Social indicators and venereal disease

R. S. MORTON
Royal Infirmary, Sheffield

Since 1955 the steadily improving financial situation of the United Kingdom has contributed to many changes. In physical terms this has meant better housing, roads, transportation services, and schools, and a less polluted atmosphere. Social improvements have brought better nutrition, longer education, and more evenly spread health services. These changes are widely recognized, appreciated, documented, and clearly correlated ('Social Trends', 1970; Moser, 1970); they are to be found in many developed countries and may be viewed as on the credit side of a nation's balance sheet of progress. Less well recognized, little appreciated, poorly documented, and seldom, if ever, correlated, are the entries on the debit side of the account.

The Table shows that many adverse phenomena suggesting social ill-health have become much commoner. Some of these have beset mankind for a long time. The upward trends in most of them started in 1955 along with the increased prosperity and have continued since. Almost all the rises have run in parallel, particularly those relating to crimes against persons or property and those concerned with sex. Others have a more recent history. Some increases are associated with liberalization of the law, for example, divorce and abortion.

Of special interest is that the upward trend in the incidence of gonorrhoea has many accompaniments in what may be called the manifestations of social pathology. All have taken place with economic and scientific progress and the extension of freedom from legal restrictions and social sanctions. There has been, for example, increasing liberalization in the laws concerning suicide, divorce, and abortion, and more permissive and tolerant attitudes towards pre-marital sex, illegitimacy, and venereal disease.

It has become clearer that many of the phenomena denoting a lack of order are the products of the structure and function of society. Also important is the observation that the resulting indices of emotional distress and social ill-health are in some way related. Apart from these fundamental facts, however, we

---

**TABLE Incidence of certain social phenomena in England and Wales**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indictable offences</td>
<td>978,076</td>
<td>1,289,090</td>
<td>1,488,638</td>
<td>1,555,995</td>
</tr>
<tr>
<td>Non-indictable offences</td>
<td>1,154,073</td>
<td>1,387,724</td>
<td>1,372,584</td>
<td>1,426,059</td>
</tr>
<tr>
<td>Juveniles found guilty</td>
<td>128,394</td>
<td>117,537</td>
<td>119,928</td>
<td>123,166</td>
</tr>
<tr>
<td>Violence against the person</td>
<td>12,832</td>
<td>18,338</td>
<td>20,855</td>
<td>23,443</td>
</tr>
<tr>
<td>Breaking and entering</td>
<td>47,249</td>
<td>51,898</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual offences</td>
<td>6,120</td>
<td>6,343</td>
<td>6,497</td>
<td>6,656</td>
</tr>
<tr>
<td>Consumption of spirits</td>
<td>17.3</td>
<td>18.6</td>
<td>17.5</td>
<td>20.1</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>79,598</td>
<td>75,225</td>
<td>77,007</td>
<td>78,748</td>
</tr>
<tr>
<td>Prostitution offences</td>
<td>1,982</td>
<td>2,452</td>
<td>2,318</td>
<td>2,347</td>
</tr>
<tr>
<td>Suicides</td>
<td>5,715</td>
<td>4,584</td>
<td>4,326</td>
<td>3,939</td>
</tr>
<tr>
<td>Attempted suicides</td>
<td>5,715</td>
<td>4,584</td>
<td>4,326</td>
<td>3,939</td>
</tr>
</tbody>
</table>

*Estimated to be 6 to 8 times suicide rate*

---


Compiled mostly from the 'Annual Abstract of Statistics' (1971), H.M.S.O. London
have little understanding of them, and they offer poor hope for prediction or prevention.

Our ignorance at this sociological level is only equalled by our lack of information when we are faced with the individual patient. We do not know, for example, which adolescent girl with gonorrhoea will make a suicide attempt, become pregnant, tattoo herself, take drugs, or return again and again with gonorrhoea. The occasional girl will exhibit all these manifestations of social ineptitude and emotional instability, while attempting to cope with her changing cultural environment, its pressures and hazards.

For nearly a century health personnel have been occupied with the physical environment and particularly with the deployment of medical and social sciences to prevent the diseases of infancy and childhood. Successes in this field have been notable, but it is clear that the time has now come to focus attention on the cultural environment and the medico-social risks it holds for adolescents. Our knowledge is scanty, for instance, of the effects on adolescents of flat dwelling, financial independence, and prolonged education, and how these may play a part in precipitating depression, drug dependence, earlier sex experience, and venereal disease.

This short paper is a plea for a more realistic medico-social approach, towards what is clearly a problem of public health. Research is required not just to define the average actions of adolescents but the range and nature of these actions and to discover how far they are responses to the changing environment. The need is to identify social indicators of various kinds. Some will describe the social situation or its dynamics with regard to the quality of young peoples’ social lives, individual needs, and problems. Others could help to evaluate areas of progress or decline. We also need to develop social indicators of a predictive nature and to escape from the present compartmental approach to medico-social problems which, for example, views venereal diseases in isolation from other socially-determined phenomena.

Many developed countries are similarly affected, and the immediate need is for governments to provide resources and trained statisticians to collect, collate, and evaluate the data. Such comprehensive statistics would offer a basis for greater public and professional awareness and for rational action in the provision of facilities for the care of social casualties. They would also lead to the framing of acceptable schemes for improving social order and so to a greater degree of prophylaxis of socially-based ill-health.

References

Stengel, E. (1964) 'Suicide and Attempted Suicide'. Pelican Books, Harmondsworth, Middlesex
Social indicators and venereal disease.

R S Morton

doi: 10.1136/sti.49.2.155

Updated information and services can be found at:
http://sti.bmj.com/content/49/2/155.citation

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/