

Primary and secondary syphilis *Country of origin study, 1968*

BRITISH COOPERATIVE CLINICAL GROUP

THIS is the sixth study of the British Cooperative Clinical Group concerning the country of origin of patients with early syphilis. The first (*Brit. J. vener. Dis.*, 1964, **40**, 242) was concerned with primary, secondary, and early latent syphilis. In subsequent studies (*Brit. J. vener. Dis.*, 1965, **41**, 244; 1967, **43**, 89; 1968, **44**, 167 and 307), and in the current study, the investigation was confined to patients with primary and secondary syphilis.

The present report concerns the country of origin of 1,310 patients (1,056 males and 254 females) treated for primary and secondary syphilis in 173 clinics of England and Wales and in Scotland in 1968.† The data for Scotland are considered separately. As in the previous studies, the data are contrasted with those relating to patients with gonorrhoea treated in the same clinics during the same year.

Source of data

173 clinics in 139 towns or cities participated in the study, 157 being situated in 128 towns and cities in England and Wales, and sixteen in eleven towns and cities in Scotland. The 1,195 patients (968 males and 227 females) treated in the clinics of England and Wales comprised 90.5 per cent. of the national total (89.2 per cent. of the males and 96.6 per cent. of the females). In Scotland, the coverage was 88.5 per cent. (Table I).

Unlike gonorrhoea, which has shown a further significant increase, the total number of patients with primary and secondary syphilis in England and Wales remained virtually static (1,321 cases in 1967 compared with 1,320 cases in 1968), but this state of affairs was partially offset by an increase of seventeen cases in Scotland.

In Scotland there were approximately 25 times, and in England approximately 34 times, as many cases of gonorrhoea as of primary and secondary syphilis.

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†For list of participating clinics, see Gonorrhoea Study, 1968, p. 62, above.

TABLE I *Percentage of national coverage, by sex*

Area	Sex		Total	
	Male	Female	Primary and secondary syphilis	Gonorrhoea (for comparison)
England and Wales				
Cases included in survey	968	227	1,195	38,325
Total primary and secondary syphilis	1,085	235	1,320	44,962
Percentage covered by survey	89.2	96.6	90.5	85.2
Scotland				
Cases included in survey	88	27	115	3,116
Total primary and secondary syphilis	93	37	130	3,210
Percentage covered by survey	95.5	73.0	88.5	97.1
Total included in survey	1,056	254	1,310	41,441

Geographical situation of clinics and cases treated

The clinics are arranged in Table II (overleaf) according to the population of the town or city in which each is situated. As formerly, the marked concentration of cases of primary and secondary syphilis persists in the larger cities, particularly London.

In 1968, only 8.2 per cent. of infections in males, and 12.3 per cent. in females were noted in 86 towns or cities of below 100,000 population, compared with 10.4 per cent. of males and 10.5 per cent. of females with gonorrhoea (Table III, overleaf).

Male : female ratio

This is shown by clinics in Table IV (overleaf).

The ratio in England and Wales for primary and secondary syphilis remained at 4.3 : 1 compared with 2.7 : 1 for gonorrhoea, which had decreased from 2.8 : 1 in the previous year. As has been stated before,

TABLE II *Situation of clinics and number of cases of primary and secondary syphilis, 1968, with comparison of incidence per 100,000 population with gonorrhoea*

Area	Population covered	No. of towns and cities	No. of clinics	Total cases	Cases per clinic (per cent.)	Cases per 100,000 population	
						Primary and secondary syphilis	Gonorrhoea
England and Wales London	8,186,830	1	24	632	26.3	7.7	181.7
Over 500,000	2,947,860	4	7	168	24.0	5.7	271.4
100,000-500,000	7,253,210	37	40	288	7.2	4.0	152.1
50,000-100,000	3,244,850	46	46	77	1.7	2.4	88.6
Under 50,000	1,164,013	40	40	30	0.8	2.6	97.1
Total	22,796,763	128	157	1,195	7.6	5.2	168.1
Scotland	2,109,974	11	16	115	7.2	5.5	147.7
Total	24,906,737	139	173	1,310	7.6	5.3	166.4

TABLE III *Percentage of cases of primary and secondary syphilis and gonorrhoea treated in different clinics, by sex, 1968 (England and Wales only)*

England and Wales	No. of clinics	Sex					
		Male			Female		
		No. with syphilis	Percentage		No. with syphilis	Percentage	
		Syphilis	Gonorrhoea	Syphilis	Syphilis	Gonorrhoea	
London	24	538	55.6	40.7	94	41.4	33.8
Over 500,000	7	130	13.4	20.7	38	16.7	21.4
100,000-500,000	40	221	22.8	28.2	67	29.5	34.3
50,000-100,000	46	55	5.7	7.5	22	9.7	7.5
Under 50,000	40	24	2.5	2.9	6	2.6	3.0
Total	157	968	100.0	100.0	227	100.0	100.0

the higher ratio for syphilis probably reflects the higher proportion of male homosexuals amongst patients with early syphilis. The ratio for primary and secondary syphilis was still highest in London (5.7 : 1) but this showed a fall from 7.2 : 1 in 1967.

In Scotland, the ratio was 3.3 : 1 for primary and secondary syphilis and 2.2 : 1 for gonorrhoea, which

TABLE IV *Male : female ratio for primary and secondary syphilis and gonorrhoea, by size of town or city, 1968*

Area	Sex		Male : female ratio	
	Male	Female	Primary and secondary syphilis	Gonorrhoea
England and Wales				
London	538	94	5.7 : 1	3.2 : 1
Over 500,000	130	38	3.4 : 1	2.6 : 1
100,000-500,000	221	67	3.3 : 1	2.2 : 1
50,000-100,000	55	22	2.5 : 1	2.7 : 1
Under 50,000	24	6	4.0 : 1	2.6 : 1
Total	968	227	4.3 : 1	2.7 : 1
Scotland	88	27	3.3 : 1	2.2 : 1

showed a lengthening for syphilis and a shortening for gonorrhoea.

Racial distribution

Male patients

PERCENTAGE OF IMMIGRANTS

The racial distribution of male patients is shown in Table V. In England and Wales in 1968, persons born in the United Kingdom accounted for 65.0 per cent. of infections with primary and secondary syphilis, compared with 60.9 per cent. in 1967 and 50.3 per cent. in 1966. The proportion of West Indians showed a slight decline to 8.8 per cent. from 9.3 per cent. in 1967, and that of other immigrants fell sharply to 26.2 per cent. in 1968 from 29.7 per cent. in 1967. The proportion of Asians, which had increased from 10.3 per cent. in 1964 to 19.0 per cent. in 1965, is no longer the largest of any immigrant group, having fallen further to 6.2 per cent. in 1968 from 10.1 per cent. in 1967.

In Scotland the increase in immigrants noted in 1967 was no longer evident; 87.5 per cent. of patients

TABLE V Racial distribution of male patients, 1968

Country of origin	Scotland		England and Wales		
	No. of cases	Percentage	No. of cases	Percentage	
			Primary and secondary syphilis	Gonorrhoea (for comparison)	
West Indies (Negro)	—	—	85	8.8	17.2
Africa (Negro)	1	1.1	14	1.4	2.5
Other Negro	—	—	5	0.5	1.0
Asia	—	—	60	6.2	6.7
Mediterranean	2	2.3	23	2.4	3.8
United Kingdom	77	87.5	629	65.0	57.8
Eire	—	—	41	4.2	4.7
Other Europe	6	6.8	87	9.0	4.3
All other non-Negro	2	2.3	24	2.5	1.9
Total	88	100.0	968	100.0	100.0

were born in the United Kingdom compared with 72.6 per cent. in 1967 and 88.3 per cent. in 1965.

RACIAL DISTRIBUTION ACCORDING TO SIZE OF TOWNS AND CLINICS

Table VI shows the high concentration of all groups attending the clinics in London and the larger cities. The male West Indians with syphilis are particularly concentrated in London—where no less than 91.7 per cent. of infections in this group were found in 1968; indeed, only three such infections in West Indians were noted in 133 clinics situated in towns and cities with a population of 500,000 or less.

The other immigrants were more widely distributed; the low figure of 53.9 per cent. of the cases of primary and secondary syphilis was seen in the capital and only 5.9 per cent. in the 86 towns and cities of a population of 100,000 or less. Of those born in the United Kingdom, 51.4 per cent. were found in London, and only 10.0 per cent. in the 86 clinics in the smaller towns and cities.

TABLE VI Racial distribution of male patients, by population of towns and cities, 1968

Area	Total cases	Race							
		West Indians		Other immigrants		UK-born		Asians*	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales									
London	538	78	91.7	137	53.9	323	51.4	21	35.0
Over 500,000	130	4	4.7	37	14.6	89	14.1	12	20.0
100,000-500,000	221	2	2.4	65	25.6	154	24.5	22	36.7
50,000-100,000	55	1	1.2	7	2.8	47	7.5	2	3.3
Under 50,000	24	—	—	8	3.1	16	2.5	3	5.0
Total	968	85	100.0	254	100.0	629	100.0	60	100.0
		(8.8%)		(26.2%)		(65.0%)		(6.2%)	
Scotland	88	—	—	11	—	77	—	—	—
				(12.5%)		(87.5%)			

*also included in other immigrants

As in 1967 the majority of Asians were seen outside London. In 1968 35.0 per cent. were seen in the capital compared with 30.7 per cent. in 1967 and 54.0 per cent. in 1966.

This point is further illustrated in Table VII, which shows that not only Asians with primary and secondary syphilis but also those with gonorrhoea are a greater relative problem outside London.

TABLE VII Distribution of Asians, 1968

Area	Primary and secondary syphilis		Gonorrhoea (for comparison)			
	Total cases	Asians		Total cases	Asians	
		No.	Per cent.		No.	Per cent.
England and Wales						
London	538	21	3.9	11,331	530	4.7
Over 500,000	130	12	9.0	5,753	474	8.2
100,000-500,000	221	22	9.9	7,850	620	8.0
50,000-100,000	55	2	3.6	2,092	204	9.2
Under 50,000	24	3	12.5	820	28	3.4
Total	968	60	6.3	27,846	1,856	6.7
Scotland	88	—	—	2,132	23	1.1

A direct comparison is made in Table VIII of the numbers and proportions of Asians in different areas in 1966, 1967, and 1968. A continuing downward trend is noted in all areas; the possible reasons for this were suggested in the report for 1967.

RACIAL DISTRIBUTION OF PRIMARY AND SECONDARY SYPHILIS COMPARED WITH GONORRHOEA

The overall situation as regards immigrants and infections with primary and secondary syphilis and with gonorrhoea is summarized in Table IX; it is evident that, as in former years and in contrast to the other groups, there are proportionately more West Indians with gonorrhoea than with primary and secondary syphilis.

TABLE VIII *Distribution of Asians with primary and secondary syphilis, comparison with 1966 and 1967*

Area	No. of Asians in study			Percentage Asians in study		
	1966	1967	1968	1966	1967	1968
England and Wales						
London	108	31	21	17.2	6.3	3.9
Over 500,000	39	19	12	27.3	10.6	9.0
100,000-500,000	24	39	22	11.9	16.3	9.9
50,000-100,000	20	5	2	23.5	10.0	3.6
Under 50,000	9	7	3	31.0	21.9	12.5
Total	200	101	60	18.4	10.1	6.3
Scotland	5	3	—	9.8	3.6	—

TABLE IX *Percentage distribution of male patients with primary and secondary syphilis and with gonorrhoea by race, 1968 (England and Wales only)*

Race	Primary and secondary syphilis	Gonorrhoea
West Indians	8.8	17.2
Other immigrants	26.2	24.9
U.K.-born	65.0	57.8
Total	100.0	100.0

Comparison with earlier studies

Table X compares the percentage findings of the 1968 study with those of 1967, 1966, 1965, 1964, and 1963.

TABLE X *Percentage comparison of male patients with primary and secondary syphilis in 1968 with earlier studies (England and Wales only)*

Country of origin	Year					
	1963*	1964	1965	1966	1967	1968
West Indies (Negro)	6.6	5.9	5.0	8.7	9.3	8.8
Africa (Negro)	1.3	1.7	0.6	1.9	1.2	1.4
Other Negro	0.8	0.5	0.4	0.8	1.0	0.5
Asia	7.0	10.3	19.0	18.4	10.1	6.2
Mediterranean	3.5	4.0	5.1	4.6	3.2	2.4
United Kingdom	62.6	60.6	54.5	50.3	60.9	65.0
Eire	4.8	5.3	3.7	4.1	3.5	4.2
Other Europe	9.3	9.1	8.0	7.8	8.1	9.0
All other non-Negro	4.1	2.5	3.7	3.2	2.5	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

*includes early latent cases also

It is evident that the fall in the proportion of those born in the United Kingdom noted between 1963 and 1966 has now been completely reversed, so that the 1968 figure is in excess of that for 1963. The rise in the proportion of West Indians with primary and secondary syphilis has, on the other hand, now ceased, while that of Asians—as has already been noted—has markedly fallen. There has also been

an overall fall in the proportion of those born in the Mediterranean region, but other groups have remained relatively constant.

These findings are summarized in Table XI. Basically the proportion of West Indians has, at least for the time being, ceased to increase, the proportion of those born in the United Kingdom continues markedly to rise while there is a continuing substantial fall in the proportion of other immigrants, the bulk of which decline has resulted from fewer infected Asians.

TABLE XI *Summary percentage comparison of 1968 with earlier studies*

Race	Year					
	1963*	1964	1965	1966	1967	1968
West Indians	6.6	5.9	5.0	8.7	9.3	8.8
Other immigrants	30.7	33.5	40.5	40.9	29.7	26.2
U.K.-born	62.6	60.6	54.5	50.3	60.9	65.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Asians†	7.0	10.3	19.0	18.4	10.1	6.2

*includes early latent cases also

†included in other immigrants

RATIO OF GONORRHOEA TO PRIMARY AND SECONDARY SYPHILIS IN MALES, 1968

This is shown in Table XII. The findings confirm those of earlier studies in so far as the ratios for Negro patients, many of whom come from yaws areas, continue to be the highest.

TABLE XII *Ratio of gonorrhoea: primary and secondary syphilis in males, by race, 1968 (England and Wales only)*

Race	No. of cases		Gonorrhoea: primary and secondary syphilis ratio
	Gonorrhoea	Primary and secondary syphilis	
European	1,195	87	13.7 : 1
Other non-Negro	539	24	22.5 : 1
U.K.-born	16,096	629	25.6 : 1
Asian	1,856	60	30.9 : 1
Irish	1,310	41	32.0 : 1
Mediterranean	1,066	23	46.3 : 1
African	704	14	50.3 : 1
West Indian	4,794	85	56.4 : 1
Other Negro	286	5	57.2 : 1
Totals	27,846	968	28.8 : 1

Female patients**PERCENTAGE OF IMMIGRANTS**

The racial distribution of female patients is shown in Table XIII, where the findings for primary and

secondary syphilis are compared with those for gonorrhoea.

In England and Wales the percentage of those with primary and secondary syphilis born in the United Kingdom (79.7 per cent.) showed a fall compared with 1967 (87.6 per cent.). West Indians with 8.4 per cent. were the next most prominent female group, the proportion having risen from 3.0 per cent. in 1967, and the proportion of other immigrants also rose to 11.9 per cent. in 1968 from 9.4 per cent. in 1967).

The rise in the percentage of other immigrants was mainly due to a rise in the proportion of those born in Eire (4.4 per cent. in 1968; 1.3 per cent. in 1967) and of other Europeans (2.2 per cent. in 1968; 0.4 per cent. in 1967).

In Scotland, all but one of 27 females with primary and secondary syphilis in the study (96.3 per cent.) were born in the United Kingdom.

TABLE XIII *Racial distribution of female patients with syphilis, 1968*

Country of origin	Scotland	England and Wales		
		No. of cases	Percentage	
			Syphilis	Gonorrhoea
West Indies (Negro)	—	19	8.4	6.9
Africa (Negro)	—	—	—	0.5
Other Negro	—	—	—	0.5
Asia	—	5	2.2	0.6
Mediterranean	—	3	1.3	0.7
United Kingdom	26*	181	79.7	82.7
Eire	—	10	4.4	4.3
Other Europe	1	5	2.2	2.5
All other non-Negro	—	4	1.8	1.3
Total	27	227	100.0	100.0

*96.3 per cent.

RACIAL DISTRIBUTION ACCORDING TO SIZE OF TOWNS AND CLINICS

Table XIV shows that of the 46 female immigrants with primary and secondary syphilis, 35 were seen in 24 clinics in London and only twelve in the 133 other clinics.

RACIAL DISTRIBUTION OF PRIMARY AND SECONDARY SYPHILIS COMPARED WITH GONORRHOEA, 1968

The summary pattern presented in Table XV shows a similarity between the two diseases as regards their distribution amongst the racial groups, but proportionately fewer West Indians and other immigrants were treated for syphilis than for gonorrhoea.

TABLE XV *Percentage racial distribution of female patients with primary and secondary syphilis and with gonorrhoea, 1968 (England and Wales only)*

Race	Percentage	
	Primary and secondary syphilis	Gonorrhoea
West Indians	8.4	6.9
Other immigrants	11.9	10.4
U.K.-born	79.7	82.7
Total	100.0	100.0

COMPARISON WITH EARLIER STUDIES

The percentage findings are compared with those of the earlier studies in Table XVI. The recent figures show a fall in the proportion of those born in the United Kingdom, and a rise in immigrant groups, notably West Indians, Irish, and Europeans.

TABLE XIV *Racial distribution of female patients with syphilis, by population of towns and cities, 1968*

Area	Race					
	West Indians		Other immigrants		U.K.-born	
	No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales London	14	73.7	21	77.8	59	32.6
Over 500,000	—	—	—	—	38	21.0
100,000-500,000	2	10.5	5	18.5	60	33.1
50,000-100,000	3	15.8	1	3.7	18	10.0
Under 50,000	—	—	—	—	6	3.3
Total	19	100.0	27	100.0	181	100.0
	(8.4%)		(11.9%)		(79.7%)	
Scotland	—	—	1	(3.7%)	26	(96.3%)

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TABLE XVI *Percentage comparison with previous studies (females) (England and Wales only)*

Country of origin	Year					
	1963*	1964	1965	1966	1967	1968
West Indies (Negro)	29.1	9.7	4.9	4.8	3.0	8.4
Africa (Negro)	0.4	0.5	0.4	0.4	0.8	—
Other Negro	—	—	—	0.9	—	—
Asia	2.0	1.0	—	1.7	2.6	2.2
Mediterranean	2.8	1.0	0.8	1.7	1.7	1.3
United Kingdom	59.4	79.0	86.8	82.1	87.6	79.7
Eire	4.0	4.1	4.1	2.6	1.3	4.4
Other Europe	1.9	4.6	2.6	4.4	0.4	2.2
All other non-Negro	0.4	—	0.4	1.3	2.6	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

*includes early latent cases also

RATIO OF GONORRHOEA TO PRIMARY AND SECONDARY SYPHILIS IN FEMALES, 1968

Table XVII shows that the gonorrhoea : early syphilis ratio is no longer substantially lower for those born in the United Kingdom and for other female immigrants than it is for West Indians, the ratio having dropped from 99.1 : 1 in 1967 to 37.9 : 1 in 1968. This could indicate a wearing down of herd immunity to syphilis from past yaws infections as the latter have become better controlled in the West Indies.

TABLE XVII *Gonorrhoea : early syphilis ratio in females, by race, 1968 (England and Wales only)*

Race	No. of cases		Gonorrhoea : early syphilis ratio
	Gonorrhoea	Early syphilis	
West Indians	721	19	37.9 : 1
Other immigrants	1,086	27	40.2 : 1
U.K.-born	8,672	181	47.4 : 1
Totals	10,479	227	46.7 : 1

Male : female ratio by race

The male : female ratios both for primary and secondary syphilis and for gonorrhoea continued to be substantially lower in those born in the United

TABLE XVIII *Male : female ratio for primary and secondary syphilis compared with that for gonorrhoea, by race, 1968 (England and Wales only)*

Race	Primary and secondary syphilis			Gonorrhoea		
	Males	Females	Male : female ratio	Males	Females	Male : female ratio
West Indians	85	19	4.5 : 1	4,794	721	6.6 : 1
Other immigrants	254	27	9.4 : 1	6,956	1,086	6.4 : 1
U.K.-born	629	18	3.5 : 1	16,096	8,672	1.9 : 1
Total	968	227	4.3 : 1	27,846	10,479	2.7 : 1

Kingdom than in the immigrant groups, doubtless because so many of the latter consort with women born in the United Kingdom (Table XVIII).

Summary and conclusions

- (1) In this, the sixth British Cooperative Clinical Group report of the country of origin of patients with syphilis, a study is made of 1,320 patients with primary and secondary syphilis treated in 173 clinics in England and Wales and in Scotland during 1968. The percentage of the national total of cases included in this study was 90.5 per cent. for England and Wales, and 88.5 per cent. in Scotland. The national total for England and Wales for 1968 remained virtually the same as in 1967.
- (2) In males in England and Wales in 1968 65.0 per cent. of infections were seen in men born in the United Kingdom, 8.8 per cent. in West Indians, and 26.2 per cent. in other immigrants. Europeans accounted for 9.0 per cent., and Asians with 6.2 per cent. were no longer the most prominent immigrant group.
- (3) Compared with 1967, there was a further rise of the proportion born in the United Kingdom (from 60.9 per cent. in 1967) and a further fall in the contribution made by other immigrants (from 29.7 per cent. in 1967), while the share of the West Indians (9.3 per cent. in 1967) also fell slightly. The fall in the share of other immigrants was mainly due to the fall in the proportion of Asians from 10.1 per cent. in 1967 to 6.2 per cent. in 1968.
- (4) In Scotland in 1968, 87.5 per cent. of patients were born in the United Kingdom (72.6 per cent. in 1967), and Europeans were as in 1967 the most important immigrant group (6.8 per cent. in 1968).
- (5) The findings of the previous studies were further confirmed in that the highest gonorrhoea : primary and secondary syphilis ratios were found amongst male Negroes, many of whom come from areas where yaws is endemic.

- (6) In females in Scotland in 1968, all but one of the 27 infections occurred in women born in the United Kingdom. In England and Wales, 79.7 per cent. of the female patients were born in the United Kingdom (87.6 per cent. in 1967), 8.4 per cent. were West Indians (3.0 per cent. in 1967), and 11.9 per cent. were other immigrants (9.4 per cent. in 1967).
- (7) There has been a marked shortening of the gonorrhoea : primary and secondary syphilis ratio in West Indian females which could be explained by a reduction of herd immunity consequent on fewer past infections with yaws.
- (8) As with gonorrhoea, the current trend in males is for more infections with primary and secondary syphilis to arise in men born in the United Kingdom and relatively fewer in immigrants; in females the proportion of women born in the United Kingdom has declined for those with syphilis and remained static for those with gonorrhoea.

Etude de 1968 sur les pays d'origine des malades atteints de syphilis primaire et secondaire

SOMMAIRE

(1) Le présent document, sixième rapport du Groupe Britannique de Coopération Clinique sur le pays d'origine des malades atteints de syphilis, étudie 1.320 malades traités pour syphilis primaire et secondaire dans 173 cliniques en Angleterre, au Pays de Galles et en Ecosse en 1968*. Le pourcentage du total national des cas couverts par cette étude fut de 90,5 pour cent pour l'Angleterre et le Pays de Galles et de 88,5 pour cent pour l'Ecosse. Le total national, en Angleterre et au Pays de Galles pour 1968 reste pratiquement le même qu'en 1967.

(2) En 1968, parmi les cas masculins, en Angleterre et au Pays de Galles, 65,0 pour cent des infections furent observées chez des sujets nés Royaume Uni, 8,8 pour cent chez des Antillais, et 26,2 pour cent chez les autres

*La liste des Cliniques participant à l'étude est indiquée dans l'Etude de la Gonococcie en 1968 (*Brit. J. vener. Dis.* (1970) 46, 62).

immigrants. Les Européens continentaux, comptant pour 9,0 pour cent, et les Asiatiques, comptant pour 6,2 pour cent, ne constituent plus maintenant le groupe principal parmi les immigrants.

(3) Par comparaison avec 1967, il y eut une nouvelle augmentation de la proportion des malades nés au Royaume Uni (60,9 pour cent en 1967) et une nouvelle diminution de la part jouée par les autres immigrants (29,7 pour cent en 1967); alors que la part représentée par les Antillais (9,3 pour cent en 1967) a aussi diminué légèrement. La diminution du pourcentage pour les autres immigrants est principalement due à la baisse des chiffres concernant les Asiatiques qui passent de 10,1 pour cent en 1967 à 6,2 pour cent en 1968.

(4) En Ecosse, en 1968, 87,5 pour cent des malades étaient nés au Royaume Uni (72,6 pour cent en 1967) et, comme en 1967, les Européens continentaux représentaient la portion la plus importante dans le groupe des immigrants (6,8 pour cent en 1968).

(5) Les résultats des études antérieures furent de nouveau confirmées en ce que les rapports les plus élevés gonococcie/syphilis primaire et secondaire furent constatés dans la population masculine noire, beaucoup de cas correspondant à des malades provenant de régions où le pian est endémique.

(6) Pour les 27 cas féminins de 1968 observés en Ecosse, tous, sauf un, survinrent chez des femmes nées au Royaume Uni. En Angleterre et au Pays de Galles, 79,7 pour cent des femmes malades étaient nées au Royaume Uni (87,6 pour cent en 1967), 8,4 pour cent étaient des Antillaises (3,0 pour cent en 1967) et 11,9 pour cent d'autres immigrantes (9,4 pour cent en 1967).

(7) Il y eut une baisse marquée du rapport gonococcie/syphilis primaire et secondaire chez les Antillaises qui peut être expliquée par une réduction de l'immunité de groupe du fait du plus petit nombre de cas de pian précédent.

(8) Comme pour la gonococcie, on observe actuellement chez l'homme une tendance à l'augmentation des infections syphilitiques primaires ou secondaires survenant chez des hommes nés au Royaume Uni alors que celle-ci est relativement moindre chez les immigrants; chez les femmes, la proportion de celles qui sont nées au Royaume Uni a diminué pour la syphilis, mais elle demeure inchangée pour la gonococcie.