SYPHILIS CONTROL IN URUGUAY

Communication by the Government of Uruguay

The campaign for the control of syphilis in Uruguay commenced in 1917 with the setting up of the Institute for the prophylaxis of syphilis which, since 1932, has been attached to the Ministry of Public Health, where it constitutes the Department for Venereal Disease Assistance and Prophylaxis and has more than 50 dispensaries forming a network throughout the country. In addition, all general medical practitioners attached to the Ministry of Public Health in the small localities are required to collaborate in the campaign.

During recent years, propaganda has been intensified throughout the country and general treatment rules have been laid down.

This action has become more effective during the past six years due to the fact that physicians have been obliged to notify all cases of venereal disease. Since 1946, there has been a progressive decline in the number of notified cases of syphilis, and in 1952 the figures represented a decrease of more than 70 per cent.

This excellent result is attributable to two important factors. Brothels were closed in Uruguay pursuant to the Public Health Organic Act No. 9902. Obviously the suppression of brothels does not necessarily imply the suppression of prostitution. The new Public Health budget provided for the setting up in Montevideo of a Prophylaxis Dispensary for the treatment of women, some of whom undergo treatment voluntarily while others, held by the police on charges of soliciting, are compelled to submit to examination. This service made it possible during the years 1947 to 1952 to control the state of health of between 1,000 and 1,250 women, to whom must be added those attending the other 15 venereal disease dispensaries and gynaecological clinics.
A second and most important factor is antibiotic treatment.

The standard method adopted for treating syphilis was a combination of penicillin and bismuth. These are administered concurrently in the first course of treatment, as this counteracts any failures which might be caused by the use of either of these drugs alone. Arsenicals are only used in exceptional cases owing to their toxic effects, especially on the liver.

The total dose is from three to four million Oxford units of repository penicillin G (400,000 units per day) liposoluble bismuth being administered on alternate days, making a total of 15 or 20 injections.

The treatment with bismuth alone is continued in the following manner: 2 months' treatment (15 injections, 2 per week) followed by a rest of 2 months and so on for a period of one and a half to two years.

It is advisable for an examination of cerebrospinal fluid, obtained by cisternal puncture to be made systematically at the beginning of the treatment, and if any changes are noted the quantity of penicillin given should be 10,000,000 Oxford units.

Changes are found in the cerebrospinal fluid in roughly 7 per cent of cases of primary syphilis and 10 per cent of secondary syphilis. The changes observed are an increase of leucocytes in 3 per cent of cases, over 0.40 of protein in 8.5 per cent (I consider that the normal limit is below 0.30, which raises the latter percentage considerably), Nonne-Apelt or Pandy reaction in 8.5 per cent, a positive Wasserman test in 1 per cent and a colloidal gold curve with modifications in 3 per cent.

Six years' experience of antibiotic treatment of recent syphilis with more than 700 patients treated has definitely shown that even with doses which do not exceed those advised by the WHO Expert Committee (2,400,000 for primary syphilis and 4,800,000 for secondary syphilis according to the last report), patients, even those who interrupt their treatment - since it has been clearly demonstrated that Penicillin G is the one with curative value - do not return with lesions due to a relapse as in the case of patients treated with heavy metals. Thus the
treatment applied has a prophylactic effect. Where individuals have returned with secondary lesions it has been proved to be a second case of syphilis.

Effective prophylactic action has also been achieved and unknown cases of syphilis have been detected as a result of the legislation providing for health cards which are required of every employee, day labourer, etc. just as the National Committee of Physical Education requires everyone practising sport to have a card of this kind which must be renewed annually. Other measures which have this effect are the activities of the Preventive Clinic, and the Orders of the Ministry of Public Health which since 1932 have imposed seriological tests for syphilis on every patient attending consultations for the first time in the Public Health services. Patients are only issued with a provisional card for three months and must produce a doctor's certificate attesting that they are following the treatment regularly.

Prophylactic measures to combat congenital syphilis also consist of systematic tests. This is recommended in posters displayed in hospitals and district courts (Juzgados seccionales) where marriages are solemnized. The only cases which cannot be controlled in this way are women who arrive at maternity clinics when almost at the point of labour. The penicillin treatment of all pregnant women who are syphilitic or have been impregnated by a syphilitic man, has practically eliminated the birth of children with contagious lesions, even in the case of mothers with secondary syphilis who have completed their penicillin treatment only a few days before confinement.

The incidence of neuro-syphilis has been on the decline for a considerable number of years, in fact, since a syphilis prophylaxis tax was imposed in 1923 on land employed for stock-raising. This tax made it possible to give free treatment to every syphilitic without enquiring into his financial position.