

VENEREAL DISEASES IN MODERN SOCIETY*

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Venereal Diseases continue to be the great anachronism of modern medicine. Unlike so many common infections we have failed to eradicate or control them. Furthermore, although we now have means to cure the individual, venereal infections are commoner and this paradox is, rightly, causing concern.

In the last 100 years syphilis have shown a tendency to decline but throughout the century there have been recurrent peaks of incidence usually associated with wars. World War II was no exception. Thereafter there was a rapid decline and many believed that with penicillin therapy syphilis would be virtually eradicated. But this has not proved to be the case. Between 1955 and 1958 the incidence of syphilis began to rise in many countries and this rise continued until recently, when widespread awareness of the recrudescence led to more active measures of control.

Late Syphilis has shown a general decline between 1941-1968 thanks to penicillin, contact tracing, general education and the use of mass screening procedures such as ante-natal testing. A large residue of old syphilis however remains in many countries. In the local mental hospital in Sheffield 2% of all the permanent inmates have syphilitic insanity. In Woodbridge Mental Hospital, Singapore such patients number about 160 or 4.1% of the total. The financial burden this imposes—about \$1 million per annum—is a constant reminder of the need for all nations to invest in V.D. control.

Congenital Syphilis has declined globally since 1950 thanks to growing use of routine serological test for the disease during pregnancy. Even in developed countries, however, the incidence of infantile syphilis now is stationary. There is therefore a clear need to strengthen efforts aimed at prevention. In particular there is need to appreciate that latent or dormant syphilis is commoner in multiparous women than in those women with a first pregnancy.

As with other venereal diseases the reporting of syphilis is recognised to be incomplete in many countries. While this under-reporting is general the trends can be seen as unmistakable.

Little information is available from developing countries but such as there is shows that early syphilis is more frequent than ever in parts of Africa and the East.

Gonorrhoea, variously reported as between 3-25 times more frequent than early syphilis currently gives a total of at least 60 million infections annually in the world and prevalence increases year by year in some 80% of countries. Data is even less reliable than in the case of syphilis but the trend is unmistakable and in some areas is alarming. In many western countries gonorrhoea is now second after measles in annual statements on infectious diseases.

Non-gonococcal urethritis shows a rapidly growing incidence year by year in nearly all countries where reporting exists e.g. U.K., France, Ceylon. This disease of unknown etiology is now a perplexing problem diagnostically, epidemiologically and therapeutically.

Trichomoniasis is widespread throughout the world and reported figures suggest that one woman in ten suffers from this infestation at some time of her active sex life. The condition is especially common in those with other sexually transmissible disease.

Chancroid and lymphogranuloma are fortunately less common although sporadic recrudescences are regularly reported from both developed and underdeveloped countries.

Other diseases transmitted sexually such as genital warts, scabies, pediculosis pubis and vaginal thrush feature increasingly in reports from a growing number of areas of the world.

BACKGROUND TO THE PRESENT SITUATION

Syphilis and gonorrhoea particularly have long been associated with poverty and war. It is of special interest to note, therefore that their association is now with relative peace in the world and particularly with growing prosperity and all that means in prompting environmental changes and changes of attitudes and behaviour. We can therefore view the incidence of V.D. as

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the product of a complex of factors some promoting and some curtailing the prevalence and dissemination of infection. It must be remembered too that in many developed countries the beginning and continuing rise in gonorrhoea especially has been paralleled by rising incidences of what may be called manifestations of social pathology e.g. delinquency, pre-marital conception and addiction including alcoholism.

Let us look at some of the factors as they are found and operate at the present time.

Population growth has been rapid since World War II. Between 1950-1960 there were some 500 million births and between 1960 and the end of 1970 another 600 million will be added. Many of these additional millions have entered, or shortly will enter, the most sexually active years. Inevitably the number of sexual contacts grows and will grow and so the chances of infection increase. At the same time the span of active sex life has been extended particularly at the lower end and particularly in girls now showing earlier physical maturity.

Urbanisation resulting from concentrations of industry and the planned high-rise flats of urban renewal have led to a variety of social problems. Areas of concentrated population attract the young in search of work or education. More especially they attract the promiscuous, the prostitute and the homosexual in search of contacts and anonymity. Like the old slum areas of the world's big cities urban renewal schemes require the attention of social and preventive medicine experts more than ever before.

What might be called 'white collar' venereal disease is a growing feature. Recent work shows very clearly that all occupational groups and all social strata are now more proportionately represented in V.D. clinic populations. Students have received special attention and it has become evident that rising infection rates in them are real and not simply relative to the numbers involved in the student "explosion".

Of all the factors militating against control at the present time population movement is one of the most potent. It is a world-wide phenomenon. In Europe alone there are nearly 4 million immigrants many of them young unattached males. In general, immigrants do not import infection but acquire it in the country of their adoption. Their problems are many and various e.g. loneliness, language difficulties, housing.

Another group on the more consists of seafarers. There are nearly 1 million merchant seamen. These permanent itinerants have an incidence of V.D. varying from 15-20 times greater than that of landlubbers. Their special problem has long been recognised. The Brussels agreement of 1922 prompted the establishment of V.D. clinics for seafarers in ports throughout the world. The Singapore port clinic in Nelson Road must be one of the best.

Modern tourism and world travel by businessmen and those going to conferences all increase opportunities for sex. It is little wonder that in Sweden and Holland for example, 20% and 25% of infections are said to be imported.

Armed forces of all nations are especially at risk. In U.S.A. Forces personnel for example the incidence of syphilis is 8 times commoner in those leaving than in those entering military service.

The political and socio-economic set up of any country too plays a very active part in determining the incidence of V.D. From Russia we learn that the declining incidence has continued from the 1950s through the 1960s. In 1960 for instance, the gonorrhoea morbidity in Russia was 57 per 100,000 when it was 75 per 100,000 in England and Wales. The corresponding rates for syphilis were 1.4 and 2.1 per 100,000.

The claim is that 6,000 clinics and an active health education programme play a large part in these continued improvements. What Russian morbidity rates would be if the peoples of the USSR enjoyed the western style affluence, freedoms and liberal laws is a matter for conjecture.

Changing attitudes and so changing behaviour patterns have come with the economic improvements of the last 15-20 years. The sexual revolution started by Freud was augmented by the findings of Kinsey *et al.* It is now reaching its apogee in the work of the Johnsons who have reduced sexual intercourse to a laboratory bench procedure. All these have contributed to divorce from the double standard of sexual morality of the early part of the century. Hand in hand with this has been the emancipation of women. Their demands for sexual equality in all areas of activity have meant equality in sex also. Liberalisation of sex laws and censorship in many countries has likewise been a contributing factor. Casual and premarital sex are commonplace in many lands and are now widely accepted. There is too a

tendency for attitudes and behaviour patterns to be more homogeneous throughout the world and this looks like being a continuing process and one that breaks through all barriers of creed, colour and custom. By way of a bonus to the venereologist a greater proportion of people than ever before are now more frank and honest about their sex life and this has made easier the tracing of potentially infected contacts.

All these influence and their reflection in films, radio and T.V. programmes, books and theatres have undoubtedly strained the idealisms of the young. In those aged 15-19 years growing infection rates and a ratio of male : female approaching unity have attracted widespread attention. Girls especially have been influenced by modern permissiveness and there is now recognised year by year to be a marginally growing, minority of girls showing many features of social breakdown such as running away from home, becoming sexually promiscuous, spreading V.D., becoming pregnant, making suicide attempts and abusing drugs and alcohol. Knowledge of V.D. is found in only 50% of these young people and the need for health education about V.D. is widely recognised.

Most countries of the world subscribed to the U.N. Convention of 1959. It aims to reduce exploitation of women by organised prostitution and living on immoral earnings. Provisions to implement are written into the Singapore Government's Womens' Charter of 1961. Progress has been slow but continuous with a move from brothel to clandestine prostitution. The prostitute has long been recognised as in special danger of infection and therefore a potent disseminator of both syphilis and gonorrhoea in all countries. Of prostitutes attending for the first time at Singapore's Middle Road Hospital, 1 in 3 has one or other disease or both. With the modern permissiveness of many western countries the tendency has been for the prostitute to be less often named as the source of infection by men. The enthusiastic amateur is outstripping her professional sister.

Male homosexuals are also recognised as an 'at risk' group. The more liberal laws of such countries as Sweden, Denmark, and Britain have meant that many men are now prepared to admit to homosexual practises. In England and Wales for example one man in three with early syphilis has acquired his infection homosexually.

Medical and epidemiological aspects of the present situation require note. Penicillin and other antibiotics given for a wide variety of

conditions may mask early syphilis so that the patient passes directly into the latent or dormant stage of the disease. There is in the early years of such a situation always the danger of infectious relapse and this is an ever-present danger especially in prostitutes receiving what is euphemistically called "prophylactic penicillin".

WHO Yaws eradication programmes throughout the tropical areas of the world have been highly successful. However the peoples concerned are now on the move to urban areas offering employment. Family ties are disrupted and promiscuous sexual activity is not uncommon. The absence of some degree of cross-immunity conferred on such people by yaws now exposed them to syphilis. For them civilisation means syphilisation.

Over the last 15-20 years the gonococcus has built up some degree of resistance to penicillin. There has been a spiral of increasing failure rates, rising routine penicillin dosage, temporary control and then repeats of this cycle. No strain of the gonococcus has yet been described as wholly resistant to penicillin but many believe that the life span of penicillin as the drug of first choice in the treatment of gonorrhoea may be limited. Resistance to other antibiotics is now more frequently reported and is absolute resistance.

The pill and the intra-uterine contraceptive device (I.U.C.D.) have been shown to multiply the number of sex contacts and the frequency of intercourse in single women. Unlike the condom the pill and the IUCD offer no barrier to the spread of infection. Rising infection rates from their employment are being reported and this trend may confidently be expected to continue.

Not least in this field is the interest, activity and overall role of medical administrators. In the 1950s many were lulled into indifference. In some countries V.D. clinics were closed. These countries have been amongst those most seriously affected by the recrudescence of syphilis. At the present time and in many areas of the world, health administrators even when alerted to the need to meet growing demands, fail to make adequate provision. This is unhelpful. Not least it minimises the control efforts of more unlightened neighbours.

SUMMARY AND CONCLUSIONS

In summary, the V.D. situation in modern society is seen as a cause for concern now. Optimism about the future cannot be entertained.

Modern and developing societies bring to the fore factors which promote the dissemination of venereal disease. Socio-economic improvements, and all they mean in terms of environmental and social improvements, demand their price in terms of rising V.D. infection rates.

The individual factors and how they operate have been outlined.

Singapore is not alone in having a V.D. problem. As a centre of tourism, shipping and rapid development it has special needs and responsibilities. The Ministry's request for advice on how best to deploy available resources shows a commendable awareness.

In a further communication it is hoped to describe the measures available for V.D. control and how these may be employed.
