

Venereal disease—the causes . . .

by A.J. McClanahan

Don't give a dose to the one you love most.

So sang the band on "VD Blues," a PBS presentation to kick off the national campaign against venereal disease.

Dose, clap, syph, the drip . . . The nicknames go on and on, but they all refer to venereal disease — and the United States is having an epidemic of it.

The phrase venereal disease comes from Venus, goddess of love, and refers to maladies that are virtually always transmitted by sexual contact — rumors about toilet seats notwithstanding.

The two main diseases are syphilis and gonorrhea, gonorrhea being long overlooked and now the most prevalent.

Figures vary from two to four million cases of VD a year in the United States, but at any rate VD is not outranked only by the common cold in the list of most common diseases. And young people have the highest chances of getting the disease.

Only the more permissive countries such as Sweden and Denmark have higher national averages. And although the VD epidemic is worldwide, interestingly enough it is practically non-existent in Communist China.

At the Lincoln-Lancaster County Health Department the number of gonorrhea cases treated has risen almost 700 per cent in six years, while the number of syphilis cases has gone down. In the fiscal year of 1965-66 there were 113 cases of gonorrhea treated, according to Lester Jensen, director of the Educational Division. In the fiscal year of 1971-72 there were 772 cases of gonorrhea treated.

Syphilis has gone from 80 cases treated in 1965-66 to 18 cases in 1970-71. But in 1971-72 there were 22

cases, showing a slight rise from the previous year.

Dr. George Underwood, director of Lincoln-Lancaster County Health Department, said he expects syphilis to continue to rise.

So far this year the State Department of Health had 3,517 cases of gonorrhea reported to them, as compared with 3,191 at this time last year.

Doctors are required by law to turn in the names of people they treat for VD, so that followup can be done on their contacts. Russ Murray, Director of the Communicable Disease Division at the State Department of Health, said that probably only 23 per cent of the VD cases treated by private doctors are reported.

University Health Service (UHS) also showed a rise in VD. For the school year 1964-65 the number of cases was 11. This year the number is 79.

Murray said, however, the University itself is not viewed as a specific problem area.

"Student Health (UHS) does an excellent job of follow up and their screening of women for gonorrhea is excellent."

UHS does a culture test for gonorrhea on all University women who have a pelvic examination, according to Celeste Knipmeyer, a community health nurse at UHS.

She said that last year out of 500 women tested only four were discovered to have gonorrhea.

Dr. Underwood said that University students are a little more open than other clients as a general rule, although, "the majority of our patients is not University students."

"It's a little easier to get their contacts

out of them and students usually know the names and addresses of their contacts," he said.

He added, however, that after the importance of treating contacts is explained to clients they are usually willing to divulge them, but often times don't know the names.

He also said University students come back with reinfection fewer times, "although they may just be going someplace for treatment the second time," and they themselves usually talk to their contacts and tell them to come in.

Why has there been such a rise in VD?

Dr. Underwood said he felt one of the major reasons for a rise was an increase in promiscuity due to drugs and the pill. He said the stress on drugs reduces a person's inhibitions, making him or her more susceptible to sex.

"One girl, one man is almost out the window. The basic problem with young people is their inability to establish a stable relationship with someone."

When there is one girl to half a dozen young men there are bound to be widespread outbreaks, he said.

Gary Martin, acting assistant to the medical director of UHS apparently disagrees. He said if there has been an increase in promiscuity, it has only been a small increase in white middle class women.

The pill may indeed be responsible for the rise in VD in that it changes the "milieu" of the vaginal area from acidic, which tends to kill germs, to alkaline, which does not, he said.

In fact, only 40 per cent of those women not on the pill who are exposed to gonorrhea will actually contract the disease. Almost 100 per cent of the

Syphilis

Syphilis is caused by a fragile bacteria of the spirochete group of bacteria. The organisms will not live long outside a suitable medium, which is why they are never transmitted by toilet seats or doorknobs.

But the genital area is a perfect place for the organisms to live because they need a warm, moist place. Sexual intercourse is almost always the mode of transmission.

An incubation period of anywhere from 10 to 90 days can go by before any symptoms may appear. The average time is 21 days.

During this incubation period the spirochetes remain in the mucous membranes of either the genital area, the anus, or the mouth, depending on where transmission took place.

After incubation, syphilis can be divided into three stages—primary, secondary, and latent.

By the time the primary stage

painless chancre which may or may not occur. The chancre is usually at the site of the transmission, but can occasionally occur on other parts of the body.

Primary syphilis usually lasts a few weeks. Then chancre disappears.

Secondary syphilis lasts anywhere from a few weeks to six months. There are many symptoms, which don't always occur or are often overlooked. The symptoms include a rash, sore throat, a mild fever headache, and/or hair falling out.

Both the primary and secondary stages are very infectious. A rash or lesions in the secondary stage are highly infectious. This is the only time the disease might be transmitted other than through sexual intercourse.

For example, if a man or woman had lesions around the mouth, kissing could be the mode of transmission.

All symptoms of both primary and secondary syphilis disappear without treatment.

cord damage, crippling, blindness and/or insanity.

During this stage the disease cannot be transmitted—except in the case of a pregnant woman who can transmit the disease to her unborn child. But if a woman is treated for syphilis prior to the third month of pregnancy, there is little chance the baby will contract the disease.

If the woman is not treated the baby usually will be still-born. If not, the baby may be deformed, have bone damage, anemia, or damage to the central nervous system.

A baby that lives usually has a highly contagious rash. This is especially dangerous to doctors or nurses handling the child.

Gonorrhea

Gonorrhea is caused by a bacteria of the cocci group and, like syphilis, is a very fragile organism. It lives in mucous membranes, usually in the genital area.