

THE PREVENTION OF VENEREAL DISEASE WITH SPECIAL REFERENCE TO PREVENTIVE ABLUTION CENTRES.

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It is well known that in spite of education, provision of other attractions, lectures, and the withdrawal of privileges, a certain number of men will inevitably expose themselves to venereal infection.

To prevent the consequences of this, the most hopeful line appears to be the provision of some adequate means of disinfection. This is done by prophylactic packets and preventive ablution centres. The former have many disadvantages which militate against their proper use and which are quite obvious. These would be more generally appreciated by questioning those who state they have used the packets; it is, in my experience, quite exceptional to find that the packets have been used in the way they are intended.

It is therefore apparent that the main hope rests in the preventive ablution centres.

Some excellent advice on the equipment and management of these centres is given in Appendix III, Memoranda on Venereal Diseases, 1936, but the great weakness in the system is that the man has to carry out his own treatment. The attendant in charge of the room considers that his duties are to be in charge of the equipment, to keep order, and to see that tickets and counterfoils are correctly filled up. He has little time for anything else.

A large number of the men who use the room are content to do so in a perfunctory manner in order to obtain a ticket which may absolve them from the loss of privileges later. There are many factors accountable for this: fatigue, alcohol, hot weather, a desire to get back to barracks, etc., all play their part.

It was, therefore, thought that if trained attendants could be provided who would actually carry out the treatment thoroughly, then at least those men who had the sense to go to the preventive ablution centre would have the best possible chance of escaping infection.

The first step was to persuade the officers commanding units that this method would be to the benefit of their men. A conference of all Officers Commanding was held and the proposal explained and discussed, and eventually it was decided to try it. Volunteers were called for from units and nine men were selected; these men were sent to the Specialist in Dermatology and trained thoroughly in their duties, the course lasting one week.

Extra duty pay for these trained attendants was provided from Brigade funds.

In order to have some check on the treatment, the attendant who carries it out enters his name on the back of the counterfoil which the patient fills up before he leaves the preventive ablution centre, and failures in treatment entail the loss of extra duty pay for one week for the attendant concerned—drastic and possibly unjust at times, but very efficacious.

In addition to the ordinary equipment of the centre, the attendants were provided with gowns and rubber gloves, and the room was divided into cubicles for treatment.

The ordinary routine treatment, as described in Appendix III, Memoranda on Venereal Diseases, 1936, was used.

The administration of the centre was under the D.A.P.M., who arranged the roster of duties; two attendants were on duty daily and three at week-ends.

As is the case in most garrisons abroad the area from which venereal infection is likely to be contracted is well defined. The preventive ablution centre was situated in that area.

Prior to taking up their duties, the attendants were interviewed; the importance of these duties, both from the individual and the unit point of view, was stressed, and in addition they were warned of the confidential nature of their duties. One danger was foreseen, and that is that actual treatment of the declared disease is undertaken *sub rosa*. The N.C.O. i/c and the orderlies must thoroughly understand that prompt and severe action will be taken against the offender in such a case.

On February 10, 1936, the scheme was put into operation; after it had been running for a few weeks a Serjeant, R.A.M.C., who is a qualified S.T.O., Class 1, observed the treatment for one night and reported that it was being carried out satisfactorily.

Results from February 10, 1936, to December 31, 1936 :—

Number treated	Failures	Percentage of failures
4,367	8	0·18 per cent.

The eight cases were two soft chancre and six gonorrhœa, and of the gonorrhœa cases one man showed his first signs forty-one days after treatment—with the probability of an untreated exposure in the interval.

In "Venereal Disease in General Practice" Harrison quotes American statistics for a somewhat similar scheme, and in these the percentage of failures varied from 0·08 and 0·59, where treatment was carried out within one and two hours respectively, up to 7·40 when treatment was delayed for more than ten hours. This last figure gives an interesting indication of the risk run without treatment, and while it is impossible to give any accurate estimate, it seems probable from a cross-examination of more than 150 recent cases of venereal infection during the past three years that 2 per cent. is a very conservative estimate in this country (Egypt), therefore :—

(1) 4,367 known exposures who passed through the preventive ablu-
tion centre, if untreated, would have yielded 87 cases.

(2) They actually yielded eight cases.

The risk of infection for men who can be induced to use a preventive
ablu- tion centre, such as described, is less than 0·2 per cent.

One of the arguments used against treatment by attendants is that it
will defeat its own purpose by driving men away from the preventive
ablu- tion centre because of the publicity they are likely to incur. There is
a certain amount of truth in this, and at first this will happen, but if the
attendants are carefully chosen and if they do not talk about their work the
reputation for skilled treatment will counteract any preliminary falling off
in attendance at the centre.

Primary infections contracted locally from February 10 to December 31,
1936, are shown in the following table :—

		Number of cases	Number used P.A. centre	Number used P.T. packets only	No treatment
<i>1935</i>					
Average strength	2,036	49	28	11
Ratio per thousand	..	24·06			10
<i>1936</i>					
Average strength	1,875	41	8	11
Ratio per thousand	..	21·86			22

This table shows a slight reduction in the actual admissions but
a very marked rise in the number who used no preventive treatment. This
was partly due to distrust to begin with and partly to a temporary move of
the centre of infection, and because some men stated that they used a
preventive ablu- tion centre in barracks themselves (which has since been
discontinued) but of which they gave no proof.

The number of men who became infected after treating themselves
at the preventive ablu- tion centre in 1935 is in marked contrast to the
number who became infected in 1936 (28 against 8) and bears out what has
been said above about the perfunctory use of such a centre.

It is too early to state definitely that the scheme is successful and an
improvement on the ordinary preventive ablu- tion centre, but it seems worth
a continued trial.

The co-operation of regimental officers, more especially the platoon
officer, who will insist upon the obvious necessity of taking advantage of
the preventive ablu- tion centre in those who must expose themselves to
infection, is most necessary.