawn up to form a basis of discussion, and certain of these I have dealt with. In the following paragraphs these suggestions have been reproduced and immediately following each, my own notes and criticisms. In each case the suggestion submitted for consideration is presented within quotation marks.

“A steadily increasing body of men and women feel that the time has come to face the question of the need for some form of Notification, and to weigh the arguments for and against it.”

One speaker said that audiences he addressed were frequently in favour of notification. Few people, however, realise what is involved in the working of such a scheme.

“In the past those suffering from these Diseases (Venereal) have been looked upon as being specially in fault, and in many cases, have been severely penalised. The proposers of these suggestions have approached the whole subject from another point of view. Men and women leading immoral lives may escape infection; on the other hand, one false step may result in disease contracted in its most virulent form. Again, there are the host of women and children who suffer through no sin of their own, and yet are a danger to the community.”

It is perfectly true that those suffering from venereal disease have been looked upon, and are looked upon as being specially in fault. Venereal disease has been, and is, regarded as a shameful

disease. The moral findings of the whole community are responsible for this. These findings are embodied in the laws of the land regarding marriage and its responsibilities, and in many customs, and in social beliefs as to what is civilised and right behaviour. No responsible voices are raised in favour of promiscuity or the double standard of conduct. These things exist more or less secretly. No thinking person attempts to defend prostitution or habits of casual sexual intercourse, for all admit the misery and disease brought about by these habits. If there were no venereal disease, these habits would still cause misery. Venereal disease is associated quite correctly in the minds of the public with these habits. In spite of attempts that are made in some quarters to persuade the public that venereal disease is not shameful, but is on a par with any other microbial disease, men and women in general do not think so. They do not like it to be known that they have syphilis or gonorrhœa. If it were known, it might lead to loss of friends or associates, often of business or future prospects, or chances of marriage. It would often lead to severe family quarrels and to the separation of husbands and wives who have nothing to gain by separation, and who have children to bring up. None of us who are at work on this problem created this attitude towards venereal disease, and none of us could remove it except perhaps in the minds of ignorant or dissolute people. It has to be reckoned with, and it is because the promoters of notification propose to begin by ignoring it, that their attitude seems to be scientifically and socially unsound. There will always be innocent victims of this disease, whom we cannot safeguard, just as there are innumerable other “dirt diseases” from which the clean and careful may also suffer. What is meant by sufferers having been severely penalised? I am unable to state. Sufferers have always been able, and are now able to obtain treatment. A man who by his own action acquires disease himself, or transmits it to others, punishes himself and them severely. That is inevitable.

“It will be found that the following scheme treats both sexes alike. It is not aimed at one more than another, nor is it aimed at any one class of persons. It includes all. In dealing

with these difficult problems the aims steadily kept in view must be :

(a) How to check the spread of disease and protect the innocent.

(b) How best to cure the patient with as little interference as possible."

It is maintained that the scheme treats men and women alike. There are, however, laws in existence to-day on this and kindred subjects, which, while they are theoretically equal in administration, press far more hardly on women, who, in many countries, especially in America whose laws are equal, are brought under them in far greater numbers than men. Your Committee should look with particular suspicion on any proposal that holds out this equality argument. If a law were passed, giving permission to Health Authorities or local bodies to provide for notification and detention of persons with venereal disease, that provision could never be sufficient. The body responsible for enforcing it would argue that, since all needy citizens could not be detained, they would detain at any rate the most dangerous. Whether the common prostitute is the most dangerous or not, she would certainly be considered so, would be closely watched, informed against by her clients, and detained. If they were liable *in practise* to come under the law themselves, they would of course not inform against her. As long as the present law for arresting women as common prostitutes remains, it would be quite simple in conjunction with notification, to apply the Contagious Diseases Acts, in essence, over again, and this, in the present state of male public opinion (which was well shown during the war), would certainly happen. The measure might not aim at, but it certainly would hit women especially. The result of treating women in this way has always been to increase their vice and degradation, and to cause ignorant boys and men to argue that "safe" women are, and ought to be obtainable. A woman who has had a term of imprisonment which has enabled her to have medical treatment has a higher market value than others, and her fine is sometimes paid by a man who wishes to secure her.

The only answers that I, as a doctor, am able to give to queries (a) and (b) are as follows :

(a) The spread of disease can only be checked and the innocent can only be protected by an improvement in the sexual habits of the population, not by anything done after the disease is contracted. Men who *have contracted* it are the persons who spread it. Their early "cure" is important, but will not in itself do very much to reduce disease. Numbers of men and women rely on treatment and as soon as they are rendered what is believed to be non-infective, may break out with it again, or become re-infected. It should also be remembered that, as far as infectivity goes, disease is often spread from man to man through, but not by, a woman, who may be herself uninfected. Such cases are well known. Notification could not touch this important source of disease.

(b) The best way to get people to come for treatment is to educate them, and appeal to their reason and conscience. If it cannot be done by persuasion, it cannot be done by force.

I may perhaps call attention to the peculiar position of our country as an island. We have a large number of big towns very short distances apart. We have a huge working population surging through these towns seeking work, practically nomadic. We have a great flow backward and forward in ships from Ireland, our own coast towns and the continent. Men come and go in a few days by the thousand. A London vicar told me he could never hope to know his parish because four months was the average time that any family stayed in it. Among such populations it would be absolutely impossible to follow cases up, notify or insist on treatment. These populations alone would continue to infect the whole country and coercion could not be applied to them. It is quite impossible to carry out notification if we had it. To notify a man that he must attend a doctor's house or clinique would often be to give away his secret. He would be asked where he was going on certain days at certain hours. The reception of a letter might give him away. Secrecy could not be maintained. It would lay a man or woman open to blackmail and many other misfortunes.

"Approached from this point of view it is obvious that

action under the Criminal Law must be ruled out. What is necessary to be done *must* be carried out under the Health Acts."

In this paragraph it is stated that the Criminal Law must be ruled out. It could not be. Whether the necessary steps for coercion were carried out by the Health Authority or any other, it must be undertaken in the last resort by the police, who would have to bring the individual to the court of law to have his punishment or detention determined. There are many circumstances under which a fine or light punishment might be preferable to an individual, to continuing treatment, and so notification, unless it involved severe penalties, might fail in its object.

"In-patient accommodation must be provided for patients who, being in an infectious state, and a danger to the community, are not in a position to be treated in their own homes. In certain cases power of detention might be necessary."

Such a proposition is impossible of execution, and no Government would undertake it. Any small measure by local or Health Authorities would be useless. Compulsory detention of persons is no easy matter.

"It is proposed to add these Diseases to the list of Infectious Diseases, which would automatically take them outside the Civil Law of Libel, but it is considered that it would be necessary to safeguard the patient by making medical men liable if they improperly divulge private information obtained in the course of their practice."

If the doctor's position were made never so safe by new laws, in all probability doctors would refuse to notify. It is difficult to get even a few to do so in other countries, and it would be impossible here. The British Medical Association and the Medical Women's Federation, after careful consideration, have declared against it. Great trouble, dissensions, factions between parties and in families might result from notifications, which would render the doctor's position intolerable. Law suits between families or severe quarrels or scandals would injure the doctors if they were involved as witnesses. Professional confidence would be ruined and patients would not come for treatment. It is not now necessary to safeguard patients from medical men, and medical men are in no need of protection.

"How can any practical steps be taken until the doctors are free to act on behalf of the Public? Almost daily patients discharge themselves from treatment while they are still in an infectious condition. But doctors are unable to detain them, or to give warning to others. They are silenced by the written Laws of Libel and Slander as well as by the unwritten Laws of Custom and Convention. The voice of public opinion alone can release them from these restrictions."

Doctors are not silenced by the written law of libel but by their confidential relations with the patient, for the patient's own interests. They could not become informers in matters that would bring their patients possibly into the hands of the police in such a serious matter, so bound up with conduct and consequences as venereal disease.

"It has also been urged that wilfully to communicate the disease should be made a criminal offence."

The wilful communication of disease was fully discussed during the committee stage of the Criminal Law Amendment Bill. Eminent lawyers gave it as their opinion that such a charge could not be made. If it meant anything at all, it would mean that a person *intended* to communicate disease. This is absurd; no man means to do this. If he did intend it, he could not be sure of succeeding, since every act of intercourse with a diseased person does not necessitate the healthy partner becoming diseased. This would never pass into law. It is not shown why it would be "disastrous" to deal with these offences under the Criminal Law. The clauses of the Criminal Law Amendment Bill dealing with the question of coercion were originally supported by those who are now proposing to hand the coercive scheme of notification to the Health Authority.

"If the authorities are so careful of the feelings of tubercular sufferers, how much more careful they surely would be in framing regulations for sufferers from Venereal Diseases. Under this scheme, the only patients who would be affected by notification are those who neglect treatment and disregard the danger which they are to the community. There is little probability, therefore, that modified Notification would produce secretiveness. This view is corroborated by the information given by Dr. Gordon Bates of Canada. He stated that Notification in Canada since 1918, has not produced any diminution of attendance at the

Clinics, nor of private patients: on the contrary, the attendance at the Clinics has increased steadily. Before Notification there was one Clinic in Toronto with a moderate attendance; now there are seven."

People might neglect treatment for many reasons. A doctor might think a patient needed no more treatment for the time being. He might or might not declare the patient cured. Most doctors will not give certificates. If they did, no discharge certificate could hold good after fresh risks had been run. Patients often forget all that the doctor has said. Disputes might be many between patients and their doctors. Or a patient might be too far from a doctor or clinique to afford treatment, or a change of residence, or charge of children, or some insuperable obstacle might prevent the notified party from taking treatment; or he might declare that the notification had never reached him. People with so many difficulties as many would have, ought not to be tracked down by the police and brought before the Court, and no good could come of it. There appears to be little use notifying a disease like gonorrhœa, for which cure can never be guaranteed, nor syphilis when it is a long and expensive business lasting weeks or months to determine whether the disease is cured or not.

Many of my colleagues think there has been no material increase of venereal disease since the war. Public attention has been focussed on it; it has been noted and treated a great deal more—but many doctors think the total incidence is not higher. My own experience is that there has not been a material increase since the war. In former years I myself treated hundreds of infant children, many with inherited syphilis. My experience was that, if children were well treated, the vast majority were at two years old in good health. Those who died were a small minority of those born with the disease. In a few cases I met with severe symptoms in later life due to inherited syphilis. I see no reason for panic legislation of any kind.