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VENEREAL DISEASES IN ENGLAND AND WALES*

EXTRACT FROM THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER FOR THE YEAR 1956

VENEREAL DISEASES

Syphilis.—The slight increase in the number of new cases of early infectious syphilis that occurred in 1955 has continued in females though not in males, and in 1956 587 men and 257 women attended the clinics for the first time as against 609 men and 228 women in 1955 (Appendix, Table A). The Table below shows that the number of male cases has fallen in some of the great ports and it is possible that fewer infected seamen were treated in the clinics.

EARLY SYPHILITIC INFECTIONS DEALT WITH FOR THE FIRST TIME IN 1955 AND 1956 IN TEN SAMPLE AREAS

Urban Area	1955			1956		
	Males	Females	Total	Males	Females	Total
London Administrative Area (3,273,000)*	205	67	272	192	101	293
Merseyside (Liverpool, Bootle, Birkenhead, Wallasey) (1,096,960)	80	16	96	63	8	71
Manchester and Salford (853,600) ..	20	12	32	7	4	11
Tyneside (Newcastle, South Shields and Tynemouth) (452,900)	10	4	14	5	—	5
Hull (300,200) ..	8	1	9	11	3	14
Southampton (196,400)	13	1	14	11	1	12
Bristol (440,500) ..	17	1	18	18	9	27
Birmingham (1,110,800)	12	5	17	10	5	15
Leeds and Bradford (795,000)	15	10	25	18	12	30
Sheffield (499,000) ..	3	1	4	2	1	3

* The figures in brackets are the estimated populations at June 30, 1956.

More new patients in the late and latent stages of acquired syphilis also attended the clinics in 1956 (3,707 as against 3,502 in 1955) and it is hoped this may mean that routine tests are disclosing a greater number of unsuspected infections. It is possible, however, that some of these patients are immigrants with yaws rather than syphilis, as it is often impossible to differentiate between the two diseases in their latent stages.

The figures for late and latent syphilis remained much the same between 1946 and 1952, but since then they had fallen consistently in both sexes. From 1950 to 1954 there was virtually no change in the number of new cases of cardiovascular syphilis, though these also fell in 1955. Since 1950 the clinic incidence of neurosyphilis has fallen by over one-third and it is reassuring to note that cardiologists and neurologists in teaching hospitals continue to complain of a lack of syphilitic patients with physical signs to demonstrate to students in their clinics.

Late Syphilis	Year	Males	Females	Total
Cardiovascular syphilis ..	1955	311	113	424
	1956	316	141	457
Neurosyphilis	1955	419	262	681
	1956	418	271	689
All other late or latent stages	1955	1,162	1,235	2,397
	1956	1,250	1,311	2,561
Total late or latent syphilis	1955	1,892	1,610	3,502
	1956	1,984	1,723	3,707

Since the end of the war the Registrar General's statistics show steep falls in the number of deaths from general paralysis of the insane and tabes dorsalis, though deaths from aneurysm of the aorta (excluding those certified as "non-syphilitic" or "dissecting") have fallen only slightly in men and in women are almost unchanged over the last 10 years (Appendix, Table E). Less significant perhaps is a sustained fall in such deaths as were certified as due to cardiovascular syphilis (other than aneurysm of the aorta): these have fallen from 719 in 1949 to 483 in 1956.

Congenital syphilis, including new cases of less than one year, has again decreased and once again

* Part II of the Report of the Ministry of Health for the year ended December 31, 1956. Cmnd. 325, p. 63. Appendix C., p. 252.

CASES OF SYPHILIS (ANTE-NATAL), 1956

Regional Blood Transfusion Centre	No. of Ante-natal Patients Tested			Positive Syphilis Tests				
	Primiparae	Multiparae	Parity not known	Primiparae		Multiparae		Parity not known
				No.	Per cent.	No.	Per cent.	No.
Leeds	8,217	8,330	4,943	27	0·33	22	0·26	16
Sheffield	13,039	8,210	—	25	0·19	24	0·29	—
Liverpool	20,021	15,874	—	42	0·29	47	0·29	—
Plymouth (sub-centre)	1,989	1,895	—	19	0·95	12	0·63	—
Oxford	1,641	1,673	370	—	—	1	0·59	—
Cambridge	3,513	4,313	3,963	23	0·65	36	0·83	9
Total	48,420	40,295	9,276	136	0·28	142	0·35	25

the infantile death rate from syphilis is reported as zero (Appendix, Table D).

Syphilis Testing in Pregnancy.—Results of serological tests for syphilis on blood from pregnant women are reported from six regional blood transfusion centres as shown in the Table above.

In addition, the Leeds centre reported on a further 3,562 "old cases". Of these 32 were primiparae, 3,562 multiparae, and in 193 parity was not known. Positive results were obtained in five multiparae, *i.e.* 0·14 per cent. Summary of results for the past four years is shown below:

Year	No. of Primiparae	Percentage Positive	No. of Multiparae	Percentage Positive
1953	28 263	0·21	27,573	0·43
1954	39,181	0·23	47,941	0·32
1955	41,392	0·21	40,712	0·43
1956	48,420	0·28	40,295	0·35

The Treponemal Immobilization (TPI) test has continued to be helpful in pregnant as in other doubtful reactors, and it is encouraging to learn that there is hope that this rather complicated test may ultimately be replaced by an equally specific but more simple procedure.

Gonorrhoea.—The number of new cases of gonorrhoea in both sexes again increased from 17,845 in 1955 to 20,388 in 1956. Returns from clinics indicate that this rise is fairly general in many parts of the country and, though in some city clinics reinfections among homeless immigrants and others account for an appreciable proportion of cases, this is by no means the whole story. That there has been no improvement in the ratio of female to male new cases is possibly due to an increase in the number of men infected by prostitutes. In some clinics not a few prostitutes attend periodically and quite voluntarily for "a check". This practice is commendable and much could be done towards reducing the incidence of venereal disease, and of gonorrhoea in particular, if there could be a concerted effort by family doctors, social workers, probation officers, and possibly even by magistrates to continue to remind prostitutes and other promiscuous persons of the likelihood of infection and to advise them to undergo examination. Syphilis is sometimes contracted unknowingly and gonorrhoea in women is so often completely asymptomatic that careful and repeated bacteriological and cultural tests are needed to exclude it with any certainty.

Other Venereal Diseases.—There has been a rise in the number of new cases of chancroid, but in spite of increasing numbers of immigrants from tropical and sub-tropical territories, reported cases of lymphogranuloma venereum have decreased from 86 to 83. It may however be significant that in one London clinic both skin and complement-fixation tests for this disease were found to be positive in an appreciable group of patients with no history or signs of infection and it is possible that these patients could be carriers of the virus.

New cases of non-gonococcal urethritis in men again rose in 1956 and there has been a corresponding rise in the number of female patients with "other conditions requiring treatment" (Appendix, Table A). The great majority of these women complain of vaginal discharge, the gonococcus not being isolated. Many women who come to the clinics are found to be suffering from trichomonas vaginitis and it is becoming clear that whenever possible the parasite should be sought for in male sexual partners. The use of improved cultural methods has disclosed that re-infection by a male carrier is a not infrequent cause of what was once thought to be relapse. Occasionally the male infestation is completely asymptomatic, the parasite lurking in urethral glands or prostatic crypts, but in most cases expert examination will reveal some evidence of chronic urethritis. This male carrier state is the reverse of what generally happens in gonorrhoea where the

reservoir of infection is usually located in the unsuspecting female.

Other Conditions treated at Clinics.—25,193 men and women attended the clinics with various other conditions needing treatment, and included among these are some of the female consorts of men suffering from non-gonococcal urethritis. In addition, 32,349 patients were examined and found to require no treatment.

The Present Position.—Though foreigners, immigrants, and prostitutes make up a high proportion of the patients in some city clinics, venereal disease is no respecter of persons and the great majority of infections still occur in other sections of the community. Even in Holloway women's prison, where many infected prostitutes are treated, 75 per cent. of the venereal disease diagnosed in 1956 occurred among other prisoners. A total of 238 cases of syphilis (79 male and 159 female) and 400 of gonorrhoea (150 male and 250 female) were treated in H.M. Prisons in 1956. These numbers, which are not included in the clinic figures, have fallen since 1955.

Important though it is that the low incidence of infectious syphilis be kept low, gonorrhoea is at present the main venereal enemy. This disease is clearly not under control and one reason for this has been the tendency to play down its importance by over-emphasizing the power of penicillin. Relapse seems to be more common than it used to be and it now seems likely that in some areas strains of gonococci partially resistant to penicillin may be coming into circulation. Quite apart from its home breaking propensities, which it shares with non-specific urethritis, gonorrhoea continues to be a potentially serious disease which may well be on its way to becoming again a difficult public health problem. The tracing and treating of the unsuspecting female carrier and the enlightenment of women generally about the danger of untreated infection remain the most important epidemiological means of controlling the spread of the disease.

TABLE A

NUMBER OF CASES (IN ALL STAGES) DEALT WITH FOR THE FIRST TIME AT ANY CENTRE*

Sex	Year	Syphilis	Soft Chancre	Gonorrhoea	Non-Gonococcal Urethritis (males only)	Other Conditions†		Total Attendances
Males	1939	7,273	827	24,811	—	24,324		1,587,111
	1940	7,093	887	21,057	—	20,005		1,170,412
	1941	7,790	1,017	20,572	—	20,476		1,065,114
	1942	8,529	969	17,956	—	22,302		1,071,664
	1943	8,790	773	18,215	—	36,868		1,082,427
	1944	7,667	628	16,629	—	34,123		973,810
	1945	8,134	589	21,280	—	42,110		912,571
	1946	13,803	994	36,912	—	70,239		1,279,743
	1947	11,699	776	29,647	—	53,766		1,101,970
	1948	9,780	706	25,006	—	56,435		995,724
	1949	7,826	543	20,366	—	52,526		860,960
	1950	5,979	433	17,007	—	55,068		780,451
						Requiring Treatment	*Not Requiring Treatment*	
	1951	4,506	437	14,975	10,794	11,607	26,956	677,251
	1952	3,760	389	15,510	11,552	12,578	25,928	650,014
	1953	3,272	347	15,242	13,157	13,566	25,619	622,368
	1954	2,929	301	13,962	13,279	13,071	24,651	587,805
	1955	2,711	285	14,079	14,269	13,613	24,436	564,283
	1956	2,778	307	16,377	14,825	14,254	23,514	548,313
Females	1939	4,605	11	6,489	—	14,684		723,455
	1940	4,226	21	5,882	—	12,881		597,321
	1941	4.972	20	7,314	—	15,068		593,223
	1942	6,524	27	8,413	—	20,190		704,076
	1943	7,960	32	10,043	—	34,681		868,097
	1944	8,251	28	10,646	—	38,566		916,116
	1945	8,508	29	11,603	—	41,524		911,974
	1946	10,075	34	10,431	—	35,475		864,682
	1947	8,438	27	7,019	—	29,314		721,017
	1948	7,349	21	5,306	—	27,462		663,503
	1949	5,873	19	4,121	—	24,801		585,555
	1950	4,988	17	3,497	—	23,840		529,825
						Requiring Treatment	*Not Requiring Treatment*	
	1951	3,926	16	3,089	—	8,517	12,408	467,412
	1952	3,362	14	3,585	—	8,916	11,560	427,977
	1953	2,914	9	4,021	—	9,834	10,612	398,902
	1954	2,352	8	3,574	—	10,117	9,503	364,899
	1955	2,272	10	3,766	—	10,182	9,075	340,250
	1956	2,363	9	4,011	—	10,939	8,835	324,293

* Excludes cases transferred from centre to centre.

† Including non-gonococcal urethritis up to 1950.

TABLE B

CASES OF ACQUIRED SYPHILIS IN TABLE A, WITH INFECTIONS OF LESS THAN ONE YEAR

Year	Number		Per cent. of Table A Cases	
	Males	Females	Males	Females
1931	6,241	2,683	56·9	39·3
1932	6,196	2,532	56·2	39·2
1933	5,949	2,141	55·4	35·5
1934	4,888	2,030	50·8	34·8
1935	4,226	1,745	49·2	31·4
1936	4,033	1,642	49·0	32·0
1937	3,986	1,647	49·4	31·9
1938	3,744	1,494	47·8	30·0
1939	3,574	1,412	49·1	30·7
1940	4,029	1,582	56·8	37·4
1941	5,023	2,309	64·5	46·4
1942	5,470	3,576	64·1	54·7
1943	5,159	4,483	58·7	56·3
1944	4,384	4,934	57·2	59·8
1945	5,214	5,527	64·1	64·9
1946	10,705	6,970	77·6	69·2
1947	8,750	5,416	74·8	64·2
1948	6,603	4,034	67·5	54·9
1949	4,392	2,420	56·1	41·2
1950	2,678	1,465	44·8	29·4
1951	1,498	774	33·2	19·7
1952	891	462	23·7	13·7
1953	755	319	23·0	10·9
1954	600	208	20·5	8·9
1955	609	228	22·5	10·0
1956	587	257	21·1	10·8

TABLE C

CASES OF CONGENITAL SYPHILIS DEALT WITH FOR THE FIRST TIME AT THE TREATMENT CENTRES

Year	Under 1 Year	1 and under 5 Years	5 and under 15 Years	15 Years and Over	Totals
1931	339	204	974	922	2,439
1932	302	180	857	805	2,144
1933	305	157	774	780	2,016
1934	296	165	703	839	2,008
1935	251	165	671	944	2,031
1936	241	132	600	935	1,908
1937	211	144	534	940	1,829
1938	216	123	448	951	1,738
1939	217	125	406	866	1,614
1940	191	101	357	709	1,358
1941	223	90	321	746	1,380
1942	245	122	309	788	1,464
1943	310	129	348	940	1,727
1944	346	113	271	822	1,552
1945	326	83	210	736	1,355
1946	363	103	215	701	1,382
1947	343	120	214	676	1,353
1948	372	142	215	678	1,407
1949	355	118	197	747	1,417
1950	227	141	203	652	1,223
1951	156	89	198	684	1,127
1952	110	101	191	547	949
1953	95	77	152	520	844
1954	48	41	119	478	686
1955	41	30	114	459	644
1956	36	31	82	441	590

TABLE D

DEATH RATES PER 1,000 LIVE BIRTHS OF INFANTS UNDER 1 YEAR CERTIFIED AS DUE TO CONGENITAL SYPHILIS

Year	Rate	Year	Rate	Year	Rate	Year	Rate
1912	1·34	1924	0·91	1936	0·24	1948	0·09
1913	1·46	1925	0·82	1937	0·19	1949	0·08
1914	1·55	1926	0·84	1938	0·18	1950*	0·04
1915	1·44	1927	0·77	1939	0·17	1951*	0·03
1916	1·57	1928	0·71	1940	0·16	1952*	0·03
1917	2·03	1929	0·64	1941	0·21	1953*	0·01
1918	1·90	1930	0·55	1942	0·19	1954*	0·003
1919	1·76	1931	0·45	1943	0·23	1955*	Nil
1920	1·51	1932	0·42	1944	0·16	1956*	Nil
1921	1·43	1933	0·35	1945	0·15		
1922	1·12	1934	0·30	1946	0·15		
1923	1·05	1935	0·26	1947	0·09		

Rates for years 1931–1949 are according to the 1940 classification (5th Revision). For 1912–1930 the rates need to be multiplied by the conversion ratio 0·857 for approximate comparability.

* For 1950–1956, No. 020.2 in International List (6th Revision).

TABLE E

DEATHS FROM GENERAL PARALYSIS OF THE INSANE, TABES DORSALIS, AND ANEURYSM OF THE AORTA

Year	General Paralysis of the Insane		Tabes Dorsalis		Aneurysm of Aorta*	
	Males	Females	Males	Females	Males	Females
1911–20	1,697	383	592	106	838	208
1921–30	1,204	277	631	127	860	249
1931–35	819	240	566	125	969	393
1936–39	625	227	471	106	1,017	531
1940–44	482	167	270	71	467	158
1945–49	258	101	157	41	485	166
1950	111	56	99	24	430	225
1951	121	47	111	32	475	204
1952	78	45	100	27	435	222
1953	91	26	87	26	408	190
1954	89	37	70	26	392	211
1955	84	36	53	24	424	219
1956	56	28	66	15	420	218

The averages for the years 1911 to 1939 are based on the 4th Revision of the International List. Figures for the years 1940 to 1956 are according to the 6th Revision.

Non-civilian deaths are excluded from the Table from September 3, 1939, until 1949 for males, and from June 1, 1941, until 1949 for females.

* For years 1911 to 1939: "Aneurysm" (Code 96) of the 4th Revision List, based on arbitrary rules of assignment.

For years 1940 and after: "Aneurysm of Aorta" (Code 022) of the 6th Revision List, based on assignment by the certifying medical practitioner. Aortic Aneurysm specified as "non-syphilitic" or "dissecting" is no longer included in this heading.