

PATTERN OF VENEREAL DISEASES
as seen at the
VENEREAL DISEASES TRAINING & DEMONSTRATION CENTRE
SAFDARJANG HOSPITAL, NEW DELHI.

By

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This study is based on the analysis of cases seen in the V. D. Department of Safdarjang Hospital, New Delhi, during the last seven years only from 1955 to 1961, as this department started functioning in the middle of 1954.

TABLE I.

	1955	1956	1957	1958	1959	1960	1961	Total
Sy. Primary	52	79	86	40	18	30	26	331
„ Sec.	63	42	54	56	41	45	31	332
„ Latent	115	154	225	180	196	181	167	1218
„ Late	29	61	38	43	56	56	46	329
„ Congi.	9	15	16	10	12	17	11	90
Gonorrhoea	62	85	95	111	96	134	137	720
NSU	12	9	35	35	30	52	51	224
T. V. Urth	—	—	—	—	21	21	15	57
T. Vaginalis	1	1	—	7	43	58	42	149
Chancroid	168	200	196	151	79	134	91	1019
LGV	—	—	4	9	9	6	1	29
GI	2	2	—	2	1	2	1	10
Stri. Ureth	—	—	—	5	5	4	7	21
								4523

Table I, gives the disease wise number of cases as seen during the period. A total of 2300 cases of Syphilis was seen, of which 663 were cases of early infectious syphilis.

The attendance of Syphilis cases has been rather irregular and has come down gradually. However, these absolute figures do not reflect on the incidence and prevalence of syphilis as the number of V. D. Clinics in Delhi has doubled during the last 3 years.

SYPHILIS PRIMARY

Of the 331 cases of syphilis primary, nearly 2/3 (69%) chancres were single. 31% were cases of multiple chancres. In one case, there were five chancres from each one of which *Treponema pallidum* was demonstrated by Dark Field examination and S. T. S. was negative. Excepting a very insignificant minority, most of the patients were uncircumcised.

TABLE 2.

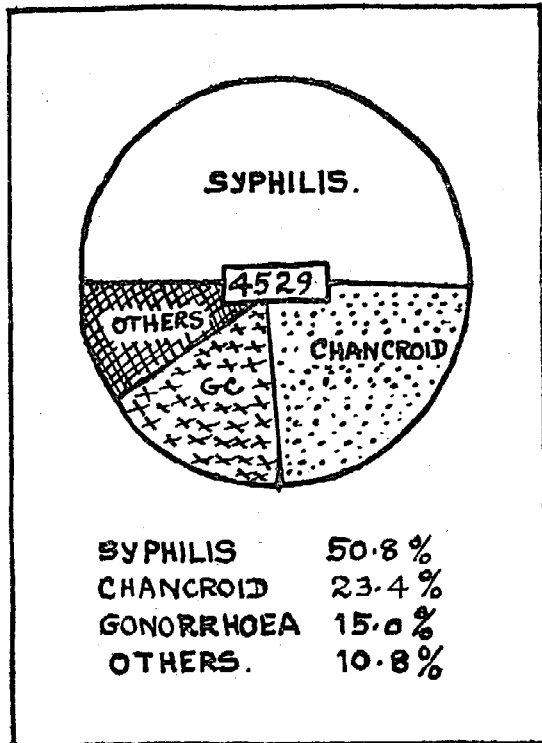
Analysis of Syphilis Primary cases 1955-61.

1. Single Chancre	69.0%
2. Multiple Chancres	31.0%
3. Indurated Chancres	52.9%
4. Extragenital Chancres	3.0%
5. DF+Ve	36.7%
6. STS+Ve	71.0%
7. STS-Ve	26.5%
8. STS Not done	3.5%
9. Below 18 years	7.0%
Male	6.4%
Female	0.6%

The chancres were indurated in 52.9% only; rest of the chancres were non-indurated.

T. P. was seen by Dark Field examination in 36.7%.

DIAGRAM.



This considerable variation in clinical picture of chancre from the classical Hunterian Chancre of the past and negative Dark Field examination for *Treponema pallidum* in about 67% of cases, as many of the patients will have some sort of treatment before reporting to the V. D. Clinic, has made the diagnosis of syphilis more difficult in the present era.

3% of the chancres were extragenital.

SYPHILIS SECONDARY

TABLE 3.

Analysis of Syphilis Secondary 1955-61.

1. Extensive Skin and M. M. Lesions	26.3%
2. Few and Sparse Skin M. M. Lesions	73.7%
3. DF positive for T. P.	36.5%
4. DF Negative for T. P.	25.3%
5. DF Not done	38.2%
6. Cases below 18 years	17.3%
Male	13.6%
Female	3.7%

Of the total of 332 cases of Secondary Syphilis, florid skin and M. M. Lesions were seen in 26.3% of cases. 83.7% of cases had few, sparse and fugitive lesions, making syphilis even more hidden disease and thus trying to escape notice of the most shrewd physicians,

Treponema pallidum was seen by D. F. examination in 36.5%.

S. T. S. As expected S. T. S., (V. D. R. L.) was positive in 100% of cases. But majority i. e. 52.7% had the titre ranging from Dil. 1:32 and 1:64, which is quite low. Dils. 1:128 and 1:256 were seen in 16.0% and 3.6% respectively. Highest titre in secondary syphilis was 512 and that too in only one case. STS titre as low as 1:2, 1:4 and 1:8 were seen in 3.3%, 4.9% and 8.2% cases of Secondary Syphilis, respectively. Thus even low STS titre becomes quite significant in presence of clinical lesions and it is difficult to draw a line which can say S. T. S. titre above it means syphilis and below it does not signify syphilis. This is also true that in one case of Hansen's infection, S. T. S. (V. D. R. L.) was positive in Dil 1:256.

TABLE 4.

Analysis of STS Titre

STS Titre	No. of Cases	Percentage
1: 2	8	3.3
1: 4	12	4.9
1: 8	20	8.1
1: 16	27	11.0
1: 32	58	23.7
1: 64	71	29.0
1: 128	39	16.0
1: 256	9	3.6
1: 512	1	0.4
	245	100.0

Age and Sex. Nearly 25% of the total early infectious syphilis cases were below the age of 18 years, (male 20% and female 5%). These patients were from all strata of society. Boys as young as 10 years of age admitted of having performed sexual intercourse. Very few (percentage not worked out) were victims of sodomy. All the patients below 18 years of age, were cases of acquired venereal syphilis.

Such a high incidence of infectious syphilis in teen agers is rather alarming.

LATE NEURO-SYPHILIS.

Late Neuro-Syphilis constituted 3.7% of total (2300) syphilis cases and 35.5% of late syphilis (329 cases).

Asymptomatic neuro-syphilis constituted 16.3% (Out of Neuro-sy)

Symptomatic " " " 83.7% " "

A reference to table 5, shows that mesodermal neuro-syphilis was more common than the paranchymatous variety.

Among the paranchymatous group, primary optic atrophy was the highest, 18% and G. P. I. only 4.42%.

TABLE 5.

Analysis of 92 Syphilis Late Neuro Cases 1955-61

1.	% of Neuro Syphilis out of total Syphilis	3.7%
2.	% " " late "	35.5%
3.	% Asymptomatic out of Neuro Syphilis	16.3%
4.	% of Symptomatic " "	83.7%
	(a) <i>Mesodermal Neuro-Syphilis.</i>	46.8%
	i) Meningities	5.4%
	ii) Vascular	8.7%
	iii) Meningo-vascular	32.7%
	(b) <i>Paranchymatous Neuro-syphilis.</i>	
	i) Tabes	15.0%
	ii) Optic Atrophy	18.0%
	iii) GPI	4.4%

Age & Sex distribution.

TABLE 6.

Age & Sex distribution of 92 cases of Neuro Syphilis.

(1955-61)

Age Groups	Male	Female	Total
Below 30	7	3	10
30-40	32	2	34
40-50	31	1	32
50-60	16	—	16
Total	86	6	92

Female cases formed only 7.2% of all neuro syphilis cases and none was of paranchymatous type. They were all cases of vascular and Meningovascular neuro-syphilis.

Maximum number of cases belonged to the age group 30-40 years which included quite a number of cases of paranchymatous neuro-syphilis. In this study, 6 cases (3 Tabes and 3 Primary Optic atrophy) were between the age group 28 years 32-years; in none of them any evidence of congenital syphilis was found.

All the cases of GPI were above 50 years of age.

CARDIOVASCULAR SYPHILIS

Cardiovascular syphilis constituted 2.4% of total syphilis and 23.2% of late syphilis, which was lower than that of neuro-syphilis. Further break up is as under :—

Simple Aortitis	33.3%
Aortic Aneurism	16.6%
Aortic Incompetance	50.0%

Aortic Incompetance was the commonest type of cardiovascular syphilis seen here.

TABLE 7.

Analysis of 60 Cardiovascular Syphilis cases (1955-61)

1. % of C. V. S. out of total syphilis.	2.4%
2. % " " late "	23.2%
3. % of simple Aortitis out of C. V. S. Syphilis	33.3%
4. % of Aneurysm out of C. V. Syphilis	16.6%
5. % Aortic incompetency C. V. Syphilis.	50.0%

Age and Sex distribution.

TABLE 8.

Age and Sex distribution of 60 cases of Cardio-vascular Syphilis. (1955-61)

Age Group	Male	Female	Total
Below 30	6	1	7
30-40	24	—	24
40-50	15	—	15
50-60	14	—	14

As in the cases of neuro-syphilis, there was marked preponderance of male patients; out of 60 cases of cardio-vascular syphilis, only one female patient was seen—a case of simple aoritis.

As in late neuro-syphilis, maximum number of patients belonged to the age group 30-40 years. In this study, 4 cases of Aortic Incompetence were of the ages between 21-25 years. One case of Aortic Aneurism was aged only 22 years. This is in sharp contradiction to the old teaching that cardio Aortic Syphilis is a disease of 3 decades—1st. decade, the decade of silent stage; the second the decade of prodromal symptoms and the 3rd., the decade of full fledged syndromes.

LATE BENIGN SYPHILIS

This constituted 4.3% of total syphilis cases and 41.3% of late syphilis. In late Benign Syphilis, males were 69.2% and females 31.8%.

CONGENITAL SYPHILIS

An analysis of different types of cases and different manifestations as seen during the year 1955-61, is given below :

TABLE 9.

Analysis of 88 Cong. Syphilis cases diagnosed in the V. D. Training Centre during 1955-61.

Category	No. of Cases	Percent
I. <i>Early Congenital</i>		
(a) Skin & Mucous Membrane lesions	33	37.5%
(b) Epiphysitis	17	19.2%
II. <i>Congenital Syphilis (TARDIVE)</i>		
Interstitial Keratitis	11	12.5%
Late Benign	10	11.3%
Leuco Melanodermia	2	
Cluttons Joints	1	
Bone	3	
Perf. palate	3	
8th Nerve deafness	1	
	10	
Syphilis Latent with Stigma	12	13.6%
Dental abnormalities	10	11.4%
Syphilis Latent (No. Stigma)	17	19.2%

(No. case of Hutchinsons' triad seen)

GONORRHOEA

Gonorrhoea cases have shown a steady rise (Table I above) in spite of the fact that the number of V. D. clinics in Delhi is just twice the number, three years back.

In this study acute gonorrhoea constituted 97.3% out of total gonorrhoea.