

The fact that the large clinics and institutions are reporting cases of syphilis only during their period of greatest infectivity would also militate against the correctness of conclusions drawn from figures as they stand today. Any inaccuracy due to this cause, however, would obviously tend to decrease rather than increase the apparent disparity between conditions as they may be surmised to exist and as reflected by reporting figures.

This discussion is presented with a view to stimulating further investigation of existing conditions and not in any sense as evidence of the incidence of these diseases.

THE CONTROL OF VENEREAL DISEASES.

THE importance of venereal diseases as a cause of suffering and inefficiency is not fully recognized by the medical profession. Until the selective service law went into effect we really had no statistics regarding these diseases. As a result of the examinations made under that law we now know that about 2.4% of the white, and 6.6% of the colored men examined were found to be infected with gonorrhoea.

Among the men coming from New England, the following percentage were found to be suffering from venereal diseases: Rhode Island, 2.6%; Maine, 1.8%; Massachusetts, 1.7%; Connecticut, 1.6%; Vermont, 1.5%, and New Hampshire, 0.3%. Although the conditions in New England appear to be better than in many of the other states, these figures indicate that we have a serious venereal problem which must be dealt with fearlessly and efficiently. In considering these statistics it must be remembered that these men actually had the disease at the time of arrival at camp. Data as to the number of men who had previously been infected are not now attainable.

To deal successfully with a disease we must know its extent and the distribution as well as the mode of transmission. Fortunately, in the diseases under discussion we know the exact mode of transmission, but we do not know how widely they are distributed. However, the members of the medical profession have exact data upon this subject and the patriotic physician can do no better service for the country

than by fully coöperating with the health authorities in reporting these cases.

Venereal diseases are spread by chronic carriers and once we know the carriers we should by proper methods of treatment be able quickly to rid the community of a large number of foci of infection.

The results obtained by the intensive treatment given these cases in the Development Battalion of the Army have shown that we can hope by proper treatment to clear up most of the cases. The second step in the campaign is therefore the establishment of a sufficient number of properly equipped dispensaries where such cases can be properly treated.

The third step in the campaign is education. This must be given to the parents and teachers of the coming generation. We can not hope for very much from the men and women who have already contracted bad habits of sexual indulgence. There is, however, great hope for the coming generation if instruction in self-hygiene be given in a proper way and at the proper time. Our great aim now should be to give to the parents the knowledge that will enable them properly to instruct their children. We want the children to know the beauties of creation, deprived of their glamour and false modesty. Above all, each child should be taught self-restraint and self-reliance.

THE EPIDEMIC OF INFLUENZA IN BOSTON.

IN the September issue of the *Monthly Bulletin* of the Health Department of the City of Boston, Health Commissioner William C. Woodward reviews the epidemic of influenza which occurred in the summer. The report includes, also, an interesting survey of previous outbreaks of influenza in this and in foreign countries. The first definite historical record of influenza is that of the pandemic of the disease, which prevailed in Europe in 1510. From the many detailed descriptions of its clinical aspects, it is evident that the type of influenza in that pandemic was strikingly like that now seen in this country; the mortality was comparatively high; pneumonia was frequent, presenting the same features as the pneumonias in the present epidemic; and a tendency towards bleeding from the nose and lungs is recorded, an accompaniment of the disease which has not been particu-

larly noted in more recent epidemics prior to the present one. From the time just named, well recognized epidemics of influenza have spread over the world at irregular intervals. In the eighteenth century, a severe epidemic prevailed in Europe in 1743, which reached America in 1761. In 1761 and 1762, epidemics occurred in portions of Europe which had previously escaped. Twenty years later, in 1781 and 1782, the disease again appeared in Asia and in Europe, and during 1788 and 1789 epidemics occurred in Europe and again extended to America. Pandemics extending to America occurred in 1802-03, in 1830-33, in 1836-37, in 1847-48, and in 1889-90, with more or less epidemic prevalence of the disease in 1850-51, in 1855-58, in 1874-75, and for several years following the outbreak in 1889.

Speaking of the epidemic of 1918 in Boston, Dr. Woodward states that as early as the autumn of 1917, indefinite reports of the prevalence of influenza in epidemic form in certain parts of Europe began to filter through the military censors, and by the beginning of the summer just past it had become evident that the disease in epidemic form was prevailing or had occurred in Spain, France, Switzerland, Germany, Great Britain and Ireland, and to a considerable extent in both armies on the Western front. Judging from reports which have reached us from military hospitals in Europe, the prevailing type of the disease was not particularly severe, and the tendency to pneumonia and death was not especially marked, except, according to one report, where the sick were crowded together.

About the first of July of the current year, convalescent cases of influenza began to be seen more or less frequently among members of the crews of transports and other vessels arriving in Boston from European ports. There is no evidence, however, to show exactly when the epidemic began in Boston. The disease was not made reportable by the State Department of Health until October 4, 1918, long after the presence of the disease had been well recognized. Case reports are not available, therefore, to show when influenza first appeared.

Public attention was first directed to influenza in this vicinity by the apparently sudden appearance during the week ending August 28 of about fifty cases at the naval station at the Commonwealth Pier, and during the next two weeks over 2,000 cases occurred in the naval

forces in the First Naval District. Of the patients removed to hospitals, over 5 per cent. developed broncho-pneumonia, with a mortality of over 60 per cent. in such cases. To what extent, if any, cases of influenza had been occurring at the Commonwealth Pier or at other stations in the First Naval District prior to the appearance of the cases the week of August 28, no information is at present available. A sudden and very significant increase reported the third week in August in the number of cases of pneumonia occurring in the army cantonment at Camp Devens in this district seems, however, to justify a suspicion that an influenza epidemic may have started among the soldiers there even before it appeared in the naval forces.

The outbreak of influenza in the naval force at Commonwealth Pier was followed in less than a week by similar sudden outbreaks both in the aviation schools and among the naval radio men at the Institute of Technology, in Cambridge. Curiously, the early cases seemed to be more prevalent among the men living outside than among those quartered in the barracks at the Institute. The incidence of the disease here was apparently somewhat higher than at the Commonwealth Pier.

A record of the number of cases and deaths from September 7 to November 9 shows a total of 997 cases of lobar pneumonia, 3,399 of influenza; 942 deaths due to pneumonia in all forms, and 3,430 from influenza, giving a total of 4,372 deaths.

This bulletin includes, also, a discussion of the cause of influenza, advice as to care of patients and the prevention of influenza and pneumonia, and a record of the regulations and orders issued for the prevention of the spread of influenza.



SCIENCE AND MEDICAL TEACHING.

At a meeting held at Harvard Medical School on December 16, 1918, Professor Graham Lusk delivered an address showing the value of scientific observation and experiment and its relation to medicine. The prophets of the past have pointed the way to present growth and future achievement. The French master, Lavoisier, conceived the scientific method as a law which demands procedure only from what is known to what is unknown, resulting in a conclusion which