The British Co-operative Clinical Group (BCCG)

Tempus fugit. The British Co-operative Clinical Group (BCCG) was established in 1951 for the immediate purpose of collecting information concerning the venereal diseases from case records available in the United Kingdom. It was due to the perspicacity of one distinguished consultant venereologist (for that is what he called himself), the late Dr R R (Dick) Willcox, who died in 1985, that this group, still flourishing, exists, is independent, finds information on behalf of the specialty of genitalourinary medicine in the United Kingdom, and is producing more publications from its numerous projects than ever before. I chaired the BCCG for some years between 1990 and 1995, before handing on to my successor, Dr George Kinghorn ably assisted by Dr Chris Carne, who have kept me informed about recent developments. I suppose I am seen as a link between the events of over 25 years ago and the present. Hence tempus fugit. Among other achievements, Dr Willcox travelled and wrote more than any other British contemporary venereologist of his time, and was on the council (and was president 1965–7) of the Medical Society for the Study of Venereal Diseases (MSSVD) for 31 years from 1953 to 1984, reporting about the BCCG annually to council and the society. He was an advocate of cross fertilisation from other disciplines, especially epidemiology. At the present time, epidemiologists from the Public Health Laboratory Service (PHLS) Communicable Disease Surveillance Centre (CDSC) belong to the BCCG and bring their expertise to the design and analysis of various studies.

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The great pioneering work of the BCCG was initiated and coordinated by Dick Willcox. Two reports were published in this journal in 1973\(^1\) and 1980,\(^2\) the latter just before the advent of AIDS, on homosexuality and venereal disease in the United Kingdom, where certain clinics in London saw the major part of homosexually contracted syphilis and gonorrhoea. However, as the classic diseases declined interest grew not only in all the other sexually transmitted diseases but also in aspects of HIV infection of concern to clinicians and topical trends in the specialty of major interest. The BCCG, for instance, investigated the provision for sexual health care of adolescents in genitourinary medicine clinics in 1997.\(^3\) In the past 5 years there have been five publications from the BCCG, including when to perform the final HIV antibody test following possible exposure;\(^4\) post-exposure prophylaxis (PEP) after non-occupational risk of HIV infection;\(^5\) a survey of genitourinary physicians and vulval clinics;\(^6\) and an important subject started when I was chairman, syphilis in pregnant women and their children in the United Kingdom, results from the national clinician reporting surveys 1994–7.\(^7\) Although the incidences of syphilis in pregnancy and congenital syphilis are low, it is partly due to the efforts of this group and the PHLS that antenatal testing for syphilis has been maintained against opposition from some groups.

At the present time, members of the BCCG have ongoing studies on genital herpes, cervical cytology, some aspects of testing for HIV antibodies, the management of cases of child sexual abuse, and a survey on gonorrhoea.

Although the MSSVD now has many special interest groups, the BCCG is a vital part of the mother organisation. It also has a major advantage of being able to make independent studies free from control by governmental bodies. However, the results may influence policy as is seen with antenatal screening for syphilis. This freedom for joint scholarship is essential if specialists are to be advocates for their patients based on sound knowledge. May the BCCG flourish in the new century.

I am indebted to help given in writing this article by Dr G R Kinghorn (chairman) and Dr C A Carne (honorary secretary), officers of the BCCG at the time of writing in the summer of 1999.

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