



women exposed to VD while on the pill will contract the disease, according to Murray.

Another problem with the pill is that it has almost eliminated the use of the condom as a means of contraception, according to both Underwood and Martin.

"Next to abstinence, the condom is about the best prevention to VD to be promoted," Martin said.

Another reason for the rise is possibly a lag in federal funds and a relaxation of

efforts to find contacts since the 1950's.

Jensen said a greater effort is needed along with more money to fight the epidemic.

Private doctors who treat patients, but do not report them or find out their contacts are another reason cited for increasing VD.

Many doctors feel they do not want to betray the confidence their patients have placed in them. Most authorities agree, however, that this attitude doesn't do anyone a service since the patient will probably get reinfected if his contacts are not treated. Also, the contacts may infect others.

One of the biggest problems with the disease, and gonorrhea in particular, is that most women do not have symptoms and are "silent carriers." Unless a woman is named as a contact by the man who infected her, she may never know she has the disease and unwittingly infect others.

Martin said another reason for a rise in VD could simply be better reporting. Actually there may not be such a rise in the disease, but an awareness of how many people have it. Murray said no one has really paid any attention to gonorrhea at all until the last few years.

Flippant attitudes of those contracting the disease may also be a factor in its sharp rise. Many who get it don't care and simply treat it as a common cold with a shot of penicillin solving everything.

Reinfection is the biggest problem with VD. If contacts are not treated there can be a "ping pong" effect, with one partner getting it, being treated and getting it again.

"I have had one young man in here

tract in the penis. This is only in the case of those who get the disease again and again, however.

Gonorrhea has risen sharply over syphilis and there are two reasons for this according to Knipmeyer.

The incubation period for gonorrhea is usually three to five days and as little as one day. This means that as soon as the incubation period is over, the person is infectious — and they remain infectious until they are treated.

In syphilis the incubation period varies, but is generally two to three weeks and after about two years, depending on the individuals, the person is no longer infectious.

Also, with gonorrhea's short incubation period, tracing of contacts can be an endless job, since one doesn't know he or she has it until several days later (or never if there are no symptoms) and by then may have infected others.

Another problem with both diseases is that people may notice their symptoms are gone, but they may not actually be cured. That is why follow-up with a doctor is important.

How can VD be prevented?

The first answer is obvious—abstinence, although it's not really a solution for many people. Another answer is to remain monogamous.

Other solutions include washing before and after intercourse, which may or may not help (douching will not) and using prophylactic devices (such as condoms and/or foams and jellies). Education of the public in the causes and prevention of VD will have more long term effects.

Martin said supporting basic VD

serious infection to heart valves or acute destructive arthritis. The arthritides commonly affects the knees or the wrists.

Gonorrhea can cause sterility in both men and women. Men also have chronic difficulty in urinating.

The incubation stage lasts only a few days and can be as short as one day. As soon as the incubation period passes the person is infectious.

A man usually notices a burning while urinating about three to eight days after exposure. Other symptoms include swelling and inflammation of the genital area and a pus discharge from the penis.

About 10 percent of the men have no symptoms at all.

Most women do not have any symptoms. There may be a slight vaginal discharge or burning while urinating, but these may be overlooked. Months later the woman may notice pain in the lower abdomen.