

A pox on plagues

What do the two great sexually transmitted plagues have in common? This question has intrigued me for some time. Fascinating historical, sociological and clinical gems may be found in two books, from which I draw liberally.^{1,2} There are many sexually transmitted infections (STIs), all of which cause various degrees of morbidity and distress, but only two have swept the world in epidemic forms, namely syphilis and HIV/AIDS.

The recorded syphilis epidemic in Europe started soon after Christopher Columbus returned to Spain in 1493 from his journeys to the New World. In 1495 the French army of Charles VIII of France (who was the first of many monarchs to fall prey to syphilis), with its infected Spaniards, invaded the kingdom of Naples resulting in the world's first outbreak of syphilis. From there it spread rapidly and widely. Peoples blamed each other: the French called it Italian pox, in Russia it was the Polish sickness (Catherine the Great blaming the Americas), Poland blamed the Germans, and Muslims blamed Christians. It spread to India, Japan (as the Chinese rash) and China (as the Canton rash). The early epidemics were of a particularly virulent nature, resulting in the deaths of millions. A serious curse was to wish the pox on someone — 'pox' is the name used for various diseases characterised by 'pocks' or eruptive pustules on the skin, and syphilis was the Great Pox!

After the primary chancre, followed by fever, rash and malaise, the patient enters a period averaging 7 years during which there is no outward sign of syphilitic infection. Untreated, syphilis remains in the body and damages the organs including the brain, nerves, eyes, heart and blood vessels. Syphilis is highly infectious during the first 2 years then progressively less so. Being diagnosed with the disease posed the moral dilemma: total sexual abstinence or the risk of infecting a lover. A woman with syphilis risked delivering an infected baby, and since it was incorrectly thought to be hereditary, feared that the taint would be passed on to future generations. The toxic treatments at the time, mercury and arsenic, had devastating side-effects: 'one night with Venus and a lifetime with mercury'. In 1943 the first case of syphilis was successfully treated with penicillin.

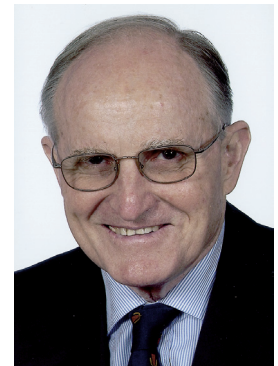
Syphilis was life's dark secret; and the word was shameful and taboo. Physicians often hid the mortality rate as they were disinclined to give syphilis as a cause of death. Hitler (who probably had syphilis) in *Mein Kampf* blamed previous leadership for losing a battle against a disease that could destroy the human race. Deborah Hayden provides biographies of many famous persons who were afflicted by syphilis, including Franz Schubert, Mary Todd and Abraham Lincoln, Friedrich Nietzsche, Oscar Wilde, Karen Blixen, Adolf Hitler and Lord Randolph Churchill, and recent reports claim to prove that Lenin, communism's greatest icon, died of syphilis.

Many similarities between the two STIs are apparent. Both wreaked havoc in the community in terms of deaths and disability, including prominent people. Syphilis and all other STIs increase the risk of acquiring HIV, e.g. through open ulcers. Society, including those who should be more enlightened, such as religious groups, has taken extremely judgemental and moralistic positions. Resentment is often channelled by scapegoating groups of people who are stigmatised because they are different, deviant or outsiders, such as witches, vagrants, homosexuals, migrants, drug users, war refugees and sex workers. Superstitions and myths abounded, such as the belief that sexual intercourse with a virgin could cure the disease. As always, social instability and economic systems that encourage high fertility make it especially easy for any STI to spread quickly. Africa has suffered particularly from HIV/AIDS, and much can be ascribed to its history of slavery, colonialism, the Cold War and other forms of exploitation. Armies contribute significantly to such spread. Recent data have shown that an overwhelming proportion of SANDF soldiers who volunteered for testing are HIV-positive! Harmful advice and fraudulent remedies flourished then and now, including Virodene and doubtful diets for HIV. Both STIs have early acute stages followed by periods of being most infective before entering the chronic stages that lead to inevitable death unless treated, and mothers can pass the diseases to their children.

STIs are a testament to both the pervasive drive for sex that is part of humankind's basic survival instinct and the ability of parasites to exist and adapt wherever there is life. It is clear that we can all contribute to reducing the epidemic of HIV. President Mbeki correctly emphasises the need to reduce poverty in our country and instability on the continent. Providing treatment to infected persons drastically cuts the new infection rate. As people become more open about sexuality, sexual activity among teenagers and adults becomes more responsible. The terrorism of gender bias and partner violence can no longer be tolerated. Human behavior can and must change, and as John Steinbeck said, 'Man himself has become our greatest hazard and our only hope.'

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1. Hayden D. *Pox. Genius, Madness, and the Mysteries of Syphilis*. New York: Basic Books, 2004.
2. Hunter S. *Black Death: AIDS in Africa*. New York: Palgrave Macmillan, 2003 (available in SA as *Who Cares: AIDS in Africa*).