Bulletin of the International Union against the Venereal Diseases and Treponematoses

27th General Assembly, 1972

The 27th General Assembly of the International Union against the Venereal Diseases and Treponematoses, held in Venice at the Ospedale SS Giovanni e Paolo from May 27 to 31, 1972, was attended by over 100 delegates from thirty different countries.

PROGRAMME

Saturday 27 May, 1972
Joint meeting with the XIV International Congress of Dermatology at Venice (Lido) and Padua. Main theme: 'Venereal Diseases.'

Sunday 28 May, 1972
I. Opening of the Conference
The President, Prof. G. A. Canaperia, took the chair for the opening session. Speeches of welcome were made by the Hon. Maria Pia del Canton, Under Secretary of State for Public Health, representing the Minister of Public Health, Prof. I. Muner, Medical Director of the Hospital of SS Giovanni e Paolo, Dr. A. Varaldo, President of the National Association of V.D. Medical Administrators, and Prof. Parisi, President of the National Association of Directors of V.D. Clinics.

Prof. Canaperia thanked the speakers for their welcome and went on to express our gratitude to Prof. G. Caletti and the many others who had helped to arrange the meeting in Venice. He also said that we were very grateful to Prof. I. Muner and the hospital administration for their great kindness in letting us have the use of the rooms in the Hospital of SS Giovanni e Paolo for our meetings.

Then there followed a reception given by the Hospital administration in the famous hospital library.

Monday 29 May, 1972
II. Scientific Papers
Papers were presented on Theme One: Changing Patterns in the Organization of Venereal Disease and Treponematoses Services, by representatives of twelve countries: Italy, the United States of America, France, the United Kingdom, Denmark, Portugal, Belgium, Hungary, Uganda, Venezuela, Poland, and Roumania.

In Italy in the last 2 years there had been a marked increase in the number of cases of syphilis, especially in young people aged from 15 to 20 years. Sexual promiscuity, homosexuality, population mobility, and lack of sexual education were blamed; in Great Britain changes of attitude towards venereal diseases had altered the approach towards them; in Denmark the need for discussion and co-ordination of the Venereal Disease laws with other countries was felt; in Portugal the recently opened Health Centres include specialized departments for venereal disease; in Hungary it is noted that homosexuals were as important as prostitutes in the spread of venereal disease; in Uganda venereal diseases were overshadowed by the needs of more important medical problems; in Poland an intensive anti-V.D. campaign had been mounted, including sex and V.D. education and mass serological screening, which had resulted in a marked decrease in the incidence of early syphilis.

On the same day papers were read on Theme Two: Prophylaxis in the Control of Syphilis and Gonorrhoea in Developed and Developing Countries, by representatives of eight countries: Norway, the United Kingdom, France, the United States of America, New Zealand, Roumania, Italy, and Denmark.

The importance of students and physicians being taught the correct and discriminating use of preventive (epidemiological) treatment of recent contacts of venereal disease was stressed by several speakers, but others warned that a reduction in standards of management might follow this method. The importance of evolving methods of providing combined prophylaxis against venereal disease and conception was advocated.

Tuesday May 30, 1972
Papers were read on Theme Three: Social and Behavioural Aspects of Venereal Diseases and Treponematoses, by representatives of nine countries: Sweden, the United Kingdom, the United States of America, Poland, Italy, Austria, Hungary, Denmark, and Portugal.
Several speakers pointed out how the increase of sexual permissiveness and homosexuality, the lack of sex education, and the use of the contraceptive pill were all factors in the increase of venereal disease. Others reported on investigations into young people's attitudes towards venereal disease and on the spread of venereal disease by tourists. The design of action-research experimental campaigns was explained, and the advantages were described of this method over the empirical approach hitherto adopted.

Wednesday May 31, 1972

III. The 27th General Assembly was held on the morning of the fourth day.

The President again thanked all those who had helped in organizing this very successful meeting, and the Hospital administration for lending the rooms and for entertaining us so kindly. He welcomed Prof. K. Király, who had taken Dr. T. Guth's place as Head of the Communicable Diseases Department at the World Health Organization, and hoped that we should see him at all our future meetings. He thanked Dr. C. S. Nicol, the Secretary-General, for his work in arranging this meeting and Prof. Axel Perdrup for his valuable co-operation, and called on the officers of the Union to present their reports.

REPORT OF THE SECRETARY-GENERAL, DR. C. S. NICOL

At the meeting of the 26th General Assembly in Budapest in June, 1969, it was agreed that the 27th General Assembly should take place in Venice in 1972 in conjunction with the XIV International Congress of Dermatology. The Union was invited to participate in one of the Main Themes of the Congress on the subject of Venereal Diseases to be held on May 27, 1972, and your Executive Committee suggested three subjects at its London meeting in 1970 and a further subject to be added at its meeting in Warsaw in 1971. The Executive Committee of the Congress of Dermatology nominated speakers and a co-ordinator as appears in their published programme. At the meeting in London three themes on social aspects of the sexually transmitted diseases were also agreed, and in Warsaw the Committee nominated opening speakers who were to be invited. A provisional programme was published in the British Journal of Venereal Diseases in August, 1971, and reprints of this were circulated to members and member organizations together with a request for the submission of short papers. A similar notice in French appeared in Prophylaxie Sanitaire et Morale. As a result, over fifty titles were submitted; abstracts were requested by early December, 1971, but the majority were not available until March, 1972, and in consequence it was not possible to distribute the Final Programme before the meeting. A most interesting social programme has been arranged by our President, Prof. Canaperia, with the help of his colleagues in Venice.

As already referred to, our Executive Committee met in London in 1970 and in Warsaw in 1971. On the latter occasion the Committee were fortunate to receive an invitation from the Institute of Venereology through the good offices of Prof J. Towpik to participate in a Round Table Conference with Polish venereologists and sociologists, who presented a series of short papers for discussion.

The Bulletin

The Bulletin of the 26th General Assembly was published by courtesy of the Editor of the British Journal of Venereal Diseases (Dr. John Hancock) in April, 1970, and in Prophylaxie Sanitaire et Morale through the good offices of Dr. Pierre Durel; reprints of both English and French versions were circulated.

Other Publications

Reprints of a report on the Budapest meeting appearing in the Medical Officer on July 18, 1969, were distributed to members and member organizations, and a similar account in French appeared in Prophylaxie Sanitaire et Morale, July-August, 1969. Selected papers were also circulated as WHO documents.

Technical Activities

The main event has been the US Travelling Seminar sponsored by the Union in close co-operation with WHO, PAHO, and the US Public Health Service. A great deal of planning since the last General Assembly was involved. Following exchanges of correspondence between the President of the IUVDT and the Director-General of WHO, the Surgeon General of the US Public Health Service welcomed this activity and outlined suggested terms of reference, indicating full support for the project. After consultations at the technical level between the parties concerned, and preparatory meetings convoked by the IUVDT (London June, 1970) and by the USPHS (Atlanta, October, 1970), the purposes, the categories of participants, the detailed programme, and tentative costing were defined.

The Secretary-General of the IUVDT had circulated its members and informed WHO of the great interest expressed in this activity. WHO, on its side, circulated regional offices, which all made tentative commitments for participation, with up to three nominees from each region. The Seminar had first been projected for 1970. It was later confirmed for 1971 and the IUVDT and the WHO regional offices all confirmed their earlier interest and commitments.

IUVDT, WHO/PAHO, and USPHS expressed the view that this Seminar was timely in view of the rapidly rising incidence of venereal diseases (notably gonorrhoea) in most countries and the need to stimulate in all regions additional interest in the prevention and control of these communicable diseases, which were now among the leading causes of morbidity in several countries, notwithstanding the recognized limitations of reporting systems. Several IUVDT and WHO publications in recent years have been concerned with these aspects.

Purpose of Seminar

(i) To study the nature and extent of the problem of gonorrhoea and syphilis and other sexually transmitted conditions—as relevant—with reference to their social
and economic importance as national health problems; reporting and legal framework;
(2) To explore available special and integrated venereal disease services in the health programme with particular reference to organization, facilities, and personnel; to review diagnosis, case finding, surveillance, and other methods of control, as well as research orientation in relation to State, national, and international activities;
(3) To observe venereal disease training in the health professions as provided by medical, public health, and other undergraduate/postgraduate institutions with reference to specialists, practitioners, nurses, laboratory staff, and ancillary personnel;
(4) To consider the effect of mass and other media on the behaviour of the individual, as well as the role in anti-V.D. education of community organization through voluntary and governmental agencies;
(5) To exchange technical and other information between teams and centres visited in the furtherance of training of personnel and of other aspects in national and international V.D. activities.

The Travelling Seminar should have a balanced representation from the following categories when nominations of participants are considered by the IUVDT, WHO/PAHO, and the USPHS. The following are definitions of such categories agreed on by the planning meetings.

**Categories of Participants** (to be fully conversant with the language of the host country).

1. **Health Administrators** Experience in communicable disease control and in programme organization, direction, and co-ordination at State and/or national level;
2. **Epidemiologists** Knowledge of human ecology and experience in communicable diseases with particular reference to case interviewing, contact investigation, and prevention of spread of venereal disease;
3. **Clinicians** Venereologists, dermato-venereologists, or doctors from other medical disciplines with recognized experience in diagnosis, treatment, and clinical management, notably of syphilis and gonorrhoea, at University teaching clinics or other recognized clinics;
4. **Laboratory Physicians** Knowledge of microbiology, immunology, including research aspects, and experience in laboratory techniques concerning *Neisseria* and treponematoses in public health or specialized laboratories;
5. **Public Educators** Experience in community organization and knowledge of application of mass and other media in the creation of public awareness of V.D. problems, particularly among the young down to school age.
6. **Behavioural Scientists** Special knowledge of medical sociology and experience in studies of man’s reaction to disease and its prevention.

It was decided at the programme meetings that the Seminar would be organized on the basis of field visits by Study Teams to several geographical regions in the USA. There different aspects of V.D. control could be fruitfully studied. There would be Four Teams, each to consist of four or five participants; all participants to be briefed at the convening point, Washington, D.C., at the office of the Pan-American Health Organization (PAHO) regional office of the World Health Organization. The Teams would end their field study visits after 3 weeks at the Center for Disease Control (CDC), USPHS, in Atlanta, Georgia, where a fourth week would be spent in the study of the V.D. Programme of the USPHS and in the preparation of the draft report of the International Travelling Seminar. It was also decided that each Study Team would elect a Rapporteur responsible for each Team’s day-to-day notes and reports as a basis for the Seminar’s overall draft report to be prepared in Atlanta.

It was suggested that some continuity was desirable in the context of the work of the WHO International Syphilis Study Commission in the USA, 1948. (Ref. Wld Hith Org. Tech. Rep. Ser. 1950, No. 15, available from WHO Headquarters, Geneva.) It was also decided that a US Symposium on V.D. Control with Foreign Participation would take place during the last week in Atlanta.

The four teams were organized as follows:
Team I—West; Team II—North-East; Team III—Mid-West; Team IV—South.

There were thirteen participants nominated by WHO and seven by the IUVDT—Prof. J. Towpike* (Poland), Dr. R. D. Catterall (England), Dr. C. B. S. Schofield (Scotland), Dr. A. Siboulet (France), Dr. H. Schmidt (Denmark), Dr. V. Starck Romanus (Sweden), and Dr. Bassili (Kuwait). The first five were venereologists or dermato-venereologists, Dr. Romanus had an interest in behavioural studies, and Dr. Bassili in family planning.

The Seminar representatives met in Washington on October 3 to 5, 1971, at PAHO Headquarters for briefing. Each team contained a Union representative. The team tours lasted for 3 weeks visiting various centres in the main cities according to the programme agreed with the help of Dr. W. J. Brown at the CDC in Atlanta in October, 1970, together with representatives of PAHO, IUVDT, and WHO. For the last week of the Seminar all the teams converged on Atlanta to visit the CDC and to prepare their reports. Dr. R. R. Willcox was asked to act as co-ordinator in this task, and his final report and summary is now ready for circulation to the organizations concerned. At the conclusion of the Seminar (November 1 to 3, 1971), members attended the National Venereal Disease Control Conference held at the CDC, and met members of the newly-formed National Commission on Venereal Disease, Dr. Bruce Webster having been appointed Chairman.

A very full report on the Travelling Seminar was received from Prof. J. Towpike, who also presented a paper and showed three short films and posters used in the campaign against V.D. in Poland. Prof. Towpike stated:

'I should like to say that the USA Travelling Seminar was very well prepared and organized, and the participants received full co-operation from all members of the Staff, including the physicians, Health Advisers, nurses, and laboratory and other employees of the State and Municipal Health Departments and laboratories of the University and every other centre.

The International Seminar not only provided the participants with the opportunity of obtaining a comprehensive insight into all the problems of the anti-V.D. campaign

*As suggested at the last meeting, Prof. Towpike was to be responsible for his travel Warsaw to London return; all other travel and subsistence costs were covered by the Union.
but also the opportunity of exchanging their experiences and knowledge concerning these problems in the countries they represented.

I consider that this Seminar represents an important milestone of international co-operation in combating venereal disease, and that it will play an important role in bringing about an improvement in the methods used in this sphere.

The final draft of the summary and conclusions was at this point presented by Dr. R. R. Willcox (Rapporteur General) as follows:

(1) An International Travelling Seminar on Venereal Diseases was organized in the United States of America from October 3 to November 3, 1971, under the auspices of the IUVDT, the WHO, and the PAHO in co-operation with the USPHS. 21 doctors from 19 countries outside the USA in all five WHO regions participated in the survey. Provision had been made in several States in the North, South, East, and West for group and individual study of clinical, laboratory, epidemiological, and other relevant problems in the control of these conditions including behavioural, educational, and social aspects.

(2) The participants of the Seminar, in noting the rising trends in incidence of both syphilis and gonorrhoea in the United States, are of the opinion that the medical, social, and behavioural factors operating in modern society are likely to lead to a further increase in the incidence of venereal diseases in the United States as well as in other countries throughout the world. Existing epidemiological and other methods have failed to control the spread of these diseases in and between countries and new approaches are therefore necessary.

(3) They believe that the first step in the United States is to provide adequate training and education in the sexually transmitted diseases to undergraduate medical students.

(4) The development of post-graduate education in the sexually transmitted diseases is urgently required, not only for private physicians and hospital doctors, who hitherto have had inadequate training in the subject, but also to provide the basis from which a group of specialists could ultimately be recruited. At present the USA is one of the few countries in the world where venereology is not recognized as a specialist discipline as such, or as part of other medical specialties (e.g. dermatovenerology).

(5) The members of the Seminar are strongly of the opinion that clinics concerned with the sexually transmitted diseases should be sited within the out-patient departments of the university and community hospitals and that the physicians working in them should hold university and hospital appointments.

(6) Each clinic should have a physician-in-charge who will be responsible for the overall administration and clinical standards. Such a physician should have had special training and experience in the management of patients with sexually transmitted diseases.

(7) The physician should be supported by adequately trained nursing and paramedical staff. The clinics should be properly located, properly designed, staffed, and equipped to meet the needs of the anticipated increase in the number of patients. They should be open at times when the patients can attend, during and after working hours, and treatment should be free of charge.

(8) Greater efforts should be made through health education to inform the public about sexually transmitted diseases, and to advance public knowledge of the dangers of these conditions, and of their rapid spread in the community, nationally and between countries. Ample direct publicity of local facilities is required and should include addresses, telephone numbers, and the times the clinics are open. All clinics should have information of the facilities abroad (e.g. the WHO World Directory of Venereal Disease Treatment Centres in Ports, available under the Brussels Agreement).

(9) There is a need to develop greater interest in sexually transmitted diseases other than syphilis and for cases of non-gonococcal urethritis to be recorded as a first step towards their delineation.

(10) Participants in the Seminar believe that in future programmes a higher priority should be placed on the clinical aspects of the work, both in official clinics and amongst practising doctors. At the same time they recognize fully the value of the present epidemiological methods in the tracing of contacts of early syphilis.

(11) The spread of sexually transmitted disease is favoured by 'high-risk' groups and further attention should be given to these and to international transmission in future control programmes.

(12) There is a great need to make arrangements so that all practising doctors will participate in the official programmes which, if it is to be effective, requires their full co-operation in case-finding, reporting, and treatment.

(13) The State and Public Health laboratories provide a good diagnostic service, the standards of which are determined by the Venereal Disease Research Laboratory of the Center for Disease Control of the United States Public Health Service. These services should be maintained and expanded in the future.

(14) The quality of the research work into the venereal diseases is impressive but its extent is inadequate. In the future an increase in research covering wide fields, including the behavioural sciences is required. This, together with the envisaged improvement in the clinical services, could eventually lead to better control of the sexually transmitted diseases in the United States.

(15) Participants particularly welcomed the opportunity at the end of the Seminar of discussing their findings with the National Commission on Venereal Disease at the time when the Commission were still engaged in preparing their Report. They would like to thank its Chairman for arranging this, for the courteous reception they received, and for the frank discussion that took place.

The Secretary-General then continued his report.

Consultation and representation

Prof. F. Foldvári represented the IUVDT and presented a statement at the WHO Regional Committee for Europe in Budapest on September 9 to 13, 1969.

Drs. Bruce Webster and James McKenzie-Pollock attended the WHO 22nd World Health Assembly in Boston in July, 1969; a statement by the Union was prepared. A similar statement was presented by Dr. McKenzie-Pollock at the combined 19th Meeting of PAHO and 21st Meeting of the Regional Committee for the Americas of WHO at Washington, D.C., in September—October, 1969.

Our President, Prof. Canaperia represented the Union at the WHO 23rd World Health Assembly in May, 1970, at Geneva, the subject being 'Education for the Health Professions—Regional Aspects of a Universal Problem'. A letter was written to Dr. Candau pointing out the
Union’s interest in this field and informing him of Dr. Webster’s visit to South America to initiate pilot projects in consultation with Dr. Braga, of the WHO Training and Education Division, and Dr. Horwitz, the WHO and PAHO Regional Director.

Dr. Webster had made a recent visit to Colombia to try and set up a project on Medical Education in South America, but the liaison with PAHO had not been very satisfactory, although Colombia agreed to provide the administrative funds. The Executive Committee of the Union asked PAHO and the WHO for the Americas to give early support to the project for Medical Education in Venereal Diseases in Latin America envisaged after the preliminary study undertaken by the Union. In addition, the Secretary-General was instructed to write to Dr. Horwitz (Director of PAHO) to draw his attention to the importance of the participation of non-governmental organizations in anti-V.D. programmes. Venereal Diseases were the topic of the XVIII Pan-American Sanitary Conference Technical Discussions at PAHO Headquarters in October, 1970.

Prof. G. A. Canaperia attended the CIOMS General Assembly in Geneva on September 9, 1970.

The Secretary-General had received the ‘outline’ document from WHO on the subject for the year 1971: ‘Mass Health Examinations as a Public Health Tool’. Certain topics for comment were listed in the ‘outline’. The Secretary-General submitted answers to the questions to WHO on behalf of the Union; replies were received from the following by the dead-line date: Austria, Bulgaria, D.D.R. (Germany), Holland, Roumania, and South Vietnam. These reports were submitted to WHO, and Prof. Canaperia and the Secretary-General attended the 24th WHO Health Assembly in Geneva in May, 1971.

The American Social Health Association and the Union co-sponsored a scientific exhibit at the VI World Congress of Gynaecology and Obstetrics in New York City in April, 1970.

The Outline Document for the 25th WHO Health Assembly subject: ‘Contribution of Health Programmes to Socio-economic Development’ had been received, and a report was submitted by the Secretary-General on the questions submitted. Member organizations were also given the opportunity to comment. Prof. Canaperia was nominated to represent the Union in Geneva at the Assembly and at the 50th Session of the Executive Board.

The Director-General of WHO also wrote to the Secretary-General asking the Union to submit a document for consideration at the Triennial Review of Non-Governmental Organizations in Official Relations with WHO (1969–1971). This was done, and the Secretary-General was informed by the Director-General that WHO had agreed to maintain its relationship with the I.U.V.D.T for a further 3 years.

The Union was asked to nominate two members to participate in the WHO meeting in Copenhagen of the Working Group on the Inter-country spread of Venereal Diseases in December, 1971. At Warsaw it was agreed to nominate Dr. H. Schmidt and Dr. A. Siboulet.

General remarks and conclusion
At the 26th General Assembly in Budapest, the aims and policies of the Union were reviewed and a number of resolutions were adopted. Since then there has been little evidence that the various sexually transmitted diseases have come under control, although no increased incidence of syphilis nor any marked recrudescence of other treponemal diseases has been reported from a number of countries. The main problems still appear to lie in the socio-economic and behavioural fields.

In the past, an increased incidence of sexually transmitted diseases was experienced in countries at war, when a high proportion of the sexually active male population was enlisted in the armed services, often for duty abroad, so that they were separated from their families for long intervals. An additional factor was the fear of incapacitating injury or death, which led men on to enjoy life while they could, often by association with prostitutes, who thrived on this type of war situation.

In most countries it was anticipated that, when the second world war had ended, the incidence of sexually transmitted diseases would decline when more settled conditions prevailed. However, as might be expected, the demobilization year (1946) with the return home of many infected servicemen, who passed on their diseases to secondary contacts in the home, resulted in a peak figure of civilian infections.

After the post-demobilization rise in incidence, the anticipated fall occurred in most countries over the next decade; this decrease was also probably sometimes influenced by the use of newly introduced antibiotics, but it also occurred in some countries before these drugs had become available.

The present situation of general high world incidence of sexually transmitted diseases has developed in the last 10 to 15 years in many countries in an environment of peace and prosperity. The factor of population movement has played a part. The role of prostitution has also been modified in a number of countries by the abolition of the brothels by law. Male homosexuality has played its part in spreading the disease both nationally and internationally.

However, the main factor in society which in most countries has become progressively more permissive, has been a steady increase in promiscuity, especially in the younger age groups. In this environment the casual amateur (or unpaid) girl plays the major part. Her disease (as in gonorrhoea) is often symptomless, and thus she will come to the doctor or clinic for diagnosis and treatment only if she is identified by her male sex contact and reached by some form of contact-tracing.

Many promiscuous young males for various socio-economic reasons acquire multiple infections of the different sexually transmitted diseases, and are often termed ‘repeaters’.

The employment of health programmes in most countries is limited to the control of the venereal diseases, gonorrhoea and syphilis. However, in a country such as the United Kingdom, with a highly organized service, only 25 per cent. of cases of sexually transmitted disease at the clinics fall into this category, which indicates the
size of the problem in global terms.

The methods available for use in health programmes are still limited by the lack of any means of immunization, although research continues in several countries. Neither can prophylaxis play a major role in control. The two main approaches must be through (a) Health Education and (b) Contact Tracing. The former suffers certain limitations; it has been argued that, although education of the young in biology lectures and in lectures on personal relationships removes ignorance and instils responsibility, this may also encourage curiosity and experimentation of a sexual nature at a very young age.

Health Education of an adult population through the mass media with a view to bringing those at risk to doctor or clinic for check-up suffers from the disadvantage that it tends to bring in those with feelings of anxiety rather than the ‘hard line’ repeaters and others at high risk of infection. Thus, about 80 per cent. attending as a result of various types of propaganda have no evidence of sexually transmitted disease, and may increase the clinic load to breaking point. In the USA methods of ‘cluster-testing’ of friends of those infected and their contacts have had some success, but these depend on the expensive and highly-organized techniques of the social services not available in most other countries.

Health information concerning clinics is of importance in encouraging those at risk to attend. Posters or advertisements in papers or on television have been used. Other ideas include a special telephone number service, either manned over 24 hours, or more economically, with recorded messages.

The best form of control with the best return of infected cases is undoubtedly by some form of contact action, although the various forms of screening tests through Mass Health Examinations (MHEs) should not be neglected.

In many countries the situation in need of control is very difficult to assess because of a paucity of statistics and tardiness in reporting, so that no reliable national statistics are available. The World Health Organization’s survey in France and Sweden with the co-operation of the Union may in due course help to correct this state of affairs.

Individual countries will have to assess their V.D. problem and then budget for effective action. They will need a viable V.D. Service with sufficient clinics, and medical, nursing, and ancillary personnel, which also means that the subject of venereology must be covered in their Medical Education syllabus. (See World Health Organization reports by Dr. B. Webster.) They will have to consider how their Health Propaganda can reach those ‘at risk’ without flooding their medical facilities with the anxious rather than the diseased. New techniques evolved by pilot studies will have to be employed with this end in sight.

National help and co-operation can be aided by the international meetings of the IUVDT, where experts of different countries can present papers on the most recent advances in the field of the social and behavioural aspects of the sexually transmitted diseases. There is evidence that in many countries the present high incidence of these diseases leads to a considerable loss in working man hours, and in this respect interferes quite considerably with a country’s socio-economic potential.

On relinquishing the post of Secretary-General I should like to thank the President, the Regional Secretaries, and other members of the Executive Committee for their help and support, and also Dr. T. Guthe for his wise advice and close collaboration up to the time he retired from WHO. I am sure that the new Secretary-General will receive the same support from Prof. K. Király.

REPORT OF THE REGIONAL DIRECTOR FOR EUROPE, DR. AXEL PERDRUP

During the past year the Regional Director for Europe has represented the IUVDT on three important occasions:

(1) At a meeting in London in December, 1971, jointly arranged by the MSSVD and the Harveian Society, the Regional Director presented a paper on the V.D. situation in Europe with particular reference to the situation in Scandinavia. The purpose of the meeting was to arouse an interest in V.D. among other specialists and among general practitioners. The Director got the impression that medical societies with members representing a broad spectrum of the medical sciences like the Harveian Society constitute a fruitful forum for dissemination of interest in V.D.

(2) At a working group on the Inter-Country Spread of Venereal Diseases, organized by the Regional Office for Europe of the World Health Organization, which met in Copenhagen, Denmark, on December 7 to 10, 1971.

The Regional Director took part in the preparation of the meeting as well as in the working group. The IUVDT was further represented by Dr. A. Siboulet (Paris) and by Prof. H. Schmidt (Odense, Denmark). A number of very important questions were thoroughly discussed with regard to the international V.D. situation in general and to the inter-country spread in particular.

The following matters were particularly considered:
National control is the basis for all efforts against international spread of V.D.
A multidisciplinary approach is important because so many reasons for the spread of V.D. are not medical.
A revision of the international classification of nomenclature is needed.
An improved national and international reporting system is wanted. The enormous milling of people due to tourism, traffic, and migrant labour makes it advisable to organize modern treatment facilities for non-residents in the manner adopted for seafarers under the Brussels Agreement of 1924 and with this in view to prepare a Directory of V.D. Treatment Facilities.
The final report from the WHO meeting in Copenhagen will undoubtedly present much valuable information and a number of problems to be considered by the IUVDT.

(3) A meeting in April, 1972, of the German Society against Venereal Diseases wanted to be informed about the organization of anti-V.D. activities in Denmark with particular reference to the centralized serological and microbiological laboratory service. It was agreed by the participants that large regional laboratories covering a population of 4 to 5 millions had great advantages over
numerous smaller laboratories attached to individual treatment centres.

REPORT OF THE REGIONAL DIRECTOR FOR THE AMERICAS, MRS. J. TULLER

Travelling Seminar on Venereal Disease in the USA
A full report appears on pp. 184-186.

The National Commission on Venereal Disease, which was in the midst of its deliberations, benefited from access to the Travelling Seminar’s impartial review of the venereal disease problem in the US.

International Venereal Disease Symposiums
Co-sponsored by the ASHA and Pfizer Laboratories Division, Pfizer, Inc., meetings were held in St. Louis, Missouri in April, 1971, and April, 1972. Several hundred representatives from the US and countries overseas attended. Dr. B. Webster was chairman on both occasions and a number of Union members were among the speakers and moderators. The proceedings of the 1971 meeting received wide distribution as a free publication titled The V.D. Crisis.

Pan American Health Organization
Venereal Diseases were the topic of the XVIII Pan American Sanitary Conference Technical Discussions at PAHO headquarters in October, 1970. Dr. J. McKenzie-Pollock represented the Union, and among those presenting papers were Dr. C. J. Alarcon, Dr. T. Guthe, Dr. A. Campos-Salas, and Dr. W. J. Brown. The proceedings were published early in 1971 as PAHO Scientific Publication No. 220 entitled, Venereal Diseases as a National and International Health Problem.

ASHA/UVDT Scientific Exhibit
The ASHA and the Union co-sponsored a scientific exhibit at the VI World Congress of Gynaecology and Obstetrics in New York City in April, 1970. More than 1,000 copies of Today’s V.D. Control Problem and several hundred Union brochures were given to physicians visiting the exhibit.

Venereal Disease Information Material
In response to a communication from the Comprehensive Health Centre in Kingston, Jamaica, about the lack of printed information for clinic patients, 5,000 copies of the pamphlet, ‘Some Questions and Answers about V.D.’ were donated by the Regional Office for the Americas in 1971.

JAMES S. MCKENZIE-POLLOCK, M.D., D.P.H.
The director of the venereal disease division of the American Social Health Association and an Assistant Secretary General of the Union and director of the Regional Office for the Americas resigned in June, 1971, to take a post at the University of Hawaii School of Public Health.

REPORT OF THE TREASURER, DR. F. J. G. JEFFERISS
This is a summary of my report to you on the finance of this IUVDT for the years 1969, 1970, and 1971.

The details of our income and expenses will be found in my Financial Report, copies of which are available.

I last reported to you in 1969 at our General Assembly in Budapest on the years 1967 and 1968.

We started 1969 with a credit balance of £3,789 0s. 6d., which had decreased to £3,152 1s. 5d. by the end of that year, and increased to £3,660 15s. 1d. by the end of 1970, and to £3,819 62 by the end of 1971.

In 1969 we had the extra expense of the Budapest Meeting which was £210 5s. 2d. In 1970 there were no abnormal expenses, but in 1971 we spent an extra £548 82 on the cost of Prof. J. Towpik of Poland’s membership of the travelling seminar on venereal diseases held in the United States in October of that year.

During 1971 and early 1972, satisfactory arrangements have been made with the United Kingdom Inland Revenue Authorities, which exempt the IUVDT from paying any form of tax in that country.

In 1971 we had 27 Member Organisations and 47 individual members on our books. All these Member Organisations had paid their subscriptions by the end of the year, except for Portugal and Venezuela who have not yet done so in spite of several reminders from the Treasurer.

As I indicated above, our total credit balance on December 31, 1971, was £3,819 62. Of this we had £850 52 in our deposit account and £1,406 12 in our current account at Lloyds Bank, London, and the remainder is held to our credit by the Banca Nationale de Lavoro, Rome. A small sum is frozen in a Prague bank which is added to each year by the Czechoslovak health authorities.

Our accounts have been audited each year by a professional chartered accountant of a firm of high repute.

I think you will agree that our financial situation continues to be satisfactory.

These various reports were discussed by the meeting and the new chief medical officer of the V.D. and Treponematoses Division of the WHO then addressed the assembly.

STATEMENT BY DR. K. KIRÁLY, CHIEF MEDICAL OFFICER, VENEREAL DISEASE AND TREPONEMATOSES, DIVISION OF COMMUNICABLE DISEASES, WHO, GENEVA

It is a great honour for me to be delegated by the Director-General to represent the World Health Organization at this distinguished forum, where representatives of different nations are all striving to obtain more national and international understanding and action. One of the goals of WHO is to foster international understanding and collaboration in research, technical operations, and methods of approach to problems. It is quite natural that this goal cannot be reached without the support of International Scientific Organizations. I cannot resist mentioning that you, Mr. President, together with my excellent predecessor Dr. Guthe, have successfully drawn the two organizations together towards the solutions of the global problem of venereal disease which, resisting our efforts, stills tightens its grip on our society. To be able to take appropriate measures on a world-wide basis, the best attitude is to listen attentively to the distinguished and eminent representatives of different countries present,
and to glean, digest, and learn from local problems, in the hope of finding a common leading principle. An attentive and modest attitude is especially desirable for a 'newcomer' such as I, who joined WHO only a few months ago. Allow me, however, to move aside from this advice of common sense and in addition to break the general tradition of solemn speeches at opening ceremonies by making a short technical statement which, I believe, agrees with the policies and endeavours, Mr. President, you represent in the guidance of the IUVDT.

(1) Recrudescence of venereal diseases

After the decrease in the incidence of venereal disease observed in the years following the second world war, the recrudescence of the disease that commenced toward the end of 1950 in all regions of the world again focused the attention of public health authorities in the majority of countries on the health problem posed by syphilis and gonorrhoea. While it is generally recognized that these diseases constitute an important problem, its true magnitude is as yet not definitely known: various attempts to study their prevalence in different regions of the world make evident the gaps in our knowledge of their extent and importance. The main difficulties stem from incomplete and deficient case notification and registration in most countries and even within different areas of one country.

There can no longer be any doubt, however, that we are witnessing an increase in the incidence of syphilis and gonorrhoea in an important number of the countries that have adequate reporting procedures, and it may be assumed that the same thing is also occurring where reporting procedures are not reliable.

It is noteworthy that this worldwide increase of venereal infections has taken place during a period when physicians and health authorities have at their disposal diagnostic and therapeutic remedies for venereal diseases of an efficacy never known before, and at the same time case and contact finding techniques are highly developed. It is thus clear that our medical and epidemiological weapons have not matched the environmental forces which now facilitate the spread of sexually transmitted infections within countries as well as between countries and regions.

(2) Deficiencies of epidemiological approach to venereal diseases

The experience of the last decade shows that venereal disease cannot be treated out of existence, notwithstanding highly elaborated therapeutics, since human and environmental factors are so deeply involved in its spread. Health authorities can direct or influence the environment to a small extent only. What they can do is to attack the chain of infection and break it by treating sources of infection and contacts. Actually, when applied systematically and intensively, contact tracing has proved to be the most effective part of a venereal disease control programme.

This weapon, however, is far from being used to the extent its efficacy warrants. The main reasons for this are:

(i) Lack of epidemiological co-operation between private practising physicians and other health personnel on the one side and health authorities on the other, partly due to less appreciation of the epidemiological significance of venereal disease control by the former;
(ii) Difficulties in applying contact tracing beyond national borders;
(iii) Lack of understanding or moral and ethical restraints on the part of patients to collaborate with doctors and other health personnel in contact tracing;
(iv) Lack of collaboration and support of the general public in regard to venereal disease control activities undertaken by public health authorities.

(3) Need for improvement of undergraduate training

Because of the abundance of effective antibiotics, the treatment of venereal diseases has become very simple. This is the main reason why V.D. patients are seen by general practitioners. A recent survey in the USA showed that 80 to 85 per cent. of all cases of venereal diseases in that country are treated by private practising physicians, and we have no reason to believe that the situation is different in most Western countries. Thus, private doctors are in the front line of the anti-venereal disease campaign.

(i) Challenge to education on venereal diseases

A survey undertaken 5 years ago by Dr. Bruce Webster, sponsored by the WHO and the IUVDT, on the teaching of venereology in the 709 medical schools which then existed in the world, showed that public health and epidemiological aspects appeared to be receiving a minimal amount of attention during the teaching concerning venereal diseases. The average time spent in teaching clinical venereology (including syphilis) varied from 17.1 to 25.6 hours of the total curriculum, a rather limited coverage of this broad field of medicine. Practical social implications of venereal diseases are at least mentioned, but they are not taught, and are not covered in everyday medical practice. An indication of the inadequate co-operation between private doctors and health authorities is expressed in the high degree of under-reporting of new cases of infectious venereal diseases, sometimes up to 70 to 90 per cent. even in countries where notification is obligatory. This means that most of the contact investigations which should follow the diagnosis of new infectious cases are not undertaken. Private doctors usually have neither time nor sufficient technical know-how for the important, but delicate, epidemiological work, and infected contacts are left for further spread of the infection.

It is felt, however, that strengthening of the co-operation between private practising physicians and health authorities is an urgent need in our attempts to halt the present surge in venereal infection. This can be achieved only if the doctors concerned realize the importance of epidemiological measures in the management of venereal infections, and get to know applicable methods. The first and most important step in this direction would be to enforce professional education in venereal disease control. It has to be, however, not entirely biological information.

(ii) Society-orientated medical training

In the light of the implications of present and anticipated advances in the biological, medical, and social sciences, and their separate and in part conflicting requirements—on the one hand, more and more highly specialized medical technologists and clinicians, and on the other, increasingly broadly informed, and community-orientated
general medical practitioners—there is an urgent need to re-examine the methods of medical education and postgraduate training and practice.

Not only is the doctor being overtaken by ever-accelerating developments in the medical and biological sciences and the consequent introduction of increasingly sophisticated diagnostic and therapeutic techniques, but he is also being overtaken by an equally rapidly accelerating volume and diversification of the needs of mankind which looks to him for skills in which he has never been trained, and for the understanding of personal and community relationships of which he has little or no specialized experience, and in which there are also many new developments and techniques.

The contribution of doctors to future world health is in danger of being limited by the form and content of their basic training. This is designed to equip them to assume the responsibility which society lays upon each doctor, to do all in his power for his patient.

The doctor who attempts, and is expected to attempt, to help the community, needs to have at his disposal more than the special skills and experience which his medical training and his practice of medicine have given him. If his interest and experience is mainly in pathology, rather than people, or in communities rather than in individuals, he may be unable to recognize, let alone diagnose or treat, the situation. As a result of his training, even the best-intentioned is likely to seek to make a diagnosis, to identify a ‘problem’—a focus of pathology—and then to take upon himself the responsibility, supported by his hierarchically-structured team, to treat a complex problem as a purely biological phenomenon. If the problem is not resolved, he may blame himself (inadequate), his team (inefficient), the patient (uncooperative), or the ‘problem’ (malignant).

In the history of science there are two opposite methods at work: the ‘downward’ approach from the complex to the elementary, from the whole to its component parts, and the ‘upward’ approach from parts to the whole. The emphasis may alternate until they meet and merge in a new synthesis. Without the assumption that complex matter consists of atomic parts, physics and chemistry would not have evolved. Human action has to be a scientific creation, too, based on facts, information, and generalizations called ideology. The general politics of WHO is: to translate national facts into international action allowing national feedback through generalization and action. During these two days we have heard much valuable information from different countries, cities, and regions. If I should now make a general statement about WHO politics in the field of V.D., it would be an underestimation of all that I have followed with such extreme interest and would deviate from the general principle of scientific creation. Allow me to have time to digest it so that I may correct my leading principles which, disregarding the fact that I am a newcomer, I have had to adopt in everyday action. After 2 days’ discussion I strongly feel that this Conference has assisted all of us to become more committed towards bridging the distressing gap between community oriented and biologically orientated medicine.

Professor Canaperia thanked Dr. Kiraly for his address and the General Assembly unanimously welcomed the continued liaison between the Union and the WHO.

IV. Recommendations of the Executive Committee

The President asked the Secretary-General to outline the various recommendations of the Executive Committee for discussion by the General Assembly.

Election of Officers

PRESIDENT: Prof. G. Canaperia (Italy) for 2 years
SECRETARY-GENERAL: Dr. F. J. G. Jefferiss (UK)
PERMANENT COUNSELLORS: Prof. E. Hermanns; Dr. B. Webster (USA); Dr. A. J. King (UK); Dr. Brun-Pedersen, Dr. M. Tottie (Sweden); Prof. F. Foldvari (Hungary)
VICE-PRESIDENTS: Dr. P. Durel (France); Dr. C. S. Nicol (UK); Dr. J. Cutler (USA); Dr. F. Norton-Brandao (Portugal); Dr. H. Della-Diogio (Italy)
ASSISTANT SECRETARIES-GENERAL: Dr. A. Siboulle (France); Dr. J. Cutler (USA); Mrs. J. Tuller (USA)
ZONE REPRESENTATIVES: Dr. P. Rangiah (India); Dr. O. Arya (Africa)
TECHNICAL COUNSELLORS: Dr. C. Alarcón (Venezuela); Prof. A. Basset (France); Dr. A. Campos-Salas (Mexico); Prof. J. Gay-Prieto (Spain); Dr. P. Graciansky (France); Prof. P. Popchristol (Bulgaria); Prof. J. Towpik (Poland); Dr. P. Vejjajubal (Thailand); for re-election Prof. G. Elste (East Germany); Prof. Konopic (Czechoslovakia); Prof. J. M. Knox (USA); Prof. L. Juhlin (Sweden); Prof. A. Lugger (Austria); Prof. H. J. Heite (West Germany); a South American doctor to be nominated
TREASURERS: Dr. R. D. Catterall (UK); Dr. G. Tassi (Italy)
LEGAL COUNSELLOR: Mons. P. Pfeiffer (France)

Publications It was hoped that the Proceedings of the present Congress would appear in due course in the British Journal of Venerable Diseases and in La Prophylaxie Sanitaire et Morale. It was also suggested that copies of an article about the Congress which was to appear in Community Medicine the following month should be obtained and distributed.

Resolutions Dr. Nicol read out two resolutions proposed by the Executive Committee and a further resolution was put forward by Dr. Catterall. After discussion the Assembly approved all these Resolutions as follows:

RESOLUTION 1: As a matter of priority the attention of governments must again be drawn to the inadequate facilities still available for V.D. control while the incidence of the sexually transmitted diseases continues to increase in most countries. It is essential that there is sufficient undergraduate and postgraduate medical education in order that an efficient V.D. service can be established, with trained physicians and nurses supported by laboratory facilities and a full ancillary staff, including welfare officers for the tracing of sex contacts, as this is a very important method of V.D. control.
RESOLUTION II: The importance of health educational measures in the control of sexually transmitted diseases is again emphasized. It is suggested that this education must in particular be aimed at the high-risk groups in the population. There is also a great need for further behavioural studies of those at risk and to concentrate campaigns on this group.

RESOLUTION III: The IUVDT recommends to member governments that encouragement should be given to developing countries to obtain more accurate details of the extent of the sexually transmitted diseases and treponematoses in their areas. The Union further recommends to member governments that more aid should be given for the control of venereal diseases, especially financial and technical aid, and that expert clinical assistance be provided to train venereologists in these areas of the world.

Future Meetings The Secretary-General said he had received an invitation from Dr. Hubert Delune for the Executive Committee to meet during the meeting of the Ligue Nationale Belge Anti-venerium which was celebrating its half century in Brussels on May 25-27, 1973. The British MSSVD had also been invited to join the meeting to discuss the subject 'Venereal Diseases, Yesterday, To-day, and Tomorrow'. Other individual members of the Union would also be welcome. The President thanked Dr. Delune, and it was agreed to accept the invitation.

It was also agreed that the Union should ask to participate in the next Congress of Dermatology, due to take place in Mexico City in 1977. The meeting place of the next General Assembly was discussed, and it was noted that Dr. A. Ferrante had invited the Union to convene in Malta in 1975. It was agreed that this suggestion should be taken up by the Secretary-General with the Department of Health in Malta.

V. Closure of the Assembly
As there was no further business the President adjourned the meeting.