The British Journal of Venereal Diseases and Genitourinary Medicine: the first 70 years

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The Medical Society for the Study of Venereal Diseases (MSSVD) was founded in 1922. From the outset the possibility of publishing the proceedings of the Society was discussed, but dismissed as being too expensive. Instead, an arrangement was made for the *Lancet* to publish a periodic epimote. By 1924 the Society's financial position was more secure, and it was eventually agreed that a quarterly periodical, *British Journal of Venereal Diseases* (BJVD) would be published by Messrs Constable under the direction of the Council of the MSSVD. The cost of publication and the proceeds of sales were to be shared equally between the two. The Council would appoint an Editor and Assistant Editor (or two Joint Editors), with sectional editors in syphilis, gonorrhoea in men, gonorrhoea in women, gynaecology, urology, neurology, pathology and sociology/public health.

The first editors were Lawrence Whitaker Harrison and Ernest Robert Townley Clarkson (table 1). Harrison was Adviser in Venereal Diseases to the Ministry of Health, and in charge of the clinic at St Thomas' Hospital; he was a well-known and influential figure in British venereology for many years. Clarkson had been a clergyman before taking up medicine, and was clinical assistant in the clinic for men with gonorrhoea at the London Hospital. He wrote several papers on syphilis and gonorrhoea, and edited a book "The Venereal Clinic" in 1922. He was the first Honorary Secretary of the MSSVD.

The new journal faced competition not only from general medical journals like the *Lancet* and *British Medical Journal* (which published more about venereal diseases than they do today), but from specialist journals. In France, *Annales des maladies vénériennes* had been founded in 1906; in the United States the *American Journal of Syphilis* began in 1917, and *Venereal Disease Information* in 1920. In addition there were eight journals of dermatovenerology published in France, Germany, Italy and the USA; in Britain The *British Journal of Dermatology* had added "and Syphilis" to its title in 1917. Papers on gonorrhoea also appeared in journals of urology and gynaecology. The first issue of the BJVD appeared in January 1925 with an introduction by Sir Humphrey Rolleston, President of the Royal College of Physicians. The Editors stated the aims of the Journal: to enable workers in the field to keep abreast of progress by publishing original articles and informative critical reviews with full bibliographies, and in general to foster the development of a scientific attitude towards venereal diseases. The British Medical Journal welcomed the new journal, noting that it was "intended to cover the whole subject of venereal disease apart from the important but thorny problem of moral considerations". This was correct. The MSSVD had avoided participation in the rancorous debate between the National Council for Combating Venereal Disease (NCCVD) and the Society for the Prevention of Venereal Disease (SPVD) over control of the infections; the MSSVD favoured sexual continence, health education and good treatment facilities, and the SPVD personal prophylaxis by topical applications and/or condoms. This "unedifying wrangle" (as *The Times* called it) continued for many years. The BJVD wisely took no part in it, although Clarkson was at one time secretary of the NCCVD.

The first twenty years

Although until the end of 1938 Harrison and Clarkson appeared as Joint Editors, Harrison subsequently stated that his colleague had done most of the work. Early in 1938 Clarkson fell ill, and the bulk of the editorial work was then done by Vernon Lloyd, the Honorary Secretary of the MSSVD. Between 1939 and 1942, although Harrison appeared on the title page as Editor, Lloyd was the real editor. In 1942 Harrison resigned, and from then until 1950 Lloyd became Editor de jure as well as de facto. Messrs Constable continued to publish the Journal until 1942, when a disagreement over terms and conditions led to their replacement by Messrs Butterworth. The result of this was that while previously the MSSVD had derived a modest profit from the BJVD, under the new arrangement it made almost nothing. Harrison commented...
“The terms were hard, but so were the times”.1 During this period the BJVD obtained most of its material from papers read at meetings of the MSSVD and their subsequent discussions. There were review articles (many of them by Harrison), and a regular Index Medicus. After 1935, the annual Reports of the Chief Medical Officer of the Ministry of Health on the venereal diseases were included. There were few contributions from overseas—between 1925 and 1939 only 33 appeared. Harrison later admitted that during its early years the Journal found it hard to keep going, and from time to time the contents were eked out with reviews of the current literature which had appeared in the Bulletin of Hygiene.

In those days the interests of British venereologists reflected in the BJVD primarily concerned syphilis and gonorrhoea. Syphilis was common, and many papers contributed to the apparently endless controversy over its treatment; the American syphilologist Earle Moore commented that “as late as 1943 there was still disagreement among doctors as to the best method of treating even the simplest form of syphilitic infection”.4 The management of syphilis in pregnancy, congenital syphilis and neurosyphilis remained intractable problems, and there were many papers on the side effects of arsenicals. Although the traditional Wassermann Reaction was in general use, the new flocculation tests—those of Kahn, Kline and Meinicke for example—were mentioned. Gonorrhoea and its complications presented many difficulties. In the days of non-selective media there was little confidence in the results of culture for Neisseria gonorrhoeae, and probably for this reason there were many papers on the Gonococcal Complement Fixation Test; Harrison wrote that he “would not like to be without it”.

The treatment of uncomplicated infections by irrigations and topical antiseptics was by now well established, and little was written about it. Persistent or complicated infections were another matter. Gonococcal vaccine therapy, introduced during the First World War, was discussed in several papers, and some authors thought highly of it. Other reports appeared on the value of fever therapy, which had been developed for the treatment of neurosyphilis, in chronic gonorrhoea and disseminated gonococcal infections, particularly arthritis. One enthusiast wrote that “thermogenic procedures are destined to play an ever-increasing role in venereology”.6 The treatment of gonorrhoea remained thoroughly unsatisfactory until the advent of sulphonamides. In 1938 the first paper on this subject appeared in the Journal, a study of the effect of sulphadamidine on gonococcal urethritis in men.7 Many more publications followed on the efficacy and toxicity of other sulphonamides.

Although sulphonamides constituted a major advance, on the whole the BJVD in its first 20 years makes rather dispiriting reading. The speciality was firmly rooted in syphilis and gonorrhoea, and apart from occasional reviews of lymphogranuloma venereum (LGV) and granuloma inguinale there were few contributions on other sexually transmitted diseases. Nothing was published on non-gonococcal urethritis (NGU) until 1933, when Harkness contributed a good paper,8 the first of his many publications on this disease. In 1938 Harrison and Worms wrote a perceptive review article in which they discussed a possible relationship between some forms of NGU and the causal agent of LGV,9 and there was an outstanding paper on trichomoni-asis in men, with much original data, in 1940.10 Among other noteworthy articles published during this period were two on venereal disease in relation to literature.11 12 Doctors then had a better general education than they do today, but even so these papers and the discussions which followed show a remarkable erudition.

The Second World War 1939–1945 This was a difficult time for the BJVD. Many of its contributors and readers were on active service, and the winter meetings of the MSSVD (the source of many articles) were temporarily suspended. The Journal became slimmer owing to the wartime shortage of paper, although the use of a smaller type face eased this problem. Venereal diseases escalated during the war, and papers soon appeared on control by health education13 and contact tracing.14 Disappointment over the increasingly poor performance of the sulphonamides against gonorrhoea was reflected in several articles. Nobody knew what to do about this, although several authors reported success in treating resistant infections with repeated courses of sulphonamides combined with pyrether-apy.15 The first reports of the use of penicillin in syphilis and gonorrhoea appeared in American journals. Alexander Fleming addressed the MSSVD in 1943, and his review was published in the Journal in the following year.16 Reports of British clinical studies soon followed; these, however, were mostly from the Services, which had a prior claim to supplies of penicillin, and they confirmed its dazzling efficacy.17 18 After 1948, when depot preparations were invented, treatment regimens were further simplified. Penicillin revolutionised venereology, and with it the BJVD. Many topics which had filled the journal during its early years—the endless problems surrounding the treatment of syphilis, the management of chronic gonococcal infections, the toxic effects of arsenicals and sulphonamides, the treatment of urethral strictures and so on—were soon to belong to the past.

The Post-War Years: 1946-1959 The contract with Messrs Butterworth to publish the Journal ended, at their request, in 1946 and another publisher had to be found. The circumstances in which the British Medical Journal assumed publication of the BJVD are obscure to this day. The Minutes of General Meetings of the MSSVD at the time...
are laconic. On October 26 it was reported that "A delegation from the Council had been received by the British Medical Journal Committee who had put forward very promising proposals which are being considered". One month later, at a meeting on 30 November, it was announced that "The British Medical Journal are pleased to publish the Journal. The President (Dr GLM McElligott) expressed his satisfaction with the new arrangements". No details were given about what these "arrangements" were. Fifteen years later, Harrison wrote: Since then [1946] the Journal has been one of the scientific periodicals published by the British Medical Association. Throughout, the editorial direction has remained in the hands of Officers of the MSSVD, but since publication was undertaken by the British Medical Association this direction has been carried out in association with the Editor of the British Medical Journal.

Although this was not explicitly stated at the time, the MSSVD had transferred to the British Medical Association not only publication of the Journal but its ownership. The Society neither paid nor received any money, and the Association was free to vary the price of the Journal without consultation. In 1951 Sydney M Laird became Editor, and he remained until 1965, becoming the longest serving Editor since Harrison. He was succeeded in 1966 by A E Wilkinson, the only microbiologist (so far) to edit the Journal. From 1960 onwards summaries of articles appeared in French. A major topic which preoccupied readers of the Journal at this time was the future of venereology itself. In the early 1950s there was a marked fall in the incidence of venereal diseases throughout the Western world; on all sides there were suggestions that the advent of antibiotics made the speciality unnecessary and that its work should be distributed among other disciplines. Needless to say, this opinion was strenuously challenged in the editorial pages of the BJVD. Nevertheless, in 1951 the British Journal of Dermatology dropped "and Syphilis" from its title, the Journal of Venereal Disease Information ceased publication in 1954, and the same year saw the demise of the American Journal of Syphilis. In his valedictory editorial in the last of these journals Earle Moore noted that the BJVD was now the only publication in English devoted to the subject, and he hoped that "our British colleagues will keep the torch burning". They achieved this for another twenty years until the Journal of the American Venereal Disease Association appeared in 1977, and by this time sexually transmitted diseases, far from being "no longer a challenge to medicine" had become a major international problem.

During the 1950s and 1960s the contents of the Journal showed a continued interest in syphilis and gonorrhoea. There were many papers on the serology of syphilis. At first these reported comparisons of various flocculation tests with each other and with modifications of the Wassermann Reaction. The first specific procedure was the Treponema Pallidum Immobilisation test. In 1954 this was discussed in the Journal by Nelson, who had devised it in 1949, and in the following year a major evaluation by British investigators appeared. The Reiter Protein Complement Fixation test was first discussed in 1959, the Fluorescent Treponemal Antibody test in 1961, and a Haemagglutination Assay in 1967. All these were subsequently studied in detail. There was a flurry of interest after persistent treponema-like forms in the lymph nodes of humans and experimental animals treated for syphilis with penicillin were reported, but this interest was not maintained for long.

Most of the papers on gonorrhoea published during this time concerned treatment, but a major advance in diagnosis—selective culture media for the isolation of N. gonorrhoeae—was reported in 1965. Chancroid, LGV and granuloma inguinale were by now rare in developed countries and received little attention. NGU, on the other hand, was common; having been largely ignored during the first two decades of the Journal's existence, it now became a focus of research. In 1948 a paper appeared on the possible involvement of a group of mycobacteria which were to be intensively studied—"pleuropneumonia-like organisms", later called genital mycoplasmas. Others followed, with a major review in 1969. But an outstanding series of publications on ocuileen strains of C. trachomatis (then called TRIC agents) from the Institute of Ophthalmology and the London Hospital was of much greater significance and future importance.

After the discovery of penicillin many other antimicrobials appeared which were of interest to venereologists: streptomycin (1944), chloramphenicol (1947), chloramphenicol (1948), oxytetracycline (1950), tetracycline hydrochloride (1953) and spectinomycin (1961). They were evaluated for the treatment of genital infections in a long series of papers of variable quality. Resistance of N. gonorrhoeae to streptomycin became an insuperable problem, but partial resistance to penicillin was met by increasing its dosage and by using probenecid as an adjuvant; spectinomycin was first evaluated in the Journal in 1962. The introduction of metronidazole for trichomoniasis was also an important event, reported in major studies from France and England.

Throughout the post-war period the epidemiology and behavioural aspects of venereal diseases were often studied in the BJVD, and there were many articles on the situation overseas. Following the landmark papers of MacDonald in 1949 and Jeffers in 1956 homosexually acquired infections were discussed more often. Between 1950 and 1970 the quality of the Journal undoubtedly improved. Among much bread-and-butter material there were some papers of lasting importance, and in a few cases important research was submitted first to the Journal. The BJVD was becoming less parochial; in 1959 the number of papers from overseas was
13, but in 1969 it was 57 (table 2). There were other portents of major advances to come; for example, a paper by Bedson on sexually transmitted viral diseases appeared in 1950 and on cervical cytology in a venereal disease clinic in 1962.

### Table 2 Countries of origin of papers published in British Journal of Venereal Diseases in 1959 and 1969

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Number of papers</th>
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<tbody>
<tr>
<td></td>
<td>1959</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>34</td>
</tr>
<tr>
<td>Other European countries</td>
<td>7</td>
</tr>
<tr>
<td>North America</td>
<td>3</td>
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<td>Asia</td>
<td>2</td>
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<td>Africa</td>
<td>1</td>
</tr>
<tr>
<td>Australasia</td>
<td>0</td>
</tr>
<tr>
<td>Other countries</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
</tr>
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1970–1984

In 1970 the number of issues of the Journal per year increased from four to six. At the same time the colour of its cover, which had always been grey, was changed to green; it has retained this colour since then, apart from the issue of December 1972 which, to mark the 50th anniversary of the MSSVD, was a resplendent gold. In 1975, financial problems necessitated a temporary decrease in the number of pages, the précis in French were dropped, and authors were required to check their own references. In the past, letters to the Editor were rarely published, but after the mid 1970s correspondence became a regular feature.

This period saw an increase in the number of articles on microbiology. The age-long discussions of syphilis serology dwindled as tests based on flocculation, immunofluorescence and haemagglutination became established. An outstanding paper by Catterall on the biological false positive reaction was published in 1972. Microbiological advances were reflected in studies on ultrastructure, for example of *T. pallidum* and genital warts, the development of immunofluorescent tests for *N. gonorrhoeae* and other organisms, and cell culture for *C. trachomatis*. The latter technique had been introduced in 1965, and initiated a series of papers in the Journal on the prevalence, epidemiology and clinical features of oculogenital chlamydial infection. A report in 1979 drew attention to the possibility, later confirmed, that *C. trachomatis* causes salpingitis, and in the following year the first report in Britain of neonatal chlamydial pneumonia appeared in the Journal.

The spectrum of sexually transmitted diseases caused by viruses was expanding. Hitherto there had been sporadic papers on genital herpes but now contributions on genital warts appeared as well, and in 1977 a seminal study of hepatitis B infection among male homosexuals appeared. Although there were many articles on trichomoniasis and its treatment with nitroimidazoles, genital candidosis received scant attention in the Journal before the mid 1970s; perhaps the disease was regarded as insufficiently “venereal”. In contrast, β-lactamase producing gonococci, first reported in 1976, were becoming more widespread. Their management was to be a dominant problem in the following decade, and a prophetic leading article on this subject appeared in the Journal in 1980. The epidemiology and control of venereal diseases were also attracting papers of good quality; one of these, on contact tracing, which appeared in 1972 is often quoted.

### Genitourinary medicine

In 1984 it was announced that the BJVD was to be renamed Genitourinary Medicine. During the 1970s this term had often been used to describe the work performed in “venereal disease” clinics, and indeed the speciality of venereology itself. The Editor pointed out that in 1925, when the Journal was founded, 75% of patients had syphilis, gonorrhoea or chancroid, but that this proportion had now fallen to 15%; most attended with NGU and related diseases, viral infections and miscellaneous urogenital and psychosocial problems. Under its new title the journal would publish more work on these disorders as well as the traditional “venereal” diseases, and it was hoped that it would also attract articles on medical aspects of urology and gynaecology.

The first issue of Genitourinary Medicine appeared in 1985. By now, the world epidemic of AIDS was well under way. The first references to the disease in the journal were among the Abstracts published in 1983, and thereafter there was a regular flow of original papers and review articles on all aspects of HIV infection. Contributions on this and other difficult contemporary problems—sexually transmitted diseases in developing countries, the resurgence of syphilis, chlamydial infection, genital herpes, the relation of HPV to genital neoplasia and so on—were handled by successive Editors with the discipline established by their predecessors during the previous two decades. The subsequent history of the Journal is within recent memory, and will not be pursued here.

The Journal of the American Venereal Disease Association, soon renamed Sexually Transmitted Diseases, was established in 1977, and the International Journal of STD and AIDS in 1990, so that there are now three journals in the English language devoted to venereology. Genitourinary Medicine is the oldest of these, having been published continuously for 70 years. Seventy years is a long time in medicine, and during this period the study of sexually transmitted diseases and related subjects has been transformed. It may be asked
whether the journal has fulfilled the aims of its founders: To enable workers in the field—clinicians, microbiologists and their associates—to keep abreast of progress, to publish accurate and informative articles with bibliographies, and to foster the development of a scientific attitude to the subject. I suggest that the answer is res ipsa loquitur, the thing speaks for itself.

I am grateful to Dr Mark Fitzgerald for his help in locating some historical material.


6 Burke ET. Experimental contribution to the study of anti-syphilitic hyperthermia produced by physical agents. Ibid 1938;14:89.


13 Harrison LW. Methods of enlightenment of the general public on venereal diseases. Ibid 1942;18:77-80.

14 Laird SM. The need for further powers to deal with sources of infection, contacts and defaulters. Ibid 1942; 18:84-93.


36 Bedson SP. Viruses and venereal disease. Ibid 1950;26:177-82.


43 Willmott FE. Genital years in female patients attending a venereal disease clinic. Ibid 1975;51:119-22.


