CAMPAIGN AGAINST GONORRHOEA IN HUNGARY*

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Last year we reported on the campaign against syphilis in Hungary. In this present paper we deal with the data for gonorrhoea which are shown in Table I.

TABLE I
INCIDENCE OF GONORRHOEA, 1947-59

Year	Number of Cases	Index
1947	37,496	100
1948	33,137	88.4
1949	23,571	62.9
1950	23,274	62.1
1951	14,168	37.8
1952	13,470	35.9
1953	12,805	34.2
1954	11,473	30.6
1955	9,928	26.5
1956	7,544	20.1
1957	6,297	16.79
1958	4,545	12.17
1959	3,694	9.85

The trend of gonorrhoea in Hungary, compared to the maximum incidence after World War II, has continuously decreased. It reached its lowest level in the past year, and has continued into 1960. The geographical distribution of cases is uneven, the majority occurring in the capital city and larger towns.

Gonorrhoea is commoner in men than in women. Between 1948 and 1951, the male : female ratio was 3:1, but in recent years has become constant at 2 : 1 (Table II).

TABLE II
MALE : FEMALE RATIO OF CASES OF GONORRHOEA, 1948-59

Year	Percentage	
	Males	Females
1948	72	28
1949	70	30
1950	76	24
1951	71	29
1952	66	34
1953	67	33
1954	67	33
1955	65	35
1956	68	32
1957	67	33
1958	67	33
1959	69	31

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Chronic cases with few symptoms are of particular importance in the epidemiology of gonorrhoea and we take great care in their detection. Cultures are used extensively and routinely in diagnosis and tests of cure. For some years, the number of chronic cases has been about 13 per cent. of the total incidence (Table III).

TABLE III
PERCENTAGE OF CHRONIC CASES OF GONORRHOEA, 1956-59

Year	Percentage
1956	12
1957	13
1958	13
1959	14

For chronic cases, the sex ratio differs from that for the total patients, being 3 females to 1 male (Table IV).

TABLE IV
MALE:FEMALE RATIO OF CHRONIC CASES OF GONORRHOEA, 1956-59

Year	Percentage	
	Males	Females
1956	27	73
1957	25	75
1958	27	73
1959	27	73

In recent years vulvovaginitis in young girls has accounted for just under 1 per cent. of the total number of cases (Table V); these patients were, almost without exception, treated in hospitals, the often delicate problem of contact research being undertaken by the clinics.

TABLE V
PERCENTAGE INCIDENCE OF VULVOVAGINITIS IN YOUNG GIRLS, 1956-59

Year	Percentage
1956	0.96
1957	0.73
1958	0.82
1959	0.98

These data show that the trend of gonorrhoea in Hungary is favourable, unlike that in other countries where the incidence has increased in recent years.

The control of gonorrhoea does not depend exclusively on the effectiveness of antibiotic therapy, but is also assisted by the diagnostic methods employed, as well as extensive preventive measures, including contact investigation.

With antibiotics the period of infectiousness, as well as the time needed for recovery, can be reduced in a quite extraordinary way. Nevertheless, the disease has not yet been suppressed because the epidemiological conditions of gonorrhoea are different from those of syphilis, and also because of the changes in sexual behaviour observed all over the world, and the relaxation of the antivenereal campaign which has occurred in several countries. As gonorrhoea, unlike syphilis, remains infectious after the early stage, persons suffering from chronic gonorrhoea, especially promiscuous women, are largely responsible for its spread. It is quite certain that the incidence of syphilis would have taken a different course if all cases of late latent syphilis were also infectious. Patients suffering from chronic gonorrhoea are often unaware of their infection or attach no importance to their minor symptoms, and for this reason contact investigation is indispensable. The total control of gonorrhoea is impeded by the fact that public opinion attributes less importance to gonorrhoea than to syphilis.

Although the reduction of the incidence of gonorrhoea remains less than the reduction of syphilis in Hungary, the situation is considered to be favourable for the following reasons:

(1) According to legal decrees, the treatment of venereal disease is compulsory, free of charge, and accessible for everybody.

(2) The work has been helped by a considerable increase in the number of V.D. clinics. There were 44 situated in the capital and in a few of the bigger towns before the second world war, and at present there are 128 throughout the country. This extended organization—as compared with the falling numbers of cases of venereal disease—can be maintained because they also treat patients suffering from skin diseases.

(3) In treating gonorrhoea, the clinics use first penicillin and, in special cases, streptomycin and chloramphenicol.

(4) The social situation of women has improved since the end of the second world war.

(5) Licensed brothels have been closed and former prostitutes have been rehabilitated. Changes in this field have allowed all the special departments for

venereal diseases except one to be given over to the treatment of skin diseases, and in the one remaining department the number of beds has been almost halved.

(6) Contact-tracing has achieved results in 35 to 40 per cent. of cases; this does not equal the results achieved in syphilis, but we are trying to improve it through a central contact research institute, the chief aim of which will be the detection of venereal disease in promiscuous persons.

(7) The culture method is used routinely in the diagnosis of chronic gonorrhoea and in the tests of cure not only in the capital, but also in many other towns. This method is available not only to the clinics, but also to the gynaecological and paediatric departments, as well as to patients treated by private physicians.

(8) Co-operation with gynaecologists and paediatricians is closely organized.

(9) Extensive education of the general public in the dangers and symptoms of gonorrhoea.

Summary

Although these data do not include all the patients treated by private physicians, their number does not affect essentially the general situation.

Compared with the maximum incidence after the Second World War, the incidence of gonorrhoea in Hungary has shown a continuous fall. It occurs chiefly in the major towns and is commoner in men. The importance of chronic, almost asymptomatic, gonorrhoea, and the need for the culture method of diagnosis, are emphasized.

Although the reduction of gonorrhoea has been less satisfactory than that of syphilis, the situation is considered satisfactory.

La lutte contre la gonorrhée en Hongrie

Résumé

Quoique les données ne comprennent pas tous les malades gonococciques traités par les médecins privés, ces cas ne sont pas assez nombreux pour modifier le tableau d'ensemble. Le nombre des cas, par rapport aux valeurs maximums observées après la seconde guerre mondiale a diminué continuellement. La blennorragie se propage surtout dans les plus grandes villes et se voit plus fréquemment chez les hommes que chez les femmes.

Dans l'épidémiologie de la gonorrhée, les cas chroniques, pauvres en symptômes, jouent un rôle important, et la culture est toujours nécessaire tant pour poser le diagnostic que pour constater la guérison.

Bien que la morbidité gonococcique en Hongrie ait suivi une évolution moins satisfaisante que la morbidité syphilitique, la situation peut être considérée comme favorable.