SPECIAL ARTICLE

HISTORY OF EXPOSURE TO INFECTION IN VENEREAL DISEASE PATIENTS

By

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Venereal diseases consist of those conditions which are usually acquired as a result of sexual intercourse and out of these gonorrhoea is the most common and syphilis the most serious as the latter can affect any part of the body at any age. Inspite of the introduction of many new and effective antibiotics able to kill the causative organisms in a single shot the incidence of venereal diseases is high in many parts of our country, so much so, that it has become a public health problem of great importance. The difficulties in diagnosis especially in females and inadequacies of available control methods especially as regards case finding are some of the contributory factors. These facts indicate that for the proper control of the venereal diseases the availability of the effective treatment only is not sufficient.

When a particular lesion is suspected to be of venereal origin, the investigations consisting of smear and culture examination and complement fixation tests etc. may have to be done for confirming the diagnosis of gonorrhoea and similarly for the diagnosis of syphilis dark-field test and various serum tests may have to be carried out. These laboratory facilities are not available in every hospital especially in remote villages where the larger segment of the population to be benefited, lives. Under these circumstances careful history taking as regards the exposure to infection in a suspected case will defenitely give support to the diagnosis. In addition, when the positive history is available, the contacts can be traced and treated as it forms an important aspect of the venereal diseases control programme. Over and above, it brings confidence in patients as they get convinced that the disease has correctly been understood by the doctor and it encourages them to take the treatment regularly.

The majority of the patients feel ashamed in giving the history of exposure to infection. Ninety five percent of them deny the exposure to such sexual risks and most of them deliberately try to attribute the lesions to other causes. It has been observed that practitioners who are either beginners or unaccustomed to the handling of the venereal disease patients not infrequently obtain the faulty history in respect to the sexual intercourse and may also rely much on the negative history.

The following are the observations made by the auther during the years 1959-65 at G. R. Medical College. Gwalior, while conducting the Skin & V. D. Clinic.

Only 5 percent of the total patients, enter the clinic with a normal expression on their face, they tell the complaints frankly and on first asking give the positive

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history of exposure. Amongst the remaining 95 percent of the patients particularly those belonging to the younger age group look depressed. they avoid looking directly into the eyes of the doctor and fumble while narrating the complaints. They reach to the main symptoms after describing vague complaints of general weakness, pains and aches all over the body, lack of desire to work and impairment of memory. Questions in details regarding sore, rash and discharge etc. are asked and also the history of such complaints previously and the treatment carried out. Once the symptoms are suggestive of venereal disease, they are questioned, keeping in view the incubation period of the particular disease. the nature of risks taken during these times, ie. whether marital, regular consort, aquantainces or stranger, homosexual or heterosexual.

All of the patients with great emphasis deny to the history of exposure to such risks and few out of them speak of their high moral standards and ideals in life. When these persons are explained the seriousness of the disease and the tremendous risk they may be taking by giving wrong information, 20 percent of them in low tone though do not say 'yes' but admit that they might have exposed themselves to such risks in the past which they do not exactly remember. The answer is indicative of lack of courage in these patients as in all of them it is confirmatory of the positive history.

The remaining patients do not disagree with the diagnosis of syphilis or gonorrhoea as they want treatment on the correct lines, but at the same time they deny the exposure to infection and cleverly attribute the lesions to some unreasonable causes which are discussed below.

These patients can be grouped as follows :—

1. Patients belonging to this group exploit the prevalant false beliefs amongst the general population as regards the cause of syphilis or gonorrhoea.

A. Syphilis in vernacular is popularly known as 'Garmi' and people believe that the conditions which produce excessive heat in the body may cause lesions of syphilis.

   (a) Some of the patients attribute it to the excessive use of condiments espectially chillies and 'Garam Masala'.
   (b) Excessive consumption of tea & coffee is also being blamed to be the cause by many of them.
   (c) Particularly the students attribute it to the sleeplessness during examination days and studying till late in night
   (d) Factory workers working near the boilers, cooks and bus drivers hold their nature of job responsible for it.

B. Persons belonging to this group give the history of passing urine at a place where many persons supposed to be suffering from venereal disease have micturated before. They try to impress about this mode of transmission in their case.

C. Young unmarried boys attribute the lesions to night emissions and masturbation.

2. Patients giving the history of trauma are included in this group.

A. Injury to the prepuce and glans especially by the seat of bicycle.

B. Insect bites usually by mosquitoes and ants.

3. Persons belonging to this group are all married

A. Some of the patients to not hesitate in narrating that the disease might have been transmitted to them from their wives.

B. The remaining patients of this group speak of the sexual intercourse during the menstruation period as a possible cause.

In majority of these patients persuasion and explaining the possibility of the grave and serious consequnces due to the incorrect diagnosis and treatment as a result of wrong information make them to give the correct history. Few out of the remaining who are still adamant, after giving a serious thought to their problem and looking to their self interest attend the clinic next day and by themselves give the correct history and feel sorry for the wrong statement given the previous day. Following this effort is being made to persuade them to induce the contacts who may reasonably be suspected as possible source of infection in the patient or have later run the risk of being infected, for examination. Once this critical stage in the history taking is passed the patient feels completely relaxed and while he leaves the clinic with the prescription one can notice the expression of satisfaction on his face. For all this the patient must have confidence that his secrets will not be revealed to his wife, employer or other persons.

It will be worth mentioning here that few patients who look much worried instead of telling the symptoms of the disease, in whispering tone complain that they are suffering from syphilis. Many of these patients suffer from venereophobia (fear of venereal diseases) and their worry is based on recent or past exposures and their anxiety is aggravated by reading a news-paper article or a book. On clinical examination they are usually found to be suffering from simple lesions of scabies or of fungus infection and in these cases assurance and the treatment of the lesion is all that is necessary. Under such circumstances the responsibility of the doctor is no less as the wrong judgement may result in a stigma of venereal disease for the whole of the patient's life.

From the above observations it is apparant that 95 percent of the patients hide the facts as regards the sexual risks taken and give absurd explanations, which may vary according to the place, for the causation of the lesions. The medical man should possess thorough knowledge of these otherwise he may be totally misguided. It is true that proper history taking does not lessen the utility of specialised laboratory investigations in the diagnosis of venereal diseases but at the same time at places where these laboratory facilities are not available the importance of history taking can not be under-estimated. Under these circumstances more of the time devoted by the doctor and the pains taken in interviewing the patient will always prove fruitful.