

Venereology—A backward look

AMBROSE KING

Consulting Venereologist, The London Hospital, E.1.

A man of my age spends so much time looking backwards that it is dangerous to give him the opportunity of talking about it. To many people the past can be a dead bore.

However, I gather that on the occasion of this anniversary some of you would like a brief account of some of the stresses and strains of earlier years—so here it is. You must forgive me if the words 'I' and 'me' recur frequently. These are strictly personal reminiscences.

Like most others of my generation I learnt nothing about venereology as a student at the London Hospital and, for that matter, had no idea where the Department was. My introduction to the subject began in 1927, about 3 years after qualification. My ambitions, such as they were, tended towards surgery and because money was always short I thought myself lucky to be appointed as a clinical assistant for two afternoons a week. The Department was subsidized by the Local Authority and clinical assistants were paid 30 shillings for each session. The appointment had the secondary advantage that the subject was quite outside my range of information and therefore a matter of some interest.

Care of V.D. patients was oddly divided. Syphilis, soft sore, and other conditions with surface lesions, were dealt with by the dermatologists on two afternoons a week, the clinic being called V.D.I. Gonorrhoea, urethritis, and related problems were the responsibility of the genito-urinary surgeons, in so-called V.D.II, and this was my area of activity. Sessions began at 1 p.m. on Wednesday and Saturday afternoons and continued while patients were still there to be seen, which might be up to 6.30 or 7 p.m. The premises were restricted in size and crowded to suffocation. Diagnosis was by direct smear, and treatment consisted of urethral irrigations, usually with potassium permanganate solution, a few stock mixtures containing, no doubt, hidden magic, and a number of rather vicious-looking instruments, including metal sounds and Kollman's dilators, which were freely used for the treatment of strictures and chronic urethritis.

Looking back on those days, I often wonder how much good and how much harm we did. There

seems little doubt that those who were less active in their treatment achieved the better end-results. Nevertheless, I have no doubt that urethral irrigations with potassium permanganate solution, properly used at certain stages of urethral infection, were beneficial. The trouble was that they were so often improperly used and at the wrong times.

During these years the local authority, the London County Council, was pressing the hospital to provide a more adequate service. A new department was built and it was planned to start a full-time service in 1930. Unfortunately the hospital and the L.C.C. failed to agree on matters of organization, including the important question of the appointment of a Director. The upshot was that the L.C.C. took over the organization, rented the premises from the hospital, and appointed a Director from St. Thomas's Hospital. He offered me a post as one of his two Chief Assistants and so left me with a very difficult decision.

I am often asked why I decided to go into a subject which was then regarded as highly distasteful and quite unworthy of the attention of anyone who had hopes of becoming more than a medical hack. It is a complicated story and there were various reasons for my decision, some more edifying than others. At this stage there were doubts in my own mind of my ability to make the top grade as a surgeon. In fact, on closer acquaintance, I did not even like the subject much. On the other hand, venereology, most neglected and despised of subjects, seemed to offer a considerable challenge. I asked advice from a lot of people, including all the Chiefs I had worked for. They all said 'No', with the single exception of the Professor of Bacteriology, a world-famous and rather blunt Scotsman from Aberdeen, of the name of William Bulloch. He listened to my problem and, after a few moments thought, said: 'King, if you take up this work you will have an interesting life and your future will depend on human nature. Human nature will never let you down'. He was a true prophet.

Thereafter a new broom swept through the Department. There were many changes and one of them disconcerted me considerably. Syringes and needles used for injections were not boiled or otherwise rendered sterile by acceptable standards. After use they were cleaned and placed in surgical spirit.

Before re-use they were rinsed in sterile distilled water and not treated in any other way. To me with surgical training this was disturbing and I took the matter up with the new Director. The answer was, 'We have always done it that way and we have had no trouble'. This had to be accepted, rather unwillingly, but there were good reasons for remembering it later. In those days there were occasional cases of so-called 'post-arsenical jaundice', usually attributed to a direct toxic effect of arsenicals upon the liver. Under wartime conditions with shortage of syringes and needles and facilities for sterilization which were often indifferent, together with a vast increase in cases of infectious syphilis, this type of jaundice became a major problem. The V.D. Division of the Military Hospital at Netley was given the task of investigating this problem and at one time we had two 50-bedded wards full of cases of jaundice. There, in due course, we were able to show that this condition could be prevented by proper sterilization of syringes and needles.

The provision of a full-time organization for the diagnosis and treatment of venereal diseases, with improvement of facilities in most respects at Whitechapel, led, as it always does, to a very large increase in attendances and for some years we were hard put to it, striving to deal with the mass of patients and at the same time to squeeze more staff from a reluctant and grudging local authority.

In 1934 came a first visit to the United States to present a paper to the Urological Section of the American Medical Association at the Annual Meeting in Cleveland, Ohio. It was a huge gathering, pithily described by an American colleague as a 'three-ringed circus', and a rather daunting occasion for a young and inexperienced man. However, although I probably knew little about the subject, they knew far less and no harm was done. The subject was—'Criteria of Cure of Gonorrhoea in the Male', and looking back on that occasion 38 years ago and at all that has happened since, it is fascinating to recall that the use of cultures for the isolation of the gonococcus was practically unknown in North America. Only one young man, Charles Carpenter, had made a few tentative steps in this direction. In this country, of course, men like Osmond at St. Thomas's and Orpwood Price at Whitechapel were very experienced and very successful with cultural technique.

In the middle 1930s reports began to come in from several centres in the United States of the successful use of mechanically-induced fever in the treatment of resistant cases of venereal infection. There was some reluctance on the part of medical administrators of the Local Authority to go into this

matter deeply, both because it was suspected that the activity might be a passing American enthusiasm and also because the Authority was already supporting an active, and probably expensive, Unit for malarial therapy at Horton Hospital near Epsom. However, the barriers gradually crumbled and in 1937 I was sent to attend the First International Conference on Fever Therapy in New York City and then on to the Kettering Institute in Dayton, Ohio, to acquire the techniques of machine-produced fever at that highly efficient establishment. It was a fascinating experience. The treatment was strenuous for patients and staff and had considerable dangers in inexperienced hands. Highly-trained and devoted staff were essential; but the results in selected cases were often quite remarkable. Resistant gonorrhoea and the complications of gonorrhoea in males and females usually responded quite dramatically. Results with neurosyphilis were very good and the treatment had a considerable place in dealing with what we now call Reiter's disease. Cooperation of the patient was essential so that the method was not really suitable for the treatment of demented paralytics. It was more controllable, more efficient, and safer than malarial therapy, but more exacting for patients and staff. After some delay we established a unit for fever therapy in the Department of Physical Medicine of the London Hospital and treated patients successfully there until the outbreak of war in September, 1939.

Being a Medical Officer in the Territorial Army I was called up at the beginning of September, 1939, to join a Casualty Clearing station in training near Leighton Buzzard and lost all contact with venereology for some months. This was a strenuous time in other ways. The Commanding Officer was a great believer in physical fitness and had the whole unit out for prolonged physical jerks and vigorous running at 6 a.m. every morning. As the second-in-command it was my duty to call the C.O. at 6 each morning and to take over the parade if he was disinclined to leave his bed. He joined us fairly enthusiastically on the first morning but not again over many weeks. A little grudgingly one had to allow for the fact that he was an older man who had served in the first war. He did, however, participate in route marches which were at times as long as 20 miles.

In January, 1940, the unit was sent to France, but I was detached from them and sent to take over the V.D. Division at Netley Hospital, on Southampton Water—a fortunate circumstance for me for they were all captured later in the year.

The Royal Victoria Hospital, Netley, was in many ways a remarkable place. It was built at the expressed

wish of Queen Victoria well back in the last century, as a considerable gesture to her beloved Army. It is said that Florence Nightingale was shown the plans and refused to have anything to do with it. She said it embodied every feature which a well-planned hospital should not have. The Queen knitted with her own hands a voluminous shawl which was to be placed round the shoulders of the illiest patient in the hospital. The use of this garment caused considerable emotion because it was interpreted as the equivalent of a death sentence. In my day it had been retired from active duty and reposed in a glass case in the main hall of the hospital.

There are many stories about Netley but I must be selective. The hospital was commanded by an elderly full-colonel assisted by a lieutenant-colonel acting as Registrar. Both were regular officers who had returned from retirement to take over this command and regarded it as a great privilege. For the older generation of the R.A.M.C. there was something quite sacred about Netley.

I was puzzled by the fact that my reception from these senior officers was distinctly chilly. One had to be philosophical about it and reflect that perhaps one was not a particularly attractive chap, and certainly not the kind to be taken straight to the bosoms of elderly R.A.M.C. regulars. It subsequently transpired that the War Office had plans for establishing a large V.D. unit at Netley. This was regarded by my superiors as a desecration of that sacred institution and my arrival as the forerunner was therefore highly unpopular.

To R.A.M.C. officers of the older generation, serving soldiers who contracted V.D. were criminals and this attitude hardened in time of war. One morning I arrived on duty to find my patients each with a white tab sewn on to the left shoulder of his blue jacket, and on enquiry it appeared that, without reference to me, the C.O. had ordered this to be done. His purpose was to make it easy to identify these men and exclude them from the NAAFI canteen. This led to a somewhat heated interview with the great man which did nothing to increase my popularity; but the white tabs were removed.

The hospital had three floors, each with a corridor about 360 yards long, with wards opening into the corridors. In June, 1940, when the German offensive began in France and the Low Countries, patients in the base hospitals in France were evacuated to this country. Most of them were cases of V.D., or should I say 'sexually communicable disease'? Up to that point my department consisted of perhaps three wards at one end on the top floor. Within 2 or 3 days we swept all the way along the top corridor, then the full length of the middle corridor, and half-way

along the ground floor. In fact, we had taken over five-sixths of the hospital and in that area every bed was taken. This was a matter of deep concern to my superiors but I had troubles of my own and no time to worry about their problems. It was an interesting practice. Very few of the patients had any notes at all and the notes that were available were really of no value. Everything had to be done the hard way. In most cases treatment had been ineffective or only partially effective—a revealing commentary on the main remedies then in vogue for gonorrhoea and non-specific urethritis, namely, sulphonamides. I was trying to deal with this lot virtually single-handed. There were plenty of Medical Officers about the place who might have been of some help, even if they knew nothing about the subject, but after all they were decent people, such as physicians and surgeons, and my patients and I were not in that category. The only help available was that of a middle-aged man from general practice. He was kind though unskilled, but he always drank so much at lunchtime that he did not appear afterwards. In the event, quite against Regulations, I telephoned Brigadier T. E. Osmond at the War Office. He was always a tower of strength of whom I cannot speak too highly. Within a short time he sent David Williams, now Dean of King's College Hospital Medical School and, sad to state, a distinguished dermatologist, then Claude Nicol and, when we began to take women patients, Eva Gallagher. Things soon became very different.

Soon the battle of Britain began and in the bombing that ensued most of the central part of Southampton was destroyed, with much damage, too, in the periphery. The hospital was a highly vulnerable target but seemed to bear a charmed life. The nearest hit demolished a section of the road that led to the cemetery, which made funerals rather inconvenient for a few days.

From 1941 onwards the Americans began to arrive. They took over Tidworth Camp on Salisbury Plain and in due course the hospital at Tidworth was badly damaged by bombing. It was full of war casualties, nearly all of them suffering from V.D., and they were dumped on us that same night at about 10 p.m. Once again, therefore, there was the problem of dealing with a large number of patients under treatment, with thoroughly inadequate notes and little information of any kind. The most impressive thing about these patients was the incredible amount of treatment some of them had sustained without obvious harm. The technique seemed to be to admit them to hospital, put them on sulphonamide, and keep it going until they became symptomless, if they ever did. Perhaps this was the first faltering step

towards epidemiological treatment! By the time they reached us some of these men had been dosed continuously over many weeks. Sulphonamide amounting to 600 to 700 grams or more had been given in some cases. It is extraordinary what the human frame can stand.

In due course we established a unit for fever therapy, transferring existing apparatus from the London Hospital and assisted by a Nursing Sister from that hospital who had worked with us in 1938-9. More apparatus was obtained from the United States and it became possible to work full-time with three machines. We treated patients from the Army, the Navy, the Air Force, the Merchant Navy, United States forces, Free Dutch, Free French, Free Polish, and even a few civilians whose welfare was important to the war effort. The results of treatment were, in general, excellent and things went smoothly for a while. Then we struck a very bad patch. Patients were subjected to fever maintained at 106°F. usually for 8 hours and suddenly some of them began to have secondary and often considerable rises in temperature during treatment or during the cooling-off period. Some of them became very ill and two of them died. Ultimately we traced this to the fact that we were being supplied with infected intravenous solutions containing pyrogens. The recent story of infected intravenous solutions causing deaths in the Plymouth area was a sad reminder of that very difficult time. Once this matter was adjusted there were no further serious troubles. Just occasionally a patient under treatment would develop a degree of delirium, possibly due to cerebral anoxia, and would become uncooperative and even violent. In such cases treatment had to be discontinued at once and it was sometimes necessary to restrain the patient for a while. One of my happiest recollections is of coming into the Department and finding Dr. Wilkinson, now a distinguished serologist but then one of our clinicians, struggling on the ground locked in the embrace of an American negro who was very large, very muscular, and stark naked. As you know, Dr. Wilkinson is not a big man but he was giving an excellent account of himself.

In 1943 the War Office sent me to the United States to get the latest information on the technique of fever therapy. After an interesting voyage in the *Queen Elizabeth*, I worked at the Intensive Treatment Centre at Chicago and also at other centres. In Chicago the hospital was on the East Side and they put me up in a rather sleazy hotel which at one time had been Al Capone's joint. All this is a story by itself but I will tell only one anecdote. One night the hospital staff asked me to a party and I arrived back

at the hotel rather late. The elevator attendant was a coloured girl who demanded to see my 'pass'. I told her that I hadn't got one and anyway I lived at the hotel. She was quite firm and in the end I had to get a piece of paper from the desk clerk, who looked a little embarrassed but made no comment. At the hospital next day I enquired about this rather mystifying experience. They laughed immoderately. It seemed that this was part of the city's campaign to prevent V.D. No-one in uniform was allowed to go to a room in a hotel after midnight unless he carried a pass.

There were, I think, three things which proved outstandingly valuable for my career in venereology.

(1) First, it was a great advantage to see so much gonorrhoea and non-specific genital infection in the days before specific treatment was available. One learnt a great deal from the natural courses of these diseases.

(2) The years of fever therapy, exacting as they were, were most rewarding. We saw everyone's failures and all manner of complications.

(3) My friendship with Earl Moore was satisfying in itself for he was a man of outstanding qualities, but professionally also it was a great asset. I met him first in 1937 and we kept in touch. He visited this country frequently, and I spent time in Baltimore in 1943 and on other occasions over the years. He visited Netley in 1943. He was a most able and stimulating person and everyone who knew him well learnt a great deal from him. His kindness in arranging Fellowships in Baltimore for young men from Whitechapel and St. Mary's had a very important effect in raising the standards and the standing of venereology in this country.

In the nature of things this has been no more than a brief and sketchy outline of some experiences of the past. Much more remains to be told, but that is, perhaps, a task for another day. Looking backwards, I have never regretted my choice of subject. Anyone who takes up a despised and neglected subject must expect difficulties and troubles. Some of them are with you still but it has seemed that as the years have passed there has been greater acceptance by our colleagues and many of the difficulties have been smoothed away. In thinking of this I believe we should spare a thought for the true pioneers, such as Colonel L. W. Harrison, who really established the subject against odds that must have seemed to be insuperable, and Arthur Harkness who made such a big contribution to the study of non-specific genital infection and Reiter's disease.

Our debt to them can only be paid if we are faithful to the traditions they established.