

THE ROLE AND ORGANISATION OF V. D. CLINICS.

By

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It is most opportune that this subject entitled, "The Role and Organisation of V. D. Clinics" should engage our attention now and here, seeing that the very same topic was also on the agenda of the conference of experts who had met at Simla under the aegis of the Central Health Ministry, last year, to discuss the progress made by the several state Governments in the matter of control of venereal diseases.

It was gratifying to observe then that during discussions, an ample provision steadily increasing in magnitude with every successive five year plan, seemed to have been made for initiating, if not continuing amongst several measures, the scheme of extension of a network of V. D. Clinics to link every vulnerable venereal locus in the country.

This piece of information does therefore connote and confirm the confidence of our countrymen in the organisational set up and the key role expected to be played by it.

The V. D. Adviser, Govt. of India and others spared no pains to review in detail the blueprint of the modern V. D. Clinic with its attached serobacteriologic laboratory built on a most acceptable type set design, at moderate cost to be met by the Central Govt. They dwelt on the several useful purposes that such a structure would serve:

- a) the venereal disease stricken patients will find in it a haven with a special arrangement for the reception of the sexes separately;
- b) the examination will be conducted with utmost privacy and records maintained of the historic details etc. elicited most discreetly;
- c) the 'discovered' will be given the appropriate curative therapy in adequate dosage within the fixed period of time, unmindful of the cost of the medicaments; and the contacts will be administered the insurance dose, detailing the value of prophylaxis to them;
- d) the patients will be held under surveillance during and for a considerable period of time after treatment, for assessment of permanence of cure;
- e) the seasoned social workers will carry out the essential epidemiologic probing with vehicles supplied to them for the purpose and render rehabilitation services whenever necessary independently or through available agencies, and;
- f) training and research programmes, to combat the genital diseases with a venereal background like N. G. U., or Herpes Simplex will be promoted.

Next in importance to provision of accommodation what called one to attention again was the subject of essential equipment like the D. F. microscope—a sine-

qua-non for the venereologist, besides the triumvirate of specifics viz. penicillin, streptomycin and sulphonamides for the treatment of five venereal diseases with special comments on the bioassay and other specifications that these drugs have to conform to.

Referring to the specialist personnel needed to man the V. D. Clinics, the barest minimum for the composition of a team was to include a specialist, a serologist, staff nurses, a technician, social worker, a clerk-typist, nursing orderlies, a sweeper and a thotie.

At this juncture it may be pertinent to point out that while space for erection of a V. D. Clinic may be found with little difficulty and the equipment and drugs purchased from foreign lands or even inland, the requisite personnel, imbued with a spirit of missionary zeal, devotion to duty and deep concern for the suffering humanity, uninfluenced by the stigma associated with any anti-V. D. Campaigns, cannot be so easily drafted; for the discipline of venereology is no more a profitable profession, and the general population have already developed a complacent attitude under the mistaken notion that penicillin is there to cause the microscopic enemies of the major venereal diseases, syphilis and gonorrhoea, to become extinct; an expectation which is far from truth, for penicillin is no answer to promiscuity or prostitution.

Undoubtedly, for well over a decade, penicillin has flourished as the queen of drugs and as specific for syphilis and gonorrhoea. None can dare challenge its therapeutic efficacy nor question its comparative freedom from toxicity, barring of course occasional unforeseen hypersensitivity reactions. The other equally valuable attributes of penicillin viz. its administrability, cheapness and procurability have unfortunately predisposed to abuse of penicillin therapy resulting in an insidious and serious setback to anti-V. D. Campaigns, seemingly incomprehensible today. Want of recognition of the concurrent existence of syphilis and gonorrhoea and the administration in this circumstance of penicillin by the physician for minor human ailments, in doses, duration and time dose relationship, far below the scheduled standards fixed for the management of syphilis and gonorrhoea, have assisted in driving these communicable diseases deep below the horizon of suspicion; thus submerged but not sunk. these diseases remain latent only to show up soon in the life span of a man in serious and irreversible fashion, the damage having been done already to the systems or organs. The hidden V. D. forebode a risky future for the ones in possession of them, most probably unknown to themselves or even to their medical attendants, with every likelihood of their communicability to others of not only this generation but successive ones via the female sex.

Who can identify hidden syphilis in a man or a woman who poses for a gentle person? To approach the vast numbers of the population of the country, (estimated as per latest census at 438 million dwelling on the subcontinent, 1500 miles x 1000 miles in extent, gifted with any of the 14 major languages not to mention the hundreds of dialects that also prevail amongst them), in search of serologic syphilis is stupendous. Yet it has to be carried out.

Not even the most astute of physicians can guess the existence of hidden syphilis with all his clinical acumen. No lesions, on the surface of the body or abnormalities in the system exist in latent syphilitics, to act as the rubric or insignia of V. D., that will lend themselves to microbiologic scrutiny; the skiagram of the heart and the aorta and the C. S. F. in this phase of syphilis exhibit no abnormalities either. The only single diagnostic tool, the serologic test for syphilis alone can act as the indicator of the hidden syphilis, for is not a positive reaction by the S. T. S. suggestive of syphilis?

Granting it is, for all practical purposes, it will be seen that for screening the country, to get at the 22 million, an enormous number of V. D. Clinics with sero-bacteriologic laboratories, becomes a desideratum.

It is to be remembered that while a positive serology suggests syphilis the recent innovation of quantitative S. T. S. has released a bumper crop of low titted positive reactions exceeding 50% of the positive reports; and these require elucidation apart from clarification of the bugbare of biologic false positives, that also arise in the tropics.

Specialists of a high calibre become a necessity to solve these several enigmas. Let us not be lulled into complacency with antibiotics anymore as even the well enlightened countries of the West who relaxed very much the security measures against V. D. after recording success with penicillin in syphilis and gonorrhoea, have now begun reopening their V. D. Clinics, for V. D. amongst teenagers have gone up phenomenally high.

Let us organise our V. D. Clinics. Let them play the role, for this is of paramount importance to the nation.

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