THE COMPULSORY TREATMENT OF VENEREAL DISEASES UNDER REGULATION 33B

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Regulation 33B was added to the Defence (General) Regulations, 1939, by S. R. & O. 1942, No. 2277, as from November 5th, 1942. Briefly stated, its object is to bring under medical care certain persons who have been shown to be sources of infection, and who are not voluntarily undergoing treatment. It thus affects a limited class of persons only, and it is necessary for special practitioners and Medical Officers of Health on whom the regulation imposes new duties to realize precisely what are their obligations under it.

Introductory observations

It is therefore proposed, in explaining the Regulation paragraph by paragraph, to consider separately its effect on the venereal diseases specialist, the Medical Officer of Health, the general practitioner and the patient. This review aims at exposition, not at criticism, although certain informed criticisms of the Regulation, or parts of it, are referred to. Naturally the subject is controversial. Agreement was not to be expected either in the ranks of the profession or among laymen, and the scope of the controversy was indicated in two recent Parliamentary discussions on the subject. On December 8th, 1942 Lord Winster in the House of Lords asked the Government what was their policy in relation to venereal diseases. This led to an interesting discussion in which, apart from Lord Winster, the Archbishop of York and the Bishop of Norwich, Lord Dawson, Lord Atkin and Lord Marley took part. Lord Snell for the Government stated explicitly that the Government policy was based on the principles laid down by the Royal Commission of 1913-1916. These principles were: (1) voluntary attendance for treatment, without any system of notification or compulsory powers to secure attendance; (2) treatment (both out-patient and institutional) should be available to everyone free of charge; (3) laboratory facilities for diagnosis should be available to all practitioners free of charge; (4) treatment by unqualified persons should be prohibited; and (5) education of the public should be an essential part of any arrangement of dealing with venereal diseases (Official Report, House of Lords, Dec. 8th, 1942, Col. 466).

Lord Snell further observed that point no. (4), above, was brought into operation by the Venereal Diseases Act, 1917, and that the remaining principles were embodied in the Public Health (Venereal Diseases) Regulations, 1916. He did not regard Regulation 33B as changing the voluntary basis of treatment, pointing out that under its provisions compulsion extends only to a group of persons small in number but responsible for much harm, who are impervious to methods of education and persuasion and who refuse to attend voluntarily.

The discussion in the House of Commons took place on December 15th, 1942, and arose on a motion by Dr. Summerskill asking that Regulation 33B be annulled. A greater diversity of opinion was shown here than in the Lords, and it does not appear that the view of the Minister of Health as to what is the Government's policy quite coincides with that of Lord Snell. The Minister asked the House "not to forget that this is a war-time Regulation" (Official Report, Dec. 15th, 1942, Col. 1872), pointing out that, "if Service infections are included, the estimated rise is 70 per cent since 1939, which takes us back to the incidence rate of 1932. The fact is that this is a war issue—that is why I am making a war-time regulation. The clock has been put back ten years. The latest information is that the rise is still going on."

Mr. Ernest Brown, however, did go on to point out that Regulation 33B was only a part answer to the problem, stating that the three essentials in any attack on the diseases were public education, adequate free treatment and indirect action to discourage promiscuity. He emphasized the fact that the Regulation does not

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aim at replacing the present voluntary system by compulsion, but is intended merely to bring under treatment those who are known to be spreading infection, stating that "we cannot afford in war-time to allow them the liberty to infect others."

The Regulation is thus regarded officially as a temporary war-time measure, but if it should prove beneficial—and it can scarcely fail to be beneficial since it must result in some people receiving treatment who otherwise would not—there is always the chance of the policy it introduces being extended.

Before explaining the Regulation paragraph by paragraph it may be convenient to state its effect in very general terms.

General effect of Regulation 33B

(1) Medical practitioners who have special experience of the treatment of venereal diseases, and who fall within the definition of "Special Practitioners" given in the Regulation, may receive information from a patient under treatment for a venereal disease as to the person from whom it is suspected the disease was contracted. If so, the special practitioner must pass on this information to the appropriate Medical Officer of Health. That is the first stage.

It must be observed that the Regulation does not impose a duty on patients to give information, nor does it impose any duty on doctors generally who happen to receive information. The sole obligation, so far, is imposed on special practitioners.

(2) The Medical Officer of Health who merely receives a single notification that a person is a suspected source of infection has not any duty to perform except to keep the notification. If, however, he receives two or more such notifications relating to the same person he must serve on that person a notice requiring him to attend a special practitioner and submit to examination.

(3) That person, called the contact, must then attend a special practitioner who must give him, free of charge, a certificate indicating that he has complied with the requirements of the notice requiring him to submit to examination. The contact must send this to the Medical Officer of Health.

It must be observed (a) that the contact may go for examination to any special practitioner he pleases, but (b) there is not any obligation on any special practitioner in private practice to undertake the examination or treatment as a private patient of a contact who may request him to do so. If, however, the special practitioner does examine the contact he must act in accordance with the duties imposed by the Regulation.

(4) On examination it will be found either (a) that the patient is, or (b) that he is not suffering from a venereal disease.

(a) If he is not so suffering the special practitioner must send a clearance certificate to the Medical Officer of Health, and that is an end of the matter for all concerned.

(b) If the contact is suffering from a venereal disease the special practitioner must serve upon him a treatment notice requiring him to undergo treatment until such time as a clearance certificate is furnished.

(5) The contact must comply with the treatment notice, and with directions given as to treatment, etc. by the special practitioner under whose care he is. If he defaults during treatment, the special practitioner must report the default to the Medical Officer of Health.

(6) The general principle that a patient should be free to select his own doctor is preserved, and at any time before a clearance certificate is issued a contact may transfer to another special practitioner, but this does not affect the duty he is under to continue treatment until a clearance certificate is issued.

Obviously many difficult questions may arise in practice and those whose concern it is to make the Regulation work will require to know and understand its actual terms, which will now be set out verbatim and explained.

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(1) Any special practitioner (as defined by this Regulation) who receives from a patient found by him to be suffering from a venereal disease information as to a person from whom the patient suspects that the disease was contracted, shall, unless, having regard to the time at which sexual relations between the parties are alleged to have taken place and any other information before him, the practitioner is of opinion that there is no reasonable cause to believe that the disease was so contracted, send a notice in the prescribed form giving the prescribed particulars, as to the patient and the disease from which the patient is suffering and as to the person from whom it is suspected that the disease was contracted, to the medical officer of health for the county or county borough in which that person is believed by the practitioner to reside.

Notes to paragraph (1), Regulation 33B

Duty of special practitioner to notify suspected source of infection.—The present Regulation only begins to operate when a special practitioner, as defined by paragraph (8) in regard to England, paragraph (9) in regard to Scotland, and paragraph (10) in regard to Northern Ireland, receives from a patient found by him to be suffering from a venereal disease information as to a person from whom the patient suspects the disease was contracted.

A legal duty is not imposed on the special practitioner to seek such information, and a duty is not imposed on the patient to give it. The Minister was asked in the House of Commons whether he was going to ask special practitioners to extract information, or to depend upon information volunteered by the patient. He replied that it has "always been the practice of medical officers who are specialists in venereal diseases to do their best to find out where the disease was contracted" (House of Commons Official Report, Dec. 15th, 1942, Col. 1882).

If, however, such information is given spontaneously a legal duty is forthwith imposed on the doctor. He must, unless he is of opinion that there is no reasonable cause to believe that the disease was contracted as stated, notify the Medical Officer of Health in the way stated below.

It is, however, improbable that the patient will give the necessary *detailed* information without being questioned. And in practice the patient will invariably be questioned. Under the powers conferred by paragraph (7) of the Regulation the Minister of Health has directed that, before asking a patient for detailed information as to the suspected source of infection, the patient's attention must be called to the notes which are printed on the back of Form 1, which is the prescribed form of notice of the suspected source of infection which the special practitioner is required to send to the Medical Officer of Health; this form is printed below, with notes. A legal duty is therefore imposed on the special practitioner to do this before he questions the patient as to the source of infection. The Ministerial Direction, which is dated January 8th, 1943, does not, however, require more than that the patient's attention shall be called to these notes; it does not require them to be read or explained to him.

There may be cases in which the patient names a person as the source of infection but, having regard to the time at which sexual relations are alleged to have taken place and the other information before him, the practitioner is of opinion that there is not any reasonable cause to believe that the disease was so contracted. In such cases there is no duty to send any notice at all to the Medical Officer of Health. In all other cases, which will cover cases in which it is merely doubtful if the named source is the source of infection, the special practitioner must send a notification in Form 1 to the Medical Officer of Health for the county or borough in which the person named, or otherwise identified, as the suspected source of infection is believed by the special practitioner to reside.

The envelope containing the notice must be marked "Strictly Confidential" (Direction of Minister of Health dated January 8th, 1943). There, for the time being, the special practitioner's duty ends.

Duties are not imposed on voluntary patients.—It cannot be too strongly emphasized that neither this, nor any other paragraph of the Regulation imposes any duties at all on the voluntary patient who consults either a general practitioner

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or a special practitioner. He is not under any legal duty to give information. He may, of course, be persuaded to give it if he is unwilling, but he cannot be compelled. Nor is the voluntary patient under any compulsion to continue treatment until the cure is complete.

Application to Scotland.—See paragraph (9) in next issue of the *Journal*, and notes thereto.

Application to Northern Ireland.—See paragraph (10) in next issue of the *Journal*, and notes thereto.

Confidential.

FORM 1.

Defence (General) Regulations—Regulation 33B.

Notice of suspected source of infection.

PART I.

Particulars of patient suffering from venereal disease.

Full name.....

Address.....

Disease.....

PART II.

** Particulars of person from whom the patient named in Part I suspects that the disease was contracted.*

Name (if known).....

Address (if known).....

Other Identifying Particulars (if name or address unknown).....

Date.....

Signed.....

(name of special practitioner).

This notice must be sent to the Medical Officer of Health of the County or County Borough in which the address given in Part II of the notice is situated. The envelope in which it is sent must be marked "Strictly Confidential."

** Before the patient is asked to give detailed information as to the suspected source of infection his attention must be drawn to the notes on the reverse of the form.*

Notes for information of patients.

1. All information given by patients as to the suspected source of infection will be treated as strictly confidential.
2. No proceedings for libel or slander will lie against any patient with regard to information so given in good faith.
3. It is an offence under the Defence Regulations to make any statement as to the suspected source of infection which is known to be false in a material particular. The maximum penalties incurred are, on summary conviction, three months imprisonment or a fine of £100 or both imprisonment and fine.

Special practitioners' duty in regard to Form 1.—As has been noted above, the special practitioner who is given, whether in response to questions or not, information as to the suspected source of infection *must* fill in and send this form to the Medical Officer of Health unless of opinion that there is no reasonable cause to believe that the disease was so contracted.

Provision is not made for cases in which a patient names more than one possible source of infection—a matter which is referred to in the notes to the next paragraph.

As to the position in regard to secrecy, defamation, and false statements see the notes to paragraph (6), in next issue. It may, however, be pointed out here that the average patient who reads the first note to the form would think that the doctor was not at liberty to tell *anyone*, whereas the whole object of the Regulation in

the first place is that the Medical Officer of Health may be informed. This aspect of the matter is also discussed in the notes to paragraph (6), in the next issue.

(2) If it appears to the Medical Officer of Health for any county or county borough that any person resident in that county or county borough, being a person specified in notices sent under the foregoing paragraph, is a person from whom two or more patients suspect that they have contracted a venereal disease, the medical officer of health shall, unless it appears to him that there is no reasonable cause to believe that the disease was so contracted, serve on that person a notice in the prescribed form—

- (a) stating that according to information received in pursuance of this Regulation there is reason to believe that that person may require treatment in respect of venereal disease; and
- (b) requiring that person to attend for, and submit to, medical examination by a special practitioner within such period as may be specified in the notice, and to send to the Medical Officer of Health within ten days after service of the notice a certificate by a special practitioner showing that the requirements of the notice have been complied with.

Any such notice shall be served upon the person on whom it is required to be served personally, except in any case in which service by post is authorised by the Minister of Health on being satisfied that all reasonable steps to effect personal service have been taken and that such service is impracticable; and with any such notice there shall be furnished information as to the names and addresses of special practitioners from whom suitable medical examination and treatment may be obtained free of charge.

Notes to paragraph (2)

Duty of Medical Officers of Health on receipt of notices.—Notices of suspected sources of infection are sent, under paragraph 1, above, to the Medical Officer of Health for the county or county borough in which the person in question is believed by the special practitioner to reside. It is his duty to keep a careful record of these notices. If, however, a person named in a notice does not reside within his county or county borough the Medical Officer must send the notice, in an envelope marked "Strictly Confidential," to the Medical Officer of Health for the county or county borough in which he believes the person in question to reside (Direction of Minister of Health, dated January 8th, 1943).

Duty of Medical Officers of Health where same person is specified by two or more persons.—The active duty of the Medical Officer of Health begins when the same person resident in his county or county borough is indicated, in two or more notices which he receives, as being the suspected source of infection. The present paragraph of the Regulation says that in such a case, unless it appears to him that there is not any reasonable cause to believe that the disease was so contracted, he shall serve on that person a notice of requirement to submit to medical examination, in the form set out below. It will be observed, however, that *the Regulation does not prescribe any time within which he shall do this*; still less does it require this formal step to be taken forthwith. Indeed, the Ministry of Health advise persuasion first in all cases, and what is considered the correct procedure is indicated in paragraph 5 of the Ministry's letter to Medical Officers of Health dated January 8th, 1943, which, so far as is material to this paragraph, is as follows:

"It will be appreciated that the exercise of the powers and duties conferred by the Regulation may be a matter of some delicacy. The greatest possible care and discretion must be observed both in any preliminary action and in any procedure under the Regulation. On receipt of a notice from a special practitioner which represents a second notice in regard to one contact you should first satisfy yourself, so far as you can do so from sources of information available to you, that the information is *prima facie* reliable. If so you should do all that is possible to persuade the contact to undertake treatment voluntarily. For this purpose personal visits to the contact by an appropriate officer of the Council or of a voluntary hospital would usually be desirable. I would suggest that in making this personal visit the officer concerned should take the formal notice required by paragraph (2) of the Regulation, but should not serve it unless it is clear that attendance will not be made voluntarily. If the contact gives a promise to attend voluntarily but does not in fact attend, a formal notice should of course be served. Care will no doubt be taken to ascertain in advance that there is no obvious obstacle in the way of complying with the requirements of the notice. Where the contact is serving a term of imprisonment, the manner and date of the service of the notice should

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be arranged in consultation with the Medical Officer of the prison. In the case of members of the Services, it is suggested that service of the notice should be arranged in consultation with the Medical Officer of the unit."

It must be remembered that when, in accordance with the above official advice, a person is persuaded to undergo examination voluntarily, instead of being served with a formal notice in Form 2 to submit to examination, the remaining provisions of the Regulation contained in paragraphs (3) to (5) will not apply. In other words, the legal obligation to continue treatment until a clearance certificate has been given has not been brought into existence. If, therefore, the patient defaults during treatment, and efforts at persuasion fail to induce him to resume treatment, the only course is to begin at the beginning and serve on him a notice (Form 2) to submit to examination, proceeding then in the ordinary way as if this had been done in the first instance: see paragraph (3) below, and notes thereto.

Where more than one suspected source of infection has been named.—In the note to Form 1, above, it was pointed out that neither the prescribed form nor the Regulation itself deals with the possibility of the patient naming two or more possible sources of infection. Suppose, however, a Medical Officer of Health does receive a notice of a suspected source of infection which names two persons in the alternative, both being possible sources having regard to the facts, it would appear that both will rank as suspects for the purposes of paragraph (2), and that on receipt of a second notice from a special practitioner which represents a second notice in regard to either or both it is the duty of the Medical Officer to put the machinery of paragraph (2) into operation.

Service of notice.—The notice to submit to medical examination must be served personally unless the Minister of Health authorizes, in any particular case, service by post. Personal service means the handing of the notice to the person himself to whom it relates, and the Ministry has indicated in the passage set out above how it is considered this can best be done. In no case, it is stated, should service be made by a police officer in uniform. If a Medical Officer finds himself unable to effect personal service he should apply to the Minister of Health for permission to serve the notice by post, stating what steps to effect personal service have been taken, and showing how it is impracticable to effect such service.

It will be observed that the notice, in accordance with the provisions of paragraph (2), requires the person named to send the special practitioner's certificate showing that he has complied with the notice within ten days after service of the notice on him. It is, however, left to the Medical Officer of Health to fill in the number of days within which, after service of the notice, the person named must submit to examination. Obviously this period cannot exceed ten days, and within that limit it should be adjusted in accordance with local circumstances (e.g. the days and hours at which a convenient treatment centre is open) and with the circumstances of the person served, when these are known.

Duty of person on whom notice is served.—The official notes to Form 2 explain clearly the duties which are imposed on a person who is served with a notice requiring him to submit to examination, and these are set out below.

FORM 2.

Defence (General) Regulations—Regulation 33B.

Notice of requirement to submit to medical examination.

To
.....
(name and address)

I have received information in pursuance of the above Regulation which gives reason to believe that you may require treatment in respect of venereal disease. In accordance with paragraph (2) of the above Regulation I hereby require you to attend for and submit to medical examination by a special practitioner within days of the receipt of this notice, and to send to me within ten days of the date of this notice a certificate signed by a special practitioner showing that you have complied with the requirements of this notice.

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You may obtain medical examination and (if necessary) any subsequent treatment, free of charge from the following special practitioner(s):—

Name.	Address.	Hours.
.....		
.....		
.....		

You should read carefully the explanatory notes on the reverse of the form.

Date..... Signed.....
(Medical Officer of Health.)
Address.....

Explanatory Notes.

1. When you receive this notice it is your duty to be examined by a "special practitioner" within the period stated in the notice. *It is not enough to go to any doctor for examination—you must go to a "special practitioner."*

2. A "special practitioner" includes (a) any doctor in charge of a treatment centre for venereal diseases, (b) any doctor who has been in charge of such a centre, or is qualified to be in charge, (c) any doctor employed as a specialist in venereal diseases by the Army, Navy, or Air Force, or by the Dominions Forces, or by the Women's Forces. The names and addresses of "special practitioners" near your home are given in this notice, from whom you may obtain free examination, and treatment if necessary.

3. When you go for examination, you should show this notice to the "special practitioner" and ask him for a certificate that you have attended for examination. *It is your duty to send this certificate to the Medical Officer of Health at the address shown in this notice within ten days of the date of the notice.* To make sure that the certificate reaches him, you should send it by registered post and mark the envelope on the outside "Strictly Confidential."

4. The "special practitioner" who examines you will either give you a further notice requiring you to attend for further examination or treatment; or he will tell you that you are free from venereal disease in a communicable form. If he tells you that you are not suffering from venereal diseases, and that he is sending a certificate to that effect to the Medical Officer of Health, you will no longer be required to attend for examination or treatment.

5. If you cannot afford the travelling expenses involved in attending a special practitioner at a treatment centre, you should tell him the position and ask for the repayment of your expenses.

6. All information obtained in connection with your examination or treatment is regarded as strictly confidential by all concerned.

7. The maximum penalties for failing to comply with any requirements of this notice are, on summary conviction, three months imprisonment or a fine of £100, or both imprisonment and fine.

(3) A special practitioner by whom any person is examined in pursuance of the requirements of any such notice as aforesaid shall either send to the Medical Officer of Health by whom the notice was served a clearance certificate in respect of the person examined, or serve upon that person (hereinafter referred to as "the contact") a notice in the prescribed form (hereinafter referred to as a "treatment notice") requiring the contact to attend for, and submit to, further examination and treatment in accordance with such directions as may be given by him or by such other special practitioner as may be, for the time being, named in the notice, and to continue to do so until a clearance certificate in respect of the contact has been furnished by the contact to the Medical Officer of Health for the county or county borough in which the contact resides:

Provided that, at any time before a clearance certificate is given in respect of any contact, the contact may send to the practitioner named in the treatment notice, or to the Medical Officer of Health for the county or county borough in which the contact resides, a notice in writing (hereinafter referred to as a "transfer notice") of the intention of the contact to transfer to some other special practitioner, and thereupon the treatment notice shall have effect as if the name of that special practitioner were therein substituted for that of the practitioner formerly named therein.

A transfer notice shall specify the name and address of the special practitioner to whom the contact proposes to transfer, and, in the event of any change or proposed change in the address of the contact, shall also specify the new address of the contact.

Notes to paragraph (3)

Position of special practitioners as to examination and treatment of contacts.—A special practitioner in private practice is not under any obligation to undertake the

examination or treatment as a private patient of a contact on whom a notice has been served by a Medical Officer of Health under the Regulation. If, however, he does examine or treat a contact as a private patient he must discharge the duties laid on special practitioners by the Regulation. The normal relation of doctor and patient in such cases is not otherwise affected, and the special practitioner will be entitled to charge for his services in the ordinary way, although he cannot charge for certificates of compliance or for clearance certificates because these are directed to be supplied free.

The first duty of the special practitioner is to furnish, free of charge, a "Certificate of Compliance" in Form 4, set out below, to any person who attends for and submits to examination in accordance with a notice under paragraph (2) of the Regulation (Direction to Special Practitioners, dated January 8th, 1943).

He cannot, having regard to its form, fill in the Certificate of Compliance until, as a result of the examination, he has either sent a "Clearance Certificate" to the Medical Officer of Health as in Form 5, below, or has served a "Treatment Notice" on the contact as in Form 3.

The clearance certificate is to be furnished free of charge and sent to the Medical Officer of Health in an envelope marked "Strictly Confidential." It is, of course, only given when the person in question is not at the date of the certificate suffering from a venereal disease in a communicable form. If a certificate is given, that is an end of the matter both for the special practitioner and the patient.

If a clearance certificate cannot be given, the special practitioner must serve a treatment notice on the contact.

Effect of clearance certificate.—The effect of the clearance certificate is that the contact's obligations as to examination and treatment under the Regulation are at an end. The certificate merely states that the person is not at the date of the certificate suffering from a venereal disease in a communicable form. It is sent to the Medical Officer of Health by the special practitioner if it is furnished on the first examination pursuant to a notice of requirement to submit to medical examination, but if given after treatment it is given to the contact, who must himself send it to the Medical Officer of Health. In either case it is to be sent in an envelope marked "Strictly Confidential." The clearance certificate is thus in no way a certificate of health to be carried about by the person to whom it is given, for it is not retained by the patient. The fear expressed by the Bishop of Norwich in the House of Lords that "it is inevitable that other people, seeking promiscuity, will interpret the certificate of clearance as though it were in fact a certificate of health" seems therefore to be due to a misapprehension.

Service and effect of treatment notice.—The actual words of the Regulation as to the giving of a treatment notice are that the special practitioner shall "*serve upon that person* (hereinafter called 'the contact') a notice in the prescribed form (hereinafter referred to as a 'treatment notice')." There is no mention of personal service, and it would therefore appear that such a notice could validly be given by being sent by post in a letter addressed to the person at his last or usual abode or place of business in accordance with the provisions of Regulation 97 of the Defence (General) Regulations, 1939, which applies generally to the service of notices under the regulations where no special provision is made. Obviously this is undesirable, and was never intended; but it does not appear that the contact would have any legal cause for complaint if such a course were adopted.

In the *Notes for the Guidance of Special Practitioners*, dated January 8th, 1943, circulated by the Ministry, it is stated in paragraph 4 (b) (ii) that "this notice should be handed to the contact at the first attendance"—a course which is obviously desirable.

The obligation imposed upon the contact by the service of a treatment notice is to attend for, and to submit to, further examination and treatment in accordance with such directions as may be given by the special practitioner and to continue doing so until a clearance certificate has been given.

It is stated in the *Notes for the Guidance of Special Practitioners*, referred to above, that the directions given by the special practitioner may be to the effect that the contact should attend him for treatment, or should attend some other practitioner—for example where the contact is already receiving satisfactory treatment. In the latter case it is the duty of the special practitioner to satisfy himself that the contact attends regularly for treatment by his practitioner, and, if necessary, to report any failure in attendance as indicated below.

The special practitioner who has served the treatment notice is thus intended to retain control although, under his directions, the actual treatment is being given by some other practitioner. How, it may be asked, can the special practitioner effectively exercise supervision? The patient and the other practitioner may be a considerable distance away. What right has the special practitioner to obtain information?

The Regulation and the notes referred to above are silent on this point. Certainly it does not appear that the special practitioner has any powers in regard to the practitioner who is giving treatment. He cannot direct him as to the treatment itself, nor require information or particulars as to whether the patient is regularly attending and carrying out the directions given to him. It would thus appear that all the special practitioner can do is (1) to rely on the other practitioner furnishing him voluntarily with information, and (2) to direct the patient himself to supply such information. It is no doubt within the special practitioner's powers under paragraph (3) to give such directions to the patient, but the efficacy of such directions may be doubted, since it is the conduct of the patient himself that is to be checked.

It should also be noted that the Minister has no power, under paragraph (7), in the next issue of the *Journal*, to give directions to any practitioners other than Medical Officers of Health and special practitioners. Perhaps it would have been better to have expressly provided that when a patient was being treated in the way referred to, the practitioner giving the treatment should furnish on request particulars of the treatment and of the attendance of the patient, and should, without prior request, report any default.

Position of contact as to treatment and choice of doctor.—It is improbable that a person named as a suspect who is in fact undergoing treatment will be served with a notice to submit to examination, because, if the Ministry's advice set out in the note to paragraph (2), above, is followed, it will be discovered before service of the notice that he is so undergoing treatment, and he will merely be encouraged to continue until cured. But in every case in which a notice is served the obligation to undergo treatment until a clearance certificate is issued attaches.

The contact has the right to select his own special practitioner by whom he will be initially examined. Having been examined, he must (after being served with a treatment notice) comply with the directions of that special practitioner, from that time until a clearance certificate is issued. He is given the legal right, however, to change his special practitioner, but must adopt the procedure prescribed by the Regulation.

Mode of transfer to some other special practitioner.—The right to transfer exists throughout the time which elapses between the giving of a treatment notice and the issue of a clearance certificate. The contact must send a written "Transfer Notice" either to the practitioner named in the treatment notice who has been attending him, or to the Medical Officer of Health for the county or county borough in which the contact resides. This notice must state the name and address of the special practitioner to whom the contact proposes to transfer, and in the event of a change or proposed change of address of the contact it must also specify the new address.

The effect of giving the transfer notice is that the treatment notice has effect as if the name of the new special practitioner were therein inserted in place of the original special practitioner. As to the obligation to attend the new special practitioner see paragraph (4), below.

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By the Direction dated January 8th, 1943, special practitioners are directed to forward forthwith, in an envelope marked "Strictly Confidential" any transfer notice received, together with a Form V. 15 giving particulars of the examination and treatment received by the contact to the Medical Officer of Health for the county or county borough in which it is believed that the contact resides.

By the Direction dated January 8th, 1943, Medical Officers of Health of counties and county boroughs are directed to send in an envelope marked "Strictly Confidential" any transfer notice, together with a Form V. 15 giving particulars of the contact's examination and treatment. This is to be sent (a) if the transfer notice shows that the contact has removed or is removing from the county or county borough, to the Medical Officer of Health for the county or county borough in which the new address is situate; or (b) if the transfer notice does not indicate such removal, to the new special practitioner named in the notice.

FORM 3.

Defence (General) Regulations—Regulation 33B. Treatment Notice.

To

(name and address)

Whereas you have been required by the Medical Officer of Health of
by notice given on
under paragraph (2) of Regulation 33B to submit to medical examination, and you have been examined by me in accordance with the requirements of that notice: now therefore I hereby require you to attend for and submit to further examination and treatment in accordance with such directions as I (or any other special practitioner to whom you may formally have transferred) may give to you from time to time, until you are able to furnish to the Medical Officer of Health of the county or county borough in which you then reside a certificate given by a special practitioner certifying that you are not suffering from a venereal disease in a communicable form.

You should read carefully the explanatory notes on the reverse of the form.

Signed
(name of special practitioner.)

Date Address

Explanatory Notes.

1. When you are given this notice, it is your duty to attend for further medical examination and treatment until you are certified free from venereal disease in a communicable form. You must follow carefully the directions given you by the special practitioner.

2. At any time during your course of examination or treatment you are free to change the special practitioner you attend—for example, if you go to live at another address. If you do this, it is your duty under Regulation 33B—

- (a) to send to the special practitioner you have been attending a transfer notice, stating your intention to attend another special practitioner whose name and address must be stated;
- (b) if you are changing your own address, to state your new address;
- (c) to attend the new special practitioner named in the transfer notice within seven days of giving the notice; and
- (d) to follow the directions given to you by the special practitioner named in the transfer notice.

3. When he is satisfied that you are free from venereal disease in a communicable form, the special practitioner whom you are attending will give you a certificate, which you must send to the Medical Officer of Health of the county or county borough in which you are then living. You will then no longer be required to attend a special practitioner for examination or treatment.

4. All information obtained in connection with your examination or treatment is regarded as strictly confidential by all concerned.

5. The maximum penalties for failing to comply with any requirements of Regulation 33B are, on summary conviction, three months imprisonment or a fine of £100, or both imprisonment and fine.

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FORM 4.

Defence (General) Regulations—Regulation 33B.

Certificate of compliance with a requirement to submit to medical examination by a special practitioner.

I hereby certify that.....
(name)
of
(address)

who was required by a notice dated.....
and served by the Medical Officer of Health of.....
to attend for and submit to medical examination by a special practitioner, has this day
complied with that notice by attending for and submitting to medical examination by me.
As a result of my examination I have—

- * sent in respect of the person named above a clearance certificate.
- * served on the person named above a notice requiring him/her to continue to attend for and submit to further examination and treatment.

Signed
(name of special practitioner.)

Address

Date

This certificate must be sent by the person named above to the Medical Officer of Health from whom that person has received a notice requiring him to submit to medical examination. It is advisable to send the certificate by registered post, and the envelope should be marked "Strictly Confidential."

* Delete as necessary.

FORM 5.

*Defence (General) Regulations—Regulation 33B.
Clearance Certificate.*

I hereby certify that.....
(name)
of
(address)

who has been required to submit to medical examination by a special practitioner under the above Regulation is not at the date of this certificate suffering from a venereal disease in a communicable form.

Signed
(name of special practitioner.)

Address

Date

This certificate must be sent by the person, or by the special practitioner, named above, to the Medical Officer of Health of the county or county borough in which the address of that person as given above is situated. It is advisable to send the certificate by registered post. The envelope in which it is sent must be marked "Strictly Confidential."

(4) A contact by whom a transfer notice is given shall within seven days after giving the notice attend for, and submit to, medical examination by the special practitioner named in the transfer notice.

Note to paragraph (4)

The right of a contact to transfer from one special practitioner to another is given by paragraph (3), above of the Regulation, and is dealt with in the notes thereto. It is pointed out in the Ministry of Health circular to Medical Officers of Health dated January 8th, 1943, that they should, in respect of contacts referred to in transfer notices which they receive, ascertain from the new special practitioner in due course whether the contact has complied with paragraph (4), above, by attending that practitioner for examination within seven days of the date of notice.

(5) If, in contravention of the requirements of any treatment notice, a contact fails to attend for, or submit to, medical examination by the special practitioner before whom the contact is thereby required to attend, or to comply with any directions given by such a practitioner, the practitioner shall report the circumstances to the Medical Officer of Health for the county or county borough in which the contact is believed by the practitioner to reside.

Notes to paragraph (5)

Reports by special practitioner of default by contact.—A contact commits an offence against the Defence (General) Regulations, 1939, for which the punishment is prescribed by Regulation 92, if he either (1) fails to attend for or to submit to medical examination when required to do so by a notice in Form 1 personally served on him as required by paragraph (2), above; or (2) fails to attend for or to submit to medical examination in contravention of any treatment notice (see paragraph (3), above); or (3) fails to comply with any directions given by the practitioner who is treating him pursuant to the treatment notice; or (4) fails to attend the special practitioner named in a transfer notice he has given within seven days, contrary to paragraph (4) above.

It is only in regard to (2) and (3) that the present paragraph applies, and the sole duty imposed on the special practitioner is that of reporting the default. It must, however, be emphasized that the Regulation does not leave him any discretion. It does not give him a right to report defaults but imperatively requires that he shall do so. If, default having occurred, the special practitioner failed to report it, he would himself be committing an offence against the Defence (General) Regulations, 1939.

The enforcement of the Regulation is dealt with in the next issue.

MEDICAL SOCIETY for the STUDY of VENEREAL DISEASES

PROGRAMME OF MEETINGS

All General Meetings will be held at 11, Chandos Street, London, W.1, on Saturdays at 2.30 p.m. The Annual General Meeting in July will be held at 2.0 p.m.

May 29 Subject: *Trichomonas Vaginalis Infestation.*

Speakers: Sqn./ldr. Jean Morton and Capt. Eva Gallagher.

June 26 Subject: *The Use and Significance of Serum Tests for Syphilis.*

Speakers: Col. L. W. Harrison and Lt.-Col. T. E. Osmond.

July 24 ANNUAL GENERAL MEETING. Business Meeting at 2.0 p.m.

Subject: *Hyperthermia in the Treatment of Resistant Gonococcal and Non-Specific Urethritis.*

Speakers: Lt.-Col. A. J. King, Major D. I. Williams and Capt. C. S. Nicol.

Followed by a paper on *Physiological Changes in Fever Treatment* by Capt. J. Wallace and Lieut. S. R. Bushby.

“SUBJECT FOR DISCUSSION”

By well-chosen changes of sequence this film shows a doctor raising the question of venereal diseases for one of the weekly discussions that have been instituted by the occupants of a Wardens' post. The Senior Warden, an elderly man, objects to the topic being discussed in front of a mixed audience but is converted by the sincerity and truth of the doctor's words. Emphasis is laid on the danger to others resulting from untreated venereal diseases and the importance of early treatment. The film is not sensational or over-sentimental and should be of considerable help in the campaign against venereal diseases recently inaugurated and sponsored by the Ministry of Health.

The film gains appreciably because professional actors are employed, which gives it a welcome degree of polish which has been lacking in some other films recently.

Treatment of congenital v. adult syphilis

“I believe you will agree that the problem of treating congenital syphilis is entirely different from that of adult syphilis, possibly because of the uncertain line of demarcation of stages in the former. In congenital syphilis it frequently takes weeks and months before a definite diagnosis is established. During this period valuable time is lost while the disease progresses. It is my hope that we may learn to diagnose congenital syphilis much earlier than we are doing today.”
—Dr. Samuel J. Hoffman of Chicago in discussion of a paper on Congenital and Acquired Syphilis in Infants and Children before the American Medical Association, June, 1942.