

on the other, and they are placed on the instrument in place of the mirror F (Fig. 5) so that the interference fringes are obtained from both surfaces. The top prism is then tapped gently until the face under observation is parallel to that of the standard. Both prisms are now rotated so that their other faces are presented to the beam. Needless to say, this rotation must be very carefully done to avoid shifting the top prism relative to the bottom one. A slight rotation must now be given to the diagonal plane of the interferometer, in order to make the fringes on the standard horizontal. Then if there is any angular difference between the prisms, the fringes seen on the other prism will be tilted, the number of fringes cutting the horizontal separating line being a measure of this angular difference. If the interference bands are formed by the green light of a mercury vapour lamp, each band represents 10^{-5} in.

To test the 90° angle of a roof prism the side mirror F of the instrument is swung round to the right-angle position and the roof prism placed on a table of suitable height to reflect the light on to the mirror. The appearance of two horizontal bands indicates that the angle of the roof is not quite 90° . If the angle is smaller than 90° , then by pulling the telescope rod gently in a downward direction (which increases the path length of the light reflected in mirror G), the fringes will move inwards towards the dividing edge.

¹ Twyman and Green, British Patent 103832/16. Twyman, British Patent 130224/18.

² Twyman, F., *Phil. Mag.*, 35, 49; *Trans. Opt. Soc.*, 22, 4; *Trans. Opt. Soc.*, 24, etc.

VENEREAL DISEASE

LIAISON BETWEEN SERVICE AND CIVIL AUTHORITIES

By MAJOR J. MARSHALL, R.A.M.C.

FOR the past two years, in the treatment of venereal disease, the Services in Great Britain have had the help and co-operation of certain civil clinics. Under a scheme devised by the Ministry of Health and the Service authorities, these clinics agreed to carry out surveillance and after-treatment of Service venereal disease cases on the same lines as those used in Service hospitals and clinics. Often the use of civil clinics has meant an immense saving of time and transport in districts where there is no convenient Service venereal disease centre. The purpose of this article is to show how the scheme is working in the Eastern Command and London District.

Service men who contract venereal diseases are always admitted to a Service hospital and are treated there until they are free from symptoms, non-contagious, and fit to resume full duties. After-treatment or surveillance is carried out at the clinic, civil or Service, nearest the man's station. Before a man leaves hospital, he is given verbal instructions regarding his after-care, and his medical officer receives a proforma giving the address of the chosen follow-up centre and naming the date and time for the first appointment. If the man is to attend a civil clinic his medical officer sends with him a case record card each day he attends. On this card is a pencilled scheme of treatment for the guidance of the civil specialist. It is appreciated on both sides that this is only a guide and does not apply where the civil specialist finds that other measures are

necessary. A list of all clinics, civil and Service, in the area is sent to the unit medical officer when necessary. Regimental medical officers are encouraged to get in touch with the specialist at the local venereal disease centre whenever possible so that the best arrangements can be made to accommodate Service cases at the clinic.

If a Service man, without first consulting his own medical officer, visits a civil clinic and is found to be in an acute infectious condition, the specialist advises the man to report at once to the military authorities so that he may be admitted to hospital.

Civil clinics have no means of check on Service defaulters as, for reasons of security, unit locations cannot be disclosed. Most clinics, however, send lists of defaulters periodically to the Command venereologist, and the men are traced. In most cases they are found to be continuing treatment at another centre after a unit movement, but if they are true defaulters, arrangements are made for them to resume treatment.

Some civil clinics have arranged special sessions for Service cases and all have helped greatly in their efforts to deal quickly with Service men so that there shall be the least interference with duty. In certain clinics, where time, pressure of work, or other reasons have made it difficult for the civil staff to deal with Service men, the clinic has been lent to the Command venereologist for a few hours each week, and a special Service clinic has been opened.

For men leaving the Services before treatment is completed, arrangements are made for them to continue at the civil clinics nearest their homes.

Every effort is made to bring the female source of infection under treatment. When a patient knows by whom he has been infected, he is encouraged to write to the woman, telling her of the importance of seeking medical advice, and enclosing a sealed addressed letter for her to take to the specialist at the civil venereal disease clinic nearest her home. This letter informs the specialist of the nature of the suspected disease. When his patient permits, the specialist informs the sending hospital that the woman has attended and of his findings. The number of women brought under treatment by this method has more than justified the scheme.

When dealing with marital cases it is often a great help in avoiding family upsets if the same doctor can deal with both parties. This is especially the case in those instances where a man has unwittingly exposed his wife to infection during the incubation period of one of the venereal diseases, and commanding officers are co-operating by allowing a man time off to accompany his wife to the clinic on the first visit. In this connexion the London Lock Hospital has helped by lending its female clinic for a morning each week when the Command venereologist may see Service men's wives who are resident in London. The Command specialist is able to transfer to members of the honorary staff of the hospital any special cases falling outside the province of venereal disease, such as obstetric or gynaecological conditions.

In conclusion, it may safely be said of the collaboration of the civil and Service venereal disease systems that both sides have done their best to make the scheme a success, and that the results have been most encouraging. The thanks of all concerned are due to the civil venereologists, public health and hospital authorities who have assisted so greatly in this matter.