

no value in G.P.I., but after malaria, chemotherapy by bismuth and arsenicals is of undoubted value. This may be, as has been suggested, because the fever renders blood vessels of the brain more permeable to the drugs; but in view of the disappearance of the spirochætes from the brain, the possibility that the spirochætes have migrated to other tissues of the body where they are more readily assailed by the drugs, seems at least as likely an explanation.

4. Indians very rarely suffer from G.P.I. The view that the Indian strain of syphilis differs from that of other places in being purely viscerotropic cannot seriously be maintained. Europeans acquiring syphilis from an Indian source may develop G.P.I. In addition, the European strain of syphilis must have been frequently introduced into India and *vice versa*. The explanation may well lie, not in differing strains of spirochætes, but in the different communities affected. Generally speaking, the European is a robust person, well nourished, literate, probably a brain worker and one to whom syphilis spells social and moral disaster. His brain, therefore, is the comparatively 'weakened tissue', and accordingly, in a small percentage of cases, the European syphilitic develops G.P.I. With the Indian exactly the reverse holds good. The Indian is of poor physique, undernourished, usually illiterate and generally a manual labourer; malaria, hookworm and a host of other diseases tend to lower his physical vitality. His body is the 'weakened tissue', the spirochæte has no inducement to go elsewhere and, accordingly, the Indian escapes G.P.I.

REFERENCES

- BURKE, E. T. (1931) .. *The British Journal of Venereal Diseases*, **6**, pp. 184 and 182.
 BURROWS (1932) .. 'Some Factors in the Localization of Disease'. Published by Baillière, Tindall and Cox, London.
 GREENFIELD (1928) .. *The British Journal of Venereal Diseases*, **4**, p. 24.
 IRONSIDE, R. N. (1925) *Ibid.*, **1**, p. 63.
 SIMPSON, W. M. (1936) *Ibid.*, **12**, pp. 133-162.
 SIMPSON, W. M., and KENDELL, H. W. (1941) *Ibid.*, **17**, p. 3.

Yours, etc.,

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GONORRHOEAL STRICTURE OF THE MALE URETHRA

SIR,—Cases of urethral stricture are not uncommon in Bengal. A specialist, during his practice, is sure to come across a fairly good number in a year. In Europe, congestive or spasmodic types of stricture are common; but stricture due to organic changes in the urethra is becoming rare. Reasons are obvious. Firstly, average peoples of the West possess good

vitality; secondly, they do not suffer from pseudo-sense of morality, hence they are conscious of the value of early and systematic scientific treatment; thirdly, they are used to drinks which cause natural flush of the urethra; fourthly, climatic effect retards the progress of the disease.

In India, particularly in Bengal, the statistical data are incomplete and therefore misleading. On the strength of the so-called available statistics, no scientific inference about the percentage of stricture urethra cases can be correctly ascertained, which, in my opinion, should neither be exaggerated nor underestimated.

From 1933 to 1946, the old records of the Venereal Department of the Campbell Hospital alone prove that out of a total number of the attending cases suffering from chronic gonorrhœa 7 per cent had stricture. Early cases of stricture with slight symptoms are not included in the above list. Another remarkable feature of the records is that this kind of organic stricture is more confined to poor, illiterate wage earners, less common amongst the literate persons belonging to the poor middle class and least among the rich. Another important fact is noticed that all severe types of stricture had a history of suffering from chronic gonorrhœa over eight years or more, while less serious types of strictures developed five years after the infection of gonorrhœa. Formation of stricture in the urethra, as the records say, seldom takes place before the fifth year. This, I should confess, must not be accepted as axiomatic truth; but it may throw some light on future researches about the period stricture in urethra contaminated with gonococci takes to develop.

Yours, etc.,

BENOY SINHA, M.B.,
Surgeon, Venereal Department, Campbell
Medical School Hospitals, Calcutta

V.D. CAMPAIGN IN CALCUTTA

SIR,—I am sending the following lines to you to register my disapproval of the way in which the present V.D. campaign is being conducted.

1. The institution of the campaign is indeed a mystery. So much so, that at one time the popular belief was that the whole affairs were undertaken for the benefit of the American soldiers. This obviously is untrue.

2. The committee itself is not immune to suspicion. The Government did not invite the members of the medical profession to work in the committee nor was the nomination announced before the campaign was started.

3. The campaign has gone on for the last three years but no scientific reports concerning the disease have yet been published.

4. In a Government campaign like this, the medical profession expects to be enlightened about the latest development in diagnosis and treatment of the disease. Not a word of information regarding these points has been mentioned

in the Government bulletins issued by the Director of Social Hygiene.

5. The press propaganda about the campaign seems to be extravagant causing a waste of public money. This may benefit the educated but the illiterate mass is the least helped by such kind of propaganda. This should be modified and public money should be diverted to improve the scientific aspects of the campaign.

To conclude, I hear that some time back the Imperial Serologist sent a skeleton of a scheme for the V.D. campaign. May I know what is its fate?

Yours, etc.,

M. SARKAR, M.B.,

Councillor, Calcutta Corporation.

Calcutta,

10th October, 1947.

POINTS FROM LETTERS

I. CAPTAIN N. B. DUTT, M.B., I.M.S. (ret'd.) in a letter draws attention to: (1) The erection of huge signboards painted with multiple colours in prominent places on main roads advising the public to avoid venereal diseases. (2) The indiscriminate advertisements with the face of a pretty woman, a flower and an insect in journals and newspapers which are a waste of public money. Extensive newspaper propaganda, production of films, distribution of printed pamphlets or campaign through social workers may amuse a debauch or a prostitute but no self-respecting infected person however educated or poor will utilize those advantages, with a view to shunning publicity. (3) Ill-equipments of clinics, methods of treatment, want of indoor arrangements for complicated cases, lack of publication of scientific reports, adequate measures to detect freshly imported cases or rounding up of infected persons for sterilization, etc., are the grievances requiring attention for the improvement of the present anti-V.D. campaign. The campaign should be thoroughly reconstructed by a strong committee of eminent specialists.

II. In a letter on 'Combat With the V.D.' Dr. N. K. Nag, M.B., writes as follows:—

Owing to certain social customs, *e.g.* polygamy, early marriage, no widow re-marriage, purdah system, etc., Europeans have got peculiar conception of low Indian morality. Hence, they think, prevalence of the venereal disease is very high in the country. This is, in my opinion, a wrong idea. At the same time, underestimation of V.D. is equally mistaken. In spite of its three years' career, the present Government campaign against the V.D. has failed to collect reliable statistics of the diseases.

Since last war, the curve of morality in this country has gone down. In big cities and towns, hideous display of sensuous pleasure was witnessed; our rural areas were also not immune

from voluptuous scenes sponsored by foreign soldiers. To add to this, co-education, free association of men with women, cinemas, hotels, etc., have evidently encouraged sex-promiscuity in India, which is undoubtedly a cause for the spread of the diseases.

The present anti-V.D. campaign is the first of its kind launched in this province if not in India. Indeed, we need a strong and ceaseless measure to wage war against the venereal diseases. This is a long-felt want, and both the public and the medical profession welcome it. To maintain our national health or to keep the youth of our country free from the infection of the V.D., the present anti-V.D. campaign deserves adequate support from the Government. Financial difficulty should not be the cause of the abolition of the campaign.

In tracing the genesis of the Government anti-V.D. scheme, the Director of Social Hygiene, who describes himself as 'a medical practitioner of Calcutta with high medical qualifications and considerable experience in venereology', in one of his bulletins has made a statement that 'In 1938, free treatment was first introduced in the Medical College Hospital by the present Director'. This is not true. Both the Calcutta Medical College and the Campbell Medical School Hospitals have been giving free treatment of the V.D. under specialists since long before 1938.

Regarding the advisory committee of the campaign, I take a strong exception to it. The birth of the committee is indeed shrouded in mystery; its selection of members is conspicuous by the absence of specialists or serologists; and its activity is equally obscured from the sight of the public. This committee has so long led an unobtrusive career like an Arab princess in the harem of the secretariat. This committee showed all along an attitude of stoic indifference to the Director, in his commitment of multiple breaches of medical ethics, under the plea of propaganda which indeed caused sensation some time back among the members of the medical profession.

In the defence of V.D. training course, the Director has cast unfair reflection on the teaching of medical institutions and the knowledge of medical practitioners in venereology.

Propaganda and publicity have no doubt educative value, but the scheme adopted by the Director is so wide in nature that it is highly expensive; it has failed to serve the purpose for which it is intended. Only the educated few are benefited; the response from the illiterate is not so satisfactory. This is a waste of public money.

Legislative measures referring to the prohibition of quackery and compulsory treatment of infected persons are sound proposals made by the Director. Abolition of brothels through legislation may be possible but it is not desirable. In the West, brothels have practically disappeared, but prostitutes in private garbs are