THE CHADWICK TRUST

MALCOLM MORRIS MEMORIAL LECTURE*

THE RECRUDESCENCE OF VENEREAL DISEASE

BY

C. S. NICOL

Physician in Charge of Venereal Diseases, St. Thomas's and St. Bartholomew's Hospitals, London

When the Chadwick Trust asked me to give the Malcolm Morris Memorial Lecture for 1963, I felt greatly honoured. I must admit that I also felt some trepidation at the thought of following in the footsteps of my former chiefs, the late Joseph Earle Moore of Baltimore and Mr Ambrose King of the London Hospital. It was, however, encouraging to know that I would be talking on my home ground. It was in the Special Clinic of St. Mary's Hospital in 1937 that I was introduced to the subject of venereology by Dr Gerald McElligott.

I was given as my subject for this lecture "The Recrudescence of Venereal Diseases", which reminded me that it was in this same lecture theatre 6 years ago that King delivered his memorable paper "These Dying Diseases" (1958). By now he has surely made his point concerning the situation in Great Britain, and enough has been said on the subject. I myself gave a paper at the BMA Clinical Meeting in Middlesbrough in 1960, and many other general reviews have appeared since 1957, including the various British Cooperative Clinical Group Studies on gonorrhoea and two excellent papers from Willcox (1962) and Catterall (1963). I therefore decided that to-day I would discuss the international aspects of the subject, with particular reference to the ways and means by which we in Great Britain can co-operate through international organizations in combating this trend.

There are two main bodies which deal with this problem, one governmental, the Venereal Disease and Treponematoses section of the World Health Organization (WHO), and the other non-governmental, the International Union against the Venereal Diseases and Treponematoses (IUVDT). I shall first of all remind you of the relationship between these

international organizations and our own national organizations which are directly or indirectly concerned with the control of the sexually-transmitted diseases (see Diagram, opposite).

The Ministry of Health appoints an Adviser in venereal diseases, who deals with matters of general policy, official propaganda, the publication of official forms, and statistical returns from the clinics. The present Adviser (Mr Ambrose King) is on the Executive Committee of the British Federation against V.D.

The United Kingdom Committee of the World Health Organization (WHO) deals with world health matters as they affect this country and keeps in close touch with WHO headquarters in Geneva. The BFVD was a founder member.

The Central Council for Health Education (CCHE) receives a grant from local health authorities and one of its responsibilities is the education and instruction of the public concerning venereal diseases. It is a member of the BFVD with a representative on its Executive Committee.

The British Society for International Health Education assists health education overseas, especially in developing countries. It is the only British Group serving this purpose.

The Medical Officers of Health (MOsH) remain responsible for the preventive medicine aspects of venereal diseases in their respective areas. The Chief Medical Officer of the London County Council is Chairman of the Executive Committee of the BFVD.

The British Federation against the Venereal Diseases (BFVD) is an unofficial, *i.e.* non-governmental, organization with representatives from twelve member organizations (two medical and ten religious and social). It deals mainly with the social aspects of these diseases.

The Medical Society for the Study of Venereal Diseases (MSSVD), with over 260 members, deals mainly with the medical aspects of venereal diseases. It has been instrumental in forming the British Cooperative Clinical Group (BCCG), which gathers statistical data of both medical and social importance. The MSSVD is a member of the BFVD with three representatives on its Executive Committee.

* Delivered on December 11, 1963, at St. Mary's Hospital Medical School, London.

The British Medical Association (BMA) has an elected Venereal Diseases Consultants Group Committee. The BMA is a member of the BFVD with a representative on its Executive Committee. The BMA also publishes the *British Journal of Venereal Diseases* with the aid of an editorial committee appointed by the MSSVD.

Let us now consider the international organizations in more detail. The World Health Organization (WHO) is a specialized agency of the United Nations; it represents the culmination of efforts to establish a single intergovernmental health agency. In 1946 the WHO constitutions were signed by 61 governments, and they came into force in April, 1948. By September, 1948, the permanent Organization was established in Geneva. Since then the Venereal Diseases and Treponematoses section under the able direction of Dr Thorstein Guthe and his staff has planned and organized a large number of programmes for combating the venereal diseases and treponematoses in many different countries. It has also convened a number of Expert Committees since 1948 and their views have been published in the WHO *Technical Report Series*. Many other very useful papers and surveys such as the 1956 Venereal Disease Survey of Existing Legislation, have also been published. Report No. 190 of the Expert Committee of 1960 dealt with many very important topics:

(1) The review of the 1956 Study Group on the Brussels

Agreement of 1924 respecting facilities to be given to Merchant Seamen for the treatment of Venereal Diseases. It was recommended (a) that WHO encourage more governments of maritime countries to ratify the Agreement or to adhere to its practices; (b) that their definitions and standards be recommended to governments and be reviewed by WHO every 3 to 5 years; (c) that evaluation of the worth and work of the Agreement be based on a survey for study by the WHO governing body.

(2) It was emphasized that venereal diseases (and in particular gonorrhoea) remained a public health problem in many areas, and it was recommended (a) that WHO give active attention to gonorrhoea as a world-wide public health problem; (b) that a scientific study group on gonorrhoea be convened; (c) that an International Gonococcus Reference Laboratory be established in an existing institution.

(3) Mass campaigns for the eradication of endemic treponematoses. It was recommended (a) that there should be no delay by health administrations in extending these campaigns; (b) that the prevalence of venereal syphilis in towns and rural areas be studied.

(4) Reports of untoward reactions to penicillin. It was recommended (a) that the attention of health administrations be drawn to this in the hope that they would all restrict the use of antibiotics to those prescribed by a physician and make every effort to prevent reactions as suggested by the Expert Committee; (b) that research into the nature of sensitizing reactions be undertaken.

(5) The use of drugs other than penicillin in the treatment of the treponematoses. It was recommended (a) that the attention of manufacturers be drawn to the need for other safe, inexpensive antibiotics effective against the treponemata; (b) that WHO should check the therapeutic efficiency of these new drugs.

(6) International Standardization, especially in reference to PAM.

(7) Serological and laboratory aspects of the treponematoses. It was recommended (a) that the newer specific tests be reviewed; (b) that present and planned international reference standards be considered; (c) that other means of international laboratory co-operation be studied.

(8) and (9) The importance of international co-operation in research and in the exchange of scientific information.

(10) International nomenclature and classification. It was recommended that WHO take steps to establish a study group of experts to agree on such a classification in regard to syphilis and yaws.

(11) Training. It was noted that WHO had awarded more than 300 fellowships over the previous 10 years.

(12) Education of the General Public. It was noted that few systematic studies of public attitudes towards venereal diseases existed, and they emphasized the importance of furnishing venereal disease information to the public, especially to the younger age groups. Dr McElligott was a member of this Expert Committee.

Let us now turn to the non-governmental organization, the International Union against the Venereal Diseases and Treponematoses (IUVDT). To quote from the Presidential Note of 1962:

It was founded in 1923 as a movement to co-ordinate the activities in all countries of voluntary organizations concerned with social measures for the control of venereal diseases.

Initially nineteen countries joined and headquarters were established in Paris. From 1923 to 1939 meetings were held almost every year in different countries. After the second world war the Union reassembled in 1947 and since then general assemblies have been held every 5 years to coincide with the International Congress of Dermatology, the last having been held in Washington in 1962. In addition, meetings by Regional Offices have been organized from time to time. Many of the national representatives have been venereologists and clinical meetings have been held, but the Union has been particularly concerned with the social aspects of control, such as case-finding, contact-tracing, prostitution, sexual behaviour, the special problems of seamen, anti-venereal legislation, and health education. The aim has been to attract the interest of epidemiologists, psychiatrists, psychologists, public health nurses,

social workers, and all concerned with human behaviour and its effects on the spread of venereal diseases. In 1963, 35 countries were national agency members; recently individual membership of the IUVDT has also been encouraged. The Secretariat headquarters is now situated in Rome with Prof. G. A. Canaperia as Secretary-General, and for the first time there is a British President, Mr Ambrose King. The Regional Office for Europe is organized by Dr A. Perdrup in Copenhagen and the Regional Office for the Americas in New York by Mrs Josephine Tuller of the American Social Health Association. It is hoped to open other regional offices in the future. The Union holds consultative status with WHO.

In September, 1962, a World Forum on Syphilis and Other Treponematoses was held in Washington, and over 1,000 delegates attended including representatives from 48 countries, both WHO and the IUVDT being participating agencies. This meeting had been prompted by the great increase of early infectious syphilis in the United States. More recently this trend was summarized by the American Social Health Association, the American Venereal Disease Association, and the Association of State and Territorial Health Offices in March, 1963, in a joint statement entitled "To-day's V.D. Control Program". In the fiscal year 1962 the number of cases of primary and secondary syphilis in the United States was 20,084 compared with 18,781 in 1961, whereas in 1958 the figures were only 6,661. In this same document Dr T. Guthe of WHO described the current trends in incidence of venereal infections around the world. He stated that the increasing number of countries with a rising incidence of venereal syphilis was undoubtedly an indication of the changing nature, extent, and significance of the problem. He quoted a table of incidence trends in different regions of the world between 1950 and 1960, and a figure showing comparative rates for six countries which have had a more or less constant reporting system over the years. He concluded that the sharp decline of venereal syphilis after the post-war peak of 1947-50 came to a halt in 1955-57 and was followed by a substantial rise in 76 out of the 105 countries or areas participating in the WHO study. The rise was most marked in Europe and North America but the highest rates were to be found in the Eastern Mediterranean Region, Africa, Latin America, South-East Asia, and the Western Pacific in that order. The contributions to the higher rates by seafarers were in some instances considerable. On the other hand the study showed a sustained decline in congenital syphilis in all regions in the same decade. Guthe further stated that a WHO study of

age-group data from twelve countries for 1950, 1955, and 1960 showed an increase in syphilis in the 15 to 19-year group in Czechoslovakia, Finland, and Colombia, an increase in gonorrhoea in the same age group in Finland, Norway, and Sweden, and an increase in both diseases in the Netherlands. In some countries there was a very high incidence of gonorrhoea in the 20 to 24-year age group. He concluded:

"There can be little doubt that venereal diseases remain significant health problems in all regions of the world and that the attention of health administrations must be turned towards the strengthening of V.D. control programmes, both in developed and developing countries of the world. The rapid spread of venereal infections now taking place between countries make these a very real international problem".

In November, 1962, the WHO Expert Committee on gonococcal infections (as you have heard suggested by the 1960 committee) met in Geneva. It recognized that measures to control gonorrhoea had failed throughout the world despite the widespread use of penicillin and other antibiotics. Among the reasons given by the Committee for this failure were: the increasing resistance of the gonococcus to antibiotics leading to treatment failures; the very short period of incubation which made difficult the interruption of the chain of transmission; the great infectiousness and lack of immunity; the difficulty of accurate diagnosis, especially in females; the indifference of the public and the neglect of sex and health education, particularly for young people who represent the most vulnerable group. The Committee considered that the ultimate solution to the problem of gonorrhoea would be immunization and they recommended that research should be aimed at developing a vaccine. In the meantime, however, it was agreed that none of the traditional ways of protecting the public should be overlooked, that greater use should be made of what is known, and that better laboratory facilities should be provided to improve diagnosis. They recommended that the attention of health administrators, doctors, and the general public should be drawn to the increasing hazards of gonorrhoea, especially for women. Dr Pierre Durel represented the IUVDT at this Meeting.

Now let us see how these international statistics line up with the most recent official report available in Great Britain. In late October, 1963, the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1962 was published. New cases of early infectious syphilis totalled 1,224 (995 cases in males and only 229 in females). New cases of gonorrhoea totalled 35,438, and cases of non-gonococcal urethritis in the male numbered 24,494.

To quote from the Report:

"The decrease of gonorrhoea is small, and gives no cause for complacency. The number of cases of infectious syphilis has shown a very slight rise."

When the IUVDT met in Washington at the time of the World Forum on Syphilis and the International Dermatological Congress, the Executive Committee considered their future programme with particular reference to WHO resolution E.B./29 R56 of 1960, which had extended the collaboration of WHO with non-governmental organizations. As chairman of the programme committee I was asked to prepare a report in collaboration with Dr William Brown of the United States and Dr Pierre Durel of France. Advice was also sought from the President Mr Ambrose King, the former President Dr Bruce Webster, Mrs Josephine Tuller, Prof. G. A. Canaperia and Dr Axel Perdrup all of the IUVDT, and from Dr T. Guthe of WHO. The document was finally presented at the 16th World Assembly in Geneva in May, 1963, by Dr Malcolm Tottie, a Vice-President of the IUVDT, with a request for the proposed programme to be implemented in close co-operation with the WHO. As this document has not been published, and as one may regard it as outlining the Union's main ideas for the future development of international co-operation, I have had the permission of the President to quote freely from it. In its introduction it outlines the world-wide recrudescence of venereal syphilis and gonorrhoea as already quoted and as outlined in WHO document VDT/300. It continues:

In countries where statistics are available there is also evidence of an increase in non-gonococcal genital infection, the cause of which is, in most cases, unknown. Trichomoniasis, which is now generally accepted as a disease which is usually transmitted sexually, is very commonly diagnosed, but few statistics are available as to its true incidence. The increased numbers of new patients attending at most venereal disease centres and health departments in recent years may indicate a more permissive attitude to premarital and extramarital intercourse in the community. The situation has been worsened by promiscuous behaviour of certain groups of the population, *i.e.* immigrants, homosexuals, and teenagers, leading in some cases to multiple infections. It must also be realized that official national statistics rarely indicate the true incidence of any of these diseases, for many patients obtain medical treatment from physicians practising outside the clinics. In some countries these physicians are not called on to report cases, and, in other countries, where notification is required by law, reporting is, nevertheless, very incomplete.

National and international voluntary organizations have important roles to play in V.D. control programmes and the IUVDT wishes to work in even closer co-operation

with WHO, the International Union for Health Education of the Public (IUHE), the United Nations Educational Scientific and Cultural Organization (UNESCO), and United Nations International Children's Emergency Fund (UNICEF).

It is well known that there are still enormous numbers of cases of syphilis and gonorrhoea throughout the world and that, although disease diagnosed in the early stages is relatively easy to cure, late and chronic cases may present many difficulties. Ground gained in the past has often been lost by lack of foresight and enthusiasm in official circles and the consequent failure to grant sufficient money to establish or maintain control of these diseases.

In the developing countries of the Americas, Africa, South-East Asia, and the Western Pacific, substantial advances have been made in control of the endemic treponematoses. The IUVDT wishes to give full support to WHO and UNICEF in such programmes of assistance but feels concern about the outlook for the future because governments, the medical profession and the public tend to lose interest in the problem in any country where a mass campaign has achieved initial success.

In 1962 the IUVDT held its General Assembly in Washington and joined as an active participant in developing the programme of the World Forum on Syphilis and other Treponematoses. This was followed by the XII International Dermatological Congress, which included a section on the venereal and treponemal diseases.

Thus, members of the Union's Executive Committee have had the opportunity of hearing papers on the clinical, epidemiological, and behavioural aspects of the subject. They have also had the chance of studying the U.S. Public Health "Task Force" report on plans for the eradication of syphilis. All this has provided a useful basis for the Union's policy on a future programme of work which can be described in detail under the following headings:

- (a) Medical education
- (b) Medical research.
- (c) Methods of contact tracing.
- (d) Psychological aspects of human behaviour in relation to venereal diseases.
- (e) Health education.

Medical Education

It is clear that no control programme is possible without the presence in all countries of adequate numbers of physicians who are fully-trained specialists in the subject of the venereal and treponemal diseases. But it is also essential that they should be supported in their efforts by all members of their profession, who should be aware of the epidemiological as well as the clinical problems involved. This support will depend on the standards of teaching of the subject to both undergraduate and post-graduate students. Medical specialists must also be supported by fully-trained nurses, social workers, public health administrators, and other health workers. Therefore, it is of paramount importance that a world-wide fact-finding inquiry should be made. This will give information

as to the present situation in these various categories. It is equally vital at the same time to agree on desired standards, and on how these may be achieved. It is clear that aid in training in large centres must in the first place be given by certain countries with better medical facilities to other less-developed countries. In these days of rapid travel and mass migrations, no country can afford to remain in selfish isolation and impervious to the state of world health. The American Joint Statement recommended that medical schools be urged to initiate and expand their courses (for medical and nursing staff) on venereal disease diagnosis and treatment. This appears to the IUVDT to be the most urgent problem because none of the other projects suggested can be implemented without a highly-trained and organized medical and nursing task force in all countries in the world.

Medical Research

Although great progress has been made in research in recent years, there are many vital problems unsolved. Some advances in laboratory techniques have been stultified by lack of international standardization. The Union wishes to assist in rectifying this state of affairs in co-operation with the World Health Organization.

Syphilis and Other Treponematoses.—A number of WHO Technical Reports and other documents, as well as several papers at the World Forum, have dealt with unsolved problems. The IUVDT supports the idea that facilities for research into these problems should be provided. This should include further investigation of methods of immunization.

Gonorrhoea and Non-gonococcal Infections.—The report of the European Symposium of the IUVDT in Cracow (which was adopted at the IUVDT General Assembly at Washington) recommended that research on gonorrhoea should be intensified (a) in regard to epidemiology; (b) on the improvement of diagnostic methods; (c) in respect of standardization of methods for determination of the sensitivity of the gonococcus to antibiotics—particularly penicillin.

It also recommended that, in the complex field of non-gonococcal genito-urinary infections, microbiologists (including virologists), dermatologists, gynaecologists, urologists, and general physicians should co-operate closely to define the aetiology and pathology of these conditions with emphasis on the need for the development of study centres to guide epidemiological work and stimulate progress in the field of therapy.

Methods of Contact-Tracing

Although it has been generally agreed for many years that interviewing and tracing contacts of patients with venereal diseases are essential measures for epidemiological control, it is unfortunately true that in many countries the percentage of infected contacts brought to diagnosis and treatment is lamentably small. It is true that some patients either fail to identify known contacts or are unable to give sufficient detail of names and addresses to enable the persons concerned to be traced; but the fact

that these difficulties exist does not justify inaction and there is reason to believe that in some countries virtually no effort is made in the clinics or by public health authorities to trace infected contacts. In the last few years a method of "cluster testing" has been used in the United States and considerable success has been claimed for it; but to implement this method needs a considerable number of highly-trained interviewers and investigators. Owing to the rapidity of modern travel some patients have contacts in countries other than that in which they develop signs of infection. There is very little evidence of any effective international arrangements for contact tracing except in the Americas where the World Health Organization/Pan-American Sanitary Bureau acts as a clearing house for information. Few countries have availed themselves of the facilities of the 1924 Brussels Agreement in its revised form (1960) in regard to seafarers and their contacts.

The IUVDT believes that the time has come for a world-wide review of techniques for interviewing and tracing contacts, including statistical estimates of the success or failure of the methods employed. As a result of this survey it should be possible to improve standards in both the national and international fields. In this connexion standardization of recording and reporting procedures seems vitally important. Although in many countries there are national lists of clinics where infected persons and contacts may attend, there is no international list apart from the WHO list of port clinics (drawn up under the Brussels agreement). Consideration should be given to the compilation of an international list of clinics and possibly of an agreed international method of notifying details of contacts. The Interim Commission of WHO recommended such steps as far back as 1948, but they have never been implemented by most governmental health organizations.

Psychological Aspects of Human Behaviour

At the General Assembly of the IUVDT in London in 1959, it was recommended that the Union should encourage further research into epidemiological factors concerned in the spread of venereal diseases. Control programmes should not depend entirely upon case-finding, diagnosis, and treatment. In a number of countries studies are now being undertaken on the behaviour of such groups of the population as adolescents, immigrants, homosexuals, and prostitutes, and the effects of this behaviour on the spread of venereal diseases. These studies should be continued and extended. The number of informative papers on this subject given at the World Forum on Syphilis shows that interest in these aspects of the problem is growing. There are some difficulties about collecting certain types of information. For instance, although it has been reported that there is a significant increase in the number of homosexuals attending certain V.D. Clinics in some countries, few data are available concerning the extent of homosexual practices in any particular country and their effect in spreading venereal disease. Information is also lacking on the extent to which behaviour in various groups of the population is in-

fluenced by the display of sex in certain types of public entertainment and in advertisements.

The IUVDT is therefore of the opinion that it is important to gain further detailed information on all the factors which influence the pattern of human behaviour and its relationship to the incidence of venereal diseases.

Health Education

It is clear that views about health education vary widely in different countries and in different groups of people in the same country. Success in education concerning the dangers of venereal diseases depends to a great extent on the success achieved by parents or school-teachers in giving properly balanced information about sex to the child in its formative years. It also depends on the moral codes accepted by young people. It is essential that the education of parents should not be neglected. There are various media by which this type of education may be transmitted, by pamphlets (written or illustrated) by newspaper articles or advertisements, by posters, by television, by films, and by radio. Small groups may be influenced by lectures or group discussions illustrated by film strips. The individual's standards will be influenced by his nationality, his education, and his religious beliefs, by his parents and family, and by his friends. His sexual behaviour will depend on all these factors as well as on the impact of health education. The IUVDT believes that there should be a very free interchange of ideas and of the various methods used for health education in venereal diseases between different national groups and cultural zones, so that those countries which are less advanced may benefit from the practical experience of those in which successful use has been made of the various media enumerated.

Postscript

Finally the Executive Committee of the IUVDT believes that the time has come for a broader approach to the whole question of sexually-communicable diseases. In the past, certain of these diseases, in particular syphilis and gonorrhoea, have been singled out for special attention, with unfortunate emphasis on the term "venereal disease" or V.D., to which is attached a time-honoured stigma. There is growing realization that there are other diseases, some of them equally damaging, which require consideration. There is need to alter the "image" of this group of diseases in the eyes of the public and medical profession so that the stigma can be abolished or diminished and those problems which have been neglected in the past can receive due attention. For instance more interest should be focused on the problem of "non-specific" genital infections which are widespread in all communities—probably even more so than gonorrhoea—and are responsible for such diverse and potentially damaging conditions as infective arthritis, inclusion conjunctivitis, and anterior uveitis. There is immense scope for research into these problems, the importance of which can hardly be overemphasized when, for example, it is recalled that uveitis has been estimated to cause 10 to 15 per cent. of all blindness in the United States. Propaganda directed to potentially infectious groups of the

population should emphasize the diverse characters of the risks which are run by the promiscuous and should urge that the main indication for individuals to attend for investigation is the fact that they have risked contracting infection.

Let us now see what Great Britain has so far contributed under these headings:

Medical Education

Venereology is recognized as a specialty in the National Health Service and the majority of consultants make this subject their sole interest in the field of medicine. The *British Journal of Venereal Diseases* is the main journal on the subject in the English-speaking communities. The venereologists group of the BMA guard their interests in the subject and have already made a survey of undergraduate teaching. The Institute of V.D. Technicians is recognized by the Board of Medical Auxiliaries of the BMA. It conducts examinations for Associateship and Fellowship and publishes its own journal. In the training of state-registered nurses, lectures are given by venereologists.

Medical Research

The VD Reference Laboratory has developed the newer serological tests for syphilis, the TPI, RPCF and FTA, and has also used the new fluorescent techniques in the diagnosis of gonorrhoea. It has also helped other hospital laboratories to standardize their routine tests and has co-operated in international cross-checks. A great deal of other research, mainly clinical, is being carried out in many hospital departments. Particular interest has been taken in the aetiology of non-gonococcal urethritis and some interesting developments at the Institute of Ophthalmology were reported at the Copenhagen meeting of the MSSVD. This society provides a forum for the presentation of such progress in research, not only by British doctors, as its membership is international. The MSSVD also organizes the British Cooperative Clinical Group which contributes yearly statistics on gonorrhoea and is at present investigating some interesting aspects of Reiter's disease. Recently the Medical Research Council, in collaboration with the departments of three London teaching hospitals, conducted a series of investigations to aid WHO in their efforts to standardize preparations of PAM. The main need under this heading is for more financial support for laboratory research.

Methods of Contact Tracing

For some years a standard national "contact slip" with counterfoil has been in use in the majority of clinics. This was initiated by the BFVD. More recently Burgess has suggested a new contact-tracing procedure based on the Ministry of Health circular 5/48 and the feasibility of its use on a national scale must clearly be considered. At the same time we must also consider the plea put forward by Acres at the World Forum on Syphilis that an International Form (as already mentioned) should be agreed on for the exchange of epidemiological information. These problems were also discussed in Stockholm at the 1963 WHO symposium on V.D. control but a report has not yet been published.

Psychological Aspects of Human Behaviour in Relation to the Venereal Diseases

Interesting work in this field has already been published by Gibbens and a recent meeting of the MSSVD discussed the social problems of homosexuality. The CCHE has co-operated in experiments on group discussions using patients who had attended a clinic. At present two important surveys are nearing completion: the CCHE research project, with the financial aid of the Nuffield Foundation, will complete in 1964 an investigation into the sexual activities of young people in the general population, and the BMA has already published its report on "The Increase of Venereal Diseases particularly in Young People".

An important new feature in both these investigations has been the composition of their executive committees. Not only have doctors specializing in venereology, psychiatry, and public health been asked to serve on them, but also clergymen of all denominations, school-teachers, probation officers, statisticians, nurses, social workers, and other individuals interested in the welfare of the young. Young people themselves have also been freely consulted or co-opted to committee meetings.

Health Education

In this field the BFVD has played an important part, working in close co-operation with the Ministry of Health and the CCHE. It has initiated or co-operated in a number of anti-V.D. propaganda ideas which have led to pamphlets, a poster, a filmstrip, an "X" commercial film, newspaper articles, and two television programmes, one of which has been adapted in a film suitable for showing in schools.

The British Society for International Health Education is particularly interested in health education in the Commonwealth, and includes health education propaganda against the venereal and treponemal diseases.

The London County Council has recently decided to launch a new drive to improve sex education and information about venereal diseases in the schools under their control. They have collected and published an excellent bibliography on these subjects.

It is possible that this lecture has put the main emphasis on non-governmental activities because I have been more closely associated with them, but this is in no way intended to detract from governmental efforts both national and international. In

the future it is only by the closest co-operation between countries all over the world that this resurgence of the venereal diseases can be overcome.

REFERENCES

- American Social Health Association (1963). "To-day's V.D. Control Program". A.S.H.A., New York.
 Catterall, R. D. (1963). *Lancet*, **2**, 103.
 I.U.V.D.T. (1963). "Bulletin", *Brit. J. vener. Dis.*, **39**, 57.
 King, A. J. (1958), *Lancet*, **1**, 651.
 Ministry of Health (1963). "Report of the Chief Medical Officer for the Year 1962", pp. 64 and 233. H.M.S.O., London. [*Brit. J. vener. Dis.* (1964), **40**, 62.]
 Nicol, C. S. (1961). *Brit. med. J.*, **1**, 445.
 Willcox, R. R. (1962). *Brit. J. vener. Dis.*, **38**, 189.
 W.H.O. (1960). "Fifth Report of Expert Committee on Venereal Infections and Treponematoses". Tech. Rep. Ser. No. 190. W.H.O., Geneva.