

NEWS & VIEWS

INDIAN CURRENT SCIENCE ABSTRACTS

The need has been felt for a long time for a bibliographical periodical covering the entire scientific output of the country quickly and comprehensively. The Conference of Information Scientists convened by the Council of Scientific and Industrial Research in Mysore during 1963 realised this need acutely and directed the Indian National Scientific Documentation Centre (INSDOC) to take immediate action for ensuring bibliographical control of scientific publication in India.

INSDOC has decided to start a monthly abstracting service from January 1965, reporting under the title "Indian Current Science Abstracts" the work published by scientists in India. As far as possible efforts will be made to include scientific communications published abroad by Indian nationals. Original articles, short communications, critical reviews and informative articles published in scientific and technical periodicals or in proceedings of scientific conferences, symposia, etc.

monographs and other *ad hoc* publications, as well as patents and standards, will be noticed in this publication. The annual subscription for the publication will be Rs. 50/- only (Foreign £ 10 or \$ 30).

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Indian Current Science Abstracts, Indian National Scientific Documentation Centre, Hillside Road, Delhi-12.

VENEREAL DISEASE—INFORMATION

La reprise actuelle des maladies veneriennes en France et a l'etranger

(The Revival of Venereal Diseases in France and Abroad)

Touraine, A.

La Presse Medicale 69 : 1245-1247, 1249 (June 3) 1961.

Contrary to general belief, venereal disease is again on the rise. In metropolitan France, the incidence of primary and secondary syphilis has dropped. It fell from 3.81 per 10,000 inhabitants in 1946 to 0.27 in 1954. The recorded incidence of the disease reached 0.53 per 10,000 in the first half of 1960. This level was achieved in 1951. Thus, nine years of struggle against syphilis were annulled. A similar increase was noted for England, Germany, the Netherlands, Switzerland, Spain, Italy, Yugoslavia, Poland and the United States. In these countries, as in France, the incidence of the disease is highest in areas with a high population density and in industrial or commercialized areas. For the year 1958-1959 the rate increased 25 per cent in California and 464 per cent in the state of Washington. The overall rate doubled for this year in Canada. Similar trends were revealed by serological data on latent and clinical syphilis. The incidence of gonorrhoea in metropolitan France dropped 50 per cent between 1945 and 1951. It remained fairly constant from then to 1960. Belgium, Switzerland, the United States and Canada have remained stabilized. There was a striking increase of the the disease in England. From 1955, the incidence almost doubled in three years. Frequently, non-gonorrhoeal discharges are included in statistics on gonorrhoea because of difficulties of differential diagnosis. *Trichomonas vaginalis* is the most important etiologic agent in non-gonorrhoeal infections. It accounts for infection^s in 10.8 per cent of the males and 33.1 per cent of the females. Reiter's disease, or pseudo-gonococcal enteritis, is included among the venereal diseases. Lymphogranuloma inguinale is negligible in France, England and the United States. Venereal diseases from vegetative organisms are not reported. *Candida albicans* recovered from sexual mucous membranes is presumed venereal. The incidence of this disease is given at 14 to 60 per cent of all women examined by one investigator and at 28 to 34 per cent by another. Venereal granuloma is frequently

confused with lymphogranuloma inguinale. The name Donovanose is suggested for the disease. It is indisputably venereal, being contracted through pederasty. It is negligible in France, England and the United States. Venereal diseases are not moribund as recently stated at the World Health Organization. In fact the incidence of venereal disease is again on the rise. The increase in syphilis is such that by July 1960 it was back to where it was in 1951. The incidence of gonorrhoea showed an important drop to 1951 and remained stabilized. Non-gonorrhoeal infections have not increased since 1951. The apparent lack of increase may be due to difficulties in diagnosis. Lymphogranuloma inguinale, venereal granuloma and infections with vegetative organisms remain negligible. This cannot be said of trichomonas vaginalis or candida albicans infections. Without undue alarm, it must be noted that the incidence of venereal disease has ceased to regress. There is a significant increase in syphilis in France and abroad. This situation calls for vigilant attention of public health authorities and physicians.

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