Correspondence

TO THE EDITOR, British Journal of Venereal Diseases

Amoebiasis and giardiasis in New York City: a response

Sir

Kean and his co-workers, in their paper entitled “Epidemic of amoebiasis and giardiasis in a biased population” (1979; 56:375-8), attempted to demonstrate on the basis of the study of an admittedly highly biased group of 126 individuals that a dangerous epidemic of amoebiasis and giardiasis presently exists in New York City. They also state that the public health authorities of New York City have so far only shown a token interest in this subject. We would like to reply to this biased statement.

A paper that purports to be a scientific study and then draws far-reaching epidemiological conclusions on the basis of a very small and highly biased population seems to us to be more in the nature of an editorial judgment than an addition to scientific knowledge. Kean et al.’s study adds nothing to our present knowledge. It has been obvious for some years that there are many individuals in New York City infected with amoebiasis and the total number of reported cases of this disease has been rising steadily in New York City each year. It is not unreasonable to assume that many cases go unreported. The disease is almost certainly more prevalent in the sexually active gay male community.

This was known to public health authorities before the publication of this paper by Kean et al. Indeed, the New York City Health Department has taken numerous steps to notify private physicians in New York City, as well as the gay community, of the situation during the past few years. Several articles by members of this department have appeared in local and national medical journals, beginning in 1977, to alert physicians to this problem. The first issue of the New York City Health Department’s Sexually Transmitted Disease Newsletter, which Kean et al. mistakenly implied was the only attempt on the part of the Health Department to publicise this problem, was devoted to the subject of enteric sexually transmitted diseases in the gay male community. This newsletter was sent to over 2000 selected practising physicians in New York City, especially those with large numbers of patients with sexually transmitted diseases. In addition, a press release was then issued by the New York City Health Department, which led to articles being written on the subject of amoebiasis and giardiasis in the many newspapers and publications widely read by the gay population (Soho News and others) as well as in more traditional newspapers such as The New York Times. As far back as 1977 the Bureau of Venereal Disease Control of the New York City Health Department had already developed an information booklet on amoebiasis and giardiasis for distribution to gay patients and others who are at high risk of contracting these diseases; this was cited by the Center for Disease Control in Atlanta for its excellence and is the only publication in colour available on the subject. This booklet has been widely distributed all over the United States as well as to many high-risk individuals in New York City. Numerous meetings were held at the Bureau of Venereal Disease Control of New York City Health Department with physicians who see large numbers of homosexual patients to alert them to the magnitude of this problem. Studies were conducted by the Bureau of Venereal Disease Control of the New York City Health Department to elucidate the situation further. Some of these studies have already been published2-6 and others will be published in the near future. A letter concerning this problem written by the director of the Bureau was published in the county medical society bulletin in 1978. Another letter was sent to all chiefs of service of hospitals and medical schools in the City in 1979. The success of these efforts can be seen by the fact that in 1978, for the first time, the National Institute of Allergy and Infectious Diseases included parasitic diseases, such as amoebiasis and giardiasis, in its applications for grant funds for research on sexually transmitted diseases.

We believe it is perfectly proper for Kean et al. to call for more to be done in this area. Certainly, we would support greater federal involvement, especially in expanding the congressional mandate for Venereal Disease Control by the United States Public Health Service to include sexually transmitted enteric protozoal infections as well as many other sexually transmitted diseases not presently included. However, we strongly disagree with the implied statement that the situation that presently exists in New York City threatens to cause a massive epidemic, with numerous deaths, of the type that occurred in 1933. Medicine has advanced a great deal since that time. Effective treatments are available for amoebiasis and giardiasis which were not available in 1933. It is only too easy to attempt to galvanise the public health authorities of this country to fight every new menace to health that seems to appear over the horizon. As we learned from the swine influenza epidemic, such massive interventions do not always lead to improved public health.

In conclusion, we believe that the prevalence of amoebiasis and giardiasis in sexually active homosexual men in New York City at the present time represents a public health problem of great importance. However, this problem will not be solved by an admittedly biased paper and histrionic heuristics evoking memories of the pre-antibiotic era. It can be solved by cooperative efforts on the part of the medical and gay communities. We are initiating an effort of this type in New York City at the present time. Indeed, a new tropical disease clinic is being built in the Department of Health’s district health centre in New York’s largest gay neighbourhood. This new clinic will replace two older ones recently closed down—because of New York City’s financial crisis—in areas where amoebiasis and giardiasis are far less prevalent than they are in Chelsea and Greenwich Village. This clinic will be in the same building as New York City’s largest STD clinic and will probably be the only place in the world where a patient with STD can be investigated and treated for both syphilis and sexually transmitted amoebiasis in the same centre.
If Dr Kean is so concerned about this "epidemic" why did he not contact either or both of us, or for that matter the Commissioner of Health, when he "realised" his findings? We are also puzzled by his apparent failure to report his cases to the Health Department, a requirement of the New York City Health Code.

Yours faithfully,

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References

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Notices

Wellcome Museum

The Wellcome Museum of the History of Medicine is now housed at the Science Museum in South Kensington, where it will form the basis of a national medical collection. Two new galleries will open there in 1980 and 1981 to provide a permanent display of medical history.

It has been drawn to our attention that material relating to the history of venereology and venereal diseases is scattered, fragmentary, and often in danger of being destroyed. This is particularly the case for the twentieth century, during which time venereology has been reorganised as a distinct branch of medicine, with a result that records are not necessarily held centrally.

The materials of interest might range from three dimensional objects such as instruments, literature such as printed forms or leaflets, photographs, and manuscript notes (ephemeral or otherwise), all of which can supply valuable background information for the study of venereology and the work of the clinics.

The historian to the collection will be very glad to hear from readers with any items of this kind: Dr Christopher Lawrence, The Wellcome Museum of the History of Medicine, Science Museum, South Kensington, London SW7 2DD (telephone 01-589-3456, ext 565).

RSM Meeting: "Sexually Transmitted Diseases"

A meeting of the Section of Epidemiology and Community Medicine of the Royal Society of Medicine is to be held on Thursday 13 November 1980 at 5.30 p.m.

The speakers—all from the Academic Department of Genitourinary Medicine at the Middlesex Hospital, London—will be: Professor M W Adler (on "The size of the problem—how accurate?"); Miss E M Belsey (on "Cases versus patients—multiple attenders identified"); and Mr R M Harrison (on "The role of symptoms in treatment seeking patterns of women with genital symptoms").

Those intending to attend should apply to the Sections Office of the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, for the appropriate attendance voucher.

Bulletin of sexually transmitted diseases

The Dutch Foundation against Venereal Diseases is now publishing a quarterly bulletin, Bulletin Sexueel Overdraagbare Aandoeningen. Further information can be obtained from Dr W T A M Henderiks, John F Kennedylaan 99, 3981 G B Bunnik, Postbus 100, 3980 C C Bunnik, the Netherlands.

Correction

In the letter by P B Carey and J N Johnson (1980; 56: 57) on "Diverticular disease presenting at a special clinic" the first reference should have read, "... Br J Urol 1969; 41:314-9."
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doi: 10.1136/sti.56.5.347

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