

Book Review

How to Have Sexual Intercourse Without Getting Screwed. By Jennifer Wear and King Holmes, 1976. Pp. 184. Madrona, Seattle, Washington. (No price quoted.)

Travellers through airports who select paperbacks by Leslie Thomas and Xavier Hollander will certainly be tempted by this one with its simple glossy cover and eye-catching title. In so doing they will acquire a pocket-sized volume on the unwanted side effects of sex, written for the lay public by a graduate student in epidemiology who has lectured on family planning and hopes to become a doctor and by a distinguished American venereologist well known in Britain and elsewhere.

The former has taken care of 128 pages on 'just enough anatomy', contraception (72 pages), abortion, and women's health. These are well done and would repay reading by the trained venereologist: the description of the action of hormones is particularly neat. The remaining 56 pages are devoted to the sexually trans-

mitted diseases but according to the cover the authors 'looked over each other's shoulders' throughout.

Both then are responsible for the racy pungent style, with the use of such words as 'crabophobia' and 'smellogenic' and phrases such as yeasts move in and 'set up housekeeping' and that regarding abstinence after about a week 'altruism starts to give way to lust'.

Adopting no judgemental approach all could be expected to agree that the possibility of catching a sexually transmitted disease depends on the infection rate in the partner, on the chance of acquiring infection by a single exposure, and by the number of exposures per unit of time. Such chances may to some extent be reduced by discrimination in partner choice, the use of precautions, and keeping numbers within reasonable bounds.

Logical measures suggested in the book include the application of temporary abstinence for one week after casual intercourse before resuming with the

regular sex partner; that pregnant women and those desiring to become pregnant should avoid having sex with a new sex partner in order to avoid catching a cytomegalovirus infection at a critical time and—discrimination—that those who have had Type 2 herpes infection should form an organisation 'Herpes Anonymous' with a distinctive button 'to wear at parties' and 'single' bars—presumably in order to pair with each other. Few words however, concern the number of sex partners.

Certainly the reader would not expect a chapter on 'How to avoid sexual intercourse without getting screwed'. In a situation where in the USA as stated by the authors the gonorrhoea rate is many times higher than in most western countries a start has to be made somewhere. This said, the authors are to be congratulated on a simple, truthful, and authoritative presentation which deserves to do well.

R. R. Willcox

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

The current discussions in the correspondence on the subject of a change of name and scope for the subject of venereology have generated unwelcome reactions (Grimble, 1975; King, 1976; Cohen *et al.*, 1976). The problem is not new and those interested will find that in 1914, in the minutes of evidence given to the members of the Royal Commission on Venereal Diseases (1916), it is clear that men of eminence—such as, Sir William Osler and Lord Sydenham—may be numbered among those who could not come to a satisfactory conclusion. The paragraph in question includes reference to the words genitourinary and venereal and to Sir William Osler's objections to the latter name as being more or less taboo. Attitudes change unevenly from a geographical point of view and in some groups to a lesser extent than in others. Any attempt to mitigate distress to

patients is therefore both laudable and proper. A plural society will always include those likely to condemn the actualities of human behaviour but this is not part of a doctor's function and the label for a clinic will have to depend on reactions of the community it serves. As long as the doctor does not forget his function to provide for those whose need is greatest and to make sure that methods adopted do not make it difficult for any of the varied strata of society to attend, then the debate can continue. A journal of this kind is, however, an unsuitable vehicle for such a debate as the whole process is painfully slow.

Many signatures cannot resolve a moral argument, nor can they resolve this type of question, but the last paragraph of one letter (Cohen *et al.*, 1976) lights up a defect in this specialty, namely its tendency to suffer some bad effects of centralisation and bureaucracy. Such effects can be countered by avoiding conformity and by debate within one's own community.

Yours faithfully,

D. H. H. Robertson

References

- Cohen, L., Couchman, J. M., Cowper, R. A., *et al.* (1976). Venereology or genito-urinary medicine. *British Journal of Venereal Diseases*, 52, 355–356.
Grimble, A. S. (1975). Genito-urinary medicine. *British Journal of Venereal Diseases*, 51, 410.
King, A. J. (1976). The future of venereology. *British Journal of Venereal Diseases*, 52, 208.
Royal Commission on Venereal Diseases (1916). Cd. 8190. Appendix to the Final Report of the Commissioners. Minutes of Evidence paragraph No. 14, 258, p. 65.

Notices

Medical Society for the Study of Venereal Diseases

The spring meeting will be held from 19 to 21 May 1978 at Leeds, in conjunction with the 29th General Assembly of the International Union against Venereal Diseases and the Treponematoses.

International Union against Venereal Diseases and the Treponematoses

The meeting in October 1977 at Acapulco has been cancelled as there was insufficient support.