CONTROL OF VENEREAL DISEASES

BY

Lt. Col. C. L. SUKHIJA, A. M. C.

Adviser in Venereology.

Introduction.

Over the last few years reports on the incidence of Venereal Diseases from abroad have shown a remarkable decline specially the incidence of Early Syphilis. On the other hand there are recent reports to show that there have been a recrudescence in the incidence of Gonorrhoea and Syphilis in USA, UK, FRANCE and other European countries. The prevailing atmosphere of stable and settled social conditions might be a contributory factor for the decline in the incidence of Venereal Diseases and has led to a complacent attitude towards the problem of Venereal Diseases in certain countries.

In this short paper, I propose to give (from few publications) the incidence of Venereal Diseases in the country, factors responsible for their downward trend which is evident from our figures and methods we adopt to control these diseases in the Armed Forces.

Incidence of Venereal Diseases in the Country.

Dr. R. V. RAJAM reviewed the incidence of Venereal Diseases in India and published a paper in British Journal of Venereal Diseases in 1958, wherein, it has been stated that no accurate statistical data for the morbidity and mortality of Venereal Diseases in India are available. However, on the basis of figures available from certain areas, he claimed that 5% prevalence rate for the whole of India for SYPHILIS alone, may be a conservative estimate of the incidence.

Dr. DARUVALA et al in an enquiry under the I. C. M. R. in 1959 has brought out a 10.5% seropositivity rate in rural population of Ratnagiri District and 9.5% among the workers in SWADESHI Mills in KURLA, BOMBAY. Dr. GOKHALE from Poona in a similar enquiry under I. C. M. R. from 1955–58 had brought out 11.7% of seropositivity rate amongst the women attending for ante-natel clinic in SASSOON's hospital, POONA.

21.22 percentage of seropositivity rates in various clinics of the J. J. group hospital Bombay in 1956 has been reported by M. D. MUNGALE et al. Major CHOUDHARY and Major CHATTERJI reported 18.7% positive blood results amongst the blood donors attending the Pathological Department AFMC Poona from 1 Jan. 57 to 30 June 59.

Dr. R. B. THAMPI, Adviser in Venereology to Govt. of India, reporting in SWASTHA HIND Oct. 59 states that assuming an overall prevalence of Syphilis at 5%, the total number of cases would be 20 million in an estimated population of 400 million in country. He further states that survey in the rural areas in

Himachal Pradesh. The Kulu Sub Division of Punjab, Jaunsar Bawar area of Uttar Pradesh and Jammu and Kashmir, have revealed that 30 to 40% of the pepole were seropositive. In Himachal Pradesh, 5% of the adults in the seropositive group examined, clinically showed primary and secondary signs of Syphilis.

Civilian blood donors from the 80 called low income group attending the Military Hospital Delhi Cantt in 1959, 1960 and 1961 have shown a seropositivity rate of 12%, 18.7% and 12.1% respectively.

A random survey of blood sera of 1590 serving soldiers was undertaken in Military Hospital Delhi Cantt from Sep. to Nov. 61. It has been seen from the results that the seropositivity was 8%. Out of those, 2% remained persistently positive. The percentage of reactors, who reverted to negativity within 2 to 4 weeks was 3%. 3% of positive reactors are still under observation. In 2% repeatedly positive reactors, definite diagnosis of late Latent Syphilis was arrived at on the basis of corroborative evidence and the positive results with TPIA test.

Blood sera of 200 female out-patients from ante-natal clinics of Military Hospital Delhi Cantt for a period of 10 months from Feb. to Nov. 61 was tested for WR and KAHN and VDRL. Seropositivity recorded out of these cases was 5%. Out of these, 2% of the cases remained persistently positive and have been treated. 1.5% reverted to negativity after 4 to 8 weeks and 1.5% of the cases are still under surveillance.

In the Armed Forces, according to our statistics, the ratio of Syphilis early, Gonorrhoea and Chancroid per 100 cases in 1951 was 46 : 15 : 26 (others 13) while during 1960 the ratio was Syphilis 38, Gonorrhoea 15 and Chancroid 97 : Others 20. Similarly the ratio of the above disease in the Madras State, according to Dr. P. N. RANGIAH in 1953 in Syphilis, Gonorrhoea and Chancroid is 48: 25: 27 and in 1960 34 : 24 : 32. Thus, it will be on the safe side to assume that for every one case of Syphilis, there will be at least 1 case more of Gonorrhoea and Chancroid added together.

Factors Responsible for the Downward Trend of Venereal Disease Incidence.

To control Venereal Disease is to control promiscuity, which is difficult to assess though it apparently appears to be quite prevalent. This is evident from the random survey of 200 young men between the ages of 20 - 40 reporting Skin Department in Military Hospital Delhi Cantt which revealed the following :—

Of the 200 men interviewed, 50 were unmarried and 150 were married. 30 unmarried persons have had illicit sexual intercourse using the condom while the other 20 had gone astray without using the condom though they knew the use of it. It is interesting to note that, of the 150 married persons, 75 persons were living with their families and used condom. It also reveals that 40 persons of the married people had extra marital sexual connections. This

survey also shows that the condom is quite popular though may not be always used, and this has played a role in the reduction in the incidence of Venereal Diseases.

The widespread and often indiscriminate use of penicillin and the other anti-biotic in general medicine, is likely to be another important cause of the decreased incidence of early infectious cases, the signs and symptoms of which may be masked by such treatment. There is likelihood of Armed Forces Personnel acquiring Venereal Diseases while they are on leave, temporary duty or when posted to peace stations, and taking treatment in the civil to avoid publicity and shame. The person feels that he has transgressed the moral law and that he will be looked down upon by his superiors as well as fellow men. From our records in the Central Venereal Disease Registry, we find that about 1 to 1.5 percent of the cases admitted having had inadequate treatment in the civil before reporting to Venereal Disease Treatment Centres.

We in the service hospitals, now a days see comparatively few cases of Syphilis Secondary and Gonococcal complications. However, Latent Syphilis is showing a progressive higher trend as compared with Early Syphilis. In the USA it is reported that while the ratio of Early Syphilis to Latent Syphilis was 1 : 1 in 1946, it was 3 : 3.5 in 1954. At the Institute of Venereology at Madras, the ratio of early to latent Syphilis was 3 : 1 in 1953 and 1 : 1 in 1960. Our statistics show that the ratio of early to latent Syphilis was 6 : 0.4 in 1951, while it was 1 : 2.1 in 1960. The significance of this change is not quite obvious, but apparently is due to the reasons mentioned in the previous para.

With the introduction of measures for the suppression of immoral traffic in the certain States, the incidence of Venereal Diseases has decreased, as our Jawans are not likely to hunt for pick ups amateurs, if the prostitutes are not easily available. This is evident from the following figures showing the source of infection :—

	1957	*1958*	*1959*	*1960*
Prostitutes	1663	852	873	890
Amateurs	320	321	304	250

However, there is no dearth of prostitutes or near prostitutes who are responsible for Venereal Diseases as these types of women are usually found in greater numbers in large cities and ports (which are generally visited by our men) and is evident from the following figures given yearwise from the cities/ports of infection for 3 years :—

Cities / Ports	1958	1959	1960	Cities / Ports	1958	1959	1960
Hyderabad	18	25	10	Madras	40	41	60
Shillong	16	13	16	Bombhy	142	177	153
Calcutta	36	25	83	Poona	64	76	37
Delhi	40	14	12	Bangalore	46	33	30
Jammu	14	8	11	Jabalpore	9	9	15
Shrinagar	5	15	22	Lucknow	14	9	20
Cochin	17	30	19	Meerut	24	17	5
				Total	485	492	493

The figures represents only contacts through Prostitutes. The opening of institutions and clinics in certain states for the control and treatment of Venereal Diseases may be another factor responsible for the decreased incidence as the source of infection has been thus reduced, by easily available treatment.

Control of Venereal Disease in the Armed Forces.

At the time of recruitment due consideration is given to the mental capacity and emotional stability of the recruit and mentally backward and maladjusted individuals are not recruited. Stress is laid on the important role which unit officers can play by taking interest in their men. The Education Officer, the Welfare Officer and their Religious teacher contribute by constantly keeping the religious, the civic and moral side of the problem before the soldier.

An adequately high standard of amenities are made available to make unit lines attractive enough for the soldier so that he may not be detracted by temptations outside.

Armed Forces consist of young and virile section of the community and, therefore, every effort is made to help them to sublimate the sex urge by compulsion as well as by persuasion they are encouraged to concentrate on games, general physical fitness and recreational activities and hobbies etc so as to keep them occupied in healthy pursuit during leisure hours.

Propaganda against Venereal Disease is made right from the recruit training period by means of lectures, talks, Kinematograph and is revised periodically throughout the service of soldier.

There is a monthly medical inspection of the men arranged in every unit. This helps the detection of early cases and men are also informed to report sick as early as the signs of Venereal Disease are suspected by them. Contracting Venereal Disease is not a crime in the Armed Forces, whereas the concealment of the disease is considered a crime. This is made a matter of common knowledge to every soldier. Medical inspection of troops is also done when they return from leave temporary duty and when they go from one station to other.

All brotheal and brotheal like establishments are always declared out of bounds to all ranks. To achieve this object close liaison is kept by the Military Police with the civil police. Attempts are made to chase away "Loose women" in the cantonement areas. However, it is felt that inspite of the above some men will still be unable to resist the temptation and will get themselves exposed to infection. For them the free condoms and prophylatic outfits are issued. The PA rooms are also established to make use of these facilities wherever the incidence of this disease is high. Use of condom is known to a great majority soldiers since the family planning methods are taught to all serving soldiers.

Armed Forces have well organised treatment centres with trained staff spread out all over the country, where all infective cases are hospitalised.

Strictly speaking, Venereal Diseases are not notifiable in the services; but every case is reported to the Senior Esecutive Medical Officer of the area giving the full details about the source and place of infection besides periodical reports and returns about the incidence of the disease to the higher formations.

At the regional level we have Advisory Committees in each area consisting of local Commanders, representatives of units and Senior Medical Officers of the Station, Officer incharge of Station Health Units and Civil authorities, who meet periodically to discuss problems of Venereal Diseases in the particular locality and also adopt various measures suited to the local conditions giving importance to the facts and figures obtained from VDTCs referred to above.

Every unit maintains a VD Register which helps the Officer Commanding with accurate information about the men suffering from VD under his command so that he can have an effective control over them at the unit level.

We have an effective case holding system functioning at the Office of the Director General of Armed Forces Medical Services known as the " CENTRAL VENEREAL DISEASE REGISTRY " This office maintains a Register (Central Venereal Register) on which every case of Venereal Disease treated in the service hospitals is entered. It has played a major role towards the decline in the incidence of Venereal Disease, as from time to time it reminds the unit commanders to take action in respect of those men who are on the Venereal Disease Register and fail to attend the treatment Centres in time.

To gain the confidence of the individual so that no blemish is brought on his character all the correspondence on VD cases is done confidentially.

All VD cases on discharges from hospital are given a talk regarding the socio-legal aspect of VD as to how it is a menace to public health and about the importance of treatment after they have been apparently cured.

Leave for cases on VD surveillance is restricted until he has been declared as non-infective so that he may not be a source of infection to his family.

Families of soldiers are also investigated in Military Hospital if necessary. They receive treatment simultaneously so as to avoid infection in the family.

Importance of Keeping Vigilance of the Control of Venereal Disease.

It can be reasonably assumed that the Venereal Diseases are bound to be with us as long as there is sexual promiscuity and there is reservoir of infection. The prevention of VD is a neglected subject in our country even when the quantum is not known.

In the absence of any legislation on control of VD e.g. compulsory free treatment of infected patient, free examination and compulsory reporting by Physicians, serological examination for Syphilis in all cases where certification of physical fitness is obligatory, and compulsory ante-natal blood testing, the Venereal Diseases in our country will be difficult to control.

With the rapid industrilisation in the country which will result in increased urbanisation due to shifting of population from rural to urban areas, specially of the younger age groups, the incidence of Venereal Diseases is likely to remain at a constant level and hence Venereal Disease control measures should be given greater importance in future.

REFERENCES

1. Dr. RAJAM R V. (1956) Britlsh Journal of Venereal Diseases Vol. XXX 11.80.
2. Dr. MUNGALE M. D. etal (1958) British Joural of Venereal Diseases Vol. 34.116.
3. Major CHOUDHARI R. R. etal (1959) A. F. M. J. (Vol. 15. 208
4. Dr. TAMPI R. B. (1959) Swastha Hind.
5. Dr. RANGIAH P. N. (1961) The Antiseptic.