BOOK REVIEWS

**Venereal Disease and Young People.** 1964. British Medical Association, London. (5s. 6d.)

"Venereal Disease and Young People," published by the British Medical Association, must be one of the least satisfactory documents ever to come from a national professional association.

Whether or not venereologists agree with the assessment of it made by the sociologist author of these words, they must be interested in the report; for it is venereologists who are to blame—or—should we say?—who are responsible for there being a report at all. It will be recalled that the Venereologists Group Committee of the BMA reported to the Council in December, 1960, that it was disturbed by the increase of new cases of venereal disease, particularly among teenagers.

The Group Committee appreciated that it was essential to provide more and better facilities for the diagnosis and treatment of these diseases, but it was their belief that this alone would not provide a complete solution. They thought that a study should be made of the social implications of the recorded increase of disease and of the assumed increase of sexual promiscuity among adolescents. For the sequel the Council of the BMA must be held responsible. By what they regarded as a happy coincidence, the Council at that time received a letter from the Lord Bishop of St. Albans, Chairman of the Church of England Moral Welfare Council, expressing willingness to co-operate with the medical profession in searching for a practical solution to the problem, looking beyond the purely medical aspects of promiscuity to the social and moral issues involved.

The Council in its wisdom thereupon decided:

"(a) to ask the Group Committee to continue its investigation of the medical aspects of the problem;

"(b) to refer to the Central Consultants and Specialists and Joint Consultants Committees the detailed question of the medical staffing of venereal disease departments in hospitals and venereal disease clinics;

"(c) to consider the formation of a committee of appropriate people to look into the wider aspects of the problem. . . ."

And the "appropriate people" were four clergymen, two social workers, a headmistress, a headmaster, a hospital matron, four general practitioners, two medical officers of health, a psychiatrist, a gynaecologist, and one venereologist. The Committee sat for 2½ years, interviewing some fifty individuals and receiving written evidence. A questionnaire inviting views on the background causes of promiscuity and suggestions for remedying these, was sent to some 400 social and church workers, doctors, teachers, and others in close contact with young people and concerned with their problems. Less than 19 per cent. of the recipients sent replies. Apparently four of every five of those supposedly interested has no factual evidence to give of promiscuity among young people; or, if they believe that a serious problem of promiscuity exists today, they evidently think that answering the questions will not help to solve it. The Committee started with the assumption that an increase in the illegitimate birth-rate is evidence of increased promiscuity; but it is not necessarily so. It has been argued that the unmarried mother of to-day is under less pressure to marry the putative father than was formerly the case. One MOH has stated, in an official report, that "a great deal of nonsense is talked about immorality, using illegitimacy figures as a basis". The Committee likewise assumed that an increased incidence of venereal disease among young people is evidence of increased promiscuity. If that assumption was true in 1960, it is logical to say that the decrease of disease in those age groups in 1962 was evidence of diminishing promiscuity. The Ministry of Health Report for that year, quoted by the Committee, says, however, "As regards gonorrhoea, there is no clear indication of the factors responsible for the degree of improvement which has occurred". When the figures go up it means more promiscuity; when they go down it apparently does not mean less. The fact is, of course, that no
serious student of sociology would contend that the sexual habits of a generation alter appreciably from one year to another. But we must leave logic and return to the Report.

When the Committee came to examine such evidence as was placed before them, they made a statement which cast grave doubts on the validity of any conclusions they might reach; for they said, “Most of the evidence was either obtained at second-hand, although possibly from reliable sources” (the italics are ours) “or consisted of impressions based on accumulation of experience rather than on immediately verifiable facts”. Yet, misleading themselves by regarding expressed opinions as established facts, they felt justified in concluding that promiscuity among the young is increasing, and largely because of faults in upbringing originating in the home; that young people may be favourably influenced when religion is genuinely practised at home; that television and theatre have little effect compared with films, newspapers, and magazines; and that sex education is mostly inadequate and misdirected.

The main recommendations of the Committee are set out under nine headings. The first is to convene a central conference to discuss the Report. The second is that, under the auspices of local branches and divisions of the British Medical Association, the work of religious, social, and educational bodies should be organized in a concerted effort to . . . bring about a change in society itself. This is to be done under the general direction of the Council of the BMA—not the MRA! More specifically, teachers and parents should be instructed in methods of giving information about sex in relation to marriage, the home, the family, and social responsibility in the community as a whole. In the education of those who are to become family doctors, emphasis should be laid on the duty to help with the difficulties of married couples and of adolescents which have a bearing on family life. The ninth recommendation is that the Government should be invited to set up a select committee to examine the law relating to obscene publications.

Then, not as one of the main recommendations but almost as an afterthought, come these words: “The Committee also puts forward the following practical suggestions for measures to improve the medical treatment of venereal diseases and for their prevention”: and no venereologist needs to be told what these measures are. Clinics are woefully understaffed. They urgently need more doctors with specialist training, more nursing staff of both sexes, and more social workers. Because of the lack of social workers, contact-tracing and the follow-up of defaulting patients are gravely handicapped. Salaries of non-medical staff must be raised, and many premises require to be improved and extended. But the Committee was going beyond its brief in mentioning these things at all. They must have forgotten that the Council of the BMA, before bringing the Committee into being, laid on the Central Consultants and Specialists and Joint Consultants Committee the duty of dealing with these medical matters. Or can it be that the Committee knew that those Capital-lettered Committees and Consultants have, under the general direction of the Council of the BMA, done precisely nothing in the intervening years towards helping venereologists in their work? The tragedy is that, as far as the venereologists are concerned, they are back exactly where they started 4 years ago, repeating in 1964 the representations which they made to the Council of the BMA in 1960; and the Committee’s proposal for dealing with the social and moral issues involved is focused on a future so dim and so distant as to be utterly irrelevant to the immediate problems facing venereologists in the clinics. The medical requirements were stated unequivocally, with the utmost clarity and precision—which is more than can be said of the social and moral requirements. Few readers of the Report will be able to get any clear-cut impression of what the Committee is groping for when it concludes that “the real remedy to the problem lies in society itself”. It was related of a former President of the United States that one Sunday he had gone to church unaccompanied by his wife, and on his return she asked what the sermon was about. He thought for some time and then said “Sin”. “And what did the clergyman have to say about sin, Calvin?” asked Mrs Coolidge. Again the President pondered awhile before summing up the sermon: “He’s agin it.” So is the Committee, but aren’t we all!

R.F.


This volume is intended for the use of specialists in dermatology and venereology. The author has long felt dissatisfied with the scope of international classifications of disease with regard to these subjects. They are not detailed enough for the specialist clinics where it is necessary to subdivide cases more carefully than “Urethritis—non-specific”, or “Eczema—chronic”.

Each disease is given a letter and number by which it can be referred to, and related disorders are to be