Middle Articles

A New Department for Venereal and Sexually Transmitted Diseases

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A new department for the diagnosis and treatment of the venereal and sexually transmitted diseases was opened at the Middlesex Hospital early this month. The department is situated in a new five-story building adjacent to the outpatient department, the Medical School, and the new Arthur Stanley House for rheumatic diseases. It is called James Pringle House after the famous Middlesex Hospital dermatologist.

Changing Attitudes

Clinics specifically designed for the management of patients with venereal diseases were started in England and Wales shortly after the passing of the Venereal Diseases Act of 1916. Local authorities were made responsible for their establishment, organization, and financing, though the clinics themselves were usually situated within the environs of hospitals. Some were staffed by doctors who specialized as venereologists, but many were the part-time responsibility of dermatologists, urologists, or general physicians. More recently this work has been taken over by physicians whose principal specialty is venereology.

The locations and times of opening were advertised to the public, and free and confidential treatment was assured for all who attended. The Royal Commission responsible for the establishment of the clinics recommended that attendance should be entirely voluntary and advised against compulsion when tracing infected contacts. It was assumed that, as patients attending a clinic would feel guilty, they would wish their identity to be hidden, and traditionally these patients have been called by a number rather than by their name. It was also assumed that they must usually be rather unsavoury individuals and therefore should not mix with ordinary patients. Such attitudes strengthened the tendencies to site the clinics in hidden parts of hospitals, especially in basements.

However, the attitude of the public to sexual matters in general and to the venereal and sexually transmitted diseases in particular has changed considerably in recent years. A survey carried out at the Middlesex Hospital indicates that the vast majority of patients of both sexes attending the hospital for investigation of possible venereal disease prefer to be known and called by their names rather than by numbers. Several patients said that the use of a number was degrading and made them feel they were criminals. All the women questioned preferred to be called by their names, and the majority could not even understand why numbers might be used. The change in the public attitude is also evident in the number of patients from all sections of society who come to the clinics for advice about sexual problems. The younger generation can discuss sexual matters with less inhibition and embarrassment

than their parents, and frequently adopt a practical and unemotional attitude. In planning a new clinic for the sexually transmitted diseases these changing attitudes of the public should be taken into account.

James Pringle House

The general arrangement of the new department at the Middlesex Hospital is similar to that of a modern general medical out-patients. Examination of patients takes place in absolute privacy, and the walls and ceilings of the rooms are sound-proofed. There is a common entrance and reception area for both sexes, but the waiting and clinical areas are separate. Two alternative entrances to the main entrance are available for patients who are particularly self-conscious, timid, or embarrassed at their first attendances. Experience at some centres has shown that the difficulties which were anticipated if a common entrance and reception area were used for both sexes have been exaggerated and that there are many advantages in reproducing the circumstances that exist in medical out-patients. A husband and wife may choose to visit the clinic together or a man may wish to escort his girl friend on her first visit in order to provide support and to minimize her fears of visiting a hospital.

In the past it has been customary to place women in the lithotomy position on a special genito-urinary chair for the genital examination, but it is equally satisfactory to do this on the same couch as is used for the general examination. The patient places herself at the end of the couch where there are simple stirrups for supporting her heels. This saves time and space, and is less embarrassing to the patient.

Laboratory studies, particularly bacteriological and serological, are fundamental to a department of venereology and there are many advantages in having routine and research laboratories within the department, as they are at the Middlesex Hospital. A teaching room, which incorporates a departmental library and holds about twenty persons, is situated on the top floor of the new department. Clinical out-patient teaching is carried out with only two or three students, who sit in with the physician at both men's and women's clinics, as larger groups of students tend to frighten the patients.

Management of Patients

To encourage patients to attend, the clinic is open for long hours each day—from 10 a.m. to 7 p.m. on weekdays, and from 10 a.m. to 1 p.m. on Saturdays. A new patient is usually examined and his condition diagnosed and treated within an hour of his arrival. He is told the diagnosis and the nature of his disease is explained to him, and arrangements for examining

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contacts are discussed. Before leaving some patients will choose to see the medical social worker for help and advice. At subsequent visits the patient comes at his own convenience at any time during clinic hours without an appointment. Individual appointments, however, are frequently made for patients who require special investigation such as lumbar puncture or urethroscopy, or who, because of the complexity of their problems, require a more prolonged interview with the doctor.

A health visitor is responsible for discussing the problem of defaulters with the doctors, and deciding whether a patient should be contacted by letter or visited in his home. The health visitor also tries to secure the attendance of the sexual contacts of infected patients. She may be able to help a husband to ask his wife to attend for examination, and may even escort the patient to the clinic and introduce her to the doctor.

In recent years some hospitals have held a special session in either medical or surgical out-patients, often called "the diagnostic clinic," where patients can be examined by specialists in venereology in circumstances where they will be unaware of the association with the department of venereology. This type of clinic provides an opportunity for the examination of patients from other departments of the hospital when the diagnosis is not yet established. It may also be used for investigating patients with positive serological tests which may be due to non-specific causes or to a biological false-positive reaction—or for examining contacts of patients already attending the department, especially wives. The new clinic at the Middlesex Hospital will provide such a service and suitable patients may be referred to the "diagnostic clinic" by telephoning or by writing for an appointment. These patients will be seen in

privacy in an examination suite on the top floor of the building at special times and only by appointment.

The legal definition of the venereal diseases covers only syphilis, gonorrhoea, and chancroid. However, the group of diseases which are commonly, though not invariably, sexually transmitted is much larger and includes non-specific urethritis, trichomonal infestations of the genital tract, Reiter's disease, candidiasis, herpes genitalis, pediculosis, scabies, and many other conditions. More than two-thirds of new patients attending clinics for venereal diseases in Great Britain do not have a venereal disease as legally defined, but either have some other disease which is commonly sexually transmitted or a condition which the patient or his doctor believes to be a venereal disease, or have been exposed to infection or wish to discuss some sexual problem. Some patients object to the moral stigma which they believe is implicit in their attendance at a venereal diseases clinic, and this objection is likely to be felt most keenly by those who have had sexual intercourse only with their marital partner. Patients with positive Wassermann reactions and other serological abnormalities due to causes other than syphilis and wives who may have been infected by their husbands are obvious examples. Nevertheless, it is the doctors who have specialized in the sexually transmitted diseases who have available the specialized laboratory facilities required to investigate these patients, and the knowledge to interpret the results; they are therefore in the best position to diagnose and treat these conditions adequately. It is for this reason that James Pringle House has been designed like a normal out-patient department and that the organization and management of the patients is similar in all respects to that of a general medical clinic.

New Drug Classification

Statement of Principles by New Committee

A new classification of proprietary drugs to guide general practitioners in the Health Service was published this week by the Ministry of Health and the Scottish Home and Health Department.¹ It replaces the classification devised by the former "Cohen Committee" and has been prepared by its successor the present Standing Joint Committee on Classification of Proprietary Preparations, which was set up on 28 September 1964. The members are: Professor A. G. Macgregor (chairman), Professor A. H. Beckett, F.P.S., Mr. J. C. Hanbury, F.P.S., Dr. L. Lamont, Mr. J. N. M. Parry, F.R.C.S., and Professor D. R. Wood.

The need for a new classification arises because the Dunlop Committee on the Safety of Drugs is now giving some of the advice on drugs that was formerly in the province

of the Cohen Committee. In this week's report the terms of reference of the new Committee are given as follows:

"(1) To advise on the classification of proprietary pharmaceutical preparations with the object of helping doctors to decide which should be used in the treatment of their patients, and to identify those preparations the prescribing of which appears to call for special justification.

"(2) To keep under review the principles for determining whether preparations should properly be regarded as drugs, foods, toilet preparations or disinfectants and to give advice on the classification of particular preparations submitted to the Committee."

The classification is in three main categories. The first ("Monograph Preparations") contains preparations whose constituents are in the *B.P.*, *B.P.C.*, or *B.N.F.* The second ("Category A") contains preparations acceptable to the Committee, including special formulations of Monograph Preparations and new drugs whose efficacy

in relation to their toxicity is satisfactory. And the third ("Category B") contains preparations which are unacceptable to the Committee on various grounds—mainly too little efficacy or too great toxicity.

The Committee recommends that, though there should be no restriction on what drug a doctor may prescribe, preparations in Category B and those advertised to the public "should require to be specially justified if the doctor's prescribing were being formally investigated."

The need to keep the medical profession "frequently, rapidly, and adequately" informed of decisions on individual preparations is stressed. The Committee has therefore decided that notification of a drug's category shall not necessarily be delayed by the possibility of an appeal. But the fact that the classification was subject to appeal would be indicated when appropriate.

No list of newly classified drugs had been received at the time of going to press.

¹ *Classification of Proprietary Preparations*. Report of the Standing Joint Committee of the Central and Scottish Health Services Councils, 1965. H.M.S.O.