We wish to thank all general practitioners who have referred their patients to the clinic; Dr. P. E. Thompson Hancock, the director of the department of clinical research, for his continued help and encouragement; Dr. B. Markowski for taking the cervical smears; Dr. I. M. E. Hamlin for the histological reports; Dr. B. Jameson for reading the cytology; and Mr. C. A. Simmons for his help and advice. We also wish to thank Dr. G. H. Cranswick and other medical staff who help in the well-woman clinic; Dr. J. S. Macdonald for reporting the mammograms; Dr. C. H. Jones for reporting the thermograms; Miss Wharton for technical assistance with thermography; and Miss Edwards of the department of environmental research. We also thank Nurse Penrose and the staff in the outpatient department.

REFERENCES

- Aitken-Swan, J., and Paterson, R. (1955). *British Medical Journal*, 1, 623.
- Barnes, S. et al. (1968). *Lancet*, 1, 1417.
- Bilbao, M. K. (1968). *American Journal of Roentgenology, Radium Therapy and Nuclear Medicine*, 102, 933.
- Bloom, H. J. G. (1950). *British Journal of Cancer*, 4, 259.
- Boyes, D. A., Fidler, H. K., and Lock, D. R. (1962). *British Medical Journal*, 1, 203.
- Brett, G. Z. (1968). *Thorax*, 23, 414.
- Brett, G. Z. (1969). *British Medical Journal*, 4, 260.
- Brooke, B. N. (1968). *Lancet*, 2, 1289.
- Cranswick, G. H. (1967). *Practitioner*, 198, 412.
- Cutler, S. J., and Connelly, R. R. (1969). *Cancer (Philadelphia)*, 23, 767.
- Draper, J. W., and Jones, C. H. (1969). *British Journal of Radiology*, 42, 401.
- Dunn, J. E. (1969). *Cancer (Philadelphia)*, 23, 775.
- Freundlich, I. M., Wallace, J. D., and Dodd, G. D. (1968). *American Journal of Roentgenology, Radium Therapy and Nuclear Medicine*, 102, 927.
- Gershon-Cohen, J., Ingleby, H., Berger, S. M., Forman, M., and Curcio, B. M. (1967). *Radiology*, 88, 663.
- Greening, W. P., and Harmer, M. (1969). *Lancet*, 1, 262.
- Gresbach, W., and Eade W. S. (1966). *Cancer (Philadelphia)*, 19, 1550.
- Hamlin, I. M. E. (1968). *British Journal of Cancer*, 22, 383.
- Isard, H. J., Ostrum, B. J., and Shilo, R. (1969). *Surgery, Gynecology and Obstetrics*, 128, 1289.
- Lawson, J. G. (1957). *Journal of Obstetrics and Gynaecology of the British Empire*, 64, 488.
- Nash, F. A., Morgan, J. M., and Tomkins, J. G. (1968). *British Medical Journal*, 2, 715.
- Phillips, A. J., Boyes, D. A. and Patterson, W. B. (1969). *U.I.C.C. Bulletin*, 7, No. 3.
- Raphael, M. (1967). *Medical Journal of Australia*, 1, 120.
- Robbins, G. F., and Berg, J. W. (1964). *Cancer (Philadelphia)*, 17, 1501.
- Stevens, G. M., and Weigen, J. F. (1966). *Cancer (Philadelphia)*, 19, 51.
- Strax, P., Venet, L., Shapiro, S., and Gross, S. M. (1967). *Cancer (Philadelphia)*, 20, 2184.
- U.I.C.C. (1969). *Bulletin*, 7, No. 3.
- Wakefield, J. (1968). In *Prognostic Factors in Breast Cancer*, edited by A. P. M. Forrest and P. B. Kunkler. Edinburgh, Livingstone.
- Whitby, L. G. (1968). *British Journal of Hospital Medicine*, 1, 79.
- Wilson, J. M. G., and Jungner, G. (1968). *Principles and Practice of Screening for Disease*. Geneva, World Health Organization.
- World Health Organization (1969). *Technical Report Series*, No. 422.

Crisis in Venereology

R. D. CATTERALL,* F.R.C.P.ED. ; R. S. MORTON,† M.B.E., F.R.C.P.ED.

British Medical Journal, 1970, 3, 699-701

During the past 15 years one of the most unexpected and disappointing trends has been the great increase in the incidence of the venereal and other sexually transmitted diseases. This world-wide increase has been particularly marked among urban communities and in industrial countries. In many areas the services established to deal with this problem have been under great strain, and if the present increase continues they could well break down unless urgent steps are taken to modernize and reinforce them.

Venereal disease clinics were established in Britain after a royal commission which reported in 1916. After 30 years under local authority control they were incorporated into the N.H.S. in 1948. There are just over 200 clinics in England and Wales and about 20 in Scotland and Northern Ireland. Many of them are open for long hours each day in order to make it as easy as possible for those who may be infected to receive medical attention as early as possible. The premises in which most of them are housed have remained virtually unchanged since they were the responsibility of the local authorities, and several of them are badly sited in the hospitals and in relation to the other hospital services.

Between the years 1960 and 1969 the number of new patients attending the clinics in England and Wales increased by 78%. In 1960 there were 129,500 new patients and in 1969 there were more than 229,500 (Fig.). In some areas the numbers of patients have increased dramatically, especially in certain parts of the Greater London area, where nearly half the total cases in the whole of England and Wales are seen. A large proportion of these cases go to clinics in the North West Metropolitan Regional area. Despite the great increase in the number of patients, there has been no corresponding increase in the staff of the clinics or expansion of the premises—indeed, there has actually been a reduction of the senior medical establishment by more than five consultants or S.H.M.Os. during the past decade (see Table).

New patients attending clinics in England and Wales 1957-1969 and numbers of consultants over the past five years (the only ones for which full figures are available).

Numbers of Doctors and Patients in V.D. Clinics—1960-1969

	1960	1965	1969
Men patients	94,729	111,627	150,808
Women patients	34,777	47,401	78,517
Total	129,506	159,028	229,325
Consultants	82	85	84
Senior registrars	No figs. available	8	8

* President of the Medical Society for the Study of Venereal Diseases.

† Past President of the Medical Society for the Study of Venereal Diseases.

Because of the very great increase in the number of patients, the shortage of trained staff, and the inadequate premises in many hospitals, we decided to carry out a survey of the departments of venereology in Britain through the Medical Society for the Study of Venereal Diseases. A detailed questionnaire was sent to the physicians in charge of 210 clinics in the United Kingdom. The questionnaire asked for information about the numbers of patients attending the clinics, the medical, nursing, and technical staff, and the help received from medical social workers, health visitors, secretaries, clerical and reception staff. Information was also sought about the premises in which the clinics were held as well as about plans for the future development of departments. Satisfactory replies to the questionnaire were received from 180 (86%) of the clinics.

Results

The survey indicates that there is severe overcrowding at many clinics. Over 30% of the physicians in charge reported that patients are having to wait too long because of the overcrowding (defined as conditions where 20% or more of patients had to wait longer than 30 minutes). Forty-seven considered that their clinics could not take any more patients, while more than 50 said they had been forced to drop the standards of their work and reduce the number of follow-up visits and tests of cure. This is partly a subjective impression; but at 28 clinics the number of patients seen had trebled in the 10-year period and at 70 it had doubled. With no change in the numbers of doctors clearly the time available for each patient had had to be reduced.

Seventy per cent. of the doctors said that they worked considerably longer hours than they were paid for in order to deal with the increased work, and 18 said they were obliged to work more sessions than they contracted for. Recruiting difficulties are illustrated by the fact that 23 reported that they were unable to fill their establishment of doctors at the appropriate grades because of lack of suitable applicants, despite repeated advertising. Current statistics from the Department of Health and Social Security estimate that four or five consultant vacancies can be expected annually in England and Wales; but only 8 senior registrars are in training. Most of these are in London—and in common with their colleagues in other specialties they are probably reluctant to move out of London.

Premises

The premises of many clinics were unsatisfactory. Usually they were too small for the number of patients attending, badly sited in the hospitals, and poorly maintained. In 42 clinics it was not possible to examine both men and women at the same clinic session because of lack of adequate room. Only 18 clinics had received a major overhaul or been rehoused during the past five years, and there had been no redecoration or improvements in 120 clinics during the same period. There were no future plans for enlargement in 90 clinics, and even in the 12 clinics with plans for rebuilding work was not expected to start for more than six years.

There were problems with nursing staff at many clinics. Male nurses have been scarce for several years, and the calibre and training of some left much to be desired. Several departments could not fill their establishment with suitably trained and qualified men. Increases in the numbers of both male and female nurses were regarded as urgent or desirable by 52 physicians.

Further ancillary help, in the form of medical social workers, health visitors, trained contact tracers, secretaries and receptionists, was regarded as urgent by 38 and desirable by 72 physicians. In some smaller clinics there was no secretarial assistance and the physicians had to write all their letters in longhand.

Almost all the clinics had no appointment system—the patients attend at times suitable to themselves. Only two clinics had developed a full appointment system, but 25 used appointments for selected patients.

Discussion

There is general agreement amongst those working in venereology that the demand for the services provided at the clinics is likely to go on expanding in the future. Factors such as the current permissive attitude to sex, the growing use of the contraceptive pills, the development of antibiotic-resistant strains of bacteria, the increasing mobility of modern members of society, with more leisure, more frequent holidays and more travel, together with the disappearance of religious and parental authority, are likely to increase the size of the problem and place further pressure on the service.

The increase in new patients has been greater among women than among men, and the steadily rising proportion of women is probably another effect of these trends.

This increasing number of patients attending the clinics has been looked after by a decreasing number of consultants, senior hospital medical officers, and medical assistants. Some senior posts have not been filled because of the lack of suitable applicants, and some posts have been eliminated during local reorganizations of the service. Eight senior registrars for England and Wales is a quite inadequate number, and clearly recruitment to the specialty must be improved.

The difficulty has been to persuade enough young doctors to try working in the subject. A reluctance to work with sexual problems, the poor image and status of the specialty among some senior members of the profession, the pejorative name of the specialty, inadequate ill-maintained premises, chronic overwork in overcrowded clinics, the late hours of many clinic sessions and inadequate staffing with nurses, clerks, and receptionists have tended to discourage young doctors from entering the specialty. In the majority of instances once they have taken up a junior appointment doctors find the specialty interesting and rewarding, with its wide range of clinical, psychiatric, and social problems, the international ramifications of the subject, and the great opportunities for research and teaching. If, however, the present difficulties with recruitment continue and the number of patients continues to increase, it is possible that the only solution may be a financial inducement. Recruitment of nurses and ancillary workers such as medical social workers, health visitors, secretarial and clerical staff, and receptionists is affected by many of the factors that discourage doctors from entering the specialty. In this field as in others the traditional insistence on male nurses for men patients is being abandoned, and wider acceptance of women nurses may ease the staffing difficulties slightly. Nevertheless when hospitals are short of nurses in all departments an unglamorous specialty in which long, inconvenient hours are usual is likely to fare worse than most unless incentives can be provided.

Morale is falling in some clinics because of growing overwork and continuous overcrowding. In addition to the shortage of staff, including doctors, nurses, social workers, and clerical staff, this survey showed that the premises in which many clinics are held are totally inadequate to meet the present and future demands. Poor premises, like chronic overwork, are a discouragement to recruitment and eventually undermine the morale of the staff, leading to inferior standards of practice. When overcrowding and prolonged waiting occur patients are discouraged from attending, and this may result in even further spread of disease.

Conclusions

An immediate review of the premises in which clinics are held throughout the country should be carried out by the

Department of Health and Social Security as a matter of urgency. The building plans of some hospitals may have to be modified and greater priority given to the rebuilding of departments of venereology if we are to deal adequately with the increasing demands on the service. In some areas, where the demand is greatest, a crash programme of rebuilding and rehousing of clinics in modern suites, large enough to absorb the future demands of the public may have to be undertaken, similar to that carried out in the 1950s for the maternity ser-

vices and recently for the mental subnormal hospital groups.

The recommendation of the International Union against the Venereal Diseases and Treponematoses that governments should urgently review their services for venereal diseases and make adequate financial provisions for these services was timely in view of the seriousness of the situation. The results of our investigation indicate that such a review is needed in the United Kingdom if we are to take realistic measures to try to control the sexually transmitted diseases.

Liaison of a County Health Department Medical Officer with a Group of General Practitioners in Hampshire

ALUN LLOYD-JAMES,* M.B., D.P.H. ; PATRICIA M. LAMBERT,† M.B., D.C.H.

British Medical Journal, 1970, 3, 701-702

Summary: A pilot scheme was set up in Hampshire in January 1970, in which a local health authority doctor was "attached" to a group of general practitioners to carry out developmental assessment on infants and young children. Older pre-school children are also seen when necessary, and in all cases possible future educational requirements are considered. Such a scheme reduces duplication of work, increases mutual understanding between general practitioners and local health authority doctors, and helps to make full use of the limited resources of medical manpower.

Introduction

The principle of "attaching" nursing staff—that is, district nurses, domiciliary midwives, and health visitors—to groups of family doctors is now well established in Hampshire. Partly as the result of such attachment and partly as the result of utilizing the computer to call children for routine immunization and vaccination the amount of infant health work undertaken by family doctors has increased.

Child Health Work Carried Out in General Practitioners' Surgeries

Year	L.H.A. Clinics		At G.P. Surgery with L.H.A. Health Visitor Attending		Percentage of Children Born During Year who Attended		
	Average Sessions per Month	No. of Children who Attended	Average Sessions per Month	No. of Children who Attended	L.H.A. Clinic	G.P. Surgery Clinic	Total
1967	534	31,946	180	8,099	69	17	86
1968	539	33,143	244	11,287	67	21	88
1969	542	32,671	270	13,996	68	27	95

The statistics given in the Table, which refer to the administrative county as a whole, indicate the increasing amount of child health work carried out at general practitioners' surgeries.

In the town under consideration it was decided, following a meeting in March 1969 between the general practitioners of the district and representatives of the county health department, that a detailed survey of the child health clinics in that area should be undertaken by the area nursing officer. The results of this survey were discussed at a further meeting held in November 1969 between representatives of all practices in the town and representatives of the county health department.

The work load of the local health authority clinics was

found to have decreased and, while the more peripheral clinics were still well attended, those in the centre of the town near the family doctors' surgeries were poorly attended. Health visitors' time was wasted by duplication of work at surgeries and clinics, and mothers who visited the clinics serving more than one practice could be given conflicting advice, as they were often not seen by their own health visitor. Clearly the functions of the local health authority clinics had to be reconsidered and, after discussions with several general practitioners and the area nursing officer, the local authority doctor suggested that she should be attached to a group practice to undertake developmental assessments of children on the practice lists. This suggestion was received with interest and enthusiasm by the county medical officer, and those concerned agreed to try the scheme.

Implementation of Scheme

The scheme began in January 1970, and a developmental assessment clinic is held by the local health authority doctor in the general practitioners' surgery twice a month. Between 12 and 20 children are seen at each session. Three of the partners in the practice select the children to be seen by the local health authority doctor, all the appropriate children on the lists of the other two partners being seen on a non-selective basis. In all cases the practice notes are available to the examining doctor, and conversely her notes on the assessment clinic are available to the practice doctors.

The children are seen at 6 weeks, 6 months, 12 months, and also at 18 months if necessary, appointments being sent out by post by the surgery staff. Ten minutes is allowed for an initial attendance and five minutes for each subsequent attendance. At each of these the mother is told that not only is the development of her child taken into account but also that future possible educational needs are considered. Any child who it is thought might or will need special educational provision at a later stage is notified to the county education officer in accordance with the established procedure in this county. This is much appreciated by the education department, as it helps them to forecast their future requirements.

Other pre-schoolchildren are also referred by the general practitioners to the local health authority doctor if there are any problems, such as speech difficulties, mental retardation, and emotional problems, which may have a bearing on future educational needs.

Current Assessment of Scheme

At the time of writing the scheme has been in operation for six months. The general practitioners consider that the

* Senior Medical Officer, Hampshire County Health Department.
† Medical Officer, Hampshire County Health Department.