

## VENEREOLOGY IN INDIA

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A four week journey to tour the sub-continent of India for the first time must, of necessity, be packed with interest. Visits to the Red Fort in Delhi, the Taj Mahal in Agra, the Ghats of Varanasi, the Pallava Temples in Tamil Nadu, or to the Ellora and Ajanta caves of Maharashtra, might well fill the mind to the exclusion of more mundane professional matters. However, the prime purpose of this visit on behalf of the British Council was to assess the problems of the sexually transmitted diseases and the status of venereology in India. The first point to make is that my mission would have proved impossible, if it had not been for the co-operation and kindness and boundless hospitality of my medical colleagues in every city or town my wife and I visited. The problems arising from the sexually transmitted diseases have been dealt with in the United Kingdom by a separate Venereal Disease Service for over half a century, and there are now 200 clinics and 100 senior consultants in a network covering the whole country with the necessary laboratory support. This results in 90% of cases being seen in the clinics.

In spite of the permissiveness of society in the last two decades and the increasing proportion of infections in young people, as well as in immigrants and homosexuals, syphilis is under control with only 2.5 cases per 100,000 population of early infectious syphilis in 1970. This compares with 10.0 per

100,000 in the United States where there is no speciality of venereology and 85 per cent of cases are seen outside the Public Health Clinics. Admittedly, gonorrhoea is not yet controlled, but the U.K. rate for 1970 of 115 per 100,000 compares with 400 per 100,000 in Sweden and a W.H.O. estimate for the U.S.A. of 1,000 per 100,000. Regrettably, few reliable statistics are available in India, but figures of V.D.R.L. screening of antenatal patients and other out-patient groups suggest that there may be at least 100 times more syphilis than in the U.K. Other figures suggest that more than half the prostitutes in India may have reactive V.D.R.L. tests. The number of cases of early congenital syphilis and of cardiovascular and neurosyphilis seen in Hospital beds supports this probability of a very high incidence. Figures for gonorrhoea are impossible to assess as practically no contract tracing is at present taking place; however difficult the task may be.

In my opinion it is essential that Venereology should be a separate speciality in the field of Internal Medicine. The battle is half won in that the Institute of Venereology in Madras has for many years trained Venereologists for the rest of India and the Grant College in Bombay has a separate department of venereology, while in New Delhi, the department of venereology of the Safdarjung Hospital with the support of the All India Institute of Medical Sciences could soon attain the same high standards. It was only in the above mentioned centres that I saw standards in clinical and laboratory diagnosis and in epidemiology up to the standards of our own best teaching centres. I regret to

say that in those centres where a combined service was run by a Dermatologist the study of the venereal diseases was relegated to a subsidiary role and the other sexually transmitted diseases were hardly considered. A well known Dermatologist in Bombay, even considered that venereology could be dealt with by an experienced general practitioner, although I should add that this is not the opinion of the senior Dermatologist in Madras, who works in close co-operation with the Venereologist as we do very successfully to everyone's benefit in the United Kingdom. In every main centre it is also essential to establish a V.D. Reference Laboratory of high standard. The Laboratory in Madras is of such a standard and conducts evaluation and standardisation programmes with 50 other laboratories in India. There is a good Central Government V.D. Ref. Lab. in Calcutta which supplies V.D.R.L. Antigen for other laboratories but their clinical standards have suffered since the recent death of the Senior Venereologist, but there are signs of reviving interest, and a University Chair in Venereology is needed.

It is hoped that the extremely high standard of medicine in general at the Vellore Christian Medical College and Hospital may lead to a revived interest in Venereology, as a separate speciality and perhaps this may lead to the establishment of an M.D. degree in this subject as in other University centres.

It seems likely that the younger generation of India in the urban areas will be more and more influenced by the mass media, such as the cinema and that this will lead to a change in attitude in young women which may start as consent in premarital intercourse and gradually develop into a more permissive attitude. It will not take the young men long to appreciate that instead of having to pay for a prostitute, they may be able to obtain a pleasanter and more

emotional relationship free. In the United Kingdom and other Western countries the proportion of infections caught from prostitutes has fallen to only 10 per cent. If venereal diseases are to be controlled in India then Health authorities will have to provide more V.D. Contact Tracers. In the U.K. we have succeeded in tracing upto 50 per cent of the female contacts in some major clinics, and hope that gonorrhoea will be controlled when all clinics reach or improve on these figures. Once you have established 'Centres of Excellence' in your main urban areas, you will still have the immense task of dealing with the majority of your population in the rural areas through District Clinics which at present have many deficiencies. You will undoubtedly need a simple pictorial publicity campaign such as you have used in Family Planning. I suggest you should persuade your Health Authorities to use a symbol\* to indicate the problem of the married man who is infected by a prostitute and hands his infection on to his wife. As in Family Planning this could be indicated by the picture of the husband, the prostitute (perhaps with a miniskirt) and the wife (in a sari). This campaign could be supplemented by similar slides or films shown to young people before the main cinema programme.

This is a great need for more reliable statistics at State level; in the first place these could establish trends, and perhaps later give an indication of incidence. However, as long as many patients go to Private Practitioners or even to Chemists' shops for treatment, because the clinics are unattractive, and crowded, and because their reception is basic, disease control will fail to be a reality.

