INCIDENCE OF HOMOSEXUALS AMONG SYPHILITICS*

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The incidence of infective syphilis has increased during recent years in every country in Western Europe. In Denmark the number of cases of syphilis notified during the last 5 years, has risen steadily, and a 10-fold increase has been observed between 1957 and 1961 (48 cases notified in 1957 and 493 in 1961).

In his report of an investigation of syphilis in New York, Goodman (1962) stated that 28 per cent. of early syphilis in males was acquired by homosexuals; furthermore, among 164 male cases of syphilis, 45 patients admitted only homosexual contacts, 104 patients only female contacts, and fifteen gave data of contacts with both males and females. The importance of homosexuals in the spread of infection is explained by the comparatively large number admitting both homosexual and heterosexual practices.

With the increase in the number of notified cases of syphilis, a change has taken place in the male : female ratio of syphilitics. For Denmark this ratio was 1.1 : 1 in 1957 and 4.6 : 1 in 1961. For Copenhagen proper, the ratio in 1961 was as high as 7.3 : 1, giving the impression that homosexuals with syphilis are more commonly found in urban districts. Laird (1962) reported that the male : female ratio in Great Britain rose from 2.9 : 1 to 4.2 : 1 between 1957 and 1961.

Because of the clinical impression that male homosexuals constitute an increasing proportion of syphilitic patients, we thought it would be of interest to examine the sexual habits of male patients with early syphilis attending the venereological outpatient clinic.

Present Investigation

In the calendar year 1961, a total of 72 patients with newly-acquired syphilis attended the outpatient department of the Rudolph Bergh Hospital (*i.e.* about 15 per cent. of the total number of syphilitic patients notified in Denmark during that year). Of these 72 patients, 57 were males and fifteen females, giving a male : female ratio of 3.8 : 1. Five of the 57 male patients had not been questioned closely enough about their sexual behaviour, but the case histories of the remaining 52 patients enabled us to ascertain that thirteen were homosexuals, five admitted both homo- and heterosexual contacts, and the other 34 were heterosexual.

Age.—There was no difference between the average ages of the two groups, 32 years for the thirteen homosexuals and 31 years for the 34 heterosexuals.

Diagnosis.—The Table shows the stage at which the syphilitic infection was diagnosed, and relates the location of the primary sore to the sexual behaviour of the patient in the 47 cases who were

TABLE
STAGE OF DISEASE AND SITE OF CHANCRE
IN 47 PATIENTS WITH EARLY SYPHILIS

Diagnosis of Syphilis		Hetero- sexuals	Homo- sexuals	Total
Primary	Genital	26	3	29
	Extragenital	0	4	4
Secondary		7	6	13
Early Latent		1	0	1
Total		34	13	47

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either homosexual or heterosexual, omitting the five who had both male and female contacts. Of the 34 heterosexuals, 26 (77 per cent.), were diagnosed in the primary stage, and only seven (20 per cent.) in the secondary stage, but of the thirteen homosexuals, six (46 per cent.) were not diagnosed until the secondary stage.

Site of Primary Infection.—In all the heterosexuals the syphilitic ulcer was located on the genitals, but in four of the seven homosexuals with primary syphilis the ulcer was in the anal tract.

Laboratory Findings.—Treponemes were found by dark-ground examination in 33 of 35 patients with primary syphilis and in eight of fourteen secondary cases. Hellerström and Skog (1962) reported that treponemes were found by dark-ground examination in 41 out of 51 primary cases and in four out of 32 cases of secondary syphilis.

Sera were examined at the State Serum Institute, Copenhagen, by a cardiolipin reaction (Schmidt, 1951; Schmidt and Lundbäck, 1954), the standard Kahn test (Kahn, 1928), and the Meinicke clarification reaction (Meinicke, 1932). The first two tests were performed quantitatively, the results being expressed in degrees of strength (Kristensen, 1930; Schmidt, 1951). Sera from 21 of the 38 patients with primary syphilis were reactive in one or more of these tests. In seventeen in which both the Wassermann reaction and Kahn test were positive, the average degrees of strength were 6·4 and 4·4 respectively. All fifteen patients with secondary syphilis were sero-positive, their sera giving an average of 11·3 degrees of strength by the Wassermann reaction and 8·5 by the Kahn test.

Discussion and Conclusions

In 1961, 52 male syphilitic patients visited the Rudolph Bergh hospital. 25 per cent. of them were found to be homosexuals. The male : female ratio for syphilitic patients was 3·8 : 1, slightly less than that calculated for all syphilitics notified in Denmark during that year. It has been possible to confirm the reports of other authors that there had been a shift in the male : female ratio for syphilitics, which probably indicates that an increasing number of male homosexuals are infected with syphilis.

Furthermore, about half of the homosexuals infected with syphilis do not seek medical advice until the skin eruptions of the secondary stage are manifest, whereas only about 20 per cent. of heterosexuals are not seen until the disease is in the secondary stage. This is because, in many homosexuals, the primary sore is localized extragenitally, usually in the anal region, and so escapes notice. Anal symptoms in such patients may be mistaken for piles. From an epidemiological point of view it is of great importance to remember that syphilis has been widely introduced into homosexual circles, especially because homosexuals tend to be promiscuous so that the infection spreads rapidly.

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La syphilis chez les homosexuels

RÉSUMÉ

En 1961, sur 52 hommes atteints de syphilis examinés à l'hôpital Rudolph Berg, 25 % avouèrent être homosexuels. Le rapport hommes/femmes fut 3,8 : 1, un peu moins élevé que pour tous les malades atteints de syphilis au Danemark.

On peut donc affirmer ce que disent plusieurs auteurs, que ce rapport est variable et que les homosexuels atteints de syphilis deviennent plus nombreux.

A peu près la moitié des homosexuels infectés ne vient pas à la clinique avant l'apparition des lésions cutanées de la syphilis secondaire, tandis que chez les hétérosexuels le pourcentage n'atteint que 20 %. Ce délai est dû au fait que les lésions primaires sont presque toujours extragénitales, surtout dans la région de l'anus, de sorte qu'elles échappent à l'attention ou qu'on les prend pour des hémorroïdes.

Du point de vue épidémiologique, il faut se souvenir que la syphilis est maintenant bien répandue parmi les homosexuels, parmi lesquels la promiscuité est aussi assez répandue.