V

THE PLACE OF VENEREAL DISEASE IN THE MEDICAL CURRICULUM

DISCUSSION

The Chairman, in thanking Dr. Sequeira for his interesting paper, said that it was always a great pleasure to listen to an expert on his subject, as the members had done to-night. He had often sat at Dr. Sequeira's feet and imbibed knowledge from him in the past, and he was glad to repeat the experience.

There was a great deal to be said in favour of the theme which Dr. Sequeira had put forward. At the same time there was a certain amount of incompatibility between efficient treatment of these V.D. cases from the public health point of view and the routine teaching of students. To go back a little into history, it is true that there was evidence given before the Royal Commission that medical teaching and medical knowledge of venereal disease were deficient, but that was not the prime object of the Bill which was brought before Parliament eventually. The V.D. clinics were inaugurated by long-sighted people who knew, not only their own subject, but had also studied history, people like the late Sir Malcolm Morris, Dr. Sequeira, and Colonel Harrison, who observed that always after a great war, or after the movement of large masses of people, an epidemic of venereal disease had occurred, and their object was to cut down the epidemic which would surely follow on the Great War to the smallest possible dimensions.

From this point of view there was no doubt that the clinics had justified themselves, and but for them and the efficient treatment carried out under the Ministry of Health a serious epidemic would undoubtedly have occurred. In this campaign they were very greatly helped by the lay Press, who for the first time took a more or less sensible view of the subject.

On the other hand, it must be admitted that Dr.
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Sequeira was right in saying that there were difficulties about teaching in these clinics. To begin with, the hours at which they were held made it difficult for students to attend. The great mass of patients came after they had finished their day's work, in the evenings, and by that time the students had also ceased their day's labour and were going home. Then, again, there was the difficulty of patients thinking they were being experimented on by students, if they were present or carried out any of the routine work of the clinic. This might tend to drive patients away and force them into the hands of quacks, thereby defeating the chief object the Ministry of Health had in mind.

As far as the speaker's experience went, the numbers of students who attended the clinics were not very large, but a fair number of qualified medical men attended in order to acquire further knowledge.

Again, was the teaching of venereal disease so very good in the days before the V.D. clinics were started? As far as the speaker's experience went, the teaching was mostly done by surgeons who were not really interested in it, as it was not their chief function in life. As far as he remembered, there were a good many ribald remarks, but very little serious teaching, and he was surprised when he visited the St. Louis Hospital in Paris, after qualifying, to find out how little he knew about syphilis.

There was no doubt that in teaching the personal element was strong. If you had a keen dermatologist like Dr. Sequeira, or a keen neurologist, the work in the clinic was well done and the teaching was good; and there was no doubt it was greatly to the advantage of the patient, even if the department were under the care of a venereal specialist, for that venereal specialist to be working in a large general hospital, where he could call in experts from the various departments of surgery and medicine to assist him. Also, it was an advantage to the student to have cases in these special departments demonstrated to him by people who were not venereal specialists and who could point out the differential diagnosis between these cases and those due to other causes.

In passing, he would point out that it had always been the policy of this Society to try and prevent its members
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becoming narrow-minded specialists in one subject, and, therefore, as many people as possible who were not particularly interested in venereal disease were invited to address the Society on various topics in connection with it.

In conclusion he wished to express his sympathy with Dr. Sequeira on his retirement from the London Hospital after his long service. It was impossible to work for so many years in a large institution, as he had done, without feeling keenly the wrench upon his retirement.

Mr. WANSEY BAYLY emphasised the importance of teaching students the value of radiography as a routine aid to diagnosis in all old cases of syphilitic infection, and instanced a case recently under his care, of twenty-five years' standing, where radiography clearly demonstrated a slight dilatation of the heart and ascending aorta which might otherwise have been missed, as the patient presented a typical rupial rash and strongly positive Wassermann, and it was only on interrogation that he mentioned that he experienced slight occasional discomfort in the chest on exercise.

Colonel L. W. HARRISON said he understood Dr. Sequeira's thesis to be that there should be no special place for the teaching of venereal disease, that the subject should be taught in all departments of the teaching school. That, he believed, was what obtained in the past, and he would like to draw attention to the results of it when students learned a fragment of V.D. in one department and a fragment of it in another. The result, he contended, was such as he commented on in his evidence before the Royal Commission on the subject in 1913, when he said that one great cause of the spread of venereal disease was the lack of knowledge on the part of the doctor when he passed out of the medical school. Students when they were qualified then knew very little about the recognition of venereal disease in early stages, and perhaps less about treatment. That was bound to happen when venereal disease was taught in fragments in several departments of the medical school. The subject was now too big to be divided up; it was large enough to be grouped into one department. The proof of that lay in the fact that to-day the average of the knowledge on venereal disease was better than formerly, it having been taught more in the places where
cases of the diseases congregated. It was particularly important now to concentrate the teaching where there was a large turnover of cases, as the arsenobenzol compounds so rapidly changed the features of syphilis that what was a good case for demonstration on a Monday was of very little use on the following Friday.

Also, the advantage of concentrating this group of diseases was that, without prejudice to what the student might learn in other departments of the hospital, his mind was for a definite time concentrated on the problem of V.D. in its wider aspects.

He would teach venereal diseases in a V.D. department, starting, almost from the beginning, with the laboratory. It was very important that the student should thoroughly appreciate the pathological side as well as the clinical side, and should have a clear idea of what went on inside the patient. If the pathology were taught more, practitioners would treat much less empirically than at present.

As a proof of the fact that teaching was better carried out in these diseases in institutions or departments specially devoted to venereal diseases, he wished to point to the improvement which took place in the management of venereal disease in the Army after the establishment of the special hospital at Rochester Row, which became a school for the training of specialists in venereal disease in the Army. Every medical officer who was in the Army at that time would agree that the standard of treatment and of diagnosis in the Army had been raised from the time of that school being established.

And in his experience of clinics, he found that these were better managed by men who had been taught in the special venereal disease clinics and in military venereal disease hospitals than by those who had been taught the subject in a number of different hospital departments. He was certain also that the clinics in the country which were run, as a whole, with "unity of command" were the best conducted.

As to the difficulty of teaching in special V.D. departments, he had no fear. He experienced no difficulty in regard to teaching in his own department, nor had he difficulty with patients; the latter seemed to take the demonstration as if it were in any other department of the hospital. He thought that the fear of patients taking
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offence, or of objection on the score of breaking a pledge of secrecy to them, was a mere bogy.

Dr. Sequeira had raised the question of checking wholesale irrigation and swelling attendances. On that there was a difference of opinion, but he thought that free irrigation was good treatment for gonorrhoea, and he would be sorry not to have it.

Dr. Hanschell: The Physician or surgeon might recognise that the underlying cause of the particular ailment which had brought a patient to his out-patient department or to bed in his ward, was, in fact, venereal disease, and would then demonstrate that fact and all about it to his students; but the latter would seldom see there the proper treatment for that variety of venereal disease. Even if the busy, overworked house-man were willing to carry out the treatment, it would mean keeping the patient for too long. Some hospitals appreciated the fact that they were blessed with a V.D. department, and transferred to it most of the cases recognised as V.D. in the other departments. In such a V.D. department—ward and out-patient clinic—might be found also not a few cases sent there from other hospitals not so blessed. All sorts of V.D. cases come thus to be concentrated in one department, where also they are treated best. Surely that is the department in which the student can most easily see and handle V.D. cases, and most conveniently and appositely have them and their treatment expounded to him. In the speaker's experience no male V.D. case had ever objected to being used for teaching demonstration.

Dr. W. J. O'Donovan said that, as a visitor, he recognised the importance of the evening's discussion on the Place of Venereal Disease in the Medical Curriculum. He noticed that whenever the speakers came to grips with the details of this subject it was nearly always discussed in terms of syphilis. In discussing the instruction of students, it seemed to him essential and expedient to exclude the venereal aspect. The sociological problems of prostitution, of brothels, of indiscriminate sexual intercourse, and the social factors that underlie the prevalence of venereal disease can be more thoroughly studied in post-graduate days. That is to say, syphilis should be taught as it is seen in the consulting room and the post-mortem room and the laboratory. Its other
implications, uncertain and debatable, were not, in his opinion, fare for students. Medical students must be instructed in general principles, and not loaded with detail. The lifelong implications of syphilis can best be imparted to the students if syphilis is studied, not as an end in itself, but as a granuloma parallel to the other lifelong and chronic infections, such as tuberculosis and rheumatism, all of which can affect many sites, all of which exhibit exacerbations, and all of which measure their time in decades of years. This broad aspect of syphilis, essential for the proper philosophic conception of the disease, cannot be taught, except by a superman, in a venereal department. The specialisation of the treatment of syphilis is an undoubted advantage for efficient and mass treatment. The Ministry of Health have saved this England from a wave of syphilis after the war that would have made its mark upon the medical annals of this country, as it has done once before, when it was termed the morbus gallicus; but efficiency in the treatment of an epidemic by picked and trained men, using a potent remedy, gives no lessons as to the proper method by which students should be instructed in venereal diseases.

Dr. O'Donovan said that he was not alone in noting a remarkable ill-effect of the modern withdrawal of syphilis from the purview of general surgery. He himself had seen amputation of the thigh, exploration of the knee, evisceration of the orbit, excision of the jaw, and laparotomy, not once, but repeatedly, for syphilitic tumours. The old generation of surgeons had syphilis in the front of their mind; the younger surgeon of to-day has not learnt this lesson of differential diagnosis, and such catastrophes as he was referring to have been reported at length by Continental observers as a modern phenomenon. Syphilis, like other granulomata, appears in the work of all the special departments—ophthalmic, gynaecological, neurological and laryngological. Cases of syphilis, therefore, that develop lesions in such special sites should undoubtedly, in the first instance, go not to a venereal clinic, but to a special department, in order that their efficiency in differential diagnosis might be maintained, and in order that the students might be perpetually taught that syphilis in some form or other was to be borne in mind in every specialty of medicine.
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If casualty officers were anxious to separate syphilis out of the streams of patients to the special departments, they would go to a venereal department not expert in differential diagnosis, and a new generation of doctors might be raised up, helpless, without the assistance of a Wassermann reaction. If a venereal department was the proper place for teaching syphilis, the venereal department, to be logical, would have to have its own post-mortem room to demonstrate the last products of syphilitis infection.

For instruction in treatment, however, a special treatment department can make upon governing bodies a claim for beds, in which every student can be trained in intravenous technique, and in such beds the ill effects of ill-tolerated or ill-administered injections can be kept as warnings and as subjects for instruction. A great responsibility rests upon any syphilologist in affording his hospital colleagues every facility for teaching. For instance, a child with glands of the neck, Hutchinson's teeth, Clutton's joints, and interstitial keratitis—and such cases even now occur—should be retained in bed, and the paediatrician, the orthopaedic specialist, and the ophthalmologist should all be offered this case for teaching purposes. The teaching of syphilis is a burden that should be shared seriously by every member of the teaching team of a hospital. Scabies and impetigo are, in a sense, venereal diseases as much as gonorrhoea and syphilis. To the statesman and the public health official venereal disease is a useful classification of a certain artificial group of clinical cases, but to clinicians a classification of venereal disease is misleading. The term "venereal disease" is not to be found in bacteriological text-books, or in the tradition of the post-mortem room. It is an artificial and practical grouping of cases useful for administrative and social reasons. It is not a grouping that should be brought as an artificial entity into the curriculum of the medical student.

Dr. A. M. H. Gray said he regarded as a healthy sign the fact that such a discussion as this could take place in a society.

This discussion reminded him of the discussion now taking place in The Times on the revision of the Prayer-Book. Colonel Harrison's point of view might be termed the strong Anglo-Catholic attitude, while Dr. Sequeira
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took the Evangelical side. Was it not possible, in this case as in that, that there was a working mean between the two? He felt a good deal of sympathy with what Dr. O'Donovan said, and it must always be remembered that there were two sides to the problem; there was the question of diagnosis and the question of treatment. All present would agree that it was absolutely essential to have a properly organised treatment department, and thus the only debatable question left was that of diagnosis.

As a member of the staff of a big general hospital, he felt it was a very great advantage that the students should see syphilitic cases in conjunction with cases of other diseases, whether skin, medical, eye, throat or other. It would be a tragic thing if syphilis were entirely removed from those special departments. In his own practice he tried to get the early cases of syphilis sent through the skin department. He sent on the eye cases to the ophthalmological department, not only so that the students could see them, but in order to get the expert opinion of the ophthalmologist. The same applied to the neurological department; he would not touch a neurological case in the V.D. department until it had been seen by the neurologist. But it was impossible in hospital to carry out efficient treatment in the eye or other departments.

Coming to the question of gonorrhoea, it had been his experience that in some hospitals genito-urinary surgeons did not take much interest in acute gonorrhoea, and in practice these cases were pushed on to the treatment department, going in many cases straight there. Therefore it was essential the student should attend those treatment departments, not only to see early cases of gonorrhoea, but also to follow up the results of the treatment of gonorrhoea and syphilis.

The Chairman had raised one of the difficulties, namely, the question of time. The clinics must be held at the time that patients were able to come to them. Most patients could not attend in the middle part of the day. There should be evening clinics in every department, though he supposed that at present that was impossible. Personally, he had relatively little difficulty in getting students to come to the evening clinics, though they did not attend them as regularly as they did the day clinics. There
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was a remedy for that through the examining bodies. As long as the examinee was in the hands of general physicians and general surgeons, so long would there be an absence of questions on gonorrhoea and syphilis. He did not think it was possible to get the student interested in the personal prospects of his future life or of the community; what concerned him was getting through his examinations. Until that aspect was remedied there would be trouble in securing attendance at the clinics. In his medical school attendance was, theoretically, compulsory, but in practice the compulsion was not drawn too tightly. On the whole, he considered, attendance was very good, and compulsion was not enforced to any great extent. Still, if the examining bodies would pay more attention to those subjects, the teaching of syphilis and gonorrhoea could be carried out very efficiently.

Dr. Dennis Vinrace said that he also had very much enjoyed the interesting address of Dr. Sequeira. The subject was the Place of Venereal Disease in the Medical Curriculum, and it seemed to him that this had been somewhat departed from in the discussion. He took it to mean the place of venereal disease in the instruction given before a man became qualified. If the curriculum were divided up, that meant having many departments. Every practitioner should know something about every disease, and if he wished to be a specialist he should learn everything about something—his own department.

Taking the proportions, he would say that for the general practitioner midwifery should occupy a considerable time; in addition, he had to study diseases of brain, spinal cord, fevers, and many other subjects. Therefore he could not devote a great deal of time to syphilis. A great deal had been said about syphilis, but he believed more than a due importance had been attached to it.

He learned something about syphilis all through his curriculum, and not until twenty years ago did he take up venereal diseases specially. He contended that every practitioner should know something about syphilis and gonorrhoea, that all should be able to diagnose syphilis, take serum and blood for examination, and use the microscope for diagnosis, or have it used for them, and, in the case of gonorrhoea, be able to discover whether the
gonococcus was present. Every man should be able to send to the laboratory specimens for a Wassermann or for a laboratory report. He thought that the prevalence of gonorrhoea and syphilis was very much exaggerated. According to statistics available, he would think many people must make many attendances each at the hospitals. And some allowance must be made for people being supposed to have these diseases. He had had numerous cases of people who had asked for anti-syphilitic treatment, but in whom he could find no trace of disease, either by laboratory methods or otherwise. They were very offended at being told so, and went away.

What was the correct dose of iodide of potassium? Some doctors gave 1/2 gr. as a dose. He used to know one famous specialist—now deceased—who in some cases gave an ounce as a dose! And the latter said he got great success with it. It was important to watch the patient, in case he suffered from iodism.

Dr. Morna Rawlins said it was possible to concentrate a week's patients on an evening when students could attend for teaching. Recently she had fifty present on one evening, and they all stayed the whole time. Twelve cases had been written to requiring their attendance, and none failed to come, nor did any make any trouble about being seen and examined. They were not cases of gonorrhoea; those were difficult to demonstrate to a number of students. At her clinic the custom was to screen off the upper part of the patient, so that nothing was seen except what was required to be seen. Four students at a time came to see the actual treatment. The attendance of students in the female department was not as good as it might be in her opinion.

Major E. C. Lambkin said he could remember the time when great efforts were made to get a special V.D. department in the Army; that effort culminated in the Rochester Row Hospital, and those in the Army were very sad when that special hospital had to be closed. Now it was not a special unit any longer, though at hospital they were still more or less a separate department. Venereal disease in the Army was never started as a proper instruction until that hospital was organised. Throughout the Army, especially in India, it was far better for teaching purposes to have specialised centralised venereal disease hospitals.
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Nowadays gonorrhoea was the most important subject, as in the Army at home syphilis was becoming practically an obsolete disease; all the cases of it in a station could now be treated in half a dozen beds. But the treatment of gonorrhoea was a very important matter, and when it was treated in outside places and holes and corners by people who were not qualified, the patient suffered and the treatment suffered. Teaching should be in a special department, and in connection with this a laboratory was essential; it was a special work, and the ordinary pathologist could not be expected to find the time for the general routine associated with this disease.

The ordinary practitioner should be able to recognise the ordinary type of syphilis that is usually met with. Venereal diseases should be concentrated, for teaching purposes, in one special department; in the Army it was found to be the only way to get the officers taught these diseases.

Colonel E. G. FRENCH declared himself a great believer in having special departments for these diseases in the hospitals. Little had been said this evening about making the subject a compulsory one in the curriculum. This he strongly favoured, as the subject could only be adequately taught in a special department, particularly in the early stages of syphilis.

He agreed with Dr. Sequeira and Dr. O'Donovan that it would not be right to divorce the other departments from syphilis, because students in those departments could learn much from others. He early learned to appreciate the value of a special department, because at Edinburgh—one of the few hospitals thirty years ago which had a special department for these diseases—a surgeon was always in charge, and he had to do this work exclusively for four years, so that he became a very efficient teacher. Also, in those days students were compelled to put in attendances at that department.

One great reason why the medical students should be required to attend this special department was that their knowledge should be equal to efficiently treating cases, and it was now known that many general practitioners treated cases of venereal disease themselves instead of sending them to a consultant; yet they had not a proper knowledge on the subject, and so were more or less.
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amateurs at it. It was very necessary that those who treated such cases should know how to manage them.

Dr. O'DONOVAN, in a further remark, said that any laxity of the examining boards of the candidates could be rapidly remedied. When the periodical hunt for clinical cases occurs in the hospitals the syphilologist should make it a point of honour to send up extra-genital chancres, salvarsan tumours and so on, so that these cases were kept actively before the eyes of the examining bodies.

Dr. F. J. H. Coutts said he was sure all felt it was highly important that the general practitioners of the future should have a real knowledge of venereal diseases. Syphilis was so far-reaching in all branches of medicine that a man could not be regarded as competent unless he knew something about it. He did not see how a student could attend out-patient departments without learning something about syphilis, and if he had not been taught differential diagnosis when he was going through this work there was something wrong with the teaching, since, in many cases, the question of syphilis had to be carefully considered. The student should be taught to realise that syphilis might intrude into practically every disease condition. He thought the teaching of the practical work in these diseases should be done at the special venereal disease department, as there all the facilities were available to train students in the methods of obtaining blood and the carrying out of injections. Teaching could be better done in such practical matters by those actually engaged in the treatment of venereal disease.

Miss D. C. Logan said that the understanding of syphilis was the student’s difficulty. In her student time the disease was met with in the surgical out-patients, in the medical wards, and in the eye department and elsewhere, but no continuous idea of the disease was gained, and this opportunity the clinics now gave to students. She agreed that all departments should collaborate, and those who were working in V.D. clinics wanted the help of special departments in the treatment of special cases. The V.D. clinic should be much used by students.

With regard to gonorrhoea, some thought that the gynaecological department could best deal with that. In some hospitals she thought the gynaecologist, finding a
discharge, was apt to send the patient along to the clinic to be treated, or at least for diagnosis, and therefore the student must come there to study the disease. It was not only a question of microscopical diagnosis; the student wanted to know more about the trick of the disease appearing better when in reality it was not. She had a case in which a general practitioner allowed a female child to go to school still under treatment for gonorrhoea at the clinic; she had a discharge. She went to a private school, so that the V.D. official had no chance to exclude her from school and could not get hold of the child, who might still be infective, and was waiting to go to Coldharbour. The general practitioner had no idea of the traps into which the disease might lead him, and apparently believed the child cured because the mother had told him that the child’s discharge was now better.

Dr. Sequeira evidently thought that people working in clinics were very meek and mild, merely obeying instructions and filling up forms, but he might alter his opinion if he knew what trouble the authorities had with some of them!

Dr. Sequeira, in replying on the discussion, said that so many matters had been raised that at this hour he would content himself with brief replies.

He agreed with Colonel Harrison and Major Lambkin as to the extraordinary value of Rochester Row Hospital in the training of venereal disease experts; but what he was speaking about was the education of the student in these subjects. The practical difficulty was that if there were all-day clinics, with patients dropping in at all hours, there was not enough material at one time to teach the student.

Dr. Gray’s point was a good one, namely, to secure some compulsory attendance at this teaching by including the subjects in the examination.

With regard to the interest taken by examiners in the subject at the Royal College of Physicians and Surgeons, their interest in the active or florid stages of syphilis was very lukewarm. It was on record that, not very long ago, an eminent physician asked a colleague whether it was absolutely necessary to administer a general anaesthetic in order to give a patient an intravenous injection.

He had always looked upon the medical curriculum as beginning in the bacteriological department, and at the
London Hospital the students went through a course of bacteriology and learned the peculiarities of the *Spirochaeta pallidum* before they came to the hospital at all. Next they went to the post-mortem room, where they were instructed in the pathology and histology of the syphilitic manifestations in all the organs. After having had that course they came to the wards. If students were instructed in that way they must have a general idea of what the *Spirochaeta pallidum* could do to the human organism. When demonstrating the eruption of secondary syphilis he was accustomed to point out to his class that what they were seeing on the outside was going on in every organ of the body. When that had been driven home to them, they looked upon spirochaeta infections with much greater interest than before. But the foundation of all knowledge of diagnosis and treatment was laid, in regard to syphilis, in the bacteriological department and the pathological department.

Several speakers had clinics extending over several hours a day—though they were not open on Sundays—and a concentration of cases was managed by having a waiting list and inviting patients to come up at certain times, if that could be done without inconvenience. But he felt that patients were afraid of being lectured upon and that the bodies who financed these schemes were afraid that the patients should be afraid. Worry was not in the mind of the individual patient; it existed among the authorities who looked after the finances in these matters; they had tender feelings about people's external genitals being examined before an audience. With tact, however, objections could be overcome. In his own clinic there was enough material to demonstrate for teaching purposes when the students were present.

He was glad to hear that some care was taken about wide irrigation in gonorrhoea. He was recently asked by a first-class man whether anyone had made the experiment recently of taking average cases of gonorrhoea and putting them to bed, giving them only sulphate of magnesia, and doing nothing else, and whether the results of that would not be as good as the wholesale treatment now carried out!

The Chairman said that for the technique of diagnosis and treatment there must be a V.D. department; but there must be physicians and surgeons and specialists in
other departments to do as much teaching and show as many cases as possible, so as to demonstrate the differential diagnosis. And in this Society part of the policy had been to prevent its members becoming narrow-minded, and therefore as many people as possible who were not venereal disease specialists had been invited to address the Society on various topics.