Historical account of venereal diseases in Mexico

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Abstract

This paper reviews the history of sexually acquired diseases in Mexico. It is divided into four major chronological sections which discuss social attitudes and values, the development of services and of official policy, and historical epidemiology.

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PRE-CONQUEST PERIOD (1325-1521)

Legend melts into history in this period, when Mexico was inhabited by more than eighty distinct ethnographic groups, disconnected and with cultures less developed than those of the Aztec and Maya. The social structure was composed of a religious class, nobles, warriors and the general community. Male polygamy was only accepted among nobles, while warriors had access to groups of women who lived isolated from society, and who provided sexual services for them, especially on their return from combat. Within the family, women played a secondary role, and were responsible for the home, procreation and children's education. Adultery committed by a woman was punishable by death.¹

Medicine was based on magical and supernatural ideas within these cultures, but, nevertheless, venereal diseases were recognised in both sexes, and especially in women who were considered "public". When these women experienced "fetid secretions" from their genitals or any type of visible lesion, they were segregated or forced to live outside of the town until cured. Urinary pain was treated in men and women with potions prepared from a variety of herbs and roots, and genital inflammation with plasters to the affected area.¹

COLONIAL PERIOD (1521-1810)

The conquerors travelled from Spain following the coast from South to Northeast up to Veracruz, where they continued on to Tenochtitlan (now Mexico City). They immediately established feudal social relations, and put the entire female population at the disposal of their soldiers; women were obtained as gifts or through sales. As a consequence of abuse of the indigenous population, rules similar to those in use in the Spanish courts were introduced, and polygamy was eliminated. Nevertheless, soldiers and officials were permitted to have large numbers of servants. Prostitution was tolerated and came under the surveillance of

the sanitary police; it was also connected with tavern life.¹

An increase in venereal diseases among the conquerors and in the female population took place from about 1529, and more attention was paid to medical matters. From this date, lesions or symptoms which could have been due to syphilis, chancroid, lymphogranuloma venereum, gonorrhoea and other inflammatory urogenital disorders began to be reported.¹

In 1534, the San Juan de Dios Hospital (also named "God's Love" or "Buboes") was founded by Friar Juan de Zumárraga. Only venereal diseases were treated at this institution, and it was supported by charity. Patients who had buboes or pus-filled ulcers were sent for treatment. Women who were not completely cured were moved to isolated prison cells, and were not permitted to return home. Obviously, medical attention was inadequate from all points of view but, fundamentally, because of a lack of the most elementary knowledge of the pathology of venereal diseases. The female indigenous population was the most vulnerable because from a very young age they experienced sexual relations, pregnancies, abortions and infections.^{1,2}

In 1567, Pedro de Benavides published the first book (written in Mexico City and printed in Spain) on venereal diseases: *Surgery Secrets. About Syphilis and Other Maladies*.² Problems with venereal diseases intensified in the seventeenth century, because of the arrival of a large number of immigrants who were highly promiscuous, lived in crowded conditions and did not practise good hygiene in relation to sexual intercourse. Reports which describe the venereal problems in New Spain show they were similar to those existing in Europe during this period. In 1776 a bando was proclaimed in Mexico City (the first of which we have knowledge) on the functioning of "public houses" and surveillance of the women who worked in them, although specific activities were not mentioned.²

THE NINETEENTH AND TWENTIETH CENTURIES

Almost a century later, during the French invasion of the 1860s, and at a time when the idea of reducing the danger of venereal diseases through simple inspection of women involved in prostitution had become established, the first formal regulation relating to this area was made. Sanitary inspection was introduced in conformity with the regulation. Emperor Maximiliano's government intended

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Figure 1 Front page of the prostitution registry established by order of Emperor Maximiliano, in Mexico City.

that this measure protect the health of the French, Austrian and Belgian soldiers who had participated in the invasion of Mexico.³

In his article on the history of health in Mexico, U. Valdés notes: “In the first registry of public women which, according to the new Sanitary Inspection organisation, was begun this same year—1865—patent number one was allotted to Matiana Flores, who set up a house with ten women: nine Mexicans and one German” (figs 1, 2). The information collected in this

registry shows that there were 563 commercial sex workers in Mexico City, 60% of whom were between 14 and 20 years of age; a third of the women was isolated at some time because of an unspecified urogenital infection.³

The Sanitary Inspection Commission presented a report about prostitution control on 31 December 1881. The chief inspector discussed deficiencies observed and suggestions as to how to improve services: “The system followed has converted Sanitary Inspection into an office where fines and quotas are paid by established houses and by workers, which is inappropriate as the law requires this to be a health office. We propose the following: 1. Improve the conditions at the office used by Sanitary Inspection; 2. Provide the office with three uterine mirrors and with desk supplies; 3. Provide all agents with complete supplies, even if this makes it necessary to reduce their number; 4. Keep a separate list of runaways and seek their efficient apprehension; and 5. Organise the work for the Inspection agents in such a way that they are always active, and make the necessary reports about their aptitude and diligence”.⁴

The literature produced in Mexico at the end of the nineteenth and the beginning of the twentieth centuries dealt mainly with moral and legal affairs regarding “public houses” and treatment and diagnosis available at the time for classical venereology.⁵⁻⁹

Wasserman’s serological test for syphilis began to be used at the National Pathological Institute in 1910.² Later, on 31 July 1918, a commission nominated by the Higher Health Council produced a declaration which promoted syphilis prevention by the Public Health Department. Prevention was a fundamental aspect of the fight against venereal diseases during the Mexican Revolutionary period. In 1921 the first anti-venereal dispensary was established in Mexico City. Its activities were almost exclusively limited to weekly inspections of prostitutes; performing physical examinations, bacterioscopy and serology. Additional anti-venereal dispensaries were opened later, in Mexico City and in the outlying states, and this brought venereal diseases under the influence of the sanitary norms which are applied to all contagious diseases.¹⁰

Furthermore, laboratory tests became available and the first regular statistics appeared. (table 1)

In the years following these developments, the Department of Public Hygiene intensified the campaign against venereal diseases and extended it to the whole country. The

Table 1 Prevalence of classical venereal diseases in Mexico city*

Year	Gonorrhoea × 100000 pop male cases	Syphilis × 100000 pop male cases	Gonorrhoea × 100000 pop female cases	Syphilis × 100000 pop female cases	Chancroid × 100000 pop female cases
1921–1925	22952	18819	896	2203	—
1926–1928	12162	9919			
1926			3138	388	1403
1927			3092	305	1030
1928			3620	495	1790

*Data reported from seven dispensaries, each with two physicians, four nurses, two laboratory workers and four assistants. Treatments included thermal and electrical therapy, K₂MnO₄ irrigations and injections using sulphur and mercurial compounds.¹⁰

Figure 2 Pictures of prostitutes. Next to each picture there is the address, working place, age, place of birth, class and genital health status of the workers.

Department became interested in education, and organised conferences, film projections in theatres, cultural events in factories and schools and extensive distribution of printed information (which was carried out by brigades working throughout the country).²

In 1926 a number of important developments took place, including the following:^{12 13}

1. Premarital certificates (after a syphilis test) became obligatory, and prevention of ophthalmia neonatorum by use of AgNO₃ promoted.

2. The Mexican Government abolished the regulation of prostitution, in accordance with League of Nations wishes. Fees were to be paid only by owners of establishments.

3. New regulations concerning prostitution were passed, and these can be considered the prologue to "abolitionism" (which would make venereal contagion illegal).

4. Intensive anti-venereal disease activities were undertaken.

In 1936, organised prevention efforts were

begun, under the direction of the General Office of Epidemiology and Prevention of Contagious Diseases of the Ministry of Health. In 1940, the regulation on the practice of prostitution in Mexico City, dating from the French Intervention, was overturned. During the second six-year plan, from 1941 to 1946, sanitary action by the federal government, state governments and municipalities was maintained. The control of prostitution by sanitary police was abandoned and the National Anti-Venereal Campaign Coordination established.¹³

In 1943, the use and distribution of penicillin were regulated by law, and the Dr. Eliseo Ramírez Centre was created. This functioned as a teaching centre, an anti-venereal dispensary and a reference laboratory. A first class institution, it was unfortunately closed down during the 1970s. In 1948, the anti-venereal campaign began to pursue independent plans and it received its own budget.²

In 1952, the campaign became part of the General Directorate of Epidemiology and Sanitary Campaigns, with technical, standard-setting and executive functions. During the 1950s and 1960s the country's venereal disease problems became better known, personnel were trained and distribution of anti-venereal information to the general population and medical professionals was intensified. In addition, during these two decades the efforts of a variety of health institutions and social services were more effectively coordinated, and tracing of contacts, as well as evaluation of laboratories, was promoted. The V.D.R.L. antigen, which is principally used in official laboratories, was produced, and serological surveys of population groups were undertaken.^{13 14}

Currently, each state of the Mexican Republic has programmes against venereal diseases and information about their prevalence is available in the form of statistics and specific surveys (table 2). However, most of the programmes (except for syphilis and AIDS) rely on clinical diagnosis, as appropriate laboratory support is lacking.

Factors which may determine the prevalence of venereal diseases in Mexico include: urban concentration, industrialisation, a growing number of roads and highways which interconnect the country, internal migration, and tourism and business. Among the elements which contribute to sexual promiscuity (of basic importance in the propagation of these diseases), we can list the following: changing moral values, growth of women's emancipation, reduction of the restrictive influence of religion, family and public opinion, more frequent breakdown of the nuclear family, alcoholism, drug dependency, ignorance, and reliance on antibiotics and self-medication.^{13 15 16}

Recent endeavours by the General Epidemiology Directorate and the National Institute of Public Health in Cuernavaca, Mexico (where a Laboratory and Epidemiology Program has operated since

Table 2 Morbidity and mortality due to syphilis in Mexico*

Year	Cases	Rate (× 100000 pop)	Deaths	Rate (× 100000 pop)
1945	40607	190.5	Unknown	—
1950	29178	113.1	1897	6.5
1955	23982	80.8	1119	3.5
1960	23817	68.8	678	1.9
1970	10976	22.4	167	0.4
1980	8774	13.5	—	—
1990	2608	3.2	—	—

Source: National Campaign against Venereal Diseases and the Epidemiology Directorship, Health Ministry. (Gonorrhoea is reported at an annual average of 15000 cases, rate of 17.5/100 000).
*Excluding congenital disease.

1989) aim to improve knowledge of sexually transmitted diseases from a public health viewpoint.¹⁶⁻¹⁹ The strategy is based on the development of projects funded nationally and internationally; and it is to enhance general capabilities by setting up reference laboratories, training personnel, establishing advisory collaborations, performing a continuous surveillance of populations at low and high risk of acquiring STDs, providing sound data on which sanitary authorities may base decisions, and getting official health institutions involved in helping to generate a network of diagnostic and treatment units.

AIDS IN MEXICO

The first AIDS cases in Mexico, reported in 1983, were homosexual men. At the start of 1992 the number of reported cases reached almost 10,000. In Mexico, as in the United States and Europe, the group at highest risk of HIV infection by transmission category is homosexual men, who presently account for 35% of all cases reported, followed by bisexual men with 24%. Twenty percent of the cases result from heterosexual transmission. However, some analyses of comparative socio-demographic variables suggest that the majority of the cases reported as heterosexual could be homosexual or bisexual men. The cases attributed to infection through blood transfusion make up 14.5%, and a decrease in this percentage is expected because of the implementation of controls on blood donors. It should be noted that 2.9% of the AIDS cases in Mexico are of former paid blood donors.^{15 20}

By early 1992, more than 1200 female cases had been reported, of which 65% were attributable to infection through blood transfusion. There has been a significant decrease in this category, which in 1991 represented 46% of the total. Thirty four percent of cases in women result from heterosexual transmission, 2.7% are former paid blood donors and 0.7% are intravenous drug users.²⁰ Among female commercial sex workers AIDS and other STDs have shown different tendencies from those reported in other developing countries.¹⁹ In a recent survey of prostitutes in Mexico City, only four women in 2600 (0.15%) were infected with HIV (unpublished data).

A total of 293 cases have been reported in children. In this group the percentage of infections through perinatal transmission is

gradually growing and 60% of the paediatric cases fell into this category in 1991. Transmission through blood transfusion has decreased and in 1991 accounted for 27% of the cases. Of accumulated paediatric cases, 48.7% result from perinatal transmission, 29.9% from transfusion, 19.6% in haemophiliacs and 1.8% from sexual abuse.

AIDS cases have been reported in all the states in Mexico, although the majority are located in large cities, and Mexico City accounts for 34.2%.

Clinical characteristics of AIDS in Mexico are different from those in developed countries. Eighty-eight percent of the cases have opportunistic infections different from *P carinii* pneumonia, and of these tuberculosis is one of the most common, and is responsible for a significant number of AIDS deaths. Common manifestations in patients in the U.S. such as Kaposi's sarcoma are found relatively infrequently in Mexico.²¹

In 1986 the National Committee for AIDS Prevention was created in Mexico in order to monitor the course of this epidemic throughout the country and to establish criteria for diagnosis, treatment, prevention and control. In April of 1987, epidemiological surveillance started, and from that date case reporting has been obligatory. Since 1987 blood sales have been illegal; professional blood donation made up a third of the total blood transfused in the country at that time, and it was shown that paid blood donors were frequently infected with HIV. Testing for HIV antibodies in all blood units was made obligatory simultaneously, and a network of detection laboratories was established by the Ministry of Health. The network covers the entire country. In addition, an educational campaign was put into effect directed at the general population, homosexual men and prostitutes, with different strategies for each group but focused in general on condom use.

The AIDS epidemic in Mexico is the sum of various epidemics and the sexually transmitted AIDS epidemic has a different dynamic from that of AIDS transmitted through transfusions or perinatally. From the point of view of transmission there are three epidemics each of which has developed differently. However, the AIDS epidemic among men has different characteristics from that among women. Differences also exist according to geographical areas, and although currently AIDS is located principally in metropolitan areas, transmission in suburban areas is increasing and it therefore has a different dynamic.²⁰

Mexico is among the 15 countries with the highest number of AIDS cases in the world, and the epidemic has an exponential rate of growth. There are different estimates of the current number of people infected with HIV. According to a model which takes into account diverse incubation periods, there is an average of 125 000 people infected with the AIDS virus in Mexico, which on a gross estimation gives a prevalence of less than one person per thousand inhabitants, a level simi-

lar to that found currently among blood donors in Mexico.^{20 22}

Ten years after the beginning of the AIDS epidemic in Mexico, control systems have evolved and epidemiological approaches have changed. The principal challenge at present is to improve the living conditions of people infected with HIV and people with AIDS and, at the same time, make prevention and evaluation activities more effective.

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