TEACHING OF VENEREAL DISEASES IN MEDICAL SCHOOLS THROUGHOUT THE WORLD*

PRELIMINARY REPORT

A STUDY DONE UNDER THE AUSPICES OF THE INTERNATIONAL UNION AGAINST
THE VENEREAL DISEASES AND THE TREPONEMATOSES, WITH THE CO-OPERATION OF
THE WORLD HEALTH ORGANIZATION

BY

BRUCE WEBSTER†

Cornell University Medical College, New York, N.Y.

A questionnaire asking for information concerning the teaching of venereal diseases was mailed to 709 medical schools throughout the world. 450 replies were received from 76 countries, a 63 per cent. response. A response of 90 per cent. or better was obtained from the following countries: Australia, Canada, China, Czechoslovakia, Korea, South Africa, Switzerland, United Kingdom, West Germany, and Yugoslavia. This list does not include countries having only three schools or less. A response of less than 50 per cent. was obtained from the following countries: Brazil, France, Mexico, and USSR (5 out of 77).

In general, the response was gratifying and a large number of explanatory letters were received. Many requests were made for a report of the outcome of the study, to be used as a guide in shaping future curricula. Several schools, in which the teaching of venereology was minimal, stated that this questionnaire had prompted them to institute such teaching.

Of the 450 schools replying, thirteen did not teach venereology or were new schools still in a pre-clinical stage, leaving 437 schools eligible for study. Of these 20 per cent. taught venereology as a separate subject and 80 per cent. combined it with other subjects, ranked in the following order: Dermatology, Preventive Medicine, and Urology.

The average time spent in the teaching of venereology as a separate subject in the 437 schools was 17.1 hours, 25.6 hours being the average time combined with other subjects. There was wide discrepancy in such answers, but, in general, the

figures were consistent within the majority of countries, particularly in the cases of the older and more established medical schools. The following examples may illustrate this point:

	<i>Separate Subject</i>	<i>Combined with Others</i>
All Schools	17.1 hrs	25.6 hrs
United Kingdom	16.2 hrs	3.0 hrs
United States	8.2 hrs	11.2 hrs

Among the countries listing a large number of average hours devoted to the teaching of venereology, are the following examples: USSR 137 hours, Bulgaria 106, Iran 105, Jamaica 104, Poland 100.7, Greece 90, Malta 84, Yugoslavia 76.8, Mexico 66.3, and India 61.2.

On the other hand, the following countries stated a minimal amount of time was devoted to teaching venereology in their schools: Belgium 1.5, Israel 5, Thailand 5, and the Netherlands 10.7.

Question No. 4 attempts to break down this teaching into the theoretical, clinical, laboratory, and public health aspects of the subject. In countries where didactic medical teaching has long been the tradition, most of the time is devoted to theoretical teaching. On the other hand, in countries where clinical material is plentiful, much of the time is spent in the clinic. The average time, for all schools, devoted to theoretical instruction was 10.1 hours; in the United Kingdom it was 6.4 hours and in the United States 5 hours.

The average time devoted to clinical instruction was 17.3 hours; in the United Kingdom it was 11.3 hours and in the United States 6.7 hours.

The average time reported as being devoted to the laboratory aspects of venereal disease control was 5.7 hours.

* Received for publication July 26, 1965.

† With the technical assistance of Mr. Paul Brannigan of The American Social Health Association.

228 schools (52 per cent.) gave instruction in the public health aspect of venereal disease control for an average of 3·8 hours, this figure is distorted by the 96 hours reported by Afghanistan; the figure for the United Kingdom was 1·5 hours and for the United States 2·6 hours.

Question No. 5 attempted further to evaluate the teaching of the public health and preventive medical aspects of venereal disease control. Approximately 70 per cent. of the schools indicated that attention was given to individual prevention, mass prevention, contact-tracing, and the sociological aspects of the problem. Spain and the Philippines stated that instruction was given in the moral aspects, while East Germany and Switzerland mentioned special instruction in the problems of homosexuality in venereal disease. Most schools were interested in contact investigation and epidemiological control, although in Brazil, West Germany, India, and Japan over 50 per cent. of the schools stated that this was not taught.

The information given on post-graduate training was somewhat less complete than that on undergraduate teaching; 37 schools stated that venereology was a specialty in their country, but thirteen of these were from India and eleven from the United Kingdom. 252 schools stated that post-graduate training was given as a part of another specialty, notably Dermatology, Internal Medicine, and Public Health, or Preventive Medicine. In the majority of these schools, it would appear that this training was a part of a general training in a specialty residency lasting for from 1 to 3 years. Approximately 20 per cent. of them indicated that this post-

graduate training dealt with clinical and laboratory studies and did not include the public health or social aspects of the problem.

The questionnaire was also mailed to 41 schools of Public Health; 29 replied, but five of them felt that it was not applicable. After reviewing these replies and discussing the matter with several Deans of Schools of Public Health, it was agreed that, if it was felt that information was needed on these schools, a more precisely worded questionnaire could be formulated and sent to them. Many of the schools which replied sent detailed information concerning their curriculum.

Conclusion

An analysis is being made of the teaching of venereology in 437 medical schools throughout the world. Although there was wide variation in the time devoted to this subject and the manner in which it was taught, there was considerable consistency within individual countries. The public health and epidemiological aspects appeared to be receiving a minimal amount of attention. Interest in the sociological phases was not great. Footnotes and accompanying letters seemed to indicate a great interest in the problem and a realization that a revival of interest in this teaching of the various aspects of this subject was indicated. It would appear that a sound basic nucleus necessary for this teaching exists in the majority of schools. There is need for this to be expanded, and perhaps for a realignment of interest along the lines of the newer concepts of venereal disease control.