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Prevention of Venereal Disease.

THE report of the Committee of Inquiry on Venereal Disease recently published¹ has been awaited with interest. It is a short report, as reports go, and it is an unanimous report, a result ardently desired by all those who have the matter at heart. The conflict of opinion on how best to root out venereal diseases from the community will still be remembered. It was voiced mainly by members of two societies, the National Council for Combating Venereal Disease and the Society for the Prevention of Venereal Disease, and was prominent both in the lay and medical press. The tone and publicity of the discussions seemed at the time regrettable, but it certainly aroused wide interest and helped to spread a knowledge of the main facts about the diseases, and in the end led to the calling together of this committee, the report of which, we believe, will give a fresh impetus to the attack on this world-wide infection. If the report should succeed further in uniting the fighting forces in this country, and make the two societies, which have in truth a common aim, join forces, this would be a crowning achievement. Both have expressed officially or otherwise their acceptance of the report. The co-operation of the two bodies would be so greatly for the good of the cause that we trust mutual goodwill will surmount any difficulties that remain.

The committee was a medical body appointed to consider the medical aspects of the subject under the chairmanship and vice-chairmanship of Lord Trevethin and Mr. Tomlin, K.C., respectively. Morals and medicine have always been liable to become entangled together, and on the subject of these diseases it is particularly difficult to avoid confusion in the public mind. The terms of reference to the committee made it very clear that the medical aspects only were to be considered. The terms were as follows:

"To consider and report upon the best medical measures for preventing venereal disease in the civil community, having regard to administrative practicability including cost."

The committee evidently realised that, in considering only medical measures for the prevention of venereal disease, it was not dealing with the whole problem of prevention. This is clearly set out at the beginning of the report—"having regard to the nature and origin of venereal disease the committee feel that . . . medical measures alone can never operate as an absolute preventive of disease, but their success must always depend largely upon the attitude towards them of the community and the co-operation of the community in securing their largest effect." How dependent a public

¹ Ministry of Health: Report of the Committee of Inquiry on Venereal Disease. Pp. 15. (London: H.M. Stationery Office, 1923.) 3d. net.

health authority is on public education and public co-operation for the effective control of any infectious disease was well demonstrated by the difficulties encountered in dealing with the recent smallpox epidemic at Gloucester, and yet smallpox is not usually a disease easy of concealment, there is no transgression of social standards implied in acquiring the disease, and it is of limited duration. All these facts should make it easy to control as contrasted with venereal diseases. In the latter, concealment is further aided by there being usually an absence of disablement from work; indeed, the symptoms may be so slight that the patient may be ignorant of being infected.

With these facts in mind, the conclusions of the committee on the question of notification of venereal diseases will, we think, meet with approval by the majority. The committee has reported against the introduction of notification in any form, on the grounds that as the disease can only become known to the doctor by a voluntary act on the part of the patient, concealment of disease is likely to follow notification, and it would prove a backward step. A modified form of notification, limited to those patients who, having presented themselves for treatment, failed to continue until cured, would impose a penalty on those who had at least shown some care for their health while letting the careless go scot-free. Another difficulty which is emphasised is the absence of any generally accepted standard of cure, and until this has been worked out, insistence under compulsion on a long course of treatment is wisely considered to be outside administrative practicability.

Turning to the controversial question of the *prevention* of disease by disinfection, either self-disinfection or skilled disinfection at the hands of a trained person, the committee agree that disinfectants do disinfect, given that the application is *thorough, prompt, and that the disinfectant is appropriate*. It stresses the fact that, to a large extent, exposure to infection takes place under conditions in which neither promptness nor thoroughness are likely to be exercised, and that the success of any public facilities for self-disinfection in the civil community is likely to be very small. But though in the opinion of the committee the majority would fail, a minority should succeed, and no obstacle should be placed in the way of private purchase of appropriate disinfectants. The law does not to-day permit the sale of *ad hoc* disinfectants. In order to obtain them the public must have either a doctor's prescription or be able to ask for what it wants by the exact name. The report advises the alteration of the law to allow of the sale of disinfectants in an approved form, with instructions for use approved by some competent authority. The suggestion that the Medical

Research Council should be invited to undertake this task will, we hope, be received favourably. That body is already responsible for the standardisation of the arsenical compounds used in the treatment of syphilis, and its authoritative and independent position would make it particularly suitable for this undertaking. It is specifically advised that the commercial advertisement of such disinfectant should be prohibited. The importance of self-disinfection will find expression first among the educated classes, and from these will penetrate, as temperance did, into the minds of the community as a whole.

The general application of a system of skilled disinfection, which would necessitate the establishment and maintenance of buildings and also of attendants, is dismissed on the grounds of impracticability and cost, but in a later paragraph the committee shows an appreciation of the value of an experiment such as was made at the Manchester Ablution centres, and suggests that local authorities should be assisted to carry out experimental schemes for the prevention of venereal diseases, as for example in dock areas, where local conditions demand special measures. This, we think, is an excellent method of gaining administrative experience and of educating the public. It has already received official sanction in the past, and we hope that energetic local authorities will take advantage of the suggestion.

In addition, however, to medical measures for preventing disease in, or minimising the risk of disease to, persons exposed to infection, there are those for rendering non-infective, and curing, diseased persons. With regard to the latter, the committee remarks that

“speaking generally, the general medical practitioner is not yet adequately equipped with the most advanced knowledge of venereal diseases and their treatment to enable him to deal competently with all the cases that come before him, and that an improvement in medical education in regard to venereal disease is necessary.”

The present clinic system receives a full measure of approval, and extension and improvements are asked for. The importance of the educative work that is done in the clinic is stressed. The actual sufferer from the disease is almost the most important person to teach where limitation of the spread of disease depends so greatly on voluntary individual action. The doctor's words will always carry most weight with the patient, and we believe that most medical officers of clinics realise this and carry out this part of their work with self-sacrificing devotion; but patients may be stupid and ignorant and need often repeated explanations, the doctor's time and endurance are limited. Printed instructions and warnings are less impressive than the spoken word. The recommendation that trained social workers should be attached to the staff of clinics

to give supplementary teaching as well as general advice and assistance will, we hope, receive attention. We think that this is one of the most important of the recommendations. It is, in fact, no new departure, but at present the need for such work is not generally realised, and the number of clinics to which workers are attached is limited.

The work of ante-natal clinics is strongly commended. The position to-day as regards congenital syphilis is extremely encouraging. It seems within the bounds of possibility that inherited syphilis may cease to exist some day, so effective is the treatment of the syphilitic mother during pregnancy in securing a healthy baby, though sufficient time has not yet elapsed since the beginning of ante-natal treatment for any one to say that so insidious a disease as syphilis can be wiped out with certainty in every case.

A short paragraph summarily directs attention to three sources of disease which need tackling, although they present serious administrative problems. The three sources mentioned are infected immigrants, infected seamen, and infected mental defectives. The matter of arrangements for the treatment of infected seamen has already received much attention, but more remains to be done. The adequate care of the slightly feeble-minded and infected individual is of great importance to the community; as a focus of infection he or she may do an infinite amount of harm. No amount of teaching will develop a sense of responsibility, and temporary or permanent control is necessary.

The report shows us, in conclusion, how best to lay out our limited public money: first, in the treatment of disease; secondly, in teaching the public about the diseases; thirdly, in improvement of the conditions of living, *i.e.* houses, general education, and facilities for healthy recreation. It ends by directing attention to the decline in the numbers of sufferers from venereal diseases as shown by the clinic figures during the last two years. As, however, these still show an enormous prevalence of disease, no relaxation of effort can be allowed. The work of education on the subject of disease is, moreover, one that must be continued for all time. We cannot hope that venereal diseases will ever cease to exist, and their control will always depend on the enlightenment of the public. It is to be hoped that this report, issued at the very low price of 3d., will be widely read, for it concerns a subject of world-wide importance, and any summary discussion must necessarily leave untouched many important points with which it deals.

Lord Dawson, through whose efforts the committee and consequently this report came into being, is to be congratulated on the performance of a valuable public service.

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Physics and its Applications.

A Dictionary of Applied Physics. Edited by Sir Richard Glazebrook. In 5 vols. Vol. 4: Light—Sound—Radiology. Pp. viii + 914. (London: Macmillan and Co., Ltd., 1923.) 63s. net.

THERE was a time, not so very long ago, when the student of physics could reach down from his shelves "Ganot" or "Deschanel" and, "laying flattering unction to his soul," could proceed to master their contents with the comforting if misguided assurance that here all useful knowledge was displayed. No such vanity of outlook is possible to the present-day student. The physics of this generation is teeming with such vitality, is making such gigantic strides and devouring at such a pace the boundaries of its sister sciences, that it threatens to overwhelm those of its devotees who vainly seek to achieve an all-round distinction.

The full truth of this is patent to the reader (and reviewer) who has attempted to survey the amazing compendium of knowledge in the various volumes of the "Dictionary of Applied Physics" which have been issued under Sir Richard Glazebrook's editorship. The Dictionary has become, as it was bound to become, a pillar of physical science and a fascinating mine of information, indispensable alike to the teacher, student, and investigator. One had been tempted to wonder whether the high standard set in the earlier volumes could be sustained, but a critical survey of the latest new-comer is amply reassuring. Sir Richard goes on, in fact, from triumph to triumph. Volume 4, which is devoted to light, sound, and radiology, shares in common with its predecessors a clarity, vigour, and "first-handedness" which are characteristic only of the investigator who is in close contact with his subject and endowed with the art of expounding it.

By far the greater part of the present volume is occupied with optical subjects. The first article is one by Dr. A. E. H. Tutton, who gives a short account of crystallography dealing, *inter alia*, with a number of ingenious instruments of his own design which have been employed in his extensive and well-known researches. Dr. John A. Anderson, of the Mount Wilson Observatory, refers briefly to the manufacture and testing of diffraction gratings. One learns that the general impression which prevails that the construction of a successful ruling machine is bound up with the manufacture of a perfect screw is erroneous. It is not difficult to make screws uniformly accurate to $\frac{1}{100,000}$ inch, but much more difficult to avoid errors due to faulty mounting. "The Theory of Diffraction Gratings," by Mr. J. Guild, of the National Physical Laboratory, forms a succinct though abbreviated companion article to Dr. Anderson's. Mr. Guild is