



Sexually Transmissible Diseases

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WITH STUNNING rapidity, NEW sexually transmissible diseases (STDs) are surpassing previous scourges of VD.

In the United States and many other nations, syphilis and gonorrhea are no longer the most frequent or most devastating of social diseases. They are only two of *over twenty* sexually transmissible diseases which are infecting millions of persons.

Public embarrassment and hush-hush attitudes about these diseases have made them a "silent epidemic" that many don't even know exists. Yet the startling fact is, sexually transmissible diseases, as a group, are by far the No. 1 communicable disease problem in most of our modern nations. Only flu and colds, which are not officially reported, occur more frequently.

One in four Americans between the ages of 15 and 55 will acquire a sexually transmissible disease at some point in his or her life. The American Social Health Organization estimates 10 million Americans visit doctors' offices and clinics every year for these diseases.

What Are STDs?

Medical and health officials have shifted away from discussing social diseases by the term "venereal disease." They now use the designation sexually transmitted, or, even more accurately, sexually transmissible diseases (STDs). This term reveals the true scope of the problem since it includes not only diseases spread almost exclusively by sexual contact, but other diseases capable of being spread by sexual contact AND by nonsexual or unhygienic means.

Any disease that can be spread by sexual contact is a STD. There is a surprising diversity of STD organisms that can cause damaging human health problems—many unrecognized as STDs even a decade ago.

Not Love Disease

Venereal disease is named after Venus, the Roman goddess of love. But it is anything but lovely.

It is tragic to see a teenager or young person crippled by gonorrhea-caused arthritis—with the joint spaces between wrist bones destroyed.

It is equally disturbing to witness the suffering and embarrassment of thousands of men and women rendered permanently sterile every year because of a STD infection they belatedly learned existed.

It can hardly be called "love" to give someone—through unconcern or sexual carelessness—a disease that could cause *brain damage, heart trouble, paralysis or sterility, miscarriages, birth defects, the crippling of children or a long list of other possible health problems, including death.*

But on the other hand, many will find it startling to learn that faithful marriage partners and virgin single men and women can also get certain STD infections. It is important to make clarifications about some of these disease-producing organisms to avoid unmerited self-recrimination or embarrassment.

Many vital facts about sexually transmissible diseases are simply not being taught in our homes, schools and elsewhere as they should be taught.

Ignorance Can Hurt

Unfortunately, mention "sex" and "disease" together and many people's minds snap shut—stuck in concepts limited to "immorality." But VD's stigma is not appropriate in numerous cases.

Many cases of some STDs are not related to promiscuity, marital infidelity or other sexual indiscretions. Some STDs can develop within faithful marriages or with *no* sexual contact at all. Not all STD infections are always avoidable, even by the most moral or faithful of persons.

Contaminated food or water, contaminated blood transfusions or contaminated hypodermic injections, can transfer a few of these organisms. Therefore it is wrong to automatically assume guilt because of such a disease.

Virgin men and women, and faithful mates, have gotten some cases of monilia, urethritis (NGU), trichomoniasis or venereal warts. Scabies, caused by a mite, and pubic lice are infestations that can be picked up not only by sexual relations, but by close body contact with infected persons or infected bedding or clothing.

Monilia is the result of an overblooming yeast organism that normally lives harmlessly in the "flora" of the genital region. If the natural microbiotic balance is upset by some means—stress, drugs, pregnancy or tight clothing, for instance—the yeast organisms may rapidly overgrow creating a discomforting infection that can be transmitted sexually.

The infection called nongonococcal urethritis is caused by different organisms (some known, some unknown). Some of these organisms may also be spread in similar manner.

The majority of STDs, but with some exceptions, are spread from infected individuals to the warm, mucous-covered body openings of their sexual or intimate partners (depending upon the type of sexual or intimate activity): the sexual organs most frequently, but also possibly the anus, mouth, throat or eyes; also on rare occasions for a few organisms, through cuts or knicks on the body after rough abrasive contact with infected sores.

Facing Major Cause of Epidemics

While numerous cases of STDs have nothing to do with immoral behavior, much of the "silent epidemic" is caused by irresponsible, careless and free-swinging sexual conduct. Many persons in our pro-

About Syphilis

Syphilis is caused by a spiral-shaped organism called a spirochete (spiro-keet). Until AIDS it has been the most deadly of venereal diseases.

Often there are no immediate signs of *primary syphilis*. The first noticeable sign is usually a sore called a chancre (pronounced shanker), which takes from 10 to 90 days to develop after contact with an infected person. It usually appears as a painless, itchless blister or sore on the area the spirochete first entered. (If a new victim received say 1,000 syphilis germs from an initial contact, in three weeks or when the first symptoms are likely to appear, the victim is already carrying five billion or more germs. Yet he may still look and feel healthy.)

Frequently, a primary chancre is hidden within the body and goes unnoticed. *These symptoms will go away, even if untreated, deceiving many.* The disease then spreads to all parts of the body.

The *secondary stage* may also go unnoticed. Symptoms that do appear may start six weeks to six months after the chancre. (All these figures may have wider variation.) Lasting from a few days to several months, they usually appear as painless rashes or sores on any part of the body—sores in the mouth, sore throat, patches of falling hair, fever or headaches. These symptoms are often ignored because they are like many other health problems. Again, these symptoms will go away without treatment. But the disease is not cured. (A blood test can often, but not always, confirm an infection. That is why a blood test is required in most states before a marriage can be performed and is one reason blood tests are given to pregnant women.)

Transmission by Kissing, Petting. Serious damage usually has not yet occurred. These two stages, lasting about two years but sometimes up to four or more, are highly infectious. During this time syphilis can be passed to others through sexual or close intimate personal contact. (Dentists or medical officials have contracted the disease from a syphilitic lesion in a patient's mouth or body when they had a nick on their fingers. Intimate [French or "soul"] *kiss-*

ing can also meet the conditions for transmission, especially if there are cuts or abrasions in the mouth. Cases resulting from *petting* are also recorded. Abrasive or rough skin contact with a syphilitic lesion is also dangerous.)

Untreated, the disease may go into a noninfectious early latent period. It sometimes reverts to an infectious second stage, but usually it proceeds into a *late latent stage* (considered noninfectious sexually, but infectious congenitally in women). Here it may lie from five to forty years or more without notice, only to finally attack some victims as *late syphilis*.

Since the syphilis organism can attack almost every structure in the body it is able to simulate dozens of different diseases including cardiovascular problems, skin diseases and disorders of the nervous system.

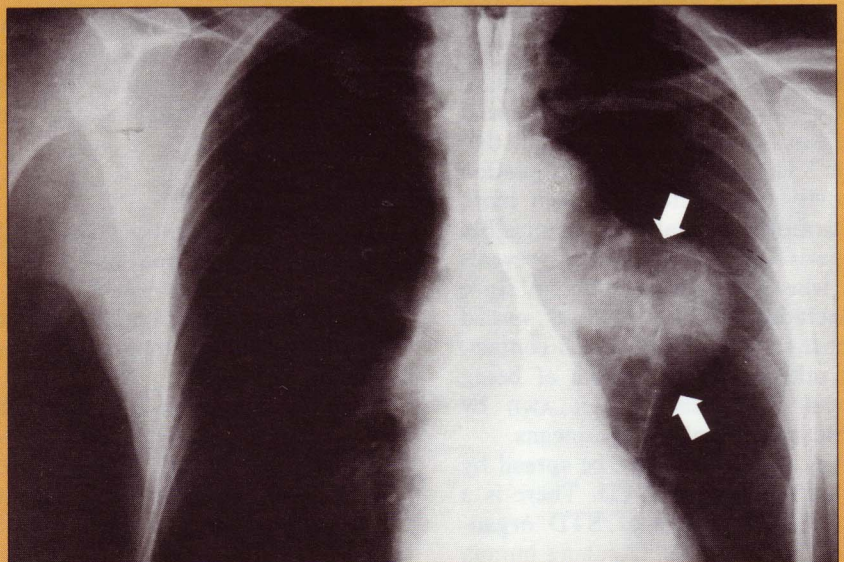
Many "Luck Out." One half to two thirds of all cases of syphilis at any time are in the dormant state. For some reason not fully understood, about 70 percent of the *untreated* victims of syphilis "luck out." They do not suffer the rav-

ages of late syphilis. Some authorities feel sufficient immunity may be developed, or the spirochete and the body tissues may attain a state of equilibrium—a sort of shaky truce. Some doctors think reactivation occurs when body resistance has been lowered, such as from fighting another disease. Or, the person dies from other causes before syphilis has a chance to do its damage.

The remaining 30 percent or so of the untreated victims will suffer destructive lesions: cardiovascular complications (syphilitic heart disease or rupture of an artery), disease of the central nervous system (brain or spinal cord), benign *gummas* (a growth of rubbery consistency) or tumors on skin or bones, eye problems or other crippling or killing late lesions.

In congenital syphilis, an infant may show lesions at birth, or may appear normal at birth then develop lesions in a few months. Though rare these days, an individual may appear normal into *adolescence* when deformity, blindness, insanity, or early syphilis symptoms may strike.

Syphilitic aneurysm of the aorta. *An example of one of the more frequent cardiovascular lesions of late untreated syphilis. The grossly enlarged and weakened aorta (arrows) is close to bursting in this 60-year-old victim. The interval from infection to the first signs of this or other impairment may take from 5 to 40 years.*



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L.A. Co.—USC Medical Center

fessing "liberated" age are "playing around" and experimenting with new sexual lifestyles without knowing the dangers involved. Many are getting badly hurt.

One health official puts the cause for much of this growing health crisis in sharp focus by saying: "*There are a lot of diseases out there that can hurt you if you're sexually active*"—that is, if you are sexually active with numerous sex partners, any of whom may have picked up a STD infection from others at one time or another.

Some health authorities estimate between 20 and 30 percent of highly sexually active persons have one or more of these diseases.

It's time for each of us to ask where free-swinging sex values and practices are taking us. "Free" love is anything but free as many medical personnel and medical encyclopedias will testify.

One of the most unfortunate facts about sexually transmissible diseases is that many of the victims are not sexually promiscuous individuals out on a fling, but innocent bystanders—faithful mates, babies or children. Many miscarriages, stillbirths, congenitally deformed children and cases of blindness, deafness and much more have been caused by syphilis, gonorrhea, chlamydia and genital herpes infections passed along to such individuals in some unfortunate manner.

Only by proper living can the risks of STD infections be cut to an utter minimum, if not totally avoided.

Unfortunately, while many STD infections can be stopped, and all treated to alleviate symptoms, not all can be totally cured. Despite treatment, several viral STD organisms may persist in the body to cause reoccurring health problems. And drugs will not restore consequent serious tissue damage.

That's why *prevention* must be more strongly emphasized than treatment, though both are vitally necessary to deal with this health crisis.

Sex is not a toy but a powerful tool that can either enrich and build or cheapen and destroy human lives. Only with proper knowledge and right sex practices can you minimize the risks, complications or dangers of these diseases.

The Staggering Statistics

Many government officials do not like to admit the STD health crisis exists. It's not a popular cause to be identified with or proclaim.

As a result, public health departments almost everywhere lack sufficient funds to fight the STD epidemic. Of course, money alone will not stop this crisis but it can help control it.

Even though laws require all syphilis and gonorrhea cases to be reported to public health authorities, it is estimated that for every case reported, three go unreported. Case reports for most of the other STDs are not yet required by law, but many health officials feel they need to be.

Many private physicians do not report STD cases to protect their patients from embarrassment. This practice causes the further spread of disease—sometimes explosively—since infected contacts cannot then be traced and treated. As a result, even "treated" patients often end up being reinfected by their untreated sex partners.

It's therefore not shocking that despite forty years of penicillin, a network of VD clinics and overworked caseworkers, reported cases of STDs have soared in recent decades. The estimated annual incidence of new gonorrhea and syphilis infections in the U.S. alone average out to a new infection *every ten seconds!*

Gonorrhea and syphilis alone account for more infections every year than measles, mumps, scarlet fever, strep throat, hepatitis and TB combined in the United States. Other nations have similar disturbing statistics. Despite this reality, the sad fact is, many simply have no concept of the frequency of STD "walking time bombs" in modern life!

The Subtle Sterilizer

Health officials warn that gonorrhea is so extant among the general population that it now threatens the health and welfare of the next generation, especially those under 25 years of age in whom up to *half* of reported cases are occurring.

From ten to twenty percent of high school students in some metropolitan areas of the United

States will contract gonorrhea or a STD before they get their diploma, estimate health officials.

Routine screening tests in a variety of settings in the United States reveal the startling inroads of gonorrhea. These tests indicate around 2% of women seeking treatment at private doctor's offices, and up to 10% at public health clinics (around 5% overall) are infected with gonorrhea. *That means millions are unknowingly infected!*

One of the worst features of gonorrhea infections is that not only do they commonly exist without easily recognizable symptoms in early stages (perhaps 80% of females don't manifest painful or noticeable early symptoms), but it is sometimes difficult to detect gonorrhea even with proper tests.

Unlike untreated syphilis, which usually takes years to manifest health damage, untreated gonorrhea can cause irreparable damage within days or weeks, or move with alarming suddenness after an unnoticed period of latency.

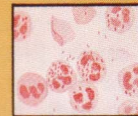
As a result of its subtle infectious patterns, the gonorrhea organism can wreak havoc to sex organs which is extremely costly in terms of suffering and health: *Gonorrhea is one of the leading causes of sterility in the United States, especially among females.*

In the U.S. alone, 80,000 to 100,000 women are sterilized each year because of damage done to the sex organs by gonorrhea or other STDs. Men are sterilized too, but less frequently.

One estimate is that of the women who develop an inflammation of the fallopian tubes of the uterus (salpingitis), 20% to 30% become permanently sterile because the tubes are closed off with scar tissue. It is rare that medical science can do anything to reverse this situation. Partial closure of the tubes can cause dangerous tubal pregnancies. Surgery is required to prevent fatal complications.

Less frequently in advanced cases the gonorrhea organisms will migrate through the blood system to other parts of the body and cause a crippling form of arthritis, meningitis of the brain, inflammation of the heart, or damage to other parts of the body.

About Gonorrhea



Gonorrhea, commonly called "the clap," or "the drip," is caused by a germ called gonococcus. It is rarely a killer, but it can be a severecripler and shortener of the life span. It occurs many times more frequently than syphilis in most areas.

Gonorrhea organisms can enter the body only through the moist membrane openings. The gonococci are parasitic bacterial organisms that live by penetrating cell walls and absorbing the nutrients they require. Primarily, they infect the genital areas. Here they can damage the intricate and specially lined areas of the male and female sex organs, especially the female Fallopian tubes through which the female egg must pass. Attempts by the body to heal damaged areas may render a man or woman sterile by closing tubes with thick, fibrous scar tissue. This is a major cause of sterility as well as genital problems years later in life.

More men than women show early symptoms of gonorrhea infection, although men are being found more frequently without early symptoms. Because the female sex organs have many internal surfaces without pain nerves, many infections are hidden but infectious. This has resulted in a dangerous, vast reservoir for potential infection among those engaging in promiscuous sexual relations. Unless infected individuals (mostly men) seeking treatment report these contacts, only after damage has been done will many women feel pain and seek treatment.

Symptoms & Tests. The usual early symptoms of gonorrhea, if any are noticed, are a pus-like discharge from the genitals that occurs from a few days to three weeks after infection, and in men, urination usually becomes painful. In women, gonorrhea commonly causes one or more of the following symptoms: increased discharge from the vagina (caused by infection of the cervix); abnormal menstrual bleeding (infection of the uterus); pain in the lower abdomen (infection of uterus and tubes); or burning on urination (infection of the urethra).

Gonorrhea's very short incubation period (as little as 2 days) makes it ex-

tremely hard to control. It is passed on before people know they are infected. A smear test is the common, but not infallible, means of confirmation. In women, or asymptomatic men, a culture test is required. There is no reliable blood test for gonorrhea, which means that if a discharge stops, more complicated tests are required.

Symptoms may disappear without treatment, but the victim is usually infectious until treated. Sometimes the body will get rid of the organisms through fluid discharges from the sex organs, but it is very dangerous to assume it will.

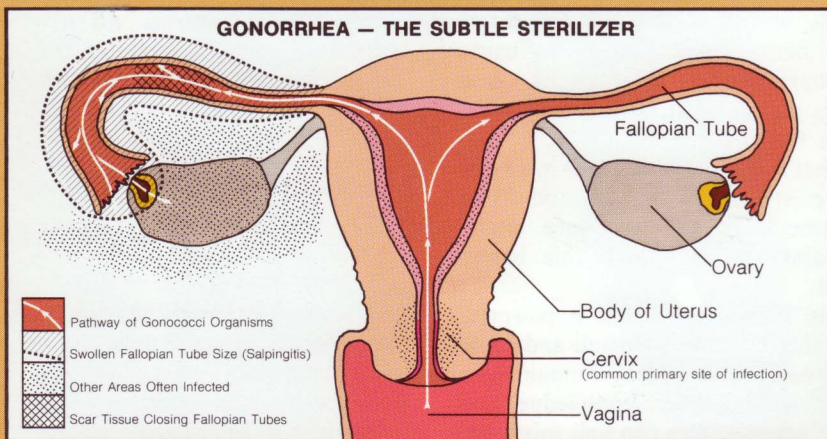
The disease may remain dormant (but sexually infectious) until some time later when the germs may extend into glands, joints or other organs causing arthritis, heart complications, blindness, brain damage or other chronic conditions such as sterility. Infected victims need to be treated because gonorrhea almost

always causes some kind of damage, which may be serious.

As a result of passage through an infected birth canal, babies are threatened with infection of the eyes and potential blindness within a few days unless treated. This used to be a major cause of blindness in children. Since laws in most states now require that silver nitrate or antibiotic drops be put in infants' eyes at birth this problem has been greatly reduced, but even so, infections do occur.

Transfer of the gonococci to the eyes by means of freshly contaminated bedding, towels or hands is always a danger to victims or young children associated with them. It is also important to note that while gonorrhea is not usually transmissible by light kissing on the lips, it can be transferred by oral-genital sex practices, or after an oral infection, by deep (French or "soul") kissing.

What happens: Sterilization of both men and women, or other sex organ damage, is one of the most tragic effects of an untreated or delayed treated gonorrhea infection. In the male, the gonococci may attack and close intricate tubes necessary for the production and passage of sperm. In this diagram of the female uterus, the path of infection often flows from the urethra or Bartholin glands (not shown) to the cervix, to one or both of the Fallopian tubes, to the ovaries, to other supporting ligaments and glands in the pelvic region, and then possibly to the bloodstream and other areas of the body. The body's attempt to heal damage from the gonococci causes scar tissue to form which may totally or partially block the tubes through which the sperm (in the male) or egg (in the female) must pass, or else bind up the sex organs and cause organ malfunction and pain. Surgical removal of the uterus and related systems in women frequently is the result if damage is severe—even if antibiotics have stopped the infection.



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Particularly worrisome to health officials in recent years is the fact that there are more and more strains of gonorrhea gaining high resistance to penicillin and even other more powerful antibiotics.

This development is very unsettling to health officials because the gonococcus organism has a track record of eventually neutralizing the most potent weapons in medicine's arsenal of antibiotics used against it. "All our steel-capped bullets are turning into rubber," said one worried health official.

Fortunately, so far there is no strain of gonorrhea that cannot be knocked out by some kind of antibiotic. And syphilis and most (but not all) STDs are still very vulnerable to proper drug treatment. Still, great diligence and lengthy observation must be made to ensure a cure in many cases.

Walking "Time Bombs"

Syphilis still ranks as a worrisome communicable disease in many areas. In recent years around 15,000 cases have been reported annually in the United States, although the true figure treated is more than that.

In many nations syphilis is a fearsome scourge despite the availability of drugs to stop infections. What many fail to realize is that drugs do not repair tissue damage, and even if detected, one to two years of treatment is often required to make sure all trace of the syphilis spirochete is eliminated.

In any area the reported cases of syphilis represent only a small part of the "army" of individuals infected. There are an estimated half million persons in the United States who are walking around with the "time bomb" of a syphilis infection but *don't know it*.

Quite a number of these walking "time bombs" will "luck out"—they won't be troubled with any late-occurring effects of syphilis. But for 30% or so of these untreated cases, syphilis, also nicknamed the "Great Imitator" (because it mimics many other illnesses), will cause heart trouble, various tumor-like growths, nervous system damage or even death. Periodically, congenitally syphilitic children with shocking defects are born

to mothers who did not know they were infected.

In rough estimation, 1 out of 15 untreated syphilis victims may be expected to develop syphilitic heart disease; about 1 in 25 will become crippled; 1 in 100 many be expected to go blind; 1 in 50 may be expected to finish his or her life in a mental institution with syphilitic insanity. Most of these pathologies develop many years after the original infection.

AIDS Epidemic

Suddenly, mankind finds itself face to face with one of the most sinister infectious STDs. From a handful of cases that first appeared in a few homosexual men in 1981, virus-caused AIDS (Acquired Immune Deficiency Syndrome) has literally exploded into a worldwide epidemic of frightening proportions.

The costs are going to be staggering, say health officials, as the virus—once primarily afflicting homosexual and bisexual men, drug addicts sharing infected needles and hemophiliacs acquiring the virus from infected blood transfusions—spreads to other segments of society, mostly as a result of promiscuous sex practices and contaminated injections.

"AIDS is a sexually transmitted disease," says Dr. James Curran, one of the United States top authorities on sexually transmissible diseases.

Though the vast majority of cases have been occurring in homosexual and bisexual males, a great many female prostitutes are being found as carriers of the virus. And mates of partners in the high-risk groups are now getting infected. In turn, more and more infected children are being born to AIDS-infected mothers.

The question is not whether AIDS can be spread by conventional heterosexual sex; it can. The question is how rapidly AIDS is going to spread among nonmonogamous sexually active heterosexuals and those sexually intimate with them. Bisexual and prostitute activity are prime causes of the spread of the AIDS virus to heterosexuals. In some areas, around 30% of new AIDS cases are appearing among heterosexuals.

An active AIDS infection rapidly destroys the human body's immunity

response, leading to "opportunistic" infections by many kinds of pathogens. In some cases the disease causes a rare form of skin cancer called Kaposi's sarcoma. Lower-key AIDS infections are suspected of causing other health problems but the complete pathology is not yet understood.

AIDS seems to have a 100 percent fatality rate once serious symptoms develop. There is no known cure for this disease at the moment.

When AIDS was first diagnosed in 1981 it was known as the "Gay Plague" because it felled mostly homosexual males and seemed to be transmitted by anal sex. This act often causes bleeding and provides an exceptionally ready conduit into a new host for the AIDS virus.

Available evidence indicates AIDS is not spread by toilet seats, handshakes, sneezing or simply being around a victim. General household or environmental transmission has not been definitely demonstrated. Intimate contact where the virus can be transmitted *into* another person seems required.

Like the influenza virus, the AIDS virus is constantly mutating or transforming itself. This disturbing characteristic makes it very difficult for scientists to pin down or to devise a vaccine to fight it.

Another problem that has made this disease so particularly frightening and subtle is the long incubation period—*up to ten years*—before symptoms occur. Sexually active persons, male or female, may either carry the virus in latent (nonactive) form within their body cells or they may be carrying an active stage of the virus in their bloodstream for many years. During the latter stage, which may be the most contagious stage, carriers can be spreading the AIDS virus to sexual partners even though they themselves appear healthy and without symptoms.

Dr. Mervyn Silverman, president of the U.S. Conference of Local Health Officers, recently said the threat of AIDS, combined with existing fears about genital herpes and other sexually transmitted diseases has pulled the reigns on the galloping sexual freedom of the last few decades. "I believe the sexual revolution is just about over," he said.

SUMMARY CHART OF THE SEXU

Disease (Causative Organism)	Incubation Period	Signs/Symptoms	Complications
BACTERIAL GONORRHEA <i>Neisseria gonorrhoeae</i>	2-14 days, usually 3 days following exposure	Frequently slight, hidden, or absent, especially in females. Painful urination. Pus discharge from infected site. Abdominal pains. Painful swelling of glands in genital area.	Severe infections of fallopian tubes, ovaries, lower abdomen. Chronic inflammation of ducts and glands in reproductive system. Sterility. Arthritis. Tubal pregnancy. Infection of baby's eyes at childbirth. Spread to sex partners.
NON-SPECIFIC OR NON-GONOCOCCAL URETHRITIS, VAGINITIS, "NSU, NGU, NSV, NGV" (Many possible causes; actual cause not always determined)	Uncertain; 8-14 days, varies with causative organism.	Pus discharge from sex organs. Painful or frequent urination. Inflammation of vaginal wall. Symptoms vary with organism.	Chronic inflammation of various glands and tubes in reproductive or urinary systems. Infection of infants at childbirth. Possible spread to sex partners.
Major NGU agents: <i>Chlamydia trachomatis</i> —causes about 50% of NGU	"	"	Inflammation of urethra, cervix, uterus, scrotum, rectum, eyelids, inner ear. Infant pneumonia. Trachoma. A suspected cause of liver infection. Reiter's disease and fetal and neonatal mortality.
<i>Ureaplasma urealyticum</i> —causes about 30% of NGU	"	"	Inflammation of urethra, fetus amniotic sac and connective tissues. A suspected cause of low birth weight.
<i>Mycoplasma hominis</i> —causes 10-20% of NGU	"	"	Postpartum fever. Pelvic inflammatory disease.
SYPHILIS <i>Treponema pallidum</i> : spirochete	10-90 days; usually 3 weeks following exposure	Frequently slight, hidden, or absent. <i>First-Primary</i> : hard, painless sore at point where germs entered the body. Swollen lymph nodes. <i>Second-Secondary</i> : rashes, white mucus patches, patchy hair loss, malaise, <i>Latent</i> : no symptoms.	Disease mimics many chronic health conditions (called "the great imitator"). Late untreated symptoms include damage to nervous, ocular, cardiovascular systems, tumors, birth defects, insanity. Transmission to unborn baby by infected female.
CHANCROID "Soft Chancre" <i>Hemophilus ducreyi</i> : bacillus	1-5 days	One or several small, raised, painful sores with ragged, irregular edges. Hard, painful swelling of lymph glands in groin (bubo).	Secondary infection. Spread to sex partners.
LYMPHOGRANULOMA VENEREUM <i>Chlamydia trachomatis</i>	1-12 weeks; usually 7-12 days	Small, painless, pimple-like sore on genitals. Swollen, tender lymph glands in groin. Possible fever, chills, joint pains, nausea.	Swollen lymph nodes and ulcerations, enlargement of sexual organs (elephantiasis), rectal stricture. Causes different disease symptoms; usually found in tropical areas.
GRANULOMA INGUINALE <i>Calymmato-bacterium granulomatis</i>	1-24 weeks; usually 8-12 weeks	Small, blister-like bump which ulcerates, becomes raised, rounded, and velvety, growing larger and somewhat painful. Possible swollen lymph glands.	Progressive destruction of infected tissue. Slightly contagious; possible spread to sex partners.
SHIGELLOSIS <i>Shigella sonnei</i>	1-7 days	Abdominal pain and cramping, diarrhea, nausea, vomiting.	Intestinal inflammation. Dysentery. Largely spread by unhygienic practices, contaminated food or water or sexual-anal practices—especially among homosexual men.
GARDNERELLA VAGINITIS <i>Gardnerella vaginalis</i>	Unknown	Vaginal discharge, with fishy odor.	Inflammation of vagina.
? GROUP B BETA-HEMOLYTIC STREPTOCOCCUS <i>Group B beta-hemolytic streptococcus</i>	early onset within first week of life.	Pulmonary, or meningeal involvement	Early-onset blood infection of newborn; neonatal meningitis and other late-onset syndromes.

?: Not definitely determined to be sexually transmitted.

Sources: Los Angeles Venereal Disease Information Council and Centers for Disease Control, Atlanta, Georgia.

ALLY TRANSMISSIBLE DISEASES

Disease (Causative Organism)	Incubation Period	Signs/Symptoms	Complications
VIRAL AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME) <i>Human T-lymphotropic virus Type III.</i>	(estimated) Still uncertain—2 to 5 years, up to ten—	Tiredness. Loss of appetite. Fever. Night sweats. Diarrhea. Weight loss. Swollen lymph glands.	Severe weakening of immunity system, frequent opportunistic infections by many kinds of pathogens, severe pneumonia, Kaposi's Sarcoma—a rare form of cancer.
GENITAL HERPES <i>Herpes simplex virus</i> , usually type 2 but sometimes type 1	2-20 days; usually 6 days following exposure	Single or multiple raised painful lesions. Fever. Headache. Malaise. Tender, swollen lymph nodes. Duration 2-3 weeks, often recur.	Infection of child at birth, may be fatal. Apparent relationship to cervical cancer. Recurrence of painful symptoms. Secondary infections. Highly contagious; spread to sex partners. No known cure.
HEPATITIS B <i>Hepatitis B virus</i>	range 45-160 days	Skin eruptions. Weakness. Weight loss. Vomiting. Fever. Dark urine. Jaundice. Moderate liver enlargement and tenderness.	Inflammation of liver, jaundice. Largely spread by unhygienic practices, contaminated food or water or sexual-anal practices—especially among homosexual men.
GENITAL (VENEREAL) WARTS <i>Condyloma acuminata</i>	1-3 months	Similar to common skin warts. Single or multiple growths around genital or anal regions; may be pink, indented and moist with a cauliflower-like texture, or hard and yellow-gray.	Location may vary. Disfigurement, benign warts in children, subject to irritation and secondary infection. Can obstruct urinary and defecatory processes. Possible malignancy.
MOLLUSCUM CONTAGIOSUM <i>Molluscum contagiosum virus</i>	2-7 weeks	Lesions are small, round, shiny, flesh-colored to pearly white papules.	Mild chronic disease characterized by small nodules with curdlike contents.
CYTOMEGALOVIRUS "CMV" <i>Cytomegalovirus</i> , a herpes virus	Unknown	May include fever, swollen glands, and sore throat in adults. Similar to mononucleosis. Signs of nervous system damage in infants.	Most common disease cause of nervous system damage in infants; severe mental retardation, deafness. Fatal damage to immuno-suppressed adults. No known cure.
PROTOZOAN TRICHOMONIASIS <i>Trichomonas vaginalis</i>	4-28 days	Frothy, odorous, greenish-yellow discharge. Soreness and itching of genitals. Painful or difficult urination. Symptoms usually absent in males.	Inflammation of vagina and various glands and tubes in the reproductive and urinary system; also spread by contaminated water.
AMEBIASIS <i>Entamoeba histolytica</i>	2-4 weeks	Abdominal pain and cramping, diarrhea, nausea, vomiting.	Amoebic dysentery. Largely spread by unhygienic practices, contaminated food or water or sexual-anal practices—especially among homosexual men.
GIARDIASIS <i>Giardia lamblia</i>	6-22 days	"	Diarrhea, pain, distension of stomach, intestinal malabsorption and ulceration. Largely spread by unhygienic practices, contaminated food or water or sexual-anal practices—especially among homosexual men.
FUNGAL CANDIDIASIS (ALSO CALLED MONILIA) <i>Candida albicans</i>	Organism commonly present, diseased state may be triggered by pregnancy, diabetes, birth control pills, antibiotic treatment, lowered resistance.	Intense genital itching. Thick, curd-like, white discharge, odorous. Inflamed, dry vagina. Inflammation of vulva, genital area.	Frequent recurrence. Possible spread to sex partners.
ECTO-PARASITES PUBIC LICE "CRABS" <i>Phthirus Pubis</i> : pubic louse	Infested from contact with infested person or linens. Eggs hatch after 7-9 days.	Slight to intolerable itching. Possible mild rash.	Nuisance. Possible spread to sex partners and household members.
GENITAL SCABIES <i>Scabie Sarcoptes</i> : a mite	Infested from close contact with infested person or linens.	Intense itching. Small, reddish, elevated track or lesion on surface of skin.	Scratching may lead to secondary infection. Spread to sex partners.

WITHOUT ANY OF THESE SYMPTOMS)

Common Misconceptions About Venereal Disease

Hush-hush attitudes and half-truths about sexually transmitted diseases have engendered many common but dangerous myths. Perhaps the most common is that "nice" people don't get them. Like the father who told his son, "You don't have to worry as long as you go with clean girls."

But most VD or STDs have nothing to do with dirt, "clean" appearance or "good" breeding. Neither does poverty, *per se*. The association of most STDs with slums or poverty areas is valid to a large extent, but only because these areas concentrate the worst factors that encourage the transmission of the diseases—ignorance, careless morality, lack of treatment or lack of education to detect VD or STDs. Most of these diseases are prevalent in all classes to some extent. No race is immune. Even pubic lice and scabies are common in middle-class sexually active people.

Some have erroneously thought they could get VD or STDs only from females. But in many areas 20 percent or more of the infections are transmitted by homosexual practices. And since male homosexuals often make more contacts than those involved in heterosexual promiscuous sex, the problem is growing explosively among them.

Myths About Transmission. A few protozoan and bacterial STDs can be transmitted through contaminated food or water as well as sexual contact—especially trichomoniasis and intestinal organisms. As for syphilis and gonorrhea and most other bacterial STDs, it is next to impossible for them to be transmitted by public toilets, dirty door knobs, drinking cups, eating utensils, water, food or air or shaking hands. Of course, immediate transferral from a freshly contaminated source to a mucous membrane opening is a possibility, but the chances of such a circumstance happening at just the right time are not high.

A knowledge of the nature of the syphilis and gonorrhea organisms, in particular, shows why. The organisms are very fragile outside the warmth of

the human body. Removed from human tissues, they die within *seconds* (or a few minutes at the most) upon contact with heat or dryness of air. They thrive only at body temperature and cannot survive great fluctuations of temperature. (Once inside the human body, however, they are one of the hardest organisms for the body to destroy.)

Syphilis and gonorrhea and many STDs (but not all, see "Other Troublesome STDs") are spread to others by contact with infected individuals. Syphilis and gonorrhea microbes grow, in nature, only in humans. Some have thought similar disease problems in animals were passed to humans, but this is not considered accurate by medical officials today.

In most of these infections there is no practical immunity developed. Some people seem more immune to some virus infections than others, however. In syphilis or genital herpes, sometimes a certain level of immunity develops after a period of infection. Certain health problems which weaken the immune system can trigger late complications from seemingly latent infections.

In syphilis and gonorrhea, if cured early, no degree of immunity is developed, and an individual can be reinfected again and again. Several of these diseases can be passed on at one time. Syphilis can be passed congenitally—that is, to an already developing fetus through the placenta of an infected mother. Syphilis thus contracted without detection can be tragic. In many cases, syphilis germs kill the fetus, causing a miscarriage, abortion or stillbirth, or the disease can cause disfiguring birth defects among live babies.

No chemical or mechanical barrier or contraceptive offers complete or absolute protection from being infected by the most dangerous STDs. The Pill highly increases the chance of some infections in women. The condom is by far the most successful barrier to a genital infection, but it is still possible to pick up an infection despite the use of this prophylactic.

But don't be too sure. There are still lots of persons who are willing to take chances with others' lives to fulfil their momentary desires.

You Can't Afford Wrong Ideas

Millions also have the "new VDs"—infections or infestations that are frequently, *but not always*, transmitted by intimate or sexual contact.

Two of these particularly troublesome STDs which are mostly passed by sexual contact are chlamydia and genital herpes. These are discussed in more detail on pages 13 and 14. Chlamydia is apparently more common, and subtle, in its infectious patterns than gonorrhea. And genital herpes (herpes simplex, type 2) infects an estimated 300,000 more Americans every year.

Among other STDs, some cases of which may also be picked up by nonsexual means, are trichomoniasis, a burning infection of the reproductive and urinary system (estimated 3 million cases annually); nongonococcal infections of the genito-urinary tract (estimated 2.5 million cases), crab lice, venereal warts, and many thousands of cases of other bacterial, fungal or virus infections of the genitals, eyes, throat and blood. These are discussed in more detail under "Other Problem STDs," page 12.

While many of these STDs are usually not as dangerous as syphilis, gonorrhea, chlamydia or herpes, they are still frequently painful, troublesome or embarrassing. They can become serious problems if secondary infections become involved.

False Security

It is vitally important that everyone who wants optimum protection from these diseases squarely face the main causes of our STD epidemic.

So many, as they dash out in their demand for uninhibited sexual expression, believe, "It can't happen to me!" Still others feel that if an "accident" does happen, there's no need to worry because drugs can take care of any problem.

Such ideas are not true! Thousands do get dangerous STD infections for which medical treatment alone is not a solution. It is important to emphasize again that much tissue damage caused by unnoticed

or delayed treatment of numerous STDs is irreversible even though the infection is eventually stopped by drugs or antibiotics.

Let's be honest and face moral conditions today.

This is an age of sexual permissiveness. Much data reveals more frequent, earlier and more varied premarital and extramarital sexual experimentation. More early school-age children are cropping up with STD infections.

The incidence of out-of-wedlock births is also skyrocketing along with that of STDs. Unfortunately, many feel any action taken to prevent unwanted pregnancies will also prevent "sex diseases. That erroneous idea is actually responsible for many infections.

The most popular birth control devices—the Pill, IUDs, diaphragm, foams and jellies—are highly unreliable barriers to many STD infections.

The use of condoms is not a sure-fire means either. Although when used properly, the condom offers by far the most protection against sexually transmitted diseases, some STDs, particularly those caused by minute viruses, can be contracted despite use of the device.

It is also important to point out that the Pill may increase the chances of getting some STD infections. The reason is that the Pill causes hormonal changes in the body which make the mucous linings of the vagina more hospitable for the growth of certain STD organisms.

While the treatment success rate is very high for many STDs, if infections are caught early, there are, in fact, no 100 percent fail-safe treatments for STDs caused by bacteria, and there are no treatments at all that can completely knock out some virus infections, although symptoms or complications may be reduced.

"New" Sex Practices Pose Dangers

An increasing proportion of many sexually transmissible diseases is being spread because of growing acceptance and practice of more untraditional forms of sexual or intimate behavior.

The AIDS tragedy has only re-

cently pinpointed the soaring STD crisis that has long existed among homosexual males. (In fact, some health authorities feel the frequent bouts of STDs picked up by many homosexuals is what weakens many to serious cases of AIDS.)

Homosexual and oral-genital sex practices are spreading increasing numbers of STD infections to non-sex organ areas of the body, such as the rectum, mouth, pharynx, tonsils and eyes.

These practices must not be minimized as high risk means of infections. The average heterosexual STD victim names only one or two contacts, while the average homosexual names many, due to the generally more promiscuous nature of the practice. Certain of these diseases, such as serum hepatitis (hepatitis B), syphilis and AIDS are much more common among homosexual men than heterosexual men or women.

Lack of Symptoms Can Be Deceiving

Fortunately, today there is a greater willingness to talk about STDs in schools, public forums and the media. But there are also "swinging"-type publications still advocating very dangerous ideas.

A few years ago, a best-selling book entitled, "The Sensuous Woman," by an anonymous Woman author, "J," wrote: "... you have the good luck to be having a sex life at a time when medical science is able to knock out venereal disease in rapid order. If you do get a sore or a discharge or the feeling that something is wrong... run to your gynecologist and get fixed up."

By now you know there's one outstanding problem with such advice—it's TOTALLY WRONG in over three-fourths of female infections of gonorrhea and in many cases of syphilis and other STD infections.

A STD infection may well *not* be a "feeling that something is wrong" in early stages. It may *not* be a "sore or a discharge" that is easily noticed, as is frequent in a high percentage of gonorrhea infections.

A great number of infections may be ignored because of mild symptoms, yet the disease may still be causing serious tissue damage and be spread to sexual partners.

It is tragic that only when a child is threatened with blindness at birth from an infection of the birth canal, or not born at all due to sterility, that some women will learn they have a dangerous STD infection.

It is also tragic that innocent mates often contract one of these diseases from a wayward spouse, without any extramarital activity on their part.

None of us wants to contract or spread a disease that may take years to show up. But the fact is, numerous male and female sex organ problems are the residual effects of a past or presently existing gonorrhea, chlamydia or other STD infection. It may take five, twenty or as much as forty years for an untreated syphilis infection to show up.

You can't rely on symptoms alone as your first line of defense against the most dangerous STDs!

PERSONAL PREVENTION IS YOUR GREATEST PROTECTION!

Proper Treatment Important

While many of the facts about VD or STDs sound scary (some of them are, there's no use denying reality) there is a *positive side* of what can be done about the majority of existing infections.

Treatment is available. For many STD cases, treatment is simple and quick; for others, much more diligence and effort is required to handle symptoms or achieve a cure.

To treat any of these diseases yourself with some home remedy, or over-the-counter drug, or something a friend has given you, or to be treated improperly by a doctor insufficiently trained in STD treatment, is highly dangerous.

Improper diagnosis and/or wrong drug treatment, particularly if gonorrhea, chlamydia, syphilis or genital herpes are involved, may only push outward symptoms, if any are fortunate to have them, under the surface. Numerous individuals have thought they were cured as a result of such treatment, only to find out later they were not cured and serious damage was done while the disease continued to spread.

Each disease requires specific medication designed to combat a specific organism. And laboratory

V.D.'s Tragic Role in History

The role of venereal disease in history has been dramatic, though greatly underplayed. Plagues of syphilis alone have been responsible for millions of the world's crippled, blind, insane and dead.

Earlier in this century, before modern antibiotics came on the scene, VD was feared widely. Gonorrhea was the leading cause of child blindness and syphilis killed thousands yearly and caused many to be put in mental institutions or hospitals. Today, several hundred still die of syphilis in the U.S. every year despite modern drugs.

In 1967, a commission for the U.N. Economic Council reported that there were 30 to 50 million cases of venereal syphilis in the world and more than 150 million cases of gonorrhea infections.

How venereal diseases got started is an area of controversy. But they have been passed on through the centuries by sex-related contact. Famous emperors, kings, noblemen, poets, painters, ecclesiastics and scholars, as well as the low-born, have been infected.

Gonorrhea is amply described in the records of most ancient civilizations—such as the ancient Chinese, Assyrians, Egyptians, Greeks, Romans and others. In the ruins of Pompeii and Herculaneum, among erotic paintings, sculpture and pottery are found inscriptions alluding to VD, such as a description of a brothel where the most beautiful women had a disease capable of producing "eating ulcers." The Hebrews also may have been warned of VD in matters of adulterous unions: "And thou mourn at the last when thy flesh and thy body are consumed" (Prov. 5:1-11).

Syphilis Debate Unresolved. The origin of syphilis is a cause of much debate. Some researchers believe it has always

been with man, described generally in ancient records. Since the disease is the "Great Imitator," it is difficult to prove one way or the other. Others insist the historical record doesn't clearly describe syphilis until the time of Columbus. According to this school of thought, which is the most popular, the crew of Columbus picked up syphilis, or at least a particularly virulent form of syphilis, in the New World and brought it back to Europe. We know that from the early 1500s onward, syphilis plagues swept over Europe, carried with the conquests of war. Exploration and trade quickly spread the virulent disease (or at least a fiercer form) through the Middle East, India, China and Japan.

For some reason, when it first appeared in Europe, syphilis was much more deadly than it is today. Millions were killed, severely crippled or weakened (to other diseases) in syphilis plagues. Each nation blamed its enemies for the disease—hence, "the French disease," "the Spanish disease," etc.

VD has always been a majorcrippler of the fighting effectiveness of the world's armies—often more so than the actual enemy. In 1495, Charles VIII of France was forced to lift the siege of Naples because so many of his troops were incapacitated by the disease. In dispersal, his mercenary army spread virulent syphilis all over Europe.

Thousands of troops were knocked out of action in the War of 1812, the Civil War, the Spanish-American War, and all the wars of this century.

Pendulum Swing of Attitudes. For two centuries after the "Great Pox" (in contrast to "small pox") had struck in Europe, the general attitude was one of fear and hopelessness. In the 18th Cen-

try, syphilitics wore wigs, high neck-cloths, powder and cosmetics to hide hair loss and throat lesions. Then people swung to the frivolous. It became fashionable to take syphilis lightly—to even boast of it. The nineteenth century was influenced by Puritan ethic, and it again became a disgrace to even talk about such things. Much of this feeling still lingers today.

Many early cures were attempted, of course, but most treatments were suppressive rather than curative. Compounds of mercury, bismuth and arsenic were used early, but often produced side effects that were as dangerous as the disease. In 1943, Dr. John Mahoney demonstrated the effectiveness of penicillin on syphilis and gonorrhea. Many thought VD would soon be conquered, and thought they could safely engage in promiscuous sex practices. As a result of these attitudes, many in the public soon forgot VD's subtle ravages. It is probable that many VD or STD symptoms are suppressed, but not cured, by the widespread, and not always discriminate, use of antibiotics. Improper drug treatment by prostitutes in some countries is thought to be the biggest cause of new super-drug-resisting gonorrhea strains.

Many new drugs have been developed to fight STDs caused by bacteria. Virus infections are difficult if not impossible to totally cure. Gonorrhea poses the biggest worry because already one strain is totally resistant to penicillin. Other drugs can be used in treatment, but medical science could wake up one day soon and find it has no reasonably safe treatment for gonorrhea—a situation that would demand *prevention* of the disease for protection.

tests are usually necessary to be sure the disease is under control or cured.

If you suspect you could have one of these diseases, skilled and trained medical personnel in your area should be sought out for diagnosis and/or treatment. Your local health department, hospital or clinic can tell you where. Also, in the United States, a free National

VD Hotline exists (see page 15). Trained personnel will answer personal questions over the phone and give you the nearest treatment center or doctor.

In all this, your request for help will be handled confidentially. Proper tests are absolutely required. Request them.

Also very important! Due to their anatomical structure, parts of the sex

organs of women lack nerve endings and hide many infections. Any woman who complains of a vaginal sore, discharge or pain (other than the *usual* flow during menstruation) should see a doctor at once. This is not mentioned to cause alarm. A variety of emotional, physical or other factors totally unrelated to any of these diseases could cause these symptoms, and nothing may be out

of place. Yet this precaution needs to be taken by any woman for her health and safety's sake. Men should also be aware of any sore, unusual discharge or pain in their sex organs or abdominal area.

Prevention—Your Best Protection

Public health officials stress that the major burden for avoiding health damage from the dangerous STDs is *personal responsibility and prevention*.

Because of the widespread acceptance of sexual permissiveness in modern societies, as well as other social factors, health authorities know many STDs cannot be stamped out of existence, only controlled at best—and they are failing in that.

Health departments operate under certain limitations in dealing with the public about sexually transmissible diseases. They recognize the propagation of moral standards depends primarily on stable family life, not medical propaganda, however skillful. The medical approach is therefore diagnosis and treatment—"germ control, not preaching."

In most public health clinics or doctors' offices, moralizing to patients about personal sex habits or practices is strictly limited, if not forbidden, not only because such moralizing is mostly futile (most individuals seeking treatment have established sex practices anyway), but it would discourage many from seeking the very thing they most immediately need—treatment before they injure themselves and innocent bystanders (mates, unborn children, others) further.

Standard Medical Advice

Public health officials do give certain advice to *reduce the risk* of a STD infection. However, much of this advice is aimed at individuals who are frequently sexually active in a diversity of sex practices *outside* the confines of a monogamous marriage, practices which this publisher does not condone. The following standard medical advice (in italics) also includes danger spots (in parentheses) you need to be aware of:

—*Constancy in relations with one partner*. (Only reliable if both partners remain constant.)

—*Discretion in choice of partners*. (In most cases it is very difficult to tell which persons are, or may be, infected without a lot of medical tests or unless you know a lot about their background and moral principles.)

"I Wish I Were Dead!"

"I am a girl, 18. I had expected to get married this month. My boyfriend broke our engagement because I can't have children. A few years ago I ran with a hippie crowd. We all were promiscuous. I contracted gonorrhea but didn't know it. Last month I had a physical exam and the doctor found it. He said a part of me has become thickened and scarred. It will keep me from motherhood. I wish I were dead."

"I am a 14-year-old girl. I have gone with boys since I was 12 and have fooled around a lot, but I am still a virgin (technically) and of that I am very sure. I recently went to a clinic and the doctor there told me I had syphilis. I am being treated for it now. If you think this will help other girls who think they can't get syphilis unless they go all the way, I am telling you they can! I did. Maybe I should explain that I did some heavy petting, and that is how I got it."

—*Prophylactics: rubber condoms in ALL stages of lovemaking*. (Most effective method, but not an absolute guarantee of preventing some infections. Surveys show many men and women do not care to use such a device [it blocks "spontaneous lovemaking"] and also many fail to use it in *all* stages of lovemaking. Also some of these diseases can be spread by hands touching infected parts and then engaging in fore- or after-play.)

—*Hygiene: washing sex organs before and after urinating, and washing with soap after sex contacts*. (Chancy, may provide protection for only some infections.)

—*Periodic examinations*. (Strongly recommended for persons sexually active with many partners. However some infections, particularly some gonorrhea infections in women, can exist even though preliminary tests are negative. It may take *many* tests to confirm an infection. Tests for some diseases like genital herpes and cytomegalovirus

are not routinely administered.)

—*Treatment of sex partners*. (Good only if one partner shows early symptoms and each keeps up names and addresses of contacts and reports them when they get infected.)

Hitting the Core of the Problem

As necessary as this standard medical advice is for reducing the risk of STD infections in the public at large, it doesn't hit the core reasons for much of this gigantic health problem.

Statements about the causes for the spread of STDs must not be oversimplified. Not all STD infections are always avoidable, even by the most moral persons or faithful mates. However, monogamy and virginity greatly limit the spread of these diseases.

It is permissive and promiscuous sexual conduct, *and in some cases, unhygienic living*, that causes STDs to become epidemic. Various sections of this publication point out how some infections may occur non-sexually.

A look at some highly generalized estimates of how *gonorrhea* and *syphilis* (and therefore a lot of other STDs) are spread in the United States tells us what is behind so many infections. While all of these figures may vary significantly in individual cities or areas of the world because of special conditions, they nevertheless demonstrate an important point:

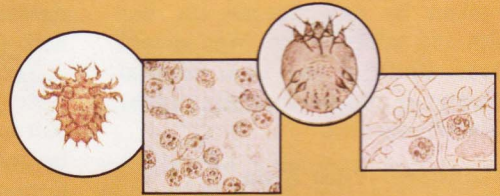
—Around 5% of total gonorrhea and syphilis infections are spread by *prostitutes*. (However, in nations or areas where prostitutes do not take care of themselves as well, they may be a *major* source of infections.)

—Around 15% of infections are spread by *homosexual* practices. (Again, this figure is much higher in some metropolitan areas and for some STDs.)

—Around 80% of infections are spread by heterosexual (boy/girl or man/woman) sex relations where one partner has picked up an infection from another contact and passed it on to his or her partner.

Many persons, however, say they do not feel they were "promiscuous" in their lifestyle but still became infected. In most cases, the infection

Other Problem STDs



Added to the list of STDs on pages 6 and 7 are a number of other diseases thought to be capable of being spread sexually as well as nonsexually. These include serum hepatitis (hepatitis B), infectious mononucleosis, shigella dysentery, amebic dysentery and giardiasis. There are also a number of other strange-sounding disease organisms which are limited mostly to tropical or developing nations and which can be spread sexually as well as by other skin-to-skin contact (such as yaws, pinta, non-venereal syphilis).

Space limitations forbid lengthy discussion of these and others not mentioned. Much has yet to be learned about most STDs. And there is still debate among health officials whether some of these diseases are truly sexually transmittable or not.

PROBLEM STDs. The following STDs are fairly common and can be troublesome:

NONGONOCOCCAL (or NONSPECIFIC) URETHRITIS—Can be caused by a variety of viral, bacterial, fungus or other organisms. Upset genital "flora" may set off some infections which can then be sexually transferred. It is often more common in health clinics than gonorrhea. Because of the variety of possible causative agents there is no single treatment. Time and trial with various drugs may be necessary to achieve a cure or reduce symptoms. Around half of NGU is caused by a bacteria called chlamydia. It has now replaced gonorrhea as the most common cause of eye infections in the newborn.

TRICHOMONIASIS—This protozoa may exist in many individuals without causing any problems. It may flare up because of some body upset. It causes severe itching and inflammation of the sex organs. Symptoms rarely appear in men but may be carried and sexually spread by them. It does not usually cause serious complications. Some persons are easily cured, others are not. The organism can live in

water for several hours and could be spread by splashing toilet water as well as by intercourse.

MONILIA (CANDIDIA ALBICANS)—This is a yeast naturally common in the vagina of many women, including nonsexually active or virgin women. It may become a problem if the vaginal "flora" is upset by some stress, drug therapy, pregnancy or other health problem. The discharge looks like cottage cheese and causes itchiness. Once developed this STD can be passed to the sex organs of a man in intercourse; he then, in turn, can reinfect his partner, keeping up a vicious cycle unless both are treated.

SERUM HEPATITIS (B)—This destructive liver disease is thought to be capable of being transmitted sexually. The virus is present at times in the blood, saliva, and semen. It is more common among homosexuals. There is no effective treatment for hepatitis B infections.

GENITAL (or VENEREAL) WARTS—The causative virus appears to be a variant of the virus causing common skin warts. It can be picked up in nonsexual ways. Celibates have gotten them. Drugs may help in treatment, and occasionally the warts disappear spontaneously.

SCABIES—Caused by an itch mite. Particularly bothersome around the genitals which most favors its reproduction, but it also may infect elbows, breasts or buttocks. Infestations are picked up by close contact with infected persons, or infested linens. Treatable.

CRAB LICE—Of the three kinds of lice—crab, body and hair—crab lice live exclusively on sexual parts, especially pubic hair. Hence they are spread by physical intimacy with sex organs or intercourse. They do not usually cause serious problems, just intolerable itching or rashes which if scratched too much could cause serious secondary infections. Treatable. Both scabies and crab lice are not limited to poverty-class peo-

ple, although many people cling to that idea.

CYTOMEGALOVIRUS—This herpes type virus has only recently been recognized as a common cause of nervous system damage in infants and also mental retardation and deafness. It may also have fatal results in adults with immunity system deficiencies. Like most STD viruses there is no known cure. Similar symptoms as mononucleosis.

CHANCEROID—Disease characterized by ulceration, usually of genitals, accompanied by inflamed lymph glands. Not common in Western nations, but seen mostly in tropical and subtropical regions. A particular hazard to prostitutes. Antibiotics are used against it.

LYMPHOGANULOMA VENEREUM—This disease manifests different symptoms in various regions of the world. Symptoms may vary widely from mild swellings to enormous swellings. Disease apparently caused by chlamydia trachomatis which is spread widely in the United States and other western nations. Antibiotics are used, but cure can be difficult.

GRANULOMA INGUINALE—This bacterial disease is more common in tropical and subtropical areas, including the southern U.S. and West Indies. Lesions develop into ulcerated masses which bleed easily. Infection may spread to other parts of the body. Drugs are effective against it.

SHIGELLOSIS, AMEBIASIS, GIARDIASIS—These STDs deserve emphasis as they are organisms that live in human intestinal areas and are spread largely by unhygienic practices, such as contaminated food or water or by sexual-anal practices, acts especially common among homosexual males. Such disease organisms, which cause intestinal inflammation and dysentery, emphasize the importance of right hygienic practices as well as proper sexual practices.

was picked up because one of their "special" partners had picked up a STD infection somewhere else at some time.

Prevention is the only way to stop the STD epidemic. That means premarital, extramarital, homosexual practices and uncleanness (the improper disposal of human wastes or improper care of open sores) must be completely avoided by persons wanting to keep clear of these diseases as much as possible!

Transmission of the vast majority of dangerous STDs takes place after intimate or sexual contact is made with infected persons.

Also to avoid these diseases as much as possible, you need to be aware of risks in certain popular dating practices and personal intimacies. *Kissing* or *heavy petting* after oral and hand contact with infected organs or sores can pass some disease organisms. Such circumstances are discussed, where they apply, under headings about major STD problems.

It is not the purpose of this publication to make sex or intimate relations a thing to be feared. Sex and intimacy were designed by the Creator of Mankind to be a beautiful, rewarding and binding experience between a man and woman married and faithful to each other. But the beauty and purpose of sex can be totally ruined by ignorance, carelessness and wrong values. Your awareness and knowledge of the facts about STDs are your *first line* of defense.

To the Visionary

Today it takes deep convictions and courage to swim against the tide of modern permissiveness and adhere to high moral and sexual standards. Today the "swinger" image is made to appear very alluring and exciting by the commercial media, as if "swingers" were having nothing but fun.

But that's *not* the world of reality! Very frequently what's passing for "having fun," or a "love-in" at a park, a party or the back seat of a car is resulting in a disease that threatens many men and women with nerve or brain damage, sterility, heart trouble, late developing health problems or worse—death!

Sexual carelessness can mean

Chlamydia— A "New" Sterilizer

Health officials have been startled to discover there is a greater infectious agent causing genital infections and sterility than gonorrhea.

The recently pinpointed pathogen is *chlamydia trachomatis*. Before its recent identification, this infection was treated with general antibiotics as a relatively harmless unspecified nongonococcal infectious agent (NGU) of the urethra or of the vagina. Far from being harmless, chlamydia is now recognized as one of the greatest causes of pelvic inflammation and infertility in adults, and blindness and pneumonia in infant children.

Chlamydia is the fastest growing STD. Gonorrhea struck over 2 million Americans last year, but chlamydia is estimated to have infected 3 to 4 million.

Gonorrhea may be treated with penicillin, but penicillin won't cure chlamydia. Because the organism is so persistent, it takes 10 to 14 days of more powerful antibiotics to cure it.

Subtle Symptoms

The early symptoms of chlamydia infection, if there are any, often go unnoticed—though damage done can be irreversible. Studies indicate 20 percent of men and 30 percent to 40 percent of women with gonorrhea also have chlamydia.

"The real victims of today's STD explosion are babies and mothers—and would-be mothers," said a gynecologist. There is a better than 50 percent chance that an infant passing through a chlamydia-infected birth canal and becoming infected itself will develop an eye disease or pneumonia.

Chlamydia infection not only may sterilize but can cause strictures in female sexual organs and is thought to be to blame for alarming increases in ectopic (tubal) pregnancies. "Since each of these pregnancies represent one fetal death, this constitutes an epidemic of fetal deaths," says Dr. King K. Holmes, a STD authority in Seattle.

ruined health, a ruined marriage, ruined children, ruined opportunities to have children—a ruined lifetime!

"Free" love or "free" sex is not free. Wherever these ideas and practices are rampant, so is venereal disease, to say nothing of a heavy toll of babies born out of wedlock, abortions, forced marriages, upset or broken homes and broken relationships.

The VD or STD epidemic is real and it is getting worse by the year in many areas.

Many will ridicule chaste morality before and after marriage. But the facts are, if you're courageous enough to face them, that with right knowledge, sexual relations and right intimacies by two mates *in marriage only* not only can be extremely beautiful and rewarding, but it is the best way for a couple to minimize the risk of getting most sexually transmissible diseases.

The Biblical and Ten Commandment injunctions against premarital, extramarital or homosexual practices, and carelessness in hygiene, are not casual suggestions.

They are based on living principles that were designed to protect human physical, mental and spiritual lives and foster the development of nations.

When you really understand it, the Bible is not a book of hush-hush prudery in matters of sex and morality. The results of wrong sex practices are widely scored or implicated throughout scripture (see especially Leviticus, chapters 18 and 20, Romans 1:26-27, and I Corinthians 6:9).

Today the widespread disregard for God's laws on sex and moral conduct threaten not only the health of millions of individuals living today, but whole families, nations and generations to come.

More money for research and treatment is badly needed to fight the STD epidemic. But money for treatment alone is not the total answer. *Our modern nations will never conquer the scourges of many of our dangerous STDs without a vast improvement in sexual morality in society at large.*

Perhaps you can't change the moral trends of society or others but you can control your own personal life. Not everyone who reads this publication will agree with its conclusions, but they cannot disagree

Herpes— Scourge of Sexual Revolution

During the decade of the Seventies, genital herpes suddenly exploded into a full-fledged epidemic that swiftly cut through the ranks of the sexually permissive.

So far, every treatment that has shown promise has failed to knock out the virus, though treatment may reduce periods of active infective recurrences or symptoms of infections. "Genital herpes is the disease which keeps many venereal disease specialists monogamous," said one health official.

Today this virus-caused disease competes with gonorrhea and chlamydia as the most common STD. Health officials estimated between 5 million and 20 million Americans are infected with the lifelong lasting virus.

Though the infection is rarely fatal to adults, a great many persons infected with genital herpes suffer recurring infectious blisters which upset their social and personal lives. While the frequently painful lesions can often be alleviated by medical treatment, the disease is incurable since the virus retreats deep into tissues between recurrences.

While adult herpes sufferers frequently find their lives emotionally and socially upset, greater tragedies afflict the newborn. One of the greatest concerns of the medical community is the rising prevalence during delivery of genital herpes infection in the newly-born offspring of infected women of reproductive age. Half of all babies passing

through a herpes-infected birth canal become infected. And one quarter die or are brain damaged. A caesarian section may be needed to prevent such an infection.

The genital herpes virus is highly suspect as a cause of many miscarriages. Furthermore, there is a high correlation between genital herpes infections in women and cancer of the cervix, although the virus has not been absolutely identified as the cause.

Important Distinctions

Again it is important to make distinctions when discussing the herpes problem. There are several types of herpes viruses. They manifest different symptoms or hit different parts of the body.

Over ten years ago it was discovered there are two, not one, herpes simplex viruses that cause body blisters. Herpes simplex, type 1, is a common, normally nonvenereally passed virus that causes cold sores on the lips, mouth or above the waist. Type 1 is common in an estimated one third or more of any population group. This virus is usually transferred by personal contact with others, by kissing, or using the same eating utensils during periods of active infection.

Genital herpes, herpes simplex, type 2, is a more troublesome variety that is almost always transmitted in sex-related contact. However, oral-genital sex practices can also spread herpes virus to reverse areas. Auto-inoculation by

hand from an infected area can transfer any herpes virus to other mucous-membrane openings. It is dangerous to transfer any herpes infection to the eyes.

Type 1 and type 2 have similar general manifestations and only medical tests can determine the difference. During inactive periods the herpes virus buries itself deep within nerve cells. These drugs have no effect upon it. Herpes blisters come and go in different patterns among the infected. Some have few recurrences, others many. Recurrent infections may be set off by a wide variety of stresses such as emotional stress, drug therapy, sunlight or even intercourse.

Herpes is not spread in the air, nor in swimming pools. It is not a free-floating virus. More than 99% of herpes infections are transmitted by direct contact with another person's infection in the mouth, genitals or elsewhere.

Because of the rapid growth and emotionally upsetting nature of genital herpes, the American Social Health Organization has established a program called *Herpes Resource Center*. Herpes sufferers in the United States needing assistance or information on the nearest sources of medical advice can send a self-addressed stamped envelope with their request to HRC, Box 100, Palo Alto, California, 94302. Persons in foreign areas needing help should contact their nearest health agency.

with established facts about sexually transmissible diseases.

If you are a responsible person who can comprehend the terrible ravages that venereal diseases have wrought on humanity throughout history, you will find the control of sex by wholesome sex practices more

than justified and rewarded in light of the *Silent Epidemic* raging out of control in our modern nations.

This publication can do no more than present the most crucial facts about sexually transmissible diseases as accurately as can be done. But in the end, the choice of what

you do with this knowledge is yours.

It is the publisher's earnest hope that everyone—especially young men and women under the constant bombardment to "go ahead, have fun, experiment"—understand the truth about the "Silent Epidemic." □

VD Hotlines to Answer Your Questions

In the United States a free National VD Hotline exists. Trained personnel will provide information on sexually transmitted diseases, and in complete confidence, provide the names of the nearest health clinic and physician.

**The phone numbers for the
NATIONAL VD HOTLINE:**

**From California only . . .
1-800-982-5883**

**Rest of U.S. . . .
1-800-227-8922**

If you would like more information about the STD epidemic or to find out how you can help in the battle against them, contact your local health department. Their address and phone number can be found in your local telephone directory.