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VENEREAL DISEASE PROBLEM IN SWEDEN TO-DAY*†

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The venereal disease morbidity in Sweden to-day shows a strange stability in the number of reported cases. The frequency trends of the different diseases since 1919 show congruent variations. The position to-day is difficult to explain and a comparison on an international level would be of great interest.

Since January 1, 1919, every physician diagnosing a new case of venereal disease in a contagious stage has had to report the case to the health authorities. The form calls for information regarding disease, sex, date of birth, place of residence, and possible occasions of transmission. These reports afford an opportunity for investigating the venereal disease morbidity since 1919.

Since 1919 care has been given at special venereal disease out-patient clinics—with specialist officers—in the largest cities. In smaller communities and in the country the service is rendered by the district medical officer, and examination, treatment, and drugs are free of charge. If necessary, in-patient care in general wards is also free of charge. If the patients so desire they can be treated by private practitioners. Blood tests and cultures are examined in special laboratories without cost even for the private practitioners.

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Syphilis.—The number of cases of syphilis in the year 1919 was around 6,000. Following the introduction of the new regulations in 1919, the figures diminished. In the early 1930s the figures increased, but again decreased, and by 1941 they reached a very low level. During the 1939–45 war cases increased five fold, followed once again by a diminishing trend. In the last 3 years the figures have been between 150 and 170 new cases per year (Figure).

Gonorrhoea.—Study of the gonorrhoea rate also shows some typical waves. In 1919 the number of reported cases was about 20,000, decreasing between 1923 and 1940 to about 10,000 new cases. In the early 1940s there was a heavy increase, and by 1943 the number of new cases was once again 20,000. After some years of decrease, a stability at about 14,000 new cases has been noted in the past few years (Figure).

Chancroid.—The number of reported cases of chancroid was about 3,000 in 1919. The number has steadily decreased and now only about ten new cases are reported annually.

Lymphogranuloma Inguinale.—The number of reported cases of lymphogranuloma inguinale has always been limited to about ten per year.

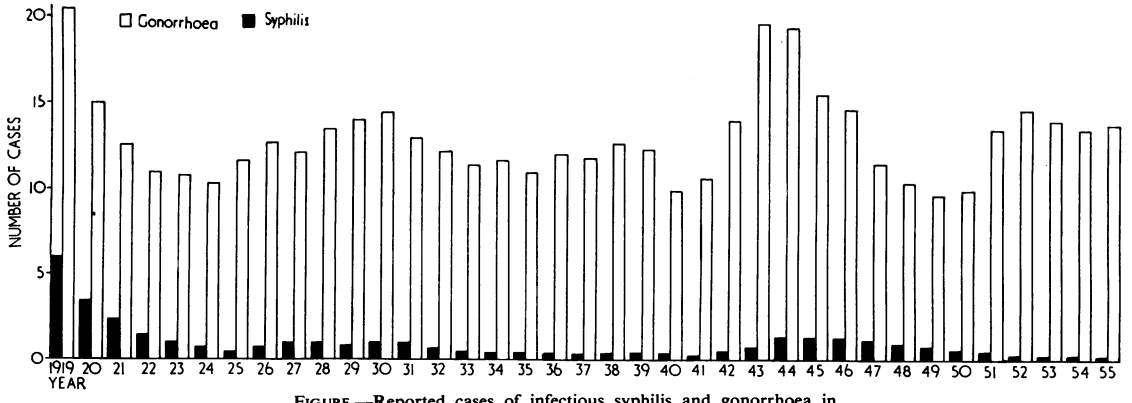

FIGURE.—Reported cases of infectious syphilis and gonorrhoea in Sweden, 1919–55.

Medical care for the venereal diseases has steadily improved in the last 20 years and special hospital departments and out-patient services have been set up or reorganized. In the chief cities, the staff has been increased and the appointment of special social workers has been found very valuable. The latter contribute to the better care of the patient and a more thorough epidemiological approach to each case of venereal disease.

The drugs used in Sweden, as in other countries, reflect the progress made in modern therapy. The law of 1919 made it possible to use even expensive drugs and the free use of arsphenamines must have been a factor in the diminishing trend of syphilis. With increased control of each case, rising standards of living, and better drugs, the syphilis rate has been diminishing and most of the new cases now seem to be imported.

The gonorrhoea rate also reflects developments in the medical and social fields. When the law was introduced in 1919, there was immediately a diminishing trend, mainly because many sources of infection were brought under control. After some years of equilibrium, a rising standard of living and more widespread abuse of alcohol were reflected by an increase in gonorrhoea but the late thirties again showed a decrease. In World War II the number of cases increased by 100 per cent. The new sulpha drugs and the introduction of a new diagnostic aid—the culture—gave better possibilities for treatment and control. In spite of penicillin and the disappearance of complications, however, the number of cases increased. In the last 4 years the number of cases has remained unchanged, in spite of having no penicillin-resistant gonococci and no other special treatment difficulties. In recent years, some cases with a long incubation period have been observed. In other cases the disease, even in the male, has manifested very few symptoms, and it has only been some complication that brought the patient to the doctor. These cases provide special possibilities for the spread of the disease.

The widespread use of antibiotics must also result in many cases of gonorrhoea being cured without diagnosis, but before cure they may have been able to act as a source of infection. The use of sulpha drugs and antibiotics in low doses for various infections may bring relief of symptoms without cure, a dangerous procedure from the venereologist's point of view.

What is the present position in Sweden to-day? Examination and treatment is free to everyone throughout the whole country. Since January, 1955, compulsory health insurance gives the patient more possibilities of treatment by private practitioners, the main part of the doctor's fee and the cost of the drugs being covered by the insurance. The venereal disease problem is openly discussed in newspapers, periodicals, and on the radio. There are also many films about sex and venereal disease problems. In all schools, even the primary schools, instruction is given about the venereal diseases and their most important symptoms. There is general public education about venereal disease by means of pamphlets and books, lectures and study groups, the information being presented with special reference to morality and personal responsibility.

But the venereal disease problem is not yet solved in Sweden.