THE TEACHING OF VENEREOLOGY*

BY

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It is very opportune at present to consider the teaching of venereology for this specialist branch of medicine has received formal recognition from two important bodies, the British Medical Association (by formation of a venereologist group), and the Ministry of Health and National Health Service. A circular from the Ministry of Health states emphatically that "the diagnosis and treatment of venereal diseases constitute a separate clinical specialty, and should not be left to become a minor interest of specialists in other fields"; also that "specialists in this, as in other fields, should have an adequate experience of general medicine and surgery as well as a sufficient training in their own particular field."

The Present Standing of Venereology

The specialty of venereology is at a critical phase of development. In one respect the venereologist has come into his own and has an opportunity to develop the subject fully, untrammelled by local committees and health departments. His status is recognized, and he may hope for adequate pay. On the other hand the venereologist finds that his work is becoming less, for treatment methods are simpler and safer, and complications fewer, so that general practitioners commonly undertake to treat patients with venereal disease who would formerly have been passed to the specialist. Also specialists in other fields, such as dermatologists, gynaecologists, neurologists, surgeons, and many doctors with doubtful claims to any specialist knowledge, are lured by the attraction of cash fees to undertake the treatment of venereal disease as a profitable side-line. Thus we are nowadays frequently invited to take over hospital patients, but receive infrequent invitations to take over private fee-paying patients. So the venereologist must deserve well of his colleagues and command respect from both the medical profession and the public by the high standard of his specialist work and the quality of his teaching.

*An address to the Medical Society for the Study of Venereal Diseases, Nov. 26, 1948.

Standards and Scope of Instruction

On the type and amount of teaching of venereology to students, to graduates, and to specialist trainees will depend the present and future of our subject. So we must define our standards and the scope of instruction, and try to persuade our colleagues to permit us to reach our set standards. We must recognize the present limitations and difficulties inherent in the subject, and, so far as may be possible, remove the obstructions. Let us recognize too, that teachers are seldom born, and that a long and difficult apprenticeship is required, with skilled guidance in the art, so that the future specialist and teacher of the venereal diseases may rank equal with the most eminent of his colleagues.

The special difficulties I have noted are (1) the short time available to the student, (2) the infinite variety of clinical types of disease, (3) the need for secrecy for the patient, (4) the intricacy of laboratory methods, (5) social problems, and (6) the reluctance of some schools to recognize the desirability of instruction in venereology.

We have suffered recently from a spate of planning, and many committees have issued their learned reports on medical training and medical schools and the services for the treatment and prevention of disease. Venereal diseases have been considered in all these, in some instances only in a cursory fashion, in others in more detail. I suggest that our society should consider more fully, as befits a specialist society, the standards of teaching adequate for undergraduate and postgraduate medical instruction, and perhaps also the standard necessary for nurses, midwives, health visitors, almoners and other auxiliaries.

Undergraduates

The object of a medical school is to turn out a young doctor who has been trained reasonably well in the basic sciences, who is expert in the methods of examination of a patient, and who is familiar with the manifestations of the commoner ailments of man and the methods of treatment coming within the scope of a general practitioner. He

should also be trained to observe accurately, to draw deductions, and to assimilate new claims and observations critically; and he should be able to advise in methods of maintenance of health. This is a formidable task, and it is commonly held that the curriculum is cluttered with many courses of instruction which are probably useless as a mental training and discipline and whose facts are obsolete. I consider that the undergraduate teacher of venereology must eschew narrow specialism, and must mould his instruction to the pattern of the general teaching programme of the medical school, placing emphasis on methods of examination, interpretation of observed facts and laboratory data, logical deductions, and critical evaluation, and finally that he must impart some elementary instruction in methods of treatment. The venereology class, therefore, will supplement and continue the planned scientific instruction in clinical medicine, the illustrations being drawn from a wide variety of manifestations of ill-health of a type seldom seen in the general wards of hospitals or in out-patient departments. The instruction must be on the highest plane, and there is no place for bawdy jokes and risqué stories.

We do not seek to produce a lot of ill-informed semi-specialists who will shortly embark on the treatment of their patients fortified by the knowledge that they have "done V.D.," and armed with inaccurate notes and schedules of injections. We seek to round off the general instruction in the medical arts, using another set of illustrations to teach the same methods and lessons. And we have marvellous chances, for in one short term we can illustrate the pattern of a chronic disease due to infection by consideration of the earliest manifestations: the primary syphilitic sore, then the exanthemata, the phenomena of body resistance and immunity, the late lesions, the intricacies of special systems, and as a golden thread running through all our work, the sociological considerations and preventive medicine. Mental health and psychiatry are never far from our thoughts, and we have an almost unrivalled field in which to teach the correct employment of our specialist colleagues and medical auxiliaries.

How is this to be done? I suggest there is a limited field for didactic lectures. These are largely obsolete since the recital of facts by a badly trained speaker with a faulty memory is a very poor substitute for a few hours of study of a good textbook. The lectures should be devoted to exposition of points that are usually obscure and confused or are omitted in standard textbooks, to supplementing the books by personal views, experiences, and illustrations, and to keeping the subject fresh and

completely up-to-date. Attendance should not be compulsory. If the lecturer fails to secure an audience his employers should be entitled to inquire into the reason, and if necessary replace an incompetent teacher.

Visual Aids.—Full use must be made of visual aids, such as pictures, photographs, diagrams, models, and films, and we should organize the supply of such aids and pool and interchange our resources. Good lantern slides of skin lesions may have almost as much value as demonstrations on a few patients, and can be available constantly and not only on rare occasions. How frequently we are mortified that ideal teaching cases turn up where there are no students! We should be prepared to give copies of all our best teaching photographs and slides to any of our colleagues, and they should reciprocate, this being done on the understanding that they would not be published without the original owner's consent nor used in unethical ways. It would be easy to incorporate in a photograph or lantern slide an indication of its origin, if safeguards were felt to be necessary.

Demonstrations.—Clinical teaching is limited to some extent by the necessity to preserve secrecy for the patients. Many female patients refuse to be used for demonstration, even to their own sex. It is surprising, however, the number of men who will exhibit genital lesions to a "mixed" class of men and women. I prefer to show selected patients who have previously given consent to be demonstrated, rather than have a group of students hanging around the clinic waiting to see what will turn up. This, however, does not teach the student the correct way of obtaining a history nor the attitude to adopt in dealing with venereal disease patients. Details of sexual behaviour and information regarding "contacts" can be obtained only when the patient believes he is alone with the doctor and that the latter is completely trustworthy.

The venereal disease cases admitted to a teaching hospital should be available for teaching purposes in general medicine. Even though I have very few beds under my control, I receive every term a request from the medical staff that my cases be used for demonstration, or an invitation is extended for a combined teaching session. The latter technique is very useful: it teaches the specialist to integrate his work with general medicine, while the student and physician learn that the venereal disease specialist knows a lot about pathology, medicine, and therapeutics. I have recently joined my medical colleagues in two demonstrations; the first was an ambitious "combined operation" on neuro-syphilis, and the second a clinico-patho-

logical discussion on hepato-splenic cirrhosis and syphilis.

Collecting Specimens.—Laboratory technique in relation to venereal disease should not be taught to students in the venereal disease class, but they should be taught how to collect specimens for transmission to the laboratory. This includes the collection of material for microscopic examination and culture for gonococci, the direct inoculation of "plates," and the use of delayed culture media, such as Stewart's medium. Instruction should be given in the collection in capillary tubes of material for examination for spirochaetes, the methods of exposure of all genital lesions for this purpose, and the limitations of such methods. It is quite unnecessary and undesirable to attempt to teach the technique of dark-field microscopy, but it is valuable to demonstrate *S. pallida* in the living state, and also other spirochaetes from the anogenital area and mouth. I find that a rapid and accurate technique for Gram's stain is seldom remembered by final-year students, even after all the hard work done by bacteriologists, and it is reasonable to demonstrate this technique and allow students to practise it.

Other Technical Procedures.—The technical procedures of vein puncture, intravenous and intramuscular injections, lumbar punctures, and even intradermal injections have to be taught, though this is not properly our business. I do not allow students to practise on my patients, for I am convinced that perfect technique, with no pain and no reactions, is one of the requisites of a low defaulter rate. But repeated demonstrations of correct technique will lay a foundation leading to technical success by the student when he can put the matter to test, as he does in the wards and casualty departments.

Correlation with other Specialists.—Correlation with other specialities should be arranged to a much greater extent. I find that some of our colleagues in other specialist fields seize on venereal disease cases and demonstrate them with gusto, though I doubt their competence to do so. I suggest that a joint demonstration by a venereologist and, say, a dermatologist is the answer. For example let us take a case of secondary syphilis. The dermatologist would demonstrate the exclusively cutaneous features (though I realize that his speciality is not merely skin-deep), and discuss the possible diagnosis. The venereologist would then approach the case as an example of specific infection, establish the diagnosis, indicate the treatment, and start an investigation of social and

epidemiological factors. Similar demonstrations with the gynæcologist could be arranged for (a) genital ulcers, (b) warts, (c) acute and chronic gonorrhœa and allied conditions in female, and (d) prevention of congenital syphilis and ophthalmia neonatorum.

The venereal disease specialist and the urologist can discuss jointly such matters as non-gonococcal infections of the urethra, prostatitis and epididymitis, and stricture of the urethra. With the pædiatrician the venereologist should discuss the clinical features, differential diagnosis, and treatment of congenital syphilis in infancy and also in school children. With the physician we can discuss the difficult problems of syphilis of the cardiovascular and nervous systems, visceral syphilis, the toxic effects of drugs, and the diagnosis and management of gonococcal arthritis.

The student might well have some instruction in the correlation of psychiatry and venereal diseases, discussing the sexual habits of man and some of the commoner abnormalities, perversions, and phobias.

The prevention of venereal disease is also a neglected subject, and the statistics of venereal disease in the army will illustrate the necessity for doctors being well informed on this subject.

Arranging the Time-Table.—What amount of time is required for all this? I think that if the lecturer will studiously avoid giving a rechauffé of textbooks, but will try to supplement and illustrate books by personal views and experience and try to incorporate the latest developments, he can impart what the undergraduate needs to know in ten lectures of forty-five to sixty minutes each. The subject of the lectures might be:

1. The diagnosis of early syphilis: clinical features and differential points. Unusual types.
2. The diagnostic tests in syphilis: the interpretation of reports and correct use of laboratory tests.
3. The clinical features of late syphilis: regional studies in differential diagnosis.
4. Syphilis of the nervous system, latent, early, late. The cerebrospinal fluid in syphilis. Prevention of neurosyphilis.
5. Syphilis of the cardiovascular system. Early diagnosis; differential diagnosis. Prognosis. Principles of treatment.
6. Therapeutics of early syphilis. Syphilis in pregnancy.
7. Hereditary syphilis. Diagnosis and therapeutics.
8. Gonorrhœa: diagnostic technique; therapeutics of gonorrhœa.
9. Non-specific virus infections of genito-urinary system.
10. Social factors and prevention of venereal disease.

Throughout all these lectures historical illustrations are invaluable in rousing interest. If our colleagues will not allocate us ten hours for formal didactic teaching, we may suggest that they invite us to give an hour's teaching as part of the systematic instruction in say, bacteriology, preventive medicine, paediatrics, etc.

Clinical demonstrations should be given for one hour at least twice a week throughout a term of ten to twelve weeks. At times the students may have to be separated according to sex, and shown only patients of their own sex, and small groups (two or three) may attend routine clinics. I ask therefore for ten didactic lectures of forty-five to sixty minutes each and twenty to twenty-four demonstrations of one hour.

In different medical schools the amount of teaching in venereology varies very greatly. In some, for example Edinburgh, there is a large amount of both didactic and clinical teaching, while other schools give only about a third of the amount.

Examinations are unfortunately necessary, and I advocate the inclusion in the final written and clinical examinations in medicine of questions and cases relating to venereal disease and the other special subjects.

Postgraduate Teaching

The main purpose of postgraduate teaching in venereology is the training of specialists, though we must take our share of "refresher courses" for general practitioners and also of public health courses.

What is the ideal course for a future specialist in venereal diseases? I suggest the following:

1. Clinical house appointments .. 1 year
2. General practice or military service 1 year
3. Junior registrars in V.D. department (teaching hospital) .. 1 year
4. Demonstrator in university department, e.g., bacteriology, pharmacology, or clinical medicine .. 1 year
5. Senior Registrar in V.D. department (not necessarily in teaching hospital, but using selected centres where adequate instruction can be given) .. 2 years plus

Useful experience to try to incorporate into the above programme would be instruction in, and experience of, (a) genito-urinary investigation and treatment, (b) disease of children and principles of paediatrics, (c) out-patient psychiatry, (d) dermatology, and (e) gynaecology.

Such special experience would obviously be on a minor scale and such as would be acquired by attending a special department for one or two

sessions weekly during a three- to six-month period. The registrar must not be overburdened with routine duties; five or six sessions per week is enough.

Foreign Travel

There is no doubt that the specialist lacks much until he has travelled in other countries and has seen the best work in America and France. He may also learn from a sojourn in the tropics.

Degrees and Diplomas

The possession of a postgraduate qualification is a convenient label indicating the special ability and experience of a doctor. To some extent it indicates possession of specialist knowledge. I consider it very desirable that all venereal disease specialists should aspire to the M.D. degree and if possible the M.R.C.P. diploma. A special diploma in venereology may be desirable, but it must have a very high standard, and I consider that it will be valueless unless it is conferred by an independent examining body such as the Royal Colleges or University of London.

Teaching for a diploma and examination and award of a diploma might become one of the functions of an Institute associated with the University of London. Provided the curriculum were sufficiently wide, and the staff of teachers and examiners sufficient and eminent, this diploma would rapidly become a coveted distinction, and would be sought by many graduates from abroad as well as all specialists and trainees in Britain. This will be discussed below in relation to an institute for venereology.

Public Health

Venereal disease was formerly an important part of the work of a medical officer of health, and many recruits to the public health field were placed in charge of local venereal disease clinics. With the advent of the National Health Service, the medical officer of health has no longer any responsibility for treatment of venereal diseases and therefore their diagnosis and treatment need not be taught to candidates for the D.P.H. except in so far as they concern prevention of disease and epidemiology.

I concentrate my teaching in the D.P.H. course on the fact of venereal diseases being contagious or hereditary and associated with certain social problems, and I then illustrate this conception by demonstrations and discussions of the problems raised by:

1. Isolation and disposal of cases of early syphilis.
2. Prevention of contagious relapse.

3. Morbidity and invalidism due to late syphilis. Care of advanced and chronic syphilitics.
4. Detection of syphilis and gonorrhoea in expectant mothers, and results of treatment of such cases. Venereal disease in children.
5. Management of delinquent adolescent girls with venereal disease.
6. Social and moral re-education of prostitutes and habitually promiscuous women.
7. Venereal disease and crime.
8. Prevention and management of "default" from treatment.
9. Case finding and contact tracing.
10. The Law relating to venereal disease.
11. Compulsory notification and treatment.

Nurses and Midwives

Nurses and midwives are required to have an elementary knowledge of venereal diseases. This should be as simple and general as possible, and should be focused mainly on the nursing problems. But trained nurses are also useful vehicles for spread of medical opinion to the lay public, and they should have a reasonably well-informed opinion on the method of spread and curability of venereal disease. A good set of photographs and lantern slides is essential for the teaching of nurses as many complete their training without spending an hour in a venereal disease department or ever seeing a case of early syphilis or gonorrhoea. Much can be done to dispel their ignorant fear and prejudice against nursing such cases.

Institute for Venereology

I have only touched on the idea of an institute for venereology in the discussion of postgraduate teaching and the award of a special diploma.

It is suggested in the Goodenough report that institutes for special subjects should be formed, and affiliated to the British Postgraduate Medical School. I am convinced that there is need for an institute of venereology which will be mainly concerned with postgraduate teaching and research, and also with the investigation and treatment by special methods of difficult and obscure cases. It will be impossible to rival the institutes for neurology at the National Hospital, Queen Square, London, or the Hospital for Sick Children at Great Ormond Street, London, but a very high standard must be set. This institute can only succeed in rising above the second-rate if it is associated with a large general hospital, with all diagnostic facilities, pathological laboratories, and associated staff of specialists. It should, however, stand on its own feet and not shelter behind dermatology or urology. It must have a large out-patient department or be closely

associated with such an out-patient department elsewhere; otherwise it will not have the material necessary for teaching and research.

The laboratories of the parent hospital and the institute must be equipped and staffed so that routine work can be done and taught, and research problems investigated in such difficult fields as serology, pathology, bacteriology, and pharmacology.

The appointment of a staff for such an institute presents obvious difficulties. The director must have wide scientific and clinical training and experience. It seems preferable that the director and the principal assistants should be appointed on a whole-time basis, so that they can be free from the time-consuming claims and the preoccupations of practice. Also they must be adequately paid; otherwise they will be tempted to forsake the academic field for the market place. I suggest also that there should be a considerable staff of associate teachers, these being doctors with conspicuous ability or knowledge in some part of the subject.

Whether a diploma in venereology be recognized or not, I consider that attendance at an organized comprehensive course of instruction at such an institute would probably be regarded as evidence of specialist training. And it would soon be realized that appointment to the junior posts of the institute was the best approach to specialist recognition and to the highest responsibilities of our subject.

Refresher Course for General Practitioners

It is usual to include at least one lecture-demonstration on venereal disease in such courses, and it is easy to make it interesting and profitable. The most useful subjects for such courses are:

1. Early diagnosis of venereal disease, especially in women.
2. Results of treatment, including failures and relapses, but not the technique of treatment.
3. Mistakes of diagnosis and treatment of venereal disease.
4. Congenital syphilis, clinical types.
5. Medico-social work in relation to venereal disease.

At present many general practitioners treat all cases of venereal disease arising in their practice, and many have no knowledge of the limitations of the methods they use or of the value of accurate and prolonged observation, so I think the time is opportune to emphasize, for example, the limitations of penicillin treatment. Many doctors, also, do not realize how much benefit can follow skilled treatment of manifestations of late syphilis, and the general practitioner is usually uninterested in the end-

results of treatment of such problems as tabes dorsalis or aneurysm of the aorta.

Where a rural practitioner has to undertake the routine treatment of a case, under the observation and advice of a specialist, the former can have special training in the special technique and a very satisfactory partnership can be evolved. But apart from a scheme designed for remote rural areas, I think that it is generally a mistake to encourage general practitioners to diagnose and treat venereal diseases, as this very often leads to a lower standard of work.

Future of Venereology

I can foresee, if we now seize our opportunity, a new era in which venereal diseases will be treated exclusively by specialists. The latter will be men and women who have been selected rigorously for ability, scientific training, and personal attributes, and then trained comprehensively to have a broad foundation of medical and scientific knowledge with at least three years' special instruction in venereology. This ideal can be realized within quite a short time, perhaps within ten years, if permanent contracts are not made with those who have no real claim to specialist recognition. The standards of all specialists must be raised to the highest level by research, foreign travel, and periodic study leave. The benefits to this country and to sufferers throughout the world will be incalculable.

The Venereologist of the Future

The conception of the venereal disease specialist of the future is that he will be a physician of broad experience, with a scientific training, and with at least three years' exclusive training and experience in venereology. He must be a general physician with a special interest, in this case venereal disease, just as other physicians have a special interest in endocrinology, hæmatology, renal disease, or chest diseases.

He must be eligible to join the staff of hospitals as an associate physician, and might even aspire to the highest appointments in medicine.

If we look further ahead, I think the diagnosis and treatment of venereal disease could be merged into the general fields of diagnostic and curative medicine, and could take their place with special sessions for such maladies as the rheumatic disorders, diabetes, respiratory infections, etc. This would prevent too narrow specialism and avoid most of the social stigmata associated at present with venereal disease.

I hope that the Medical Society for the Study of Venereal Disease will formulate a standard of undergraduate training and will represent its views to the British Medical Association or other bodies. The standard of training and qualification of a specialist should also be defined. In addition the society might help by recommendations on the status and emoluments of the teacher of venereology.

DISCUSSION ON THE TEACHING OF VENEREAL DISEASE MANAGEMENT

DR. HAMILTON WILKIE (the President) said that the value of lantern slides could not be over-estimated. Patients brought before students, especially patients in a venereal disease department, were easily embarrassed, and slides arranged in a proper series avoided such embarrassment and served their purpose well.

Dr. Lees had also mentioned that it was possible in refresher courses given to general practitioners for lecturers to go too deeply into the subject. Dr. Hamilton Wilkie felt that his own experience in Leicester might be of interest in this connexion. In 1931 he gave a lecture on congenital syphilis to an audience of general practitioners. He was new to Leicester then, and was rather annoyed at the beginning of the lecture at seeing an unknown elderly practitioner yawning in the first row. He had been told afterwards that the lecture was far too advanced. A few years ago he had given Leicester medical men a lecture with lantern slides showing acute conditions and many blunders that might be made in venereal disease clinics, and they still talked about that lecture: it was a treat to see the results.

DR. R. R. WILLCOX said he had much enjoyed the lecture, especially the undergraduate part, but he was uncertain about the postgraduate part because if he understood Dr. Lees aright the budding specialist had to lead a subsidized existence for five years, and at the end of that time he was no longer wanted.

COLONEL HARRISON wished to join issue with Dr. Lees in his denunciation of the teaching of the dark-ground method to students. He thought it brought the method home to a student much more thoroughly when he had to set the microscope up, take the specimen, and demonstrate it for himself. Also the student should learn to stain films properly and to realize that there is a great difference between a bad Gram and a good Gram.

This brought him to a more fundamental point, which was that he would always teach venereal disease from the bottom upwards, in other words from the point of view of the pathologist. If a student really understood what was going on underneath, he was much more likely to draw correct inferences than if he were taught from the