III

CLINIC PROBLEMS—CLINICAL AND ADMINISTRATIVE

II. THE DEFAULTING PROSTITUTE

By HAMISH NICOL, F.R.C.S., Surgeon in Charge Venereal Clinics, Gravesend and Rochester.

MADAM PRESIDENT, LADIES AND GENTLEMEN,—Tonight I have to bring before you three problems. Unlike Dr. Hanschell, I am not going to give you the answer to these problems, since I have not been able to solve them!

If any member of this Society can show me a way out of these difficulties I shall be grateful.

My problems are in connection with the prostitute and the professional prostitute in particular.

I would first like to say a word or so about prostitutes in general.

Prostitutes may be roughly divided into two classes, the amateur and the professional. This division is not strict; there is often overlapping both ways. The amateur may become a professional for a time without losing her amateur status and a professional may sometimes act as an amateur.

There is this fundamental difference between them: whereas the amateur prostitute has some, more or less regular, employment and prostitutes as a hobby, the professional is not usually employed, and prostitutes for a living. They have this in common: they both default sooner or later and the professional sooner than later!

When the amateur defaults she presents the same difficulties as any other defaulter. But, since she is usually employed, she has a fixed address and a letter or a series of letters will generally find her. If she is living with her parents she does not like receiving letters from the clinic. This will often keep her up to the mark. Letters from the clinic marked "Strictly Private" seem to stimulate the curiosity of parents to a marked degree!

Sometimes, of course, the very fact that a girl is
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employed makes it difficult for her to attend the clinic. This difficulty is common to many classes, and I do not propose to deal with it to-night. It is with the professional prostitute I wish to deal.

Looking at prostitution as a commercial undertaking, one would imagine that freedom from venereal disease would be of the first consideration. To get a reputation for infecting one’s clientele with V.D. cannot be conducive to a lucrative practice! For prophylaxis alone it would be well worth the trouble of attending. It is far better than a life assurance policy, since it costs nothing, and one gets the benefits before one is dead!

I only know one prostitute who attended the clinic for prophylaxis and she came from Scotland. It has been suggested that, being Scottish, she liked to get something for nothing! I am of opinion that it was due to her good sense and I have found that south of the border “something for nothing” has great attractions!

One would imagine, therefore, that the professional prostitute would form a large proportion of our clinic patients. This is not so. On the contrary they are conspicuous by their absence.

There may be many reasons for this. One may be that to be known as a clinic patient is not a good advertisement. But I have known this to be used as an advertisement.

A patient had had a blood test taken. She immediately went to the nearest pub. and announced that she had been to the clinic and had had a blood test taken; she showed her arm as proof, and said that the doctors had pronounced her free from disease! As a matter of fact her blood was strongly positive.

I am sure another reason for not attending is the manner in which they are treated by their amateur sister.

Strange as it may seem, the amateur looks down upon the professional and makes herself very objectionable when they meet in the clinic. Since the professional is very much in the minority, she hasn’t a chance. This attitude appears to me illogical, to say the least of it. Both are suffering from venereal disease and both have contracted it in a similar way. It is not always easy to follow the workings of the feminine mind!

The professional prostitute comes to the clinic under several conditions.
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(1) When she is suffering from a florid secondary rash or an acute bartholinitis. These conditions not being conducive to practice, she defaults as soon as they have cleared up!

(2) On a contact slip. Rare.

(3) Because her victim has accused her of infecting him. She will then, sometimes, appear at the clinic demanding a certificate stating she is free from disease and will usually object to being examined.

The fourth class I will take later. (1), (2) and (3) all default.

(1) As soon as the acute condition has cleared up.

(2) After treatment for a week or two.

(3) Usually after only one attendance, and express great indignation when a certificate is refused on account of being infected.

Now there must be very many infected prostitutes who never come to the clinic and who get no treatment or very little treatment. My first problem is how are we to get these people to the clinic and under treatment?

Now I come to the fourth class.

Chatham is a naval depot. We are told that “All the nice girls love a sailor” and also “We know what sailors are,” and from experience I will include the Marine; it is not surprising that many of these men become infected with venereal disease.

When this happens, and it happens very often, the naval health officer sends me a note in which he tells me that so many Seamen or Marines have become infected with syphilis and so many with gonorrhoea.

Every effort is made to get into communication with possible “contacts” with a view to them receiving treatment if necessary. This is an extension of the “contact slip” system. We cannot give contact slips to the Seamen, as they are detained in Hospital, and even if they were not, I do not think the Naval Authorities would encourage what might be interpreted as a suggestion that they should seek the society of these ladies again.

Some eventually attend but most don’t. Those that do come are often very indignant. I am always very nice to them and when I tell them why I want to see them, instead of “cooling the air,” it often appears to add fuel to the fire!
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Those that don't attend either change their address or leave the district; usually to another naval depot.

Some make a seasonal change. One, for instance, usually spends her summer in Devonshire near Plymouth.

The net result of this is that we do not get these infected women under treatment and the best that happens is that they leave the district for a time. But our loss is another's gain and it is not exactly what we want!

If anyone can tell me how to deal with this problem, I shall be obliged.

These women are infected and are infecting members of the Royal Navy and Marines; and in my opinion it is the duty of the V.D. officer to get hold of them and put them under treatment.

My third problem is not really so important. I will call it the wandering prostitute.

This is really the female tramp. I have, or I should say I had, one such. We are not on very good terms now!

My patient wanders from place to place. She carries all her worldly possessions with her in a large basket.

It is now some seven or eight years ago that she was a patient in my London clinic. She was suffering from syphilis and gonorrhoea. She made herself as objectionable as she possibly could, giving endless trouble to the nursing staff, annoying the other patients and refusing treatment from time to time. Eventually she was sent out.

I next saw her, some years later, at my clinic at Gravesend. She was not very pleased to see me there. It was rather a shock for her. However, I gave her treatment and a bottle of Pp. to dye her hair with! I might mention here that Pp. is not a good dye for the hair. It makes the hair very brittle and it breaks off short. Peroxide of hydrogen is much better and more fashionable.

She gave as much trouble as she could in my waiting-room and drove some of my respectable prostitutes away from the clinic.

Some days later she turned up at my Rochester clinic where she saw my assistant M.O., Dr. Gray. Dr. Gray is a very big man and, though he is kindness itself, they soon fell out and the interview was short but decisive.

I saw no more of her till a few months ago, when she again appeared at Gravesend. She was all smiles and
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apologised for my shortcoming on the previous occasion, but said she bore me no ill-will. She then presented a V. 15 which showed that she had had an injection of "As" at odd intervals, but no note of her condition and no note of the W.R. I told her that before giving her any more treatment it would be necessary to take a specimen of blood for a W.R. She was most indignant and refused to have this done. I made a note in her book that a W.R. was necessary before any more treatment was given. I also noted that this had been refused.

Then the storm broke! She told me exactly what she thought of me, and it was not complimentary. Having commented on my personal appearance she told me where she thought I had come from (quite wrong) and where she hoped I was going. She expressed a wish that my journey there would be rapid. She tore her V 15 into small pieces and threw them on the floor and made a dignified exit.

It was very interesting, and I could not help thinking of Robbie Burns’ lines:

"Oh wad some Pow'r the giftie gie us
To see oursel's as others see us!"

I will give the solution of this problem.
There isn't any!
Clinic Problems—Clinical and Administrative: II. The Defaulting Prostitute
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