CONTACT TRACING AND THE PROSTITUTE

THE SOCIAL ASPECT OF THE VENEREAL DISEASES—2

CONTACT TRACING AND THE PROSTITUTE *

By MARGARET A. WAILES

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May I begin by saying, since I am an officer of the London County Council, that any views expressed by me are my own and not necessarily those of the Council. My claim to be heard rests solely on my experience of work in the carrying out of Defence Regulation 33B in London.

Defence Regulation 33B and the contact

At the end of 1942, when I found that I was going to have to take on this work, I read up, among other things, the verbatim reports of the debates in both Houses of Parliament. Some of the opponents of the measure opposed it on the ground that it was too inadequate and would have little or no effect on the spread of venereal diseases or on getting them under control. It seems to me that they were right. The figures show that it has brought to light a mere sprinkling of the untreated cases which undoubtedly exist. Up to date about 2,000 names of contacts in London have been sent in, but, even if that represented 2,000 different new cases (which it does not), it would still be a tiny figure in a community the size of London. The figure of 2,000 includes the duplications, that is, those names sent in more than once; a few contacts have been named as many as six and seven times. About three-quarters of the names were notified by the United States Army and most of the rest by the British and the Canadian Forces; very few indeed were sent in from civilian clinics. The Regulation probably could be more enthusiastically carried out by certain clinics but, on the whole, it seems to me a rather inadequate broom with which to try to clean out an Augean stable. Nevertheless the experimental value of the Regulation is, I feel, very high. It has thrown a good deal of light on a rather confused and dark situation.

The main object of the Regulation was to uncover the "spreader" of infection and so to prevent the spread. A contact named by a patient as the source of infection would not be a "spreader" if the patient were the only victim, but, if a certain contact's name is sent in more than once, the authorities have then probably located the dangerous person and can take appropriate action. At first, I believe, most local authorities which acted on the Regulation pursued only the contact who was named more than once. It soon appeared to be a very ineffectual business, however, to have a card index which accumulated the names and addresses of persons who were possibly suffering from syphilis or gonorrhoea and not to do anything about it. So, although it was not actually authorized by the Regulation, an attempt was made to trace those persons who were named once only, and this step has had the blessing of the Ministry of Health. A gallant little team of American Army nurses also undertook, with no more powers than their own tact and persuasiveness, the task of bringing into clinics any contacts of their own soldiers. The nurses have now been transferred to other "hunting grounds" abroad and I, for one, miss their kindly cooperation very badly. Some start has, therefore, been made in inducing contacts to attend clinics, in which Regulation 33B has not played more than a minor part. Yet I do not think that all these efforts are really doing much more than to scratch the surface of what still remains to be dealt with.

The prostitute, professional and amateur

To return for a moment to the Parliamentary debates on Regulation 33B, the view was expressed more than once that the mischief which was causing the alarming increase of venereal diseases was being done by the "amateur" prostitute, rather than by the professional, that is to say, by the woman leading a loose life for

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excitement rather than for a livelihood. I expected to find it so, but now I disagree entirely with that view. Experience has convinced me that it is the ordinary street walker, the habitually promiscuous girl who is not doing a job—or not a full-time one—that is the person who is doing the damage. I do agree that she is probably “amateur” in that she is new to it and inexperienced. The expensively clad established prostitute, with her own flat and her name in the telephone book and almost with a brass plate on her door, is virtually unknown to me. On the rare occasions when I have met any of the “higher ranks” of the profession, I have found them either under private treatment or prepared to seek it. I have become acquainted with many types of prostitutes right down to the very dregs. Generally, if they can be found, prostitutes can be induced to attend a clinic once or twice, but, with the majority of them, it is almost impossible to keep them in attendance long enough even for completion of examinations. They are extremely irresponsible people. A great many are on the borderline of mental deficiency if not actually across it. They are mostly very young. They are not disagreeable to deal with; in fact, I have never met with any insolence. They are hard to find and easy to lose again, being for the most part transient occupiers of furnished rooms. They are generally utterly feckless and unreliable. The great majority of those named more than once as contacts are like that. In tracing the girls who have been named once I have met with “all sorts” including a number of girls who are not promiscuous at all; but a large proportion of them are ordinary prostitutes and, if the Regulation were more thoroughly worked by means of the close questioning of men patients, as is done in the American Army clinics, they would undoubtedly be named again.

Prostitution as a post-war social problem

I now come to what is, to my mind, the most pressing and the most alarming aspect of the problem. It will have to be specially dealt with sooner or later or it will defeat all efforts to prevent the rise in the incidence of venereal diseases. There can be no doubt whatever that the number of women on the London streets has been enormously augmented since the war because of the presence of a large number of troops, particularly the American soldiers with their pockets full of money. When I say that the number has increased, I know that that is guess-work, because nobody can say how many prostitutes there were in London in 1939 or how many there are now. I may be taking an exaggerated view of the matter, but I feel that we are going to carry into the post-war period a very large group of young women who will form an acute social problem. Many of them are making “fancy” incomes now and spending them, but their means of livelihood will disappear more suddenly than it arose—perhaps almost overnight. It is in this group that the highest incidence of venereal diseases infection will exist, but, as I have already stated, they are not very amenable to treatment, certainly not to completing treatment except under very strong compulsion. Many of them have already had children and will produce more. They will be destitute and, without some process of rehabilitation, unfit for work. A few, certainly, will be reabsorbed into ordinary domestic and economic life, but a large number will be left stranded.

It seems to me that the first step towards coping with this social problem group would be to discover its composition and size. I do not know by what process—if any—one Ministry can make any of its secret information available to any other department of the State, but at present there must exist in about half a dozen different government departments records which, if they could be examined and reduced into a single register, would present a picture, perhaps incomplete, but at least resembling the truth. No such survey has ever, as far as I know, been possible before, and it is unlikely ever to be possible again once the Government's emergency powers come to an end. The records I have in mind are the following.

- (1) The Ministry of Labour and National Service's lists of all women who have not been called up for National Service because they are prostitutes.

CONTACT TRACING

- (2) Police records. Every police station has a list of prostitutes and many of the women on it, by reason of the fact that they have at some time been medically examined in custody, are known to be infected.
- (3) Discharges from the women's services on account of promiscuous behaviour or of venereal disease.
- (4) Records compiled by venereal diseases hospitals and clinics of defaulting patients who have admitted to a promiscuous way of life.
- (5) The Regulation 33B registers.

Information from all these sources would overlap, and the findings of a central register could never be complete. For instance, it would leave out a class with which I have become familiar: wives of men absent in the Forces. These young women have probably claimed exemption from National Service direction on the grounds of having young children. Some of the ones I know seem to have managed to "park" their children elsewhere and to be leading lives of prostitution without hindrance. Incomplete as it might be, such a survey would give some sort of picture of the situation as it exists, and my own guess is that the size of it would be somewhat disquieting.

THE SOCIAL ASPECT OF THE VENEREAL DISEASES—3

CONTACT TRACING *

By HILDA M. JOHNS, M.A.

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The term, contact tracing, is used to describe a method for the discovery of persons infected with venereal disease and a means of study of the social conditions in which such persons live.

In contact tracing a method has been found by which persons believed to have had sexual contact with a patient suffering from a venereal disease, whether the infection has been transmitted to or received from the patient, are sought and, when identified, persuaded to attend a Venereal Diseases Clinic for examination and, if necessary, for treatment. The method has been successfully employed in the United States of America for some years and the procedure adopted on Tyneside was based on that of the Medical Services of the United States Army, whose contact tracers in this country gave advice which proved to be of great value in carrying out the experimental scheme. Although the scheme had the title, Tyneside, it actually covered the whole of Northumberland, the northern quarter of Durham County and the County Boroughs of Gateshead, Newcastle, South Shields and Tynemouth; the local authorities for these areas, with the approval and support of the Ministry of Health, were responsible for its inception and execution. The work was organized by a liaison officer, who was a trained hospital almoner with general social experience. It was carried out by health visitors, two of whom were engaged in it whole time and one half time; the remaining seven combined contact tracing with their other duties.

The voluntary cooperation of both patients and contacts was sought and in most instances obtained; only 46 out of the 479 contacts who were identified and interviewed refused or failed to attend for examination. The information given by some patients was of such a nature as to suggest a deliberate withholding of fuller details but, as so much of the sexual intercourse responsible for the transmission of venereal disease infection is casual, it was impossible to tell when this vagueness was intentional and when it was unavoidable. Only 20 patients refused to disclose the names of their consorts and most of these promised to advise them to seek medical attention, but whether or not these promises were fulfilled could not be verified. The cooperation of the patients was gained by first discussing with them the implications of the disease for themselves; questions were then put to them

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