III

CLINIC PROBLEMS—CLINICAL AND ADMINISTRATIVE—II.*

THE DEFAULTING TRAVELLING MAN


MADAM PRESIDENT, LADIES AND GENTLEMEN,—The last time I occupied this exalted position, I brought before you some problems dealing with the prostitute. If an insoluble problem is a good problem, then these problems were good because no one was able to solve them; some of the criticism, indeed, was more destructive than constructive, which did not help very much!

To-night I am going to bring before you some more problems for your consideration and solution (if any). But I am going to give you some of my methods of dealing with them, and some suggestions, so as to cut the ground from under your feet, so to speak, as much as possible.

If my remarks are somewhat scrappy I ask for your indulgence, since I have had rather a short time to collect my facts and my wits. This paper was not due till May, but I was asked to fill in a gap and the notice was rather short.

The problems are those dealing with the defaulting travelling man. Some of these problems are, I think, partially soluble and some insoluble.

I will divide the defaulting travelling man into four classes and then deal with each class in turn.

Class I

Those whose work makes it exceedingly difficult to attend the Treatment Centre and impossible to attend regularly. Among these are —

The tug hand.
The bargee.
The canvasser.
The lorry driver.
The ’bus driver.

* Based on an address delivered before the Medical Society for the Study of Venereal Diseases, February 22nd, 1935.
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Class II

Those whose work makes it difficult to attend the Treatment Centre regularly but could be made to attend more regularly than they do. Among these are —

Members of travelling theatrical companies.
The chorus boy, and even the juvenile lead and manager sometimes.
The commercial traveller.

Class III

Those whose work makes it possible to attend at times and impossible at other times. This I call the mixed class:—

The travelling shop fitter.
The canvasser.
The tramp.

Class IV

Those who by reason of their work and by their stupidity will not attend.
I call these the ground men. Those who travel with roundabouts and coco-nut shies to fair grounds.
These men are occupied all day and in the evening, and appear to look upon venereal disease simply as a trifling inconvenience and only attend when the discomfort becomes acute.

Now to take these classes in turn.
Class I. The Tug Hand.—These men are always up and down the river and never stop long enough in one place to get ashore to a Treatment Centre. Their hours are irregular. Those that I see live at Gravesend, and the only chance they get is to visit my Clinic there at odd times. Often they are home too late to get to the Clinic. I find these very decent men and anxious to get treatment, and always attend when they can. Their work often makes it impossible.

The Bargee.—Much the same applies to the bargee. He often coasts and is often wind-bound. This refers to the barge, not the man. His times are naturally irregular. At many of the ports he calls at there is no Treatment Centre.
I find these men good fellows and anxious to get treatment and always turn up when they can.

The Canvasser.—These men often go about in parties under a foreman, and can only get to a clinic in the evening, and then only if there is a clinic handy and if it is open on the day they are in that town.

Lorry Drivers and 'Bus Men.—I will class these together since the conditions are the same. They pass through towns where there are Treatment Centres but cannot stop.

One lorry driver tells me he has a tell-tale clock on his lorry which records the time he stops; this makes it impossible to stop at a Clinic. The only time these men can get to the Centre is at either end of the journey, and often too late. They come up on their off days, but often their off days are not Clinic days.

Class II. Theatrical People.—Stay a week or a fortnight at each town. Where there is a Treatment Centre they attend. But the morning is often their only time, and even then they are often busy with rehearsals. Their attendance is scrappy.

The Commercial Traveller.—There appears to be very little excuse for these people not having regular treatment. They mostly travel by car and have no one to supervise them.

I think a great deal could be done with this class by the M.O.'s at the Treatment Centres.

I will come to this later.

Class III. The Mixed Class. The Travelling Shop Fitter.—This man is often in small places where there is no Clinic. Often in one place one day and in a different place on the next. If there is a Clinic he can go to it if the time coincides with his free time. Often it does not!

If he is in a town for a few days he can get treatment if there is a Clinic there.

The Tramp.—These people, strange as it may seem, get treatment fairly regularly. At least one of my tramps does. He tramps from Clinic to Clinic. Where there is a Clinic he goes. His Form V 15 shows this.

Class IV. The Impossibles. Fair-ground Men.—Often in small places with no Clinic near. Occupied all day and evening and cannot get off, or say they cannot. Most of these men don't trouble.

I have one of these men who is an exception. He has
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managed to get his treatment fairly regularly. It will be seen, therefore, that in these four classes the causes of default are due to different conditions. Over some of these conditions we have no control.

We cannot, for instance, alter the working hours of the tug hand, or ensure that a barge will be home by a certain time. But we can sometimes get the "off time" of a 'bus man or lorry driver altered to suit the Treatment Centre hours.

If we could persuade the 'bus companies to allow the 'buses to stop at meal times outside a Clinic in one of the towns, the men would be able to get treatment, and possibly some of the passengers too.

Some patients default because the treatment facilities are not known, and if known are not utilised.

Some because they are seldom in a place where there is a Centre.

Some because they do not like the treatment handed out to them at some of the Centres.

And, finally, Forms V 15 and V 44 are not made use of.

Since it is a good maxim to treat the cause of a disease, if we can modify the causes of default favourably we should have less defaulting.

I try to get over the difficulty in Class I. by giving these men a supply of pills, As or Hg., to last a fortnight. With the injection they have just had this will tide them over for three weeks. With the gonorrhœas I give them a supply of Pp, with very definite instructions how to use it, and I impress upon both that if they don’t carry out instructions and attend the Clinic at every possible chance they will get what is coming to them, and what is coming to them will not be nice.

The M.O. can do much by persuasion or coercion.

If these men have faith in the M.O. and believe he is doing his best for them, they will attend at every opportunity. And if they attend once in three weeks they are not doing too badly.

I always give them a V 44 or 15 and tell them to go to another Clinic when they have the chance.

At many of the ports where the barges call there is no Clinic (Yarmouth and Blyth, for example).

As a suggestion, might it not be a good move to appoint a medical officer at some of these more important ports.
who would see these men and treat them on presentation of Form V 15?

He could see them at his surgery and the cost would not amount to much.

Class II.—These people could get more treatment if the facilities were better known.

I have had complaints that Clinics are not advertised, and when advertised the times of opening are inaccurate.

All Clinics should be advertised in all towns and not only in the town where the Clinic is situated, and the notices should be kept up to date.

Notices should be posted up in all Clinics giving hours of attendance of the M.O.'s and for intermediate treatment; and information should be given of other Clinics in the neighbouring district.

My staff have instructions to give this information, and sometimes a patient will be sent from one of my Clinics to the other when one is closed.

Arrangements should be made for emergency treatment. As a suggestion, the M.O. or assistant M.O. should be available to see emergency cases out of Clinic hours, at his house—whichever lives nearer. It might be made a condition of his service. He would see that this privilege was not abused!

Intermediate treatment should be available at all Centres, in the absence of the M.O., on presentation of Form V 15.

Some patients are unfortunate enough to be seldom near a Treatment Centre.

It is obviously impossible to have Treatment Centres everywhere, or to expect the M.O. to be on duty all day and every day. The best that can be done is to cater for the greatest good for the greatest number. And the minority must either adapt themselves or avoid contracting V.D.

I am of opinion that if these people try and my suggestions were carried out, the situation would be eased considerably.

Some do not like the treatment handed out to them at certain Centres! I have had several complaints.

But one must remember that these complaints must be taken with a large pinch of salt. Many try to excuse themselves by blaming others.

Some of the complaints are—
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One man complained that he was "treated like a dog." I suppose he wished to convey he was badly treated. If I treated my patients like I treat my dog I should have them all wanting to come and live with me.

I suspect if there is any truth in this complaint he did not see the M.O. at all, and the orderly was annoyed at having his afternoon nap disturbed.

Another patient did not like having to give particulars of his condition to a nurse, and did not like having his injection given by a nurse.

Particulars should be taken by the orderly or M.O., and injections given by the M.O.

Some M.O.'s give the impression that the travelling venereal case is a nuisance.

FINALLY, FORMS V 15 AND V 44

Of all the documents relating to Clinic cases these forms fare the worst. The forms themselves could be improved in several ways.

Directions to the patient should be short and concise.

"This card will admit you to any Treatment Centre," would convey to the patient that the card is a sort of ticket. He would feel that he had a sort of right to go to other Centres and not asking a favour. It would induce him to keep the card and produce it at each Centre and ask for it when leaving.

Patients also do not like having their names on the cards. Initials are enough.

These cards are important documents and should be given to every travelling man. Particulars should be entered at each Centre, and the address of the next Centre given to the patient. If this were done I think there would be less defaulting.

How can any man get adequate treatment if there are no notes to guide one?

I have had these cards handed to me with one or two entries at distant dates in spite of the fact that the patient has been having fairly regular treatment.

I have had a card sent to me from a hospital with the patient's name only on it; this patient having been in hospital and under treatment some weeks.

I have been told that:—
An M.O. at one Centre refused to give a V15 though he had given treatment.
One M.O. refused to make any entry in a card handed to him. Some patients were not given their cards back when they left.
If a patient sees the M.O. go through his card before giving treatment and enters the treatment given on his card, he will be impressed that the card is important to him and more likely to keep it and produce it at the various Centres.
All M.O.'s should see that the card is produced and properly filled up before giving it back. If the patient has no card he should be given one and the address of the next Centre and times given to the patient.
These, ladies and gentlemen, are my problems and some suggestions for getting over the difficulties.