



Research Topic

Distribution of Sexually Transmitted Diseases in the City of Edinburgh

K.J. Gill and J.D.M. Gould

Abstract

The main aim of this research study was seen as a prototype to test the feasibility of a possible large scale project whose results could be used as a planning tool for provision of future facilities for the treatment and care of patients with sexually transmitted diseases. If fully developed, regular, possibly monthly figures might be produced which would aid the correlation of venereal disease incidence with that of other diseases and environmental factors, although ideas on these lines are at present essentially tentative.

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RESEARCH TOPIC

DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES IN THE CITY OF EDINBURGH

INTRODUCTION

The main aim of this research study was seen as a prototype to test the feasibility of a possible large scale project whose results could be used as a planning tool for provision of future facilities for the treatment and care of patients with sexually transmitted diseases. If fully developed, regular, possibly monthly figures might be produced which would aid the correlation of venereal disease incidence with that of other diseases and environmental factors, although ideas on these lines are at present essentially tentative.

The study was undertaken, covering a three-month period using coded data to preserve the anonymity of the individual. This is important when dealing with venereal disease as the legal implications of a statistical survey such as this must be taken into consideration in elucidating the factors concerned in the control of the disease. The material used consisted of all female referrals to the Venereal Disease Department in the Edinburgh Royal Infirmary and the type of study performed has to our knowledge not been done before, Edinburgh lending itself readily due to its small population (500,000 approximately) and well defined social structure, and to the fact that the R.I.E. Department is the only important treatment centre for females, maternity cases making up only a small percentage of the total.

METHODS

The groups studied were topographically based on electoral wards and all those referred, whether subsequently diagnosed as positive or negative, were calculated per 100,000 population in each ward.

Subsequent breakdown using a punched card system was performed, using Gonorrhoea and Trichomoniasis as representative as these were the major part, separately or together, of the positive findings and a previous 1/10 survey by age and sex was available for correlating results.

FINDINGS

The limitations of this preliminary survey must be appreciated and the results at this stage are something of the nature of an interim report, which may embody purely statistical inaccuracies due to the small sample.

The "at risk" population was shown to be in the 15-30 age group and there is an indication that this population is not directly related to the age and ward distribution of the female population of Edinburgh.

A pattern appears of highest incidence around the central area of the town, plus a northwards extension, one outlying ward also being included in this high incidence group.

To explain this distribution, common factors can be sought and we suggest our own conclusions and impressions. High density and poor quality housing appears to be an important factor in all the high incidence wards. Ease of transport to the Royal Infirmary must also be taken into account and differing social conditions from area to area may play their part. This is exemplified in the results obtained from one ward, an area of very low standard local authority housing in which the rate of referrals was relatively higher than the positive diagnoses, especially in the 15-19 age group, reflecting an expectation of infection or high "worry rate", but also possibly indicating a lack of adverse social pressures on the part of the community.

Data concerning marital status and occupation is available but as yet unprocessed, preliminary impressions being that a high proportion of infected women were divorced or single and more significant, were unemployed.

FURTHER AIMS

The main object of this study was to determine the possibility of significant conclusions being made regarding distribution of venereal diseases in the city, and we feel that this has been achieved by the limited results obtained so far. However, a more detailed study is both

possible and desirable, covering a longer period, and would take the form of pinpointing the "heavy" wards, i.e. those wards contributing a significantly higher case load than the expected rate for the city. Subsequently, analysis could be carried out on the distribution within these wards, hence relating the sources of infection to social factors which seem to be the most important. For this, a parallel investigation of housing conditions, employment and social class structure, along with a study of the psychological make-up of the referred cases would be required. All these aspects

must be considered before any headway can be made in the control of venereal diseases.

K. J. GILL and J. D. M. GOULD

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THE CONTRIBUTORS

PROFESSOR RONALD GIRDWOOD is head of the University Department of Therapeutics at the Royal Infirmary, Edinburgh. He is an authority on haematological and malabsorptive conditions and his article on the investigation of blood disorders, of which the second part appears in this issue of *RES MEDICA*, is expertly rendered.

DR. CLIFFORD MAWDSLEY is a neurologist of great acumen with consultant responsibility at both the Royal Infirmary and the Northern General Hospital. His article is light hearted in vein but makes quite clear that the writing is on the wall for the Pudderites amongst us.

DR. JOHN DAWSON is an ex-president of the Oxford University Medical Society and gained his early clinical training at St. Bartholomew's Hospital, London. He also worked under Sir Stanley Davidson and is a member of the R.C.P.E. He is conversant with medicine in Australia and the U.S.A., and we welcome his contribution to the Journal.

FRANCES MARR is a final year student at the University. For two sessions she has been a junior president of the Society, the first lady ever to hold such a post. During her final phase she was chosen for the Middlesex Hospital Exchange.

JOHN IRVING is an honours graduate in physiology. He has taken a keen interest in the affairs of the Society and has been elected first junior president for next session. His article represents a field of special interest to him.

JOHN WILDSMITH has begun final phase and his dissertation stems from his interest in motoring and accident prevention. He is vice-president of the Motoring Club and plans to spend his elective period in Birmingham Accident Hospital.

Placebology

"Medicines seem to me to be so far of service as they excite the powers of nature when languid to their usual exertions, or if they entirely fail as they supply the want of the accustomed action."

—from the dissertation presented to the Society in 1784 by R. C. Michele.