THE ORGANIZATION AND LAY-OUT OF A CIVIL VENEREAL CENTRE.

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While under instruction in Civil Public Health by the Medical Officer of Health of the Royal Borough of Kensington, the writer had numerous opportunities of visiting civil venereal clinics and discussing with the medical officers in charge the administrative side of this work in civil life.

This article does not deal with the treatment of venereal disease but is merely an endeavour to correlate the data acquired in the hope that it may be of interest or use to our own officers who have not had the opportunity of specializing in this work.

INTRODUCTION.

The Local Government Board (now the Ministry of Health) made arrangements in 1916 for the establishment of clinics throughout the country to ensure that individuals infected with venereal disease could obtain efficient treatment. It must be realized, very definitely, that the chief aim of such clinics is to render the patient suffering from venereal disease non-infectious. The mere alleviation of symptoms, while leaving the patient a carrier, is worse than useless, and the extent to which a clinic achieves its object of rendering a patient non-infectious is the measure of its success.

SITE.

As cases have to attend so frequently and over such long periods, it is a great advantage if the clinic is so situated that conveniences of travel and conveyance to it are plentiful and easy. Where possible, buildings should be erected specially for the purpose, and should, if feasible, form part of a general hospital or some other institution concerned with the treatment of diseases other than venereal.

Separate ad hoc clinics are to be strongly condemned, for their character soon becomes known to the public and patients are afraid to be seen visiting them. On the other hand, they should not form part of the general out-patient department of a hospital. Many hospitals and local authorities believe in the principle of relegating the venereal department to the depths, both literally and figuratively, so that some medical officers and nurses work under very unfavourable conditions; such conditions, of course, react on the patients and on the figures of attendances.
A clinic should be an all-day and every-day centre, to attract persons of different occupations who have varying hours of work.

The majority of those who attend clinics are daily workers, and for this reason sessions during the evenings and on Saturday afternoons and Sunday mornings are most popular. If the clinic cannot be opened every day, arrangements must certainly be made for the carrying out of intermediate treatment (irrigation, etc.) during the intervals. The irrigation rooms must not, therefore, be used for any other purpose.

Suggested hours of attendance:

Doctors' hours—Daily (except Saturday and Sunday), 10 a.m. to 12 noon; 3 to 7 p.m. Saturdays, 11 a.m. to 12 noon; 5.30 to 6.30 p.m.

Treatment hours—Weekdays, 7.30 a.m. to 7.30 p.m. Sundays, 10 a.m. to 12 noon.

The plan showing a lay-out of a clinic is a modification of various types seen, and was specially selected for the following reasons: (1) It illustrates many of the points mentioned in this article; (2) it is a type that could be economically erected in a military station; (3) the lay-out can be easily adapted for use in the field where only tents might be available; (4) the sizes of rooms can be adjusted to suit the number of patients likely to require treatment.

The actual cost of the building, from which the main details of the plan were taken, was £12,000 and it is capable of dealing with from 80,000 to 90,000 cases per annum. It is, of course, realized that one of this size would not be required in any military station, except in the case of a complete mobilization, but, as has already been mentioned, it can be expanded or contracted to suit requirements.

Details of Plan.

Ground Floor.—This floor is entirely devoted to examination and treatment of male patients, the entrance being on the east side of the building. All new patients proceed direct to the reception office where their names and addresses are entered in a confidential register. They are then given two cards, one of which states the identification number and the hours at which the clinic is open, the other is a treatment card which is to be filled in by the medical officer who diagnoses the complaint. The patient then waits in the waiting room until his number is called out from one of the consulting rooms. Diagnosis having been made the patient leaves the consulting room by the back door and proceeds along the passage to the room in which treatment is to be carried out.

Old patients must all notify the office of their numbers and then (1) cases which have been marked "Irrigation for one week" proceed along
passage "C" to the irrigation room, where they wait until the orderly informs them that a cubicle is vacant; (2) cases with an appointment marked on their treatment cards stay in the main waiting room until their numbers are called out from the consulting rooms A or B.

It can be seen, therefore, by this method, that patients are not allowed in the space marked "Treatment Centre." The object of this space is as follows:

1. Medical officers and orderlies can move from room to room carrying out all treatment from the centre.
2. One orderly can supervise all the irrigation cubicles.
3. Sterilizing apparatus, sinks, &c., are kept away from the patients.
4. There is complete privacy for each patient during his treatment.
The exit from this floor is on the north-east corner which ensures that patients after treatment are not compelled to mix with those still waiting.

First Floor.—This floor, which has an entrance on the west side, is used for the treatment of female cases. It is similar in design to the ground floor, except that there being no need for irrigation rooms, the space available is devoted to (1) the Director's office, (2) a nurses sitting-room, and (3) a laboratory.

Laboratory.—The laboratory, as can be seen from the plan, can be reached from the ground floor by means of a circular staircase or direct from the first floor.

Wards.—Each floor contains a four-bedded ward complete with kitchen, bathroom, w.c., &c. These few beds are very useful, but owing to the fact that with salvarsan substances in general use severe reactions are rare, the provision for retaining patients in hospital need not generally be extensive.

This small provision of hospital accommodation struck the writer very forcibly, being familiar with (a) the number of beds provided in military hospitals for these cases and (b) the number of days spent in hospital by soldiers suffering from venereal disease.

It seems curious, that, in one of these civilian centres, where up to 80,000 cases are treated per annum, only eight beds are provided. In view of this fact one wonders if it is really necessary for soldiers to be retained in hospital while being treated for a straightforward attack of gonorrhoea; what is the objection to their being kept in hospital say for seven days and then returned to their units on light duty, attending for treatment as required?

STAFF.

The staff consists of the following:

(a) Director, one Senior Assistant, three Junior Assistants.

These medical officers are appointed by the hospital to which the centre is attached, and must be specialist venereal officers. It is recommended that all students and doctors should be trained in this work, not only in the colleges and hospitals, but actually in the clinics.

The officers are required to put in eighteen hours per week in attendance at the clinic and are paid half-time rates.

(b) Six trained orderlies are employed on the male side; two of them should be capable of dealing with the small amount of office work entailed by the reception office on this side.

(c) One sister and five nurses are engaged on the female side, and it is recommended that only trained nurses should be employed and that probationers should be excluded from this work.

(d) One female clerk who works in the office on the first floor and is responsible for the records and statistics for both sides.

The staff, as far as possible, should be permanent, as patients dread being seen or treated by a new doctor, nurse or orderly, as the case may be.
THE WORK OF THE CLINIC.

This falls broadly into five sections: (1) Social measures and education; (2) prophylaxis of individuals who have exposed themselves to the risk of infection; (3) the efficient treatment of those already infected; (4) the tracing of contacts; (5) the following up of cases.

(1) Social Measures and Education.—These measures have in the past been regarded as being part of the social worker's duty, but of late it has been realized that their effect on the prevalence of venereal disease is so important that they cannot be disregarded by the officers in charge of clinics. There is direct relation between the attendances at the venereal clinics and the amount of propaganda and educational work carried out in the neighbourhood.

Such measures consist of lectures given at various centres, the placing of notices in public washhouses and lavatories and the issue to patients, who attend a clinic, of pamphlets for distribution amongst their friends. One of these pamphlets which is, in my opinion, worthy of inclusion in an article of this type is reproduced.

“INSTRUCTIONS TO PATIENTS SUFFERING FROM GONORRHOEA.”

“(1) Gonorrhoea may lead to serious disablement and grave consequences unless treated promptly and skilfully.

“(2) Chemists and druggists are not qualified to treat gonorrhoea, and treatment by quacks, herbalists or persons advertising so-called ‘cures’ often leads to disastrous results. For this reason it has been made illegal in this country for unqualified persons to treat this disease.

“(3) Treatment under a doctor should be continued until he is satisfied that the disease is quite cured. Absence of discharge does not prove that the disease is cured.

“(4) The doctor's advice on diet should be followed. Spices and spiced food, alcoholic drinks and those containing ginger, should be avoided.

“(5) Exercise should be gentle, and cycling as well as games involving running should be avoided.

“(6) Extreme cleanliness is necessary; the hands should invariably be washed after handling the parts and the greatest care should be taken not to convey any discharge to the eyes. Neglect of this procedure may lead to partial or complete blindness.

“(7) Gonorrhoea is contagious—until careful tests by a doctor have shown that the disease is cured, the patient may convey it to others.

“(8) It is necessary to avoid the use of towels, etc., shared by others, especially by children. A female child is very liable to become infected by soiled fingers or by towels or other articles of toilet. A person suffering from gonorrhoea should not share a bed with another.

“(9) Infection is liable to be conveyed by sexual intercourse, which must therefore be avoided until a doctor has pronounced a cure.”
Other pamphlets of a similar nature are issued to patients suffering from syphilis.

(2) *Prophylaxis.*—The principal measures advocated are *(a)* immediate self-disinfection, and *(b)* skilled disinfection at the hands of a doctor or trained attendant. Possibly self-disinfection is less likely to entail delay, a factor of prime importance in determining success or failure, but it is usually found that individuals fail to carry out instructions properly, and it is therefore desirable to have skilled disinfection whenever possible. Unfortunately the use of prophylactic measures is practically restricted to the male, it being impossible for the female to disinfect herself properly.

(3) *The Efficient Treatment of the Infected.*—Since it is the infected and incompletely cured individual that is responsible for the spread of the disease, the efficient treatment of the already infected person is of extreme importance. Facilities were provided under the Public Health (Venereal Disease) Regulations, 1916, for, amongst others:—

(a) Obtaining scientific reports on any material which a practitioner might submit from patients suspected to be suffering from venereal disease, i.e., the investigation of pathological material. The laboratory investigations most commonly required in clinics are: *(1)* Detection of *S. pallida* in exudations from suspicious sores; *(2)* Wassermann reactions; *(3)* gonococcal fixation and complement deviation tests; *(4)* detection of gonococci in pus.

(b) The treatment, at or in the hospital or clinic, of persons suffering from venereal disease, by the various recognized methods. A very important point to be considered in the treatment of these cases, entirely apart from medical treatment, is that the patients are frequently temperamental and hypersensitive, and therefore must be handled carefully. In the ideal clinic the patients should not be kept waiting, and must not be treated by the staff as though they were prostitutes or pimps. Finally, a doctor should be able to make a diagnosis without knowing the intimate details and circumstances of the infection.

These may seem strange points to mention, but such behaviour towards the patients may fail from the start to win their confidence or gain their co-operation, which is so essential when one has such a slender hold on them.

(4) *The Tracing of Contacts.*—This is a very important side of the work, but it is one of the most difficult problems, as it is impossible to do it without the fullest co-operation on the part of the patient, and this these patients are very reluctant to give. It entails great tact on the part of the medical officer, combined with a full explanation to the patient of the danger that he may be to the community.

(5) *The Following-up of Cases.*—This falls under two headings: *(a)* Letters to the patients; *(b)* international agreement cards.

Letters to patients: As has already been mentioned, when a case first visits a clinic the name and address are taken, so that if a patient fails to
attend for treatment a tactful letter is sent to the address. I use the word tactful specially as in many cases patients give false names and addresses, and a Director of a clinic very often has to soothe some irate innocent householder. Patients are usually only sent one reminder, and if they fail to respond to that the matter is dropped, as it may be just wasting time writing to a false address.

International agreement cards: These are books issued for the use of sailors and other travellers by the clinic at which they first attend. Printed on the card is the following, in six languages: “This card is issued to sailors for the purpose of securing continuous treatment which is free of cost at many ports. It should be carefully kept by the sailor. At many of the principal ports there are Centres at which this treatment can be carried out. The address of the treatment centre and the hours of attendance can be learned on application to the Port Sanitary Authority or any of their officers.” The book contains pages to be filled in by the medical officers at the various centres attended. The instructions are printed in English and French and give the notations and abbreviations recommended by the Health Committee of the League of Nations for recording the treatment.

ALLOCATED OF COST OF RUNNING A CLINIC.

Seventy-five per cent of the cost of running one of these clinics in Great Britain is borne by a Government grant, the remainder being supplied either by the council concerned or by voluntary subscriptions.

STATISTICS.

For the purpose of statistics and for the information of the Public Health Authorities, medical officers in charge of clinics are required to furnish an annual report. This annual return consists of two parts, the first dealing with the number of patients, new or otherwise, attending the clinic, the diseases from which they suffered, total number of attendances made, percentage who left before completing their treatment. Pathological examinations, i.e. number of Wassermann reactions, examinations for spirochetes and gonococci, and any further laboratory investigations that have been carried out are also recorded. The second part of the return is geographical and gives information as to the administrative areas from which patients were drawn.