

Propaganda was on the following lines:—

(a) Venereal diseases have the gravest effects on health; and an infected person may also endanger an innocent partner and an unborn child.

(b) Venereal diseases are transmitted almost always by sexual intercourse.

(c) Clean living is the safeguard.

(d) For infected people there are effective methods of treatment.

(e) Treatment must be sought at the earliest possible moment and must be continued as long as the doctor thinks necessary.

(f) Treatment is free and entirely confidential.

A survey was made by the Social Survey in 1943 to discover the public reaction to the campaign. Eighty-six per cent. of those interviewed had seen the Ministry of Health's initial statement on venereal diseases and 92 per cent. thought it right for people to be informed about these diseases.

A survey made by the British Institute of Public Opinion in 1943 showed 90 per cent. in favour of the Government's campaign of enlightenment, 7.5 per cent. doubtful, and 2.5 per cent. in opposition; 60 per cent. of the people questioned knew how venereal diseases are spread.

The effect of the Government's campaign may be partly assessed by the rate at which uninfected people come for examination; for it seems reasonable to assume that if increased numbers of uninfected people come, thinking they may be infected, then those who actually are infected are responding to propaganda, too, by seeking attention early, thereby lessening the spread of infection.

#### Defence Regulation, 33B.

Up to 1942 attendance for treatment for venereal diseases was entirely on a voluntary basis. This system was modified in 1942 by Defence Regulation 33B, which provides that any person named as a source of infection by two or more patients may be compelled to undergo examination by a special practitioner and to receive any necessary treatment until pronounced "free from venereal disease in a communicable form."

Though the Defence Regulation specifies two reports, local authorities, encouraged by the Ministry of Health, have in practice persuaded many people to submit to examination after being named once as a source of infection without waiting for the second report.

From 1942 onwards, local authorities have made increasing use of trained social workers to trace contacts and do follow-up work from the treatment centres. There is a shortage of social workers for this purpose.

During 1943, nearly 1,000 people were undergoing treatment as a result of Defence Regulation 33B. Only 143 received compulsory notices and there were 16 prosecutions. There were 82 prosecutions in 1944.

#### Facilities for Treatment.

The peace time venereal disease treatment centres numbered 188. Facilities were regarded as generally adequate.

Since the outbreak of war, 41 new treatment centres have been opened and additional sessions have been arranged at existing centres.

With the increase in venereal disease in 1940, came closer co-operation between the treatment services of local authorities and of the Forces. Local authorities were encouraged to expand facilities where necessary, and an Exchequer grant became payable to cover 75 per cent. of the cost of the new services provided to meet war time needs. E.M.S. hospitals provide out-patient and in-

patient treatment for members of the Forces. Service authorities are permitted to refer Service patients to civilian centres for in and out-patient treatment.

Special arrangements were made between local authorities and certain general practitioners (specially qualified to deal with venereal disease) who undertook to give treatment at their own surgeries in normal hours. This innovation has proved particularly useful in rural areas. The number of specially qualified medical practitioners appointed in this way, up to mid-1945, was 168.

The object of increasing facilities has been to ensure, as far as possible, that no patient need travel more than 10 miles for treatment.

### THE AGED INFIRM.

The aged infirm—"the silent sufferers in the community"—are lamentably neglected by doctors and hospitals, complains Dr. Marjory W. Warren, deputy medical director of West Middlesex County Hospital, writing in the *Practitioner*.

She says: "Nobody is more truly imprisoned than an elderly infirm person who has entered a hospital, and responding slowly, finds himself confined for ever."

Dr. Warren suggests that the aged should be accommodated in special departments.

### RURAL LIFE CONFERENCE.

Famine has figured all too often this year in the headlines. We've been bombarded by astronomical figures of food requirements and tremendous computations of nutritional deficiencies, but "man cannot live by bread alone." The study of the "Science of Relationships" is the effort to consider the whole man in all his contacts with his environment in its physical, mental and spiritual aspects.

To further this study, the Church Missionary Society is calling the third Rural Life Conference, which will be held at High Leigh, Hoddesdon, Herts., January 7th to 10th, 1947. It is hoped to assemble doctors, farmers, clergy, teachers, social workers from overseas and at home to listen to eminent speakers on the problems of rural life and to join in discussing in various commissions subjects related to the addresses.

Please send your applications for registration forms to the Acting Secretary, Rural Life Conference, C.M. House, 6, Salisbury Square, E.C.4.

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