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*COMPULSORY MEASURES IN THE TREATMENT OF VENEREAL DISEASE

*Being a Paper read by J. Rowntree Gillett to the Women's Medical Association
of New York City, March 21st, 1923.*

Prevalence of Venereal Disease

I believe it is generally considered that no very reliable figures as to the prevalence of Venereal Disease amongst the civil population in civilized countries are obtainable.

It is of interest, therefore, to find in England one out of every twenty-four of the four million men drafted into the British Army had maladies caused by vice in their medical records, that is rather over 4 per cent.

In the United States the examination at Mobilization Camps among approximately the second million drafted men showed that at the time of examination upon arrival in camp, the percentage of Venereal Disease was 5.4 per cent. This percentage is accounted for by the high percentage reported in some of the Southern States.

Taking Montana, however, as an example, the figures show that out of every hundred draftees who arrived at the various Mobilization Camps to which they were sent, three on an average out of every hundred had a venereal disease.

Whilst such figures are only suggestive and reveal a condition prior to the war rather than after, it is important in seeking every effort to eradicate and control the disease, not to get an exaggerated conception of its prevalence.

The effect of war always exerts a disturbing influence on sex relationships, its after effects especially tend to increase the prevalence of Venereal Disease.

After a war legislation dealing with the problem therefore needs to be carefully watched, as public opinion under the influence of exaggerated conceptions is liable to put through misguided laws, whereas the condition produced by war should prove to be only of a temporary character.

Venereal Disease Contracted by Promiscuity

Dr. Newsholme, of the Public Health Department in Great Britain, in an article in the *Lancet* for July 29th, 1922, writes :—

" For practical purposes it may be said that syphilis is spread only by means of promiscuous sex relationships. By promiscuity I mean the more or less casual relationships between men and ' prostitutes ' or between men and so called ' amateurs.' In the absence of promiscuity, syphilis would rapidly diminish, if not disappear, and with it would go a chief cause of premature old age and mortality. Syphilis and gonorrhœa are communicated almost exclusively by sexually immoral persons, and in the absence of promiscuity on the part of healthy persons infection would cease to spread. Promiscuity then is essentially an insanitary act."

*A paper on similar lines was also read to a meeting of doctors and social workers in New York.

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A circular prepared in the office of the Surgeon-General of the United States Army, which was published for the information of officers and soldiers of the Military Establishment, by order of the Secretary of War, stated that "Venereal Disease is practically always contracted by intercourse with a 'prostitute.' Syphilis is contracted innocently once in a while, but gonorrhœa and chancroid practically never."

Venereal Disease differs from all other Infectious Diseases

Dr. Douglas White, writing in *THE SHIELD*, says:—

"Syphilis and gonorrhœa differ from all other infectious diseases in that they are the result of anti-social conduct. . . . [The] idea of shame attaches to these diseases; not because there is anything shameful in the diseases themselves, but because they are symbols of vice. The shame is the shame of vice, not of disease . . . a stigma does, in fact, attach to these diseases which does not obtain in others."

Owing to the stigma attaching to these diseases there is a natural inclination by an infected person to hide the fact.

These diseases are more easily hidden than some others, and yet immediate treatment on first appearance of symptoms is of final importance.

Dr. Douglas White, in the same article in *THE SHIELD* already referred to, writes:—

More Men than Women Infected

"I would ask you as a preliminary to recognize what I think all observers would regard as a postulate concerning the distribution of disease in all civilized countries where prostitution prevails.

"This is, that there are always more men than women infected, even when we count in the wives infected by their husbands, and other innocent persons.

"This excess of men can be judged in various ways: (1) By the proportional numbers of men and women treated, a rather rough and ready test. (2) In the case of syphilis, by the relative numbers of women and men who die annually of tabes dorsalis, general paralysis of the insane and aortic aneurysm, all of which are now recognized as sequels of syphilis. Judged by these criteria it will be roughly true to say that the numbers of men infected is from three to five times as great as that of women. The proportion often appears to be even higher. This is the natural result of prostitution as opposed to general promiscuity."

Compulsion and its use in the Treatment of Disease

Quoting again from Dr. Newsholme's article in the *Lancet*:—

"In the prevention of disease compulsory measures bulk largely, their success depending almost entirely on the extent to which they carry with them the conviction of the vast majority of the population. They may then be said to be effective inversely to the extent to which compulsion is needed. Compulsory vaccination against smallpox is the most striking instance of this general rule. This almost unique safeguard against infection is, in substance, only enforceable by consent; and in practice compulsion is limited by exemption on the ground of conscientious objection. The segregation of cases of acute infectious disease now causes no difficulty. It has become realized that compulsion for this purpose confers a privilege, and it is when this is realised that a compulsory measure becomes universally effective.

"In the above cases the necessary measures, as, for instance, in enforcing segregation, are strictly limited in time, and for this reason, among others, they are enforceable. But when dealing

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with diseases like tuberculosis and syphilis, we enter into another sphere, in which practicability of any form of compulsion is necessarily limited by the logic of facts."

With regard to the use and sale of alcoholic beverages he says: "That in America compulsion, to the extent of prohibition, represents the result of a steady growth of public opinion over several generations, that it embodies the persistent opinion of a large majority of the American population, and that it will therefore continue to be enforced, and with increasing efficiency, no one who like myself has carefully studied all the facts of the case can doubt."

General Principles justifying Compulsion

"What," asks Dr. Newsholme, "are the general principles justifying compulsion in public health or social work? They include the consideration that the end aimed at by compulsion is very important for the public welfare; that it cannot be achieved to an equal extent or within a reasonable time by educational measures, not including compulsion, that the compulsion can be enforced and that it is endorsed by a majority of the community."

Compulsion in the Treatment of Venereal Disease

With regard to compulsion in the treatment of Venereal Disease, Dr. Newsholme says: "For simplicity of argument I omit gonorrhœa from the scope of my remarks, as it is unlikely that success will attend efforts to secure compulsorily either the notification or the continuance of treatment of more than a minority of cases of this disease long enough to be able to affirm that gonococcal infection has ceased. The last named difficulty arises in regard to syphilis."

Failure of Compulsory Notification

Compulsory notification of venereal maladies is proving no more successful in the United States of America than in other places where it has been adopted. The official figures showing that on an average only 1.95 cases of notification of venereal maladies was made by each doctor throughout the United States in the course of the Fiscal Year 1921, speaks for itself.

Similar figures could be produced for Canada and Australia showing a like result.

It is sometimes argued that if time be given the returns will improve, but far from this proving the case, in parts of Australia the figures for notification show a decline rather than a growth over a period of years.

The determination of the doctor not to disclose the confidence of the patient, even though the patient's name is retained and only a number reported, is too fundamental to be upset.

And it is open to grave doubt were this not so, whether the knowledge of publicity would not have a deterrent effect on patients seeking advice, which would certainly be only a calamity.

Compulsory notification requires that every person infected shall report themselves—but it has been found impractical to enforce this, as it is almost impossible to implicate anyone who pleads ignorance.

THE UNITED STATES

"The American laws against venereal disease do not seem to imply any sex discrimination, but when worked in conjunction with pre-existing laws specially directed against prostitutes the result is to establish a system practically indistinguishable from the tyrannous and immoral system of Regulation as practised in many European countries," writes Dr. Helen Wilson.

The text of the Standard Form of Law as recommended by the United States Federal Board of Health in 1918 may be quoted. Each State makes its own laws, and these vary in detail, but they have all adopted the essentials of the two following clauses:—

“Section III. State, county and municipal health officers, or their authorised deputies, within their respective jurisdictions, are hereby directed and empowered, when in their judgment it is necessary to protect the public health, to make examinations of persons reasonably suspected of being infected with venereal disease to report for treatment to a reputable physician and continue treatment until cured or to submit to treatment provided at public expense until cured; and also, when in their judgment it is necessary to protect the public health, to isolate or quarantine persons infected with venereal disease. It shall be the duty of all local and State health officers to investigate sources of infection of venereal disease, to co-operate with the proper officials whose duty it is to enforce laws directed against prostitution, and otherwise to use every proper means for the repression of prostitution.”

“Section IV. All persons who shall be confined or imprisoned in any State, county, or city prison in the State shall be examined for, and if infected, treated for venereal diseases by the health authorities or their deputies.”

“Examination”

The primary and fundamental objection to compulsory notification and treatment of Venereal Disease—is that it involves “Compulsory examination.”

The natural inalienable right, the right of the sovereignty of his or her own person that everyone possesses and which they continue to possess even though they be guilty of the unsocial and unsanitary act of promiscuity, cannot be tampered with or interfered with even though the public health be alleged as the end aimed at, without involving serious consequences for the public welfare.

Josephine Butler, in the course of an address delivered at Geneva in 1877, said:—

“Speaking for all women who are associated with me, I affirm that this deed, this forced examination, is an act of tyranny, of shame, and of indecency. In the name of all women, I denounce it in the presence of God and in your presence, gentlemen, as a deed which is an offence against every woman, against nature, and against God. . . .”

“Be sure that no act of sacrilege possible upon the body of a man is comparable to this act upon the body of a woman. I consider as a sacred thing the human personality of the man as well as that of a woman. But a much more profound sanctity surrounds the body of a woman, because of the dignity and the tenderness of the maternal functions which belong to her. The part of woman in the physiology of the race is infinitely higher and of much greater value than that of man. . . .”

“Once more, gentlemen, I declare to you (it is a truth that you have too much lost sight of) that God has endowed the woman with a natural, inalienable right, the right of the sovereignty of her own person. It is an absolute sovereignty. . . .”

“I speak, gentlemen, with a force of conviction which cannot be shaken even if I found myself alone to-day, or if all the world, men and women, were against me. I am convinced that the words which I pronounce at this Congress of Geneva will be one day recognized as prophetic words, and that they will become the foundation on which all the efforts for the moral elevation of the man and the rehabilitation of the fallen woman will be based.”

Dr. Helen Wilson, who has made a profound study of this subject, writing on “examination,” says:—

“Much of the public apathy on this subject results from ignorance as to the nature of the examination referred to. There is an impression that modern science has made it a simple affair.

It is true that nowadays the presence of syphilis may sometimes be ascertained by testing a few drops of blood or by merely inspecting the throat, or even the face, and that gonorrhœa may be proved by a discharge on the clothing: but the *absence* of disease can only be established by a thorough physical examination of the genital organs: in women, this means an internal examination.

“Such an examination was the central outrage of the Regulation system: it is repeated to-day under any and every system which seeks to control venereal disease by compulsory measures. It may not always be inflicted in such wholesale and summary fashion as it is to-day in many American cities. But every compulsory system must necessarily have the power to order such an examination if only as a last resort.

“The fact that the law applies to “persons” and not to women only by no means removes the fundamental objection. In the case of men the examination, though comparatively trivial, would be resented as indecent and insulting. The physical structure of women necessitates in their case surgical procedures which are always repugnant, even when needed for the relief of suffering, and which when imposed by compulsion constitute an intolerable outrage.”

“Operation”

Compulsory measures in the treatment of Venereal Diseases include in addition to the power of “Examination” the power to perform “operations” in certain cases—whereby the patient is surgically prevented from the possibility of ever becoming a mother.

In a Preliminary Report of Ward Treatment of Gonorrhœa in the Female, read at the Annual Meeting of the Medical Society of the State of New York at New York City, March 23rd, 1920, the report stated that

“We have offered operations only to those cases which seem intractable after careful observation and treatment. Three questions are to be considered in each case:—

(1) The individual equation. Is it best for the woman at this date to submit to an operation which may sterilize her, or may she still be cured non-operatively? We especially try to avoid operation in young first offenders.

(2) As these women are sociologically a menace in the community, the question has to be considered whether operation will render them less dangerous by removing chronic sources of infection.

(3) The economic question has to be considered: How long are we justified in prolonging treatment which would be hastened by operation?”

“Detention”

Compulsory measures in the treatment of venereal disease, in addition to the power of “examination” and the power to “operate” in certain cases, permit the detention of persons for longer or shorter periods.

Dr. Newsholme in the article already alluded to states that: “Action to minimize risk of spread of infection, compulsory when necessary, is taken systematically for acute infectious diseases; and similar action has been found practicable for certain cases of tuberculosis.”

"Can it," he says, "be applied effectively for syphilis?" He continues: "A study of the Report of the Royal Commission on Venereal Diseases (par. 178 *et seq*) and of the evidence given before that Commission shows the difficulties in equity involved in the suggestion."

And this difficulty would appear also to have been felt in the administration of the law in New York State, as is shown by the following paragraph taken from the Preliminary Report already quoted from:—

"While it is not the purpose of this paper to go into the vastly important sociological problems connected with such a service, but to limit this discussion . . . it seems appropriate to mention of how great importance it is to make as accurate a diagnosis as possible in justice to these women. While they are not officially prisoners, they are officially detained by the City until cured, and there is a record on file as to whether or not they have had gonorrhoea."

It is of interest therefore in this connection to find that the unconstitutional character of this detention has been already argued by a New York woman barrister, Miss Bertha Rembaugh, in her brief for Adelina Barone against Frank Fox, the Warden of the New York Workhouse, before the Appellate Division of the First Judicial Department of the Supreme Court. Questions of the right of Habeas Corpus, of Class Legislation, of the unconstitutionality of the law for the protection of a limited class, and not of the general public, and of the arbitrary exercise of police power were all involved in this particular case.

There is also evidence of some kind of a register being kept, as was the case under the English Contagious Diseases Act.

Compulsion further considered

Now it is claimed in view of the end aimed at, viz., the Public Health, that no injustice is inflicted by these compulsory measures, including "examination" in the case of a person who is guilty of the unsocial and insanitary act of promiscuity, and especially it is said is this so in the case of a woman or girl who is carrying on promiscuous intercourse for money.

It is also pleaded on behalf of compulsory measures that persons are made to take and to continue treatment who otherwise would refuse or neglect it. That compulsory treatment is of educational value, besides bringing immoral persons under the influence of doctors and nurses.

A Moral as well as a Physical Problem

Against these considerations, however, it can be shown that Compulsory Measures in the treatment of Venereal Disease, besides including compulsory examination, the fundamental objection to which, under any circumstances, has been already stated, and besides being open as well to the

possibility of grave abuse, are far from proving successful even when adopted, owing to serious practical difficulties that arise in the way of their administration.

The irresponsibility of the patient which these diseases imply, owing to the fact that more often than not they have been contracted by the insanitary act of promiscuity, causes a stigma to be attached to them which does not obtain in other diseases.

This fact presents a real difficulty in the treatment of Venereal Disease, because whilst persons may be physically helped and cured, only a voluntary response on the part of individuals, involving a real change in their moral attitude, can prevent them returning to a life of being infected and infecting others within a comparatively short period after their discharge.

Therefore to successfully cure the disease and to eliminate all sources of infection requires in most cases not only physical but moral treatment, and this it will be agreed differentiates Venereal Maladies in a peculiar way from that of other infectious diseases.

It will be argued that doctors have no concern with anything but the physical treatment of disease and that moral treatment is entirely outside their scope, and undoubtedly this is mainly true, but it cannot be denied when considering compulsory medical treatment that this distinctive feature of Venereal Maladies has an important bearing on the subject.

The problem of eradicating and controlling Venereal Disease is something more than securing the physical cure of those infected with it—although that is essential; the moral reclamation of the patient is an important part of the problem, too.

The application of compulsory measures cannot be equitably applied to the moral problem even if this were desirable, owing to its size and the difficulty of ascertaining the persons involved.

But to apply them only to the physical cure of the disease lays such measures open to the criticism that any success obtained can at best be but partial and incomplete as far as the Public Health is concerned. When it is remembered that this partial success is only arrived at by making the doctor less accessible in certain cases, the value of compulsory measures even on the practical side seems more than doubtful.

Accessibility of Doctor to Patient

The normal relationship of doctor and patient, which should be of a friendly and confidential character, may easily become in the treatment of any disease where compulsory medical powers exist, a relationship something very like judge, jailer and prisoner, as the doctor's decision in this case carries with it the power of detention and a loss of freedom for longer or shorter periods.

In the case of Venereal Disease when compulsory measures are used this relationship of jailer and prisoner is more than likely to occur. In the first place the intimate and painful nature (especially for women) of the examination required is at all times a serious matter, but is much more so when examination is enforced. Secondly, the length of time treatment may be required is also a difficulty, as it either means a long segregation when detention is attempted, or if this be avoided, continuous irritation and resentment over a long period of time, if there is difficulty in getting the patient to continue treatment. And thirdly, as these diseases do not, as a rule, especially in their earlier forms, disable persons from moving freely about as is the case in some other infectious diseases, the enforced idleness and detention is particularly resented.

On a visit to the admirable Kingston Avenue Hospital, Brooklyn, where every conceivable thing had apparently been done, both as to the excellence of the staff engaged and in the arrangement of the hospital, including opportunities for educational work—it was no surprise to find that the hospital is surrounded by a high wire fence, which is made still more effective by barbed wire stretched along the top of it.

This serves to illustrate the above contention, and to suggest that the hospital in this instance is really acting in the double capacity of hospital and prison!

If Dr. Newsholme is correct when he states that compulsory measures in the prevention of disease are effective inversely to the extent to which compulsion is needed, the establishment of such a relationship between doctor and patient in the treatment of Venereal Disease is a serious matter.

If the irritation and resentment caused by such a relationship tends to make the doctor less rather than more accessible in certain cases, this is of real significance physically when it is remembered that these diseases are more easily hidden than some, that early treatment is of first importance, and also that delay in treatment may result in worse forms of the disease occurring.

It is also a consideration whether the doctor's influence on the moral well-being of the patient is not injured by such a relationship. Friendly counsel when freely given and freely taken is likely to prove more effective in the long run in getting the necessary voluntary response from the patient, than anything that can be obtained by way of compulsion.

It can hardly be doubted either that, in cases where disease occurs for the first time, the knowledge of the compulsory powers of the doctor will also surely operate and form another reason in the patient's mind, beside that of the stigma attaching to the disease, towards hesitation and postponement to place oneself in the doctor's hands for a period which would be at the discretion not of the patient but of the doctor, and that period often necessarily long.

Such results can hardly be in the interests of Public Health considering that immediate treatment on first appearance of symptom is of final importance.

Other Objections to Compulsory Treatment

But besides these serious objections—it will also be conceded that compulsory examination of innocent persons which may and does occur under these laws either through error or blackmail, and for which no compensation is offered, constitutes a real injustice to the persons involved. Further, it will be conceded that the knowledge that such powers exist may be used by unscrupulous men to intimidate women into compliance with their immoral purposes.

Referring to the general principles justifying compulsion, it will also be conceded that up to the present it has not been found possible to apply compulsion in respect of Venereal Disease fairly and equally against all offenders, including those guilty of the insanitary and anti-social act of promiscuity.

Differentiations between the Sexes

This brings us to what Dr. Douglas White refers to as "the possible development of differentiations between the sexes, especially in the actual application of compulsory measures. The tendency is a natural one, in view of the traditional idea that women are more efficient agents than men in the transmission of disease, inasmuch as there are in civilized countries less women than men of loose social habits. In one sense this idea is based on truth, for women disseminate disease more intensively than men. But the only difference lies in the intensive character; the women are not the cause of disease any more than the men. Put all prostitutes out of commission to-day and in a month or two there will be another army of them infected by men.

"Yet the feeling is against the woman as the chief offender against public health. If the laws of any country give scope for denunciation, it is certain that more women will be denounced than men, though their numbers are fewer.

"Safeguards tend to disappear; the door is opened for blackmail and its evil accompaniments. You may say, 'Anyhow it is a very good thing to get infective women laid by the heels.' But you do not even get that; for by simple means infected women can in many cases render proof of their infectivity difficult if not impossible. Furthermore, the denunciation, even when made in good faith, may be quite mistaken. A fornicator is often quite wrong in the suspicion of the source of his disease. Any steps which facilitate denunciation make for cruel injustice to women."

However the laws may be framed not to discriminate between the sexes, it can hardly be denied that in administration they have chiefly been applied to women and girls. If compulsory examination does involve the invasion

of personal right, and that will be conceded in innocent persons, it will be evident that it is innocent women and girls, not men, who will suffer under it. If, however, it be assumed that individuals by their insanitary act of promiscuity may be made to undergo compulsory examination and detention without any injustice being done in their case, then an injustice surely is done chiefly to apply the law only to the poorest and weakest members of the community?

Some years ago a friend of mine was talking on matters of a similar nature to President Roosevelt, who had only recently been five years Chief of Police for New York City. Roosevelt heartily concurred in expressing revulsion at laws which in letter were equal as between men and women, but in administration always knocked the woman down and left the man alone. When my friend said such action was cowardly, Roosevelt, whilst the clenched fist of his right hand struck the open palm of his left several times, replied, "Yes! It is mean! It is detestable!"

It is sometimes argued, when advocates of compulsion are met with this position—that it is better to handle a part of the problem rather than none at all, and that later on the law will be made to apply more equitably to all, both men and women. I was interested when visiting Dr. Kilbourne, at Topeka, who is the Health Officer for dealing with Venereal Disease in the State of Kansas, to find that quite the opposite had been their experience.

He informed me they had made a real attempt to apply the law equally between men and women, and had had detention places for men as well as women. In the former as many as 700 men had been detained, and in the latter 1,800 women. He admitted that to shut up the women and to let the men go free was unscientific and that discrimination in sex would be considered ridiculous in any other infectious disease; but whilst he admitted this, he informed us that the place of detention for men was now closed, though the detention farm for women still continued!

This bears out the history of compulsion with regard to syphilis, the woman is made the victim. How the removal and detention of a few poor women—whilst allowing the men to go free—can possibly be considered a means of promoting the cause of Public Health it is impossible to understand, let alone the injustice of it.

And it is hardly surprising, therefore, that the question is being asked as to whether the removal, compulsory examination and detention of these women is being done, not in the cause of Public Health, but in the supposed interest of immoral men? and whether this is not another attempt to make vice safe for men, as it is practically only men who practice fornication who can be supposed to profit by it? Should this idea become current it is certain that more harm than good will be done—as on the one hand it suggests that the State recognizes a different standard of morals for men than women, and on the other hand gives to men who practice fornication an entirely false security, as the history of State regulated vice in Europe only too abundantly proves.

Dr. Edith Hooker in her book "The Laws of Sex," pages 234, 236, and 241, commenting on the effect of the law in Maryland, says: "Thus it seems that Section 3 of Form Law No. 4 degenerated very quickly in Maryland into a sort of Police Court Regulation of prostitution, the conviction and sentence of the accused being dependent upon the condition of her health!"

And Dr. Helen Wilson, commenting on the laws in other States, says: "Examination *before* conviction is constantly practised, and the Health authorities say in effect, 'You are charged with being a prostitute. Such charges are usually correct, and prostitutes are usually diseased. Therefore you are reasonably suspected of venereal disease, and we will examine you. If you are found to be diseased, that will be evidence that you are a prostitute, the magistrate can sentence you for solicitation, and we can detain you for the disease. If you are not diseased, then the magistrate may consider any other evidence against you and act accordingly.'"

"In several of the States it is expressly declared that persons arrested under the venereal disease law can have no legal rights under habeas corpus, no trial by jury, nor assistance by lawyers!"

"In many cities it appears to be the custom in order to convict women of prostitution to employ "agents provocateurs." A man meets a woman in the street, makes an appointment with her, agrees on a price. Before keeping the rendezvous he informs the police, who raid the woman's room as soon as the man has entered it. He gives evidence which convicts her and the money he had paid her is handed back to him.

"This is what certain moralists and hygienists in the U.S.A. consider to be a sound method of suppressing prostitution."

Special Cases

It has been suggested that no marriage license shall be furnished unless the man and woman can produce health certificates!

A law has been passed in at least one State making it a criminal offence to serve or handle food in restaurants or other public places if infected with a venereal malady or other infectious disease, and under this law, at least for a time, a health certificate was required from persons seeking such employment!

Laws, too, have been enacted giving power to compulsorily examine all persons in prison.

With regard to withholding a marriage license until health certificates are produced, it is evident that such a procedure is open to the grave objection that the tendency to "unlawful marriage" already evident, even among thoughtful people, will be still further developed.

No certificate of health at marriage is going to prove of real value if the individuals concerned are not going to remain loyal to each other. If their

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intention is to be loyal they will be careful not to infect one another, and if it be asserted this may be done innocently once in a while, then that is a question for "education" rather than "compulsion."

In the second case the particular law referred to has already become a dead letter as far as administration of it is concerned, for it is obvious that persons examined on entering such employment can hardly be compelled to go through a weekly or monthly examination, and therefore no real permanent security is gained—the existence of such a law on the Statute Book is, however, open to abuse and should be repealed.

In the last case the rights of prisoners still deserves consideration, for it would be a monstrous thing if it were possible to assert that compulsion was resorted to in proportion to the weakness and defencelessness of the persons concerned—or that the public health could be promoted by such means.

A prisoner has rights over his own person the same as anyone else, and laws giving doctors power to override it are condemned by the fact that the prisoner has no power to resist it.

Conclusion

Some principle on which law can be based seems to be necessary, even though by following it at times real loss may seem to be involved—just as a player in a game of cards who plays by rule will in the long run succeed, so the public good as well as the public health will best be promoted by remaining true to principle, and this principle would appear to be that laid down so effectively by Josephine Butler in 1877.

Dr. Hagerty, Chief of the Federal (Central Government) Department of Venereal Disease at Ottawa, for British North America, after viewing the operation of the laws of compulsory notification and compulsory treatment, etc., in Canada, says: "They do not seem to be markedly successful in preventing the spread of infection. The Clinic by rendering the greatest number non-infective seems to be the most vital factor in the campaign."

In view of this statement it is of interest to note that the number of treatment centres now established in Great Britain, June (1921), was 191, with approximately 800 weekly sessions. In the United States of America for the Fiscal year 1921, the number of clinics was 850.

If in addition to the free clinics we are to pursue the path of education—and if education is to include teaching an equal moral standard for men and women, and that standard the Christian standard—the only way to educate towards a single standard is to act upon it. Let us have equality in laws and its administration and in the expression of public opinion.

It will be well to remember that there will be no true morality which is not based on justice and that it is easy to be just to those we respect, but not until we treat immoral women with true justice and recognize their right to justice will little or any good be done in this matter.