In two previous years we have reprinted the Venereal Diseases section of the Annual Reports of the Chief Medical Officer of the Ministry of Health for the years 1935 and 1936 respectively. In the present number, by permission of the Controller H.M. Stationery Office, we are republishing most of the corresponding section of the same report for 1937, omitting a portion dealing with the sulphonamide treatment of gonorrhoea, as this matter seems to have become out of date, thanks to improvements in this form of therapy and to the remedies in question having now been scheduled under the Dangerous Drugs Act.

Most of the Report deals with the incidence of venereal diseases in England and Wales and discusses briefly the question of failure to seek skilled advice and of premature discontinuance of attendance; in this connection it refers to the official mission to study anti-venereal measures in Denmark, Norway, Sweden and Holland and quotes the conclusions of the resulting report.

The Chief Medical Officer’s Report affords evidence of a continuation of the decline of fresh syphilis in England and Wales mentioned in the two previous reports. In connection with the question of incidence of venereal diseases it may be of interest to our readers to see how the British Armed Forces have fared in this respect here and abroad, as the different rates of incidence may illustrate the effect of different environments on the same personnel, instructed and provided similarly in respect of methods of personal prophylaxis.

Accordingly, after the tables illustrating the Chief Medical Officer’s Report we are showing three relating to admission rates for venereal diseases at home and abroad.
in the Navy, Army and Air Force for the years 1921, 1929 and 1936. The tables afford material for interesting speculation on the reasons for different rates in different parts of the world, and the views of medical officers of the different services on them would be instructive. The fact that the rates are generally lower at home than in most of the foreign stations may suggest lower incidences in the civilian population here, but other factors are doubtless entitled to some of the credit. It is tempting to discuss a number of features in these tables but this introduction is not the place for it.

The Chief Medical Officer's Report and the tables mentioned above are as follows:—

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Civilian Anti-Venereal Work in England and Wales in 1937, and Some Rates of Incidence of Venereal Diseases in the Armed Forces at Home and Abroad in Certain Years

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