Control of Venereal Diseases - My Impressions

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The true incidence of syphilis and its prevalence in the city and the rest of the State of Madras will for long remain a mystery, The one single reason for this sorry state of affairs may easily be conceded as the non-inclusion of the subject of syphilis under the Public Health Act that is in operation to-day. Among several other subsidiary factors responsible for the submersion of this disease below the horizon of recognition may be:

1. The uncontrolled and uncontrollable existence of the venerable trade of prostitution with its attendant evils in spite of the operation of the Suppression of Immoral Traffic in Women and Girls Act since 1958.

2. The unwholesome attitude of the public and the press towards venereal disease in that any attention paid towards their control or eradication is likely to tantamount to subjecting oneself to stigma and shame!

3. The low level of literacy about (about 21%).

4. The distant situation of the population with reference to the available treatment centres.

5. The multi lingual character of the population of the country.

6. The altered pattern of syphilis arising out of factional medication with P.A.M., a sovereign remedy noted for its simplicity and brevity of therapy and used also for other sundry ills affecting man.

To clarify this last it may be said that at the present day syphilis which was once easily recognised by the sight cannot now be identified through even the specific laboratory procedures viz., the dark-field illumination test and the serological test for syphilis. What with the shift of responsibility of the management of syphilis from the specialists to the non-specialist members of the medical profession and the auxillary personnel, lesional syphilis in the early phase is getting distorted and rapidly disappearing beneath the threshold of recognition. For the very same reason, inadequately treated cases of syphilis do not truly reflect the state of sero-reactivity in the customary manner as when not previously medicated with antibiotics, for any reason. Thus syphilis escapes the attention of the clinician by masquerading the morphe and producing a negative or low titre serum making it an increasingly difficult problem in recent times for the Venereologists of the day. The matter could have ended happily if nothing further happened but as misfortune would have it, most

of these cases unsatisfactorily handled in the beginning turn out sooner than after the usual interval between the early and late phase of the infection, with signs and symptoms of untreatable late syphilis and consequent disastrous effects on vital parts of the body such as the heart and the aorta, the brain and the spinal cord, the special organ like the eye or death to the unborn offspring. There are reasons to believe that late syphilis, thus made precocious, has now become frequent. It may be that this is so because of the increased interest evinced by the medical men of the day!

Despite these drawbacks and veiled circumstances the statistics for syphilis in the State of Madras may be fairly conjectured.

The figures furnished below are the hospital rates of syphilis and gonorrhoea per 100,000 of the populttion of the State of Madras, district-wise, during the period of the composite State:

Tinnevelly	345	South Kanara	155
Ramnad	822	Chittoor	347
Tanjore	483	Anantapur	592
Madurai	986	Cuddapah	492
Trichy	250	Nellore	370
Coimbatore	309	Bellary	415
Nilgiris	337	Kurnool	492
Salem	214	Guntur	2944
North Arcot	523	Krishna	507
South Arcot	319	E. Godavari	990
Chingleput	184	W. Godavari	585
Madras	1988	Vizag.	137
Malabar	347		

The hospitals figures multiplied empirically by 20 yielded the substantial totals for each recorded above, significant enough, to strike the attention of the reviewer with awe. It is said that the reason for such a multiplication of the hospital figures is the supposition that for every single case that attends the hospital for treatment of syphilis and gonorrhoea, there may at least be 19 seeking treatment elsewhere and not at the government institutions. Without questioning the validity of his calculation for the presentation of the incidence of syphilis and gonorrhoea it may be passed as providing the initiative for probing into the matter.

Surgeon-General M. E. Gaw had calculated that 3.5% of India's agricultural population were syphilitic, some years ago. It can easily be imagined what the magnitude of the problem may be since the population of the country has multiplied to 438 million according to latest census.

The Serologist to the Government of India has corroborated the statement with figures approximating to above.

In our State in recent times a study covering 6000 patients attending the Government Ophthalmic Hospital revealed 16% to be luetic

judged by the positive sero-reactivity. Whether syphilis was responsible for the eye condition or a totally different aetiologic factor has operated to produce the eye lesion in the syphilitic, cannot be decided though there was considerable proof for the existence of syphilis in the patients concerned.

Over 2000 persons attending the Mental Hospital, Madras, have been subjected to a conjoint phychiatric and venereologic investigation and it was discovered that more than 12% of the patient clientele were positive reactors by the S.T.S. and that out of them 80 were declared frank dementia paralytica cases. Whether syphilis existed in these patients with an independent psychiatric syndrome or that syphilis itself was responsible for the psychiatric state is a different matter and is under invstigation.

Another source of information with reference to the suspected quantum of the infection amongst the population is from the maternity clinics in the city and outside, in this State. The Women and Children Hospital, Egmore, Madras, peinted to 5.8% of the pregnant women as having syphilis. Even so at the Corporation Maternity and Child Health Clinics, sera of apparently normal pregnant mothers tested by the S.T.S. yielded a figure around 4.1%. In Madurai, the Municipal Clinic performed the routine serological tests for pregnant women and obtained 5% positive reactors. Different other segments of population were serologically tested with similar results.

The summum bonum of it all is that syphilis has been with us in considerable proportion in the city and the State and immediate action is imperative to control if not eradicate it from our midst.

Hence the following proposals were taken up for action by the State and the Central government with the collaboration of the World Health Organisation:

1. First was the upgrading of the V.D. Department in Madras, where people from within and without the State could get trained in the art of diagnosis and treatment of venereal diseases on the most modern lines. The upgraded V.D. Department of 1952 is functioning as the Institute of Venereology. A large number of medical and paramedical personnel have been trained during its period of existence; and post-graduates from all corners of the country as well as from distant lands like Formosa, Indonesia, Cuba, Mauritius and Burma have had the benefit of the training programme.

2. Besides the upgrading of the existing teaching centre steps have been taken to improve the mufassal V.D. clinics in the State and start new ones after the standard pattern in each one of the remaining districts of our State. A perusal of Appendix I will reveal that to-day we are fortunate in having got up V.D. clinics in all the districts of the State. In these, provision has been made for (1) accommodation as per type design (2) the necessary personnel (3) equipment (4) laboratory facilities (5) drugs and (6) epidemiological activities.

In the third Five Year Plan, it is suggested that consideration may be given to the following items:

(a) The Institute of Venereology has trained a fair number of students; but to enable a larger number of post-graduates to take advantage of this Institution, the trainees may be treated as on deputation with all the emoluments accruing to them, had they remained at their posts.

(b) Aside from the standpoint of medical post-graduates, there is a great need for para-medical personnel like technicians, social workers etc. who should also be treated on parallel lines of deputation in order to facilitate their acquiring the training at the Institute of Venereology.

(c) Taking up the question of equipment, it will be seen that most of the clinics established, now, have had to start functioning without the most essential equipment viz., the D.G. microscope. It will be agreed on all sides that the dark-field microscope to the V.D. Specialist is a sine-qua-non but this essential apparatus is not available. The necessity therefore arises for consolidating a list of requirements and material for replacement to put it up as STATE INDENT for sanction for necessary import licence.

(d) The main drug out of the trimuvirate of the therapeutic armamentarium of V.D. clinic viz., Penicillin requires careful attention. No national PAM is available. Several foreign brands of penicillin are in the market and every one of them, it is claimed satisfies the WHO specifications. But in practice, some of the brands of the PAM specifications. But in practice, some of the brands of the PAM are not easily drawable into the syringes nor easily injectable into the tissues of patients. The use of larger bored needles will certainly obviate this difficulty. But just as it is easy to deliver the PAM, so it is easy for the material to leak out. It is suggested therefore that there might be a body of technical advisers for the country who might be entrusted with the responsibility of studying this problem from time to time to choose, indicate and recommend the suitable preparations for use in the country to the advantage of both the patients and the physicians.

(e) Neither the personnel and the equipment nor even the drugs deserve consideration, if first attention is not given to proper accommodation of the V.D. Clinics. It is abundantly clear that till such time as the public begin to consider venereal diseases as diseases and not as disgrace, the patient sstricken with this disease group should be treated apart from the general out-patient clientele. To this end a certain sum of money has been apportioned for the construction of a separate venereal diseases clinic as per the type design to facilitate examination of the different sexes in privacy and afford sufficient room for the social workers to maintain records and interview patients, besides making allowance for the laboratory. The construction of this type design building has been carried out or is in the process of being carried out. Any attempt to club the V.D. clinic together with rest of

an out-patient Department, outside the in-patient premises for administrative ease will defeat the very object of attracting the sufferers from venereal diseases, who are cowed down in shame before their neighbours.

(f) It may be said also that the band of medical social workers who form the life-line of the V.D. Clinics, may be made available and given suitable emoluments appropriate to their qualifications.

(g) Health Education programmes in the multiple major lanuages of the country should be prepared and supply of the necessary audio visual equipment and other materials suitable for dissemination and distribution to the population ensured.

(h) One more suggestion for the successful control programme would be that, from each one of the District Headquarters Hospitals the individual venereal clinic will make arrangements for a medical officer to supervise the taluq dispensaries and primary health centres.

(i) Measures for the control of prostitution in our State have been successfully instituted — vide Appendix II — but a greater drive is necessary to check clandestine prostitution.

(j) Besides these improvements what is most important at the present day is that research programmes have to be implemented for solving many of the problems associated with the venereal group of communicable diseases — vide Appendix III.

(k) It will be seen that there is no immunising agent so far as syphilis and other venereal diseases are concerned. Whether prophylactic treatment should be advocated and whether this will promote promiscuity and thus will influence the common man and be objectionable to certain religious groups have got to be tackled.

It will be valuable collaboration if the group of medical officers engaged in Family Planning Clinics or Centres, join hands with the Venereologists and introduce mechanical prophylactic procedures with which to combat venereal diseases. The popularisation of condoms for the male and the diaphragms for the female will help either combatants to keep the promiscuous off non-gonococcal urethritis to a large extent.

(l) It should be the order of the day that a pregnant women be sero tested by S.T.S. and treatment instituted if found to be sero reactive.

(m) It is the consensus that with the introduction of penicillin, the practice of Venereologists has flattened out and specialists in the field are becoming scarce. Certainly this is a heavy blow to the control programme envisaged. In order that enthusiastic workers may be discovered and attracted to this anti-treponematosis campaign it would be advisable to have instituted in the University, a doctorate degree in Medicine with Venereology as a branch. Even to this day, no one belonging to the medical group can afford to forget the oft quoted maxim of Fournier by Osler that to know medicine, one has to know

syphilis. The number of references to the Institute of Venereology from the different other sister departments of the hospital every day is positive proof that the Institute acts as a sorting centre. Syphilis, truly, must be known; whether it is an affection of the cardiovascular tree or of the neuraxis, whatever else may be the part of the body or system of man that may be affected, a knowledge of syphilis will give the lead to the clinician to come to a definite understanding about disease. If the institution of M.D. is conceded and implemented, it will be sufficient incentive for post-graduates to take to D.V. diploma course in the first instance and then proceed to prepare for the higher qualification in medicine. The dearth of medical personnel to man V.D. clinics will become a forgotten episode.

(n) There should be an inter-district and inter-state communication on a countrywise basis among social workers who will act in collaboration among themselves to trace out contacts, track defaulters and hold the treated patients that have become victims of this disease for follow-up observations.

CONCLUSIONS :

The preamble brings out the need to get accurate statistics, in order to determine the quantum of syphilis in our midst. To treat syphilis, well established clinics with attached sero-bacteriological laboratories have to be established with provision for specific tests for syphilis like T.P.I. and F.A.T. to solve the puzzle of the low titred positive reactions, and B.F.Ps.

In order to attract candidates the terms for undergoing the training for the post-graduate diploma course and for all categories of training at the Institute of Venereology, Madras, may be made as on deputation.

Accommodation for V.D. clinics must be found independent of the general out-patients departments as per type design.

Equipment should be made available through a central distribution unit that will possess the authority to get import licences and to provide the different clinics with the necessary equipment periodically.

The quality of the three essential drugs will be studied from the stand point of their satisfying the fixed standards as well as their suitability from the practical aspect for use.

Necessary facilities will be afforded independently or through the I.C.M.R. and other helpful bodies to carry out research activities, both clinical and laboratory.

In order to encourage medical graduates to take up to the diploma course in V.D. a degree course in Medicine with Venereology as a Branch may be instituted.

Finally in the field of operation in Venereology the aphorism SEEK AND YE shall find must be borne in mind.

APPENDIX - I

Uptodate I understand that all the dozen districts of the State have each one of them a V.D. Clinic established on modern lines in each one of the district headquarters hospitals. A few of the clinics have a pucca building constructed accodring to an approved and set pattern to facilitate reception, examination and treatment of all patients both sexes receiving confidential treatment separately. Inspite of the dearth of medical personnel in the State through the untiring efforts of the Director of Medical Services, every one of these clinics to-day has been provided with the requisite personnel inclusive of technicians well trained, social workers well qualified, the necessary nursing staff, nursing orderlies, clerks and sweepers.

The Director of the Institute of Venereology, Madras has inspected these clinics periodically in the course of which he has found that the necessary equipment has also been provided with sufficient quantities of the anti-biotics, Penicillin and Streptomycin and other relevant drugs for the treatment of venereal diseases. The essential corollary for the efficient management of venereal diseases is the establishment of a laboratory and to this end the necessary arrangements have also been made. During the periodic inspection of these clinics, the Director of the Institute of Venereology has been making available to the V.D. staff information regarding the latest improvements in the diagnosis and treatment of venereal diseases. He has not only met the hospital staff but also other medical members of the profession under the auspices of the I.M.A. and has delivered lectures on topical themes pertaining to venereal diseases.

So far as Madras City is concerned V.D. clinics function in Stanley Hospital, Women and Children Hospital, Egmore, Kasturba Gandhi Hospital for Women and Children, Triplicane and at Govt. Royapettah Hospital with its peripheral centre at Saidapet.

The Institute of Venereology of Govt. General Hospital functions as an uptodate V.D. Clinic in the country offering the most modern methods of examination and treatment of venereal diseases patients. It is also engaged in such important activities as research and the training of under-graduates and post-graduates of the Madras Medical College, the Post-graduates for the Diploma course in Venereology from all over India. Regular batches of medical officers have been taken up for refresher course of training in Venereology every 3 months in the year. Para-medical personnel of the category of technicians, social workers, health visitors, Medical Social Workers are given the training.

Periodic inspection of the City clinics has been undertaken with a view to tender advice in regard to improvements to the existing clinics and the inspection reports are sent to the Director of Medical Services.

The Institute of Venereology has trained candidates for the Diploma course in Venereology not only from our country but also from distant countries like Burma, Indonesia and Formosa. The Institute of Venereology has taken a prominent part in the exhibitions held in

the City in educating the public on the importance of prevention of venereal diseases. Hand bills containing the necessary information in Tamil are passed on to patients attending the department. But the major part of the control work has been left to the social workers who pay individual attention by talking to the afflicted patients on the importance of preventive aspect of venereal diseases and timely recognition and cure of the disasters overtaking V.D. patients.

Touching the laboratory aspect, it may be said that serological tests for syphilis have been undertaken by the Institute of Venereology for the detection of syphilis amongst pregnant women attending the Womem and Children Hospital, Egmore and Stanley Hospital. Nearly 6% of pregnant women have been known to suffer from hidden syphilis amongst this segment of the population. The Maternity Hospital V.D. Clinic treats such of those who are positive reactors and through social workers the husbands of the positively reacting pregnant women are traced and sent to the Institute of Venereology for treatment.

It will thus be seen that a State wide programme has been instituted already. A part of the burden has been reduced by the establishment of the Employees State Insurance Clinics and hospitals where again venereal diseases patients are looked after and treated.

A salutary statutary act is the Suppression of Immoral Traffic Act that is in force in our State. Open brothels therefore do not exist and hence our State is fortunate in giving the lead to others in the country where such an Act is not in force.

On the whole, it can be said with pride that great care has been exercised in having in readiness clinics well manned, well equipped and well supplied with the necessary drugs for the control of venereal diseases in our State.

APPENDIX — II.

The passing of the SUPPRESSION OF IMMORAL TRAFFIC IN WOMEN AND GIRLS ACT by the Union Government in 1956 and its implementation by States in 1958 has been a big step forward. Brothels, it is understood, have to a great extent been liquidated, but their place has been taken up by other forms of prostitution viz., clandestine and individual prostitution. The Government of Madras have recognised Stri Sadana and the Women's Home of the Madras Vigilance Association as central rescue houses for the Presidency of Madras for the detention of girls. Vigilance and rescue work are also carried out in 13 private institutions in the State.

The Salvation Army and the Association of Moral and Social Hygiene, Madras Branch — voluntary associations — are also doing some service in the rescuing of stranded girls.

APPENDIX — III.

On a close study of the comments offered by the several members of the V.D. Sub-Committee, I.C.M.R. — one thing is abundantly clear,

i.e., the unanimity of opinion expressed by them in favour of an all-out effort at the isolation in cultures of the several aetiologic agents of the different venereal diseases including those of non-specific venereal diseases which have been gaining prominence in recent times: specific mention under the latter category has been made of the virus of herpes progenitalis, trichomonas vaginalis and the many as yet undetermined agents of non-gonococcal discharges. The corollary attached to the successful isolation of the different actiologic agents is the preparation of specific antigens of the different venereal diseases in order to help facilitate the performance of cuti tests and complement fixation tests.

As it is, attempts to isolate the local strains of the virus of LGV have met with little success over the years. Lyophilised virus material of lymphogranulomatous origin obtained from abroad has yielded cultures that are, I understand, being kept up both at Poona and at the Institute of Venereology. The antigen from this material has not been highly satisfactory, from the stand points of sensitivity and specificity as per the experiences at the Institute of Venereology and from the information available from the different other clinics in the country that were supplied with the material for test purposes. The human bubo pus or the Virus isolated from other effluvia of the indigenous clientele is expected to yield a better antigen for both cuti and complement fixation tests. Our failure to produce the necessary antigen from the bubo (human) pus hitherto has been ascribed to prior administration of sulphonamides or antibiotics for conditions other than V.D.

So far as the Donovania Granulomatis is concerned there has been no success at all. The need for the isolation of the aetiologic agent of Donovanosis is keenly felt for the simple reason that clinicians are confounded with the difficulty of determining the existence of the infection in the apparently non-sexual partners. It is a pity that after the successful isolation of Donovania Granulomatis by Anderson in America, no progress has been made in our country.

Chancroids appear to be relatively more common these days, but is difficult to confirm their existence as smear demonstration of H. Ducreyi is difficult. Cultures and cuti tests are very much the need of the hour to distinguish the more serious disease syphilis from the minor venereal disease, Chancroids. At present the diagnosis of chancroids is arrived at through exclusion of the other venereal diseases and endorsing the successful therapeutic response to sulphonamide administration as equivalent to the diagnosis of chancroids. D'melcos vaccine is not available. This must be prepared and made available here for diagnostic as also for curative purpose.

Referring to gonorrhoea, the gonococcus, for what we know, cannot afford to survive in the antibiotic atmosphere. In our country the gonococcus has not yet shown signs of developing resistance to therapy though in England such a mishap has already been recorded. Under the circumstances it would be to our advantage that we isolate the gonococcus and determine its range of sensitivity to antibiotics, parti-

cularly penicillin. The isolation of the gonococcus will aslo afford us the opportunity to make antigen for complement fixation tests.

On the subject of syphilis it may be said that the clinical patterns of syphilis are fast becoming altered; the diagnosis rests on laboratory data viz., the results of darkfield illumination tests and those of serological tests for syphilis. The darkfield illumination test is more often unhelpful today for tendency on the part of the local clientele to premedicate themselves with penicillin.

The serology too is hampered by the haphazard and inadequate treatment taken by the patient before the final diagnosis of the clinical condition is made. While the diagnosis of syphilis is thus baffling there is the other problem of the low titred positive serology which puzzles the clinician, especially when in some quarters the low titred sero positive reaction is taken for a biologic false positive reaction. The answer to this riddle of BFP is the establishment of the specific test for syphilis, the TPI test in our country for which time and again the plan has been put forward.

Other specific tests for syphilis have been performed but they are not equivalent to TPI test. However, it is proposed to have Reiter's spirochete isolated in cultures and to keep it going so that considerable quantities of it may be available for the preparation of the antigen for the specific serologic test sor syphilis — RPCFT.