

BOOK REVIEW

Social and Health Aspects of Sexually Transmitted Diseases, a W. H. O. publication.

S. T. D. Control – Indian Commentary on an International Publication.

The Public Health Papers, No. 65 in the Series, a W. H. O. release, entitled “Social and Health Aspects of Sexually Transmitted Diseases” streamlines principles of control measures.

The mini document comprising 210 paragraphs in 54 pages and edited by a galaxy of global experts in the field of Venereology which now may be termed as S. T. D.-ology, subtends epidemiologic, laboratory, clinical and therapeutic angles and is justifiably an excellent prescription of a saturated solution for solving the debacle of S. T. D. explosion, an admittedly inevitable offshoot of measures to mitigate or forestal population explosion.

The provocation for the production of this brochure appears to have stemmed out of startling revelations by statistics, indicative of high incidence of S. T. D., collected and collated by the W. H. O. from different countries, through ‘*notification*’ numerically or by name or even by confidential reporting by name – a procedure not yet statutorily implemented in our country.

Assessed thus, gonococcal infection of them all, has been observed to have registered an increase of it in five continents. Non-gonococcal genital infection, a close imitator of Gonorrhoea in both sexes, has stolen a march over gonococcal infection. Early infectious syphilis is in spate. Chancroid, Lymphogranuloma Venereum and Granuloma Venereum are still prevalent; especially the last that for some reason has become eponymous with refractory South Indian V. D.

This problem is directed to be solved. Notwithstanding the available statistical projection of resurgence of S. T. D., it is the calculated judgment of Venereologists, that overt V. D. / STD is very much *under reported*; what is worse, covert VD/STD lies low beneath the horizon of clinical recognition, in an asymptomatic phase in the female of the homosapiens, constituting a serious threat to the body of her person and menace to the spousing male sexual counterpart, not to speak of the disasters overtaking the offspring, should the woman beget any.

It is interesting that after decades of debate the traditional nomenclature, “Venereal Diseases”, “V. D.” for short, has been, for its obloquy, replaced by the term “Sexually Transmitted Diseases”, acronymally specified as “S. T. D.”, connoting thereby that the caravan of five entities, Syphilis, Gonorrhoea, Chancroid, Lymphogranuloma Venereum and Granuloma Venereum is reinforced with a trailer of eight extras; with every prospect of addition of countless more, if only the acquisition/transmission of any such, could be linked to an episodic sexuality antecedent.

In the course of cataloguing the dire consequences of untreated or malmanaged S. T. D., Gonorrhoea has been picked out, for its causing serious septicaemia — not reported in India — pelvic inflammatory disease due to disseminated gonococcal infection and sterility. The infliction of

brain damage on developing foetuses and neonates, in 'Kissing Disease' and the mortality and other morbidity features the innocents are prone to, by the cytomegalo virus, the chlamydia, the mycoplasma and the herpes simplex virus type II are appalling and must appeal to the concerned clinical, E. N. T. and Ob./Gyn. groups and non-clinical Specialists, the microbiologists. The suspected oncogenic impact on the cervix and the prostate by the H. S. V. type II and the easy susceptibility of the masses of "Non-Venereal-Yaws-freed-population" to Venereal Syphilis, are disturbing. The news of the Republic of China's having wiped out Syphilis is encouraging. Above all, to us in India, the emphasis laid on the rural parts having become venerealised is illuminating as our country has now gone to the point of proclaiming her intention to implant and implement Rural Health Service, that will be intensive and extensive, and inclusive of, it is trusted, preventive, curative and promotional measures, relative to V. D. / S. T. D. too! This is a good omen; for is it not our axiom, "Take care of the village and the country will take care of itself?"

In this context, if the proposed R. H. S. is to acquit itself satisfactorily the principles underlying V. D. / S. T. D. control measures enunciated in the Instrument of Instructions require to be lucidly understood, adjusted to suit our state and acted upon; of them all, the critical ones are highlighted briefly below:

1. It must be observed that the expanded legal definition of V. D./ STD does not restrict attention to Syphilis and Gonorrhoea alone, but other disease entities caused by chlamydia, mycoplasma, cytomegalo virus, herpes simplex virus Type II and others, a most neglected field in India.

2. It is mandatory that the still sea of the asymptomatic infection in "the she", "he" and "they" that are homosexuals shall be brought to light and suitably disposed of. Any slight compromise in this venture will stultify the objective.

3. This adventure will imply setting up of and/or improving the existing laboratory services in the strategic areas, viz., the PHC's, and FWC's, around where 80 p. c. or more of the population is resident. The necessary diagnostic equipment, reagents and trained technologic personnel shall there be provided for. It is at this juncture, that it is reminded, that the proposal by the Reviewer that selected Health Visitors be given adequate and appropriate blitz training, may be reviewed and given effect to, to avoid multiplication of the existing P. H. C. personnel, of D. G. H. S. proposal.

4. When the scanning laboratory probes find out the hidden STD in individuals, the links in the chain of S. T. D. infection as done elsewhere shall be traced by contact tracers and investigators. We think that this responsibility may be safely entrusted to Health Visitors and Health Inspectors. For the performance of this arduous and additional duty, the existing number of H. V.'s H. I.'s may be reinforced after reorientation when they will carry out the case finding, case holding and case educating responsibilities satisfactorily.

5. The individuals discovered to harbour S. T. D. agents shall be adequately treated with appropriate remedies.

6. Such an escalation of the plan and programme to control S. T. D. will necessarily tantamount to the need to set apart proportionately larger appropriations to enable the established Rural Health Service to function and yield the anticipated dividend—the control of S. T. D.

7. Standards have been fixed. Whatever the noun — the person, place or thing — that is under reference, the adjective, 'standard', qualifying it, is well defined, and has to be borne in mind ; e. g.,

- (a) "the standard clinic".
- (b) "the standard technical personnel, medical and para medical—constantly updated in their knowledge through bulletins and conferences and the national formulary and pharmacopoeia ;"
- (c) "the standard equipment and reagents",
- (d) "the standard diagnostic procedures",
- (e) "the standard schedules of treatment for every one of the S. T. D. have been clearly spelt out in the document and have to be strictly adhered to."

8. "The standard proforma" too shall be approved and used so that the presentation of statistics may be uniform all over the globe and periodic publicity given to the statistics will sensitise the authorities as well as the combined axis of the medical profession, the patients and the potential victims among the yet unaffected population ; for all which 'notification' of S. T. D. becomes imperative.

9. Finally relentless research in clinical and laboratory aspects of S. T. D., is stressed as this activity will bring about better and easier methods of diagnosis and easier and better methods of management of S. T. D. than are at our disposal at present.

10. If the etiology of different S. T. D. is thus well comprehended—and to help in this, the manufacture of the electron microscope in our country is in sight—and the knowledge gained and experience so attained are made available for utilizing them towards the control of S. T. D., the infected individuals among the high risk groups, viz., sailors, students, military and police personnel, migrants, travellers, industrial workers, the category of labourers, inclusive of lorry drivers, hotel workers, will come under purview. They need to be treated ; and in the process, venereologised, which means they will have imparted to them the essential information about sexuality and the risks accruing to them through engaging themselves in promiscuity.

11. It is confessed that legal measures enacted and for decades in operation elsewhere, have not yielded the desired results. Nevertheless, the Acts in force to prevent quackery and sale of antibiotics without prescription, have been useful and have to be remembered for their utility.

12. Since dyadic sexual intercourse is disappearing, and group intercourse, for behavioural and attitudinal changes in men, is becoming predominant, the sexually active group, wherever encountered by the medical profession, may be subjected to scanning procedures. Prostitutes, convicts,

homosexuals, pregnant women, etc. need regular clinical and laboratory check up ; and treatment if found to be infected.

13. Repeaters that reveal evidence of infection, thrice or more in a year, may be persuaded to remain under regular surveillance.

14. It is pointed out that as the mode of spread of S. T. D., is predominantly through sexual contact, short of banning the instinctual act, that is well nigh impossible, the frequency of it, at least, may be reduced and/or the act may be performed under a protective umbrella, comprising the use of the mechanical barriers, chemical prophylactics and/or specific antibiotics ; and appropriate insurance therapy in the incubation period may be given.

15. Since any simple sexual intercourse between the opposite sexes is likely to yield, both, a baby and V. D./S. T. D., and as the appropriate rubber barrier employed by one or both the partners will keep out, not only conception but ward off V. D./S. T. D., particularly gonococcal and non-gonococcal infections, 'the unholy' condom offering the greatest utilitarian value must be given the first priority and patronisation. Attempts are being made to evolve suitable contraceptive creams with incorporation into them of appropriate anti-S. T. D. medicaments. The copper I. U. D. is praised for its antagonistic impact against N. gon.

16. Last of all, after detailing the list of social aphrodisiacs avalanching the sexually matured population in the teenage period in women in particular, restraint over all of which is difficult, the authors suggest preparation of a specific vaccine for each of the countless V. D./S. T. D., a prodigious problem indeed.

The document, Public Health Papers, No. 65 in the Series, entitled, "Health and Social Aspects of S. T. D.", released by W. H. O. is a recipe that will suit India's present S. T. D. sick status.

The authors have to be congratulated for presenting India with the right guide book at the opportune time.

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