5/17/69

*Joshua Lederberg*

# We Need Widespread Tests For Venereal Diseases

SYPHILIS and gonorrhea are the subject of declamatory news articles from time to time. We are told that we are experiencing a new epidemic of venereal diseases. We hear many speculations about sexual promiscuity and methods of contraception that no longer afford mechanical obstacles to infection.

But we do not often see the factual statistics by which to judge the severity of the "epidemic," nor are we advised of the concrete measures by which it might be contained.

Reliable statistics are, in fact, not readily available, for the great majority of cases treated by private physicians are simply not reported. Comparisons of case reports with the results of sample surveys suggest that only about a tenth of the cases are reported. This fact alone may account in large part for the much higher prevalence of reported venereal disease in the Negro as compared to the white population, for a much larger proportion of Negro cases are treated in publicly supported clinics and enter the statistical reports. No good data exist by which to make any quantitative judgment of the obviously higher incidence of venereal disease in poorer strata of all races.

SYPHILIS in the United States had been subject to only a gradual decline up to the end of World War II, when the introduction of penicillin accomplished a dramatic drop in the number of new cases.

A peak of over 100,000 cases was reported in 1947; we saw only 6251 in 1957, and might have concluded that the disease was on the point of eradication. Over 20,000 were reported in 1967, however, and the actual incidence may have been ten times higher, or about 1 per thousand of the population.

A disproportionate part of this resurgence must be attributed to adolescents, as is inevitably true for new infections. The Public Health Service believes that over 1 million Americans may be still infected with syphilis, with the possibility of progressve disease long after they are actively contagious to others or show obvious external symptoms.

In certain respects, the abrupt drop during the postwar decade was even more puzzling than the present resurgence. Dr. Willard L. Fleming of the Department of Preventive Medicine at the University of North Carolina, in an article in the Archives of Environmental Health, pointed out some time ago that rather similar statistics were being observed the world over, despite many differences in the vigor of public health control measures. Many epidemiologists speculate that the drop in syphillis infection may have been a by-product of the indiscriminate and medically mis-advised use during that period of penicillin and other antibiotics for a wide variety of conditions in people unaware that they were infected with syphilis.

Since then, this kind of abuse of antibiotics has probably lessened, in part as many people have become allergic to them. Furthermore, the syphilis spirochete may be expected to have evolved some degree of resistance to such antibiotics, although this is not yet a major factor in the controlled treatment of the disease.

THE SITUATION for gonorrhea is, if anything, even more alarming, in the light of many reports of greatly increased antibiotic resistance of the gonococcus microbe and even more resurgent statistics on case numbers.

In these circumstances, the prevalence of poorly treated cases of venereal disease is a double threat: first as a reservoir of the microbes and second, as making i n e v i t a b l e the further development of antibiotic-resistnt strains.

The Public Health Service rightly gives case-finding the highest priority, since we still have very effective methods for treating syphilis and gonorrhea. It has encouraged hospitals to make blood tests routine for all hospital admissions. At the very least, the law should make them mandatory where Federal funds help support hospital care; Blue Cross and other private insurance schemes could do likewise.

Furthermore, there is every reason to demand that every child of any age obtain an annual certificate of good health (including evidence, where relevant, to rule out venereal disease) as a condition of attendance at school, including h i g h school and college. Where a private physician is not available, it is in the community's own highest interests to provide the service.

Couples about to marry no longer regard the universally required premarital examination as an unwarranted intrusion. Only a misplaced delicacy about a serious medical problem stands in the way of a far more relevant response to these burgeoning threats to the public health.

© 1969, The Washington Post Co.